EMBURY HOUSE: A RECEIVING HOME
FOR CHILDREN

An evaluation of its population, program, and desirable development. (Regina, Saskatchewan, 1949-1950.)

by

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This study is concerned with a twofold problem: the present operations of Embury House, a receiving home for children in Saskatchewan, and its desirable role in relation to the total child welfare program of services in Saskatchewan. At present Embury House lacks any suitable program to serve the needs of those children requiring institutional care. Consequently, it is not an institution with a definite purpose, but a place where dependent and neglected children in Saskatchewan are kept when there are no other services available to meet their needs.

The evaluation of present operations in Embury House is based on the records of fifty children placed there during 1949-1950. These fifty children, the average monthly population of the institution, reveal a typical cross-section of the problems and needs of children kept in Embury House. Analysis showed the children fell into three groups, each needing a different type of service: (a) casework services in their own home, (b) placement in foster homes, and (c) placement in an institution. It also showed that only eighteen per cent of the total population of Embury House could profit by the services of an institution for general care, which type seemed most nearly to describe Embury House. In addition, the analysis showed that eighteen per cent of the total population required the specialized services of a
study and treatment institution, fifty per cent required foster home care, and fourteen per cent required case work services in their own home. The program of services offered by Embury House during 1949-1950, was evaluated in terms of the standards for children's institutions recently constructed for the State of Washington. The program was also assessed by applying four criteria to the institutional program: (a) the social service program, (b) the physical care of the children, (c) the education and social training, and (d) the quality of the staff. This showed that the physical needs of the children and their education and social training are well served at Embury House, but there are serious lacks in the social service program and in the staff.

Recent trends in professional thinking regarding the services which can or should be offered by an institution are reviewed. A definite classification is also made of children who should not receive institutional care, and of children who can be served in an institutional setting.

Against this background, there is evidence that Embury House could serve more effective purposes in the child welfare program than it does at present. There are no facilities for the treatment of emotionally disturbed children in Saskatchewan, but these children tend to be placed in Embury House. It is suggested that Embury House could fulfil a necessary role as a study and treatment centre for seriously disturbed children. There are undoubtedly more children in Saskatchewan who could benefit from such a service; and it
would be better to work out a foster placement and case work program for those children not suited for institutional care. Revision of the social service program, and certain changes and additions in the staff, as recommended, would modernize Embury House as a valuable study and treatment institution.
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CHAPTER I

THE CHANGING PHILOSOPHY OF INSTITUTIONAL CARE FOR CHILDREN

The history of institutional care in the United States and Canada contains many black passages. In spite of developments over the years, and constant improvements since the end of the last century, there continues to linger in the minds of those acquainted with the earlier methods of institutional care, a certain amount of association with the morbid mass care of the almshouse days. Even after segregation of children from the aged took place, special buildings constructed, and programs inaugurated for dependent and neglected children, and for delinquents and the mentally retarded, institutions still maintained their odious reputation. Not even the progress evidenced by the movement from orphanage to schools and homes helped to dispel the reproachful attitude toward these traditional programs. The latest and most progressive steps of converting congregate type homes into cottage type homes, and of converting institutions for general care and training into skilled study and treatment homes, are still meeting with resistance in many areas of the child welfare field. There are still some social workers whose honest conviction is that all children's institutions should close and that the children
should be placed in foster homes, in homes of relatives, or in their own homes, with adequate assistance from federal and provincial programs of social services.

There are of course many factors which have contributed heavily to the precarious status of the institution in the field of child welfare. When foster family programs expanded, this rival method of care appeared to be the answer to every child's need. From the end of the last century up to the late twenties foster family care threatened to eliminate eventually all institutional placements. The evolution of professional social service with its emphasis on the individual child, played no small part in the insecure position of the institution. Social workers were slow in conceding the contribution which the institution had to make. The delayed acknowledgment that foster family homes, however plentiful and adequate they might be, could not supply for some children the correct type of care and training, was reluctantly made. To provide for every child who was deprived of his own home a substitute family seemed like the ideal solution. However, two drawbacks became apparent. First, it was noted that some children, regardless of their suitability for the foster home, failed to adjust in these families. Home after home was tried, but the child was not happy. Finally, placement was made in an institution as a last resort. Some of these children did not adjust in the institution either, but more of them did, and by a study of their behaviour they were more easily treated in the group program of the institution. The second
drawback which shattered somewhat the ideal of foster family homes as the total answer to placement of children, was the fact that social agencies experienced considerable difficulty in finding sufficient homes which met the necessary requirements to care for all their children. It was admitted gradually, but begrudgingly, that the institution still filled a need.

This acute problem of meeting the needs of dependent and neglected children faced the earliest colonists on this continent. They had to make some kind of public provision for these children. In addition to the neighbourly help the colonists extended, they tried to apply the principles and practices of the English Poor Laws, with which they were most familiar, to new world conditions. They accepted the prevailing view that poverty was something to be deterred and desired to deal with it by the establishment of almshouses. Many children were apprenticed so that they could earn the care they received. There was some home relief to families in settlements too small for an almshouse, and dependent families were frequently auctioned off to the lowest bidder.

The history of what has been done for dependent children under governmental auspices, may be traced back in this country to the undertakings of early local governments, when these children, if they were not sold or indentured, shared the fate of impoverished adults, the mentally deranged, and

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the delinquent: they were herded together for such shelter and food as the almshouses of the day afforded. In the United States, and equally applicable to Canada, the full cycle of governmental relationships to the child is clearly outlined and illustrated by the documents gathered by Grace Abbott in her classic on the subject. "New England pioneers accepting, no doubt, the prevailing view that poverty was usually the fault of the poor ... desired to prevent in their new settlements what they thought of as the pauperism of the Old World". Their laws were designed to forward this purpose. Early legislation, reports, and other documents quoted by Miss Abbott, illustrate the selling of children at auction, their indenture and apprenticeship, their care in almshouses, and the gradual emergence of different types of foster care. Miss Abbott outlines later trends in the development of municipal, county and state institutions for dependents in the form of schools and homes; the subsidy of private agencies from governmental funds for the erection of orphan asylums; governmental regulation of private institutions; and the present provisions for institutional care under the Child Welfare programs of governmental Social Welfare departments.

The Roman Catholic Church provided the first institutional care for dependent and neglected children in Canada. With the increasing colonization of Lower Canada in the seventeenth century, almshouses were established and operated.

2 Ibid., vol. 2, p. 3.
by various religious orders. In the early eighteenth century both Roman Catholic and Protestant religious orders established orphan asylums in Lower Canada. These asylums housed all children classified as "homeless waifs," regardless of their problems or their needs. The Children's Aid Society began operations in Ontario in the latter half of the nineteenth century. The services of this private agency began in the western provinces of Canada at the beginning of the twentieth century. The Children's Aid Society established institutions for dependent and neglected children in Saskatchewan shortly after that province was incorporated in the Dominion of Canada. These institutions offered nothing but general care. They lacked any program of services, other than satisfying the physical needs of the children. The Child Welfare Branch of the Department of Social Welfare of Saskatchewan, took over the operation of institutions in the province when they began expanding their program of services to children in 1946. These institutions have since been developing a program of services to meet the needs of the children placed there.

In the United States the early investments in institutional care for children by private efforts were made by Roman Catholics and Protestants alike in the first half of the nineteenth century, but it was not until the American Civil War that great activity was noted in the building of such establishments. It was the nuns of the Ursuline Convent in New Orleans, Louisiana, who were the first to undertake the
care of children separate from needy adults. An Indian massacre in 1729 brought newly orphaned children to be cared for by the sisters, thus emphasizing the fact that the emergency needs of children in time of war and disaster have always stimulated the founding of institutions for their care. The fraternal orders, on the whole, began somewhat later than the churches and lay groups to undertake the care of dependent and neglected children. The first institution founded by a fraternal order was established by the Masons in California in 1850, but it had been preceded by several church organizations in that state. The fraternal orders flowed with the tide of orphanage building that characterized most parts of the country in the 1880's and 1890's, without embodying any distinctive points in their programs.

From earliest times, the humanitarian impulses expressed in the efforts of religious and fraternal organizations was to be seen also in the attempts of government to care for dependent and neglected children. A casual observer might presume that more tender motives have often characterized private rather than public welfare efforts; that government, having due regard for the taxpayer, had been content only to prevent suffering that might be uncomfortably obvious or that might through vagabondage or epidemic, prove dangerous to the community. However, the traditional superiority of private

3 Howard W. Hopkirk, Institutions Serving Children, New York, Russell Sage Foundation, 1944, p. 3.
over governmental institutional care has not always prevailed. Today, especially, a governmental agency may be surprisingly responsive to children's needs, while church and fraternal institutions or others conducted under private philanthropic auspices, may be found that are content to supply a severe and unsatisfactory kind of foster care.

Social work has long been troubled about institutional care of children. The fore-runners of professional social workers acclaimed separate institutions for orphans, homeless and neglected children as improvement over caring for them in almshouses, with aged, sick and degenerate adults. Early social workers agreed, but as more understanding was developed of the needs of children dissatisfaction grew in regard to the institutions which were established for them. General approval of institutional care was replaced in the attitudes of most social workers by rejection with a feeling of guilt about it, because institutions continued to be used even when they were held in disapproval. Now that social work is gaining professional maturity and a substantial number of institutions are providing superior service, we are beginning to understand the special nature and contribution of institutional care and the part to be played in it by case work, other parts of social work, and related fields such as health and education.

The development of institutions for dependent and neglected children shows that this form of child care, like all other child welfare or social welfare efforts, is inseparably interwoven with social, economic and political forces, and the prevailing understanding of children and their needs. It is necessary to consider the various stages in the growth of

children's institutions in order to understand them and their relation to the child care field of today. This study will show only the evolution of institutions designed for the care of dependent and neglected children. It is possible to distinguish five stages in the development of children's institutions: (1) almshouses or "poor houses", (2) orphan asylums, (3) state and county schools, (4) congregate and cottage homes, (5) social agencies. A heritage from all these stages is intermingled in the Canadian institutions of today, but as they become a part of modern social work, they emerge as definite social agencies providing skilled professional services in an agency atmosphere. Through all these stages run the current social forces and concepts about childhood.

Institutions as Almshouses or Poor Houses.

"Poor Law" - type Acts - in Canada and the United States, as in England - provided public funds for the maintenance and operation of asylums for the indigent, most frequently known as almshouses. As the almshouses were the cheapest possible public care for those people dependent upon the state for survival, they were used not only as an asylum for the indigent, but also for the sick, the mentally ill, the degenerates, the criminals and other misfits. These people were housed in the same building, many times in the same room, and so it requires little imagination to visualize the depths of degradation surrounding these almshouses. The inmates were supposed to earn their care by hand industries, but few lived long enough to
learn or produce any craftsmanship.

In the eastern States and in the Maritimes in Canada, almshouses were built, and the same mixed groups of dependent people found themselves consigned to live in them. The children were usually cared for by older inmates and taught, if at all, by ignorant employees. Their physical needs were neglected and their mortality was very high. Those children who did survive knew only the life and routine of a pauper institution. There were only two ways in which the children could leave the almshouses before reaching their majority: adoption, or indenture. The adoption methods were simple. All the children were lined up, the adopting parents looked over the candidates, made their choice, signed an agreement, and the child was theirs. Whether the reason for adopting an almshouse child was love or the need of a servant, may well be questioned. The purpose of indenture was to make some person or family definitely responsible for the support and care of the dependent child. A second purpose was to secure industrial or agricultural training for these children, so that at the end of their indenture they would be employed, thus relieving the community of its responsibility for their welfare. In form and theory, indenture of a child pledged the work of the child as pay for his keep, for a minimum degree of education, and certain further payments in kind or money when the indenture was over. The treatment the indentured child received depended upon his actions, the tender mercies of his employer, the influence of the opinion of the neighbours, and the degree of
interest the public poor officials took in him. It is morally
certain that the experiences of indentured children varied
all the way from that of being virtual slaves to that of being
real foster sons or daughters. Indenture offered the best
opportunity for permanently easing demands on the treasury of
the child's home county for the maintenance of the child. In-
denture offered to the homeless, destitute and neglected child-
dren, an open door to at least the possibility of a daily min-
imum of food, shelter and clothing, and a certain degree of
security. Nevertheless, the tragedies of indenturing children
from almshouses and orphan asylums are obvious. The child
received no individual consideration. He or she was regarded
as so much chattel. The homes were not studied before place-
ment and there was no supervision after placement. To insist
that any child shall remain in a family only because he is an
economic asset is intolerable.

The early nineteenth century philosophy of almshouses
is best expressed in the arguments in the Yates Report of
1824, for the establishment of an almshouse in every county
of a state, for the use of both adults and children. This
report was formulated by J. V. N. Yates, Secretary of State
for New York in 1823 - 1824. Mr. Yates advocated almshouse
care of dependent and neglected children "as a means to their

5 Annual Report of the State Board of Charities of New
York, 1900, which reprinted this Report from the New York
State Assembly Journal of February 9, 1824; cited in Henry
Thurston, The Dependent Child, New York, Columbia University
education and moral training", which was necessary preparation before being indentured at suitable ages to some useful business or trade. As these poor children received no schooling, no moral training, and no discipline from their parents, they should receive these benefits in the almshouse before being indentured. In the almshouse, children could be educated and "set on the road to a life that would free them from permanent ignorance, pauperism and vice". Mr. Yates and his contemporaries saw that it was the duty of the public to give some form of care to children who were either homeless or in destitution and neglected at home. They devised a means of taking a part of the burden of such care from private charity and of placing it upon the public generally in the form of taxes. What they did not appreciate was the inhuman coarsening and debasing atmosphere of the mixed almshouse, whether as a permanent or even a temporary home for children.

Bad as the almshouses were, this type of care was usually better than the auctioning of families for care. Moreover, it probably was not possible at that time to develop a well-administered system of home relief or special care for children. Although they represented a step forward at the time they were established, almshouses long outlived their usefulness. High death-rates, outbreaks of contagious disease, incompetent staffs, and the generally neglected and unhappy condition of the children reported by individuals and special committees in one area after another, eventually led
to the demand that this method of caring for dependent children be abandoned. One such report, made in Michigan in 1870, is indicative of conditions generally in almshouse-care in America:

Nearly one thousand children in the poorhouses of Michigan! What is to be done with them? Think of their surroundings. The raving of the maniac, the frightful contortions of the epileptic, the friveling and senseless sputtering of the idiot, the garrulous temper of the decrepit, neglected old age, the peevishness of the infirm, the accumulated filth of all these; then add the moral degeneracy of such as, from idleness or dissipation, seek a refuge from honest toil in the tithed industry of the county, and you have a faint outline of the surroundings of these little boys and girls. This is home to them. Here their first and most enduring impressions of life are formed. 6

This typical report of conditions in almshouses, indicates the outlook of consigning dependent and neglected children to such a degenerating atmosphere. Reforms came slowly despite the infamous evidence of almshouse conditions. Public funds had been invested in land and buildings; large numbers could be cared for in this manner, and it was fatally easy to place children and families in an almshouse. Furthermore, because of the large numbers of children in almshouses, the problem of what to do with them if this form of care were abandoned was not easily solved. It was not until the last

quarter of the nineteenth century that this type of care was abolished.

Institutions as Orphan Asylums.

The removal of dependent children from the almshouses, to so-called orphan asylums, in groups by themselves, was a definite advance in child care. This segregation of children from the mixed almshouse, whether into orphan asylums or into special institutions for the deaf, blind, or feeble-minded, was plainly a step forward toward a recognition of the needs and capacities of these dependent and specially handicapped children as individuals. They were at least becoming recognized as a class of juvenile dependents, with needs somewhat different from the needs of adult dependents.

The term "asylum", as first used in its primary meaning of "sanctuary or place of refuge and protection", was an expressive word, well suited to the purposes of the type of institution which it then described. The concept of an asylum, however unacceptable the name, represented the community's concern for dependent children in need of care. The first annual reports of orphan asylums founded seventy-five or more years ago, give inspiring glimpses of the love for children and the missionary zeal shown by many of those who

7 "The word 'orphan' is a misnomer because in most institutions a large majority of children, often ninety per cent, have one or both parents living". Henry W. Thurston, The Dependent Child, New York, Columbia University Press, 1930, p. 39.
took the lead in founding these institutions. The whole situation may not have been studied with scientific intelligence approaching the best standards of the day, but there can be no doubt that the basis of many of these pioneer efforts was a heartfelt interest in dependent children. Among the reasons for starting orphan asylums, of which the founders were conscious, were: (1) refusal to place dependent children in whom they were personally interested, in the local almshouse; (2) a desire to save children from neglect, outrage and destitution in the streets and in squalid homes; (3) a desire to give children care under religious auspices of their parents and thus to keep them from losing their ancestral faith; (4) the need to provide care for negro children. The building and maintenance of orphan asylums by private funds contributed by various groups of charitably disposed persons, went on in America during the whole time that the almshouse itself was developing. Many such institutions were in charge of persons of a particular religious denomination and others were really charitable agencies of the church itself. The Catholic Church has had orphanages of its own uninterruptedly for over 300 years in Quebec.

It is difficult to visualize the actual life of children in orphan asylums, and to imagine how life, both bitter and sweet, seemed to the children themselves. The methods of intake by surrender, and of outgo by indenture, which were the rule in those days, are best summed up in the following provisions selected from the Constitution and By-Laws of the
New York Orphan Asylum Society.

No children shall be received until examined by a respectable physician and pronounced free from infection or incurable diseases.

Relations or friends of orphans shall on placing them in the asylum, renounce all claim to them in future years.

The orphans shall be educated, fed, and clothed at the expense of the Society, and at the Asylum. They must have religious instruction, moral example, and habits of industry inculcated in their minds.

As soon as the age and acquirements of orphans shall, in the opinion of the Board of Directors, render them capable of earning their living, they must be bound out to some reputable persons or families for such object and in such manner as the Board shall approve.

Perhaps there have been exceptions, but all the evidence is that in orphan asylums the individual counted for nothing.

The welfare, temperament, or disposition of any one child was not taken into consideration. Life was uniform, logical, conventional and stereotyped. The duties, tasks, and experiences of one day became the duties, tasks, and experiences of all the other three hundred and sixty-four days of the year.

The activities of every hour was planned. The children's schooling was not neglected. Recitation was the method of instruction. While one class recited, the next class studied. Religious education, which played a major role in many of the institutions, meant simply the memorizing of words without their meaning, without adapting any of the material to the

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needs of the child. Children were cut off from family ties, and emotional needs were unknown. All emphasis was upon mass provision of long-time care in a safe haven of refuge from the world.

Institutions as Schools.

Some concept of the institution as a school has probably been present from the beginning of this type of care for dependent children. Until recently it has been customary in the institutions of America to operate an elementary and sometimes a secondary school, but at the present time there is a definite tendency for institutions serving dependent and neglected children to send their wards off the premises to public or parochial schools. Before 1900, elementary education in institutions generally led up to apprenticeship or to work on the farm or in domestic service. This was replaced by a growing tendency on the part of institutional schools to keep many of their intellectually more promising children under care until they had been graduated from high school, and occasionally in the case of students able to profit by college training, even to twenty or twenty-one years of age. The idea of the institution as a school exerted much influence in regarding the child as an individual, and so helped to place the institution ahead of the orphan asylum from which girls and boys usually left at about twelve or fourteen years of age. Too often these schools had their policies rooted in the older institutional pattern, in which "schooling", meant a minimum of
elementary classroom instruction and a maximum of drudgery, frequently embellished with the labels of domestic, industrial or agricultural training.

The State of Michigan was the first geographical division to draft an Act to establish a state public school for dependent and neglected children. A law was passed by the Michigan legislature in 1871, creating a state public school for dependent children, to which all destitute children in the state who were public charges were to be moved, and from which they were to be placed out in families as soon as possible. There had been some county public schools established previous to the Michigan decision but these usually offered only temporary care and education until the child could be indentured. The Michigan state public school opened at Coldwater, in May, 1874. The following provisions quoted from the Michigan Act indicate the type of care and training dependent and neglected children received in institutional schools.

There shall be received as pupils in such School those children that are over four and under sixteen years of age, that are in suitable condition of body and mind to receive instruction, who are neglected and dependent, especially those who are now maintained in the county poor-houses, those who have been abandoned by their parents, or are orphans, or whose parents have been convicted of crime. The children in such School shall be maintained and educated in the branches usually taught in common schools, and shall have proper physical and moral training. It shall be the duty of such board of control to use all diligence to provide suitable places in good families for all such pupils as have received
an elementary education; and any other pupils may be placed in good families on condition that their education shall be provided for in the public schools of the town or city where they may reside. That said board of control are hereby made the legal guardians of all the children who may become inmates of said School, with authority to bind out any children to a pursuit or trade during minority, under a contract insuring the children kind and proper treatment and a fair elementary education. 9

Other institutions for dependent and neglected children emphasized special education and training, but for some time they continued to give care so isolated from the rest of the world that children were unable to adjust successfully outside the overly protecting and damaging walls of the institutional schools. It was inevitable that the developing field of social work should be dissatisfied with this kind of school care for children. Better ways were found of providing education and training for children in their own homes and communities, and concern grew about the emotional and social needs of children.

Institutions as Homes

Increased understanding of the importance of family life brought about new ways of providing for children who could not be cared for by their own families. Foster family care, after passing through a stage of mass and inadequate care in

the wholesale free foster home era under the leadership of Charles Loring Brace, developed individualized and supervised means of providing substitute private family life to meet the needs of many children. During the period in which foster homes were coming into prominence and being used quite successfully, the institutions became competitive and tried to ape foster homes. The big congregate institutions were replaced by cottages with a cottage "parent" over each group of children. Attempts were made to select children for each cottage on the basis of the composition of an actual family, including both sexes and various ages. The cottage "parents" tried to handle children as they would be handled in a foster home. Other institutions made good use of the greater understanding of what children need, and the case work principles and methods which have a place in institutional care as well as other forms of child care. Many times, unfortunately, the name of "home" was substituted for "asylum" with no accompanying emotional home features and with the same general program of mass care.

The modern substitution of cottages for large congregate dormitories may be considered as a practical move toward making institutions as homelike as possible and more congenial to normal childhood. These efforts of some institutions to be more homelike all brought greater comfort and happiness to children in institutions. Cottages were used instead of large

10 Ibid, pp. 92-140.
dormitories; smaller dining rooms and tables, instead of con­
gregate and silent eating; smaller groups, instead of always
large groups, meant a little privacy and some possibility of
individual care and affection instead of mass, routine pro­
grams of survival. With the development of this home atmos­
phere, new awareness of the meaning of personal relationships
to children began to influence the attitude and practice of
the institution in regard to parents, relatives and friends
of the children, and the role of staff. The former group
were allowed to visit the children and have the children visit
them; the staff were accepted as being a part of the insti­
tutional program and developed a personal interest in the
children's welfare. Even while institutional homes vainly
struggled to compete with foster family care they learned
more about children's needs. This was the transitional period
in which institutions were attempting to emancipate themselves
from the mass, impersonalized programs of asylum care, and
develop the understanding of the individual child's needs in
a home-like setting.

Institutions as Social Agencies.

The institutions which try to do good jobs as schools
or as homes offer some values for certain children, but there
is too often something incomplete about their service. True,
an institution is a place where children live for a time, but
it is a "Home" with a capital "H", not a normal home. Children
go to school while they live at the institution and much of
the program may have a broad educational purpose, but there are other aspects to a child living in an institution. Institutions come into the lives of children because of social problems and needs. The modern institution cannot escape the task of helping its children with the family problems or their own special needs. Social work is required along with the best in education, medical care, etc., in order to help these children grow successfully. Because it is called into being by social problems and has the responsibility of helping its clients reach satisfying personal and social adjustment, the institution is a social agency and needs to make use of social work knowledge and skill in carrying on its work. Just as public assistance, family welfare and foster family care organizations are each to be seen in modern times as a kind of social agency with its special nature and function, so, children's institutions be social agencies with many distinctive features.

Community agencies which, throughout the nineteen twenties and thirties, had been working somewhat aloof from the institution, finally recognized that modern institutional programs serve a need in accepting children who could not get along in foster homes; also that they have a distinct contribution to make, which is inherent in their group setting and specialized professional services. A constructive feature which resulted from the emphasis on foster family home placement of a decade and so age, was the decrease in the population of institutions. These smaller numbers allowed more time
and greater facilities for the study and treatment of difficult cases. The favourable results of study and treatment institutions for emotionally disturbed children, such as the Illinois Children's Home and Aid Society, in Chicago, resulted in a more objective appreciation of institutional care. Institutions began weeding out those children who could not benefit from group care, and those who were not in need of specialized and intensive therapy. This has left the institutions free to function in their most important role, that of study and treatment centres for extremely disturbed children. Unfortunately the majority of institutions are still functioning in the capacity of receiving homes and institutions for general care and training. During the past decade, as the institution has become recognized as a social agency within itself, the study and treatment of disturbed children has become part of the work of the institution's program. Recent trends indicate that the functions of the receiving home and the general care institution may be transferred to foster homes, leaving the institutions free to concentrate their specialized therapy on appropriate children.

The isolationism so characteristic of institutions a few decades ago is now rapidly dissolving. It is unusual today to find an institution that does not have some working relationships with other community social agencies. Specialized services made available to children in institutions by outside agencies have in large measure been responsible for this development. Arrangements with central case work agencies
to have selection of cases or intake done by an outside agency were the first wedges in the hitherto closed door of the autonomous institution. The growth of child guidance clinics and psychiatric services in the community offered another service which the case workers made known to the institutional staff. The physician was often in and out of the institution but in the past his visits were brief, and apt to be confined strictly to the treatment of physical disorders without any discussion or consideration of the child's family situation and emotional life. Recent developments in the field of psychomatic medicine have brought a new awareness of the interrelation of illness and emotional life. The trend toward wider provision for school outside the institution grounds, brought the institutional staff in contact with another specialist from an important community agency, namely, the teacher. Similarly, religious services were attended in churches of the surrounding community, allowing the individual child to follow his own religion. Thus we find that the opening of the institution's doors to the use of community services and agencies, had the immediate effect of decentralizing and disbursing services from within the institution, and ultimately that of clarifying the function of specialists and pointing to their place as an integral part of the institutional program. This program which has, as its underlying key, the understanding and sympathetic treatment of every child as a total personality in a total situation, emphasizes the structure of the modern institution as a social
It would be comforting to think that dependent children no longer suffer from neglect, ignorance or inadequate facilities for care in any institution. It is idealistic to believe that once somebody, somewhere, has pronounced a formula and has set up in some one institution an adequate program for putting this formula into effect - presto, all the children of every institution everywhere, offering the same services as this institution, will straightway get the benefit of such a program. Unfortunately institutions do not change as quickly as that. Some persons in charge of institutional programs, do not even know there has been a change anywhere. Others may have heard of the, but still think the old ways better. Still others know, but lack the staff and facilities to enter fully upon the better care of these children. Questions are invariably raised about the cost of care in institutions which develop well-rounded programs to meet all the needs of their children. The community understands that better institutional care is expensive, but they will be willing to pay if the need for better care and therapy is shown to them. It may well be that in the future some children's institutions may need to spend as much for the care and treatment of children who have special problems as hospitals spend for the ill. As a result of these impediments, institutional care today varies from orphan asylums to social agencies, according to the programs offered. Nevertheless, many child welfare workers are predicting an increasingly important role for children's insti-
tutions which provide individual treatment in a group setting.
CHAPTER II

THE CURRENT PHILOSOPHY OF INSTITUTIONAL CARE FOR CHILDREN

A definite change in attitude has taken place among institutional personnel and social workers during the last decade in regard to the basic philosophy of institutional care for children. Where formerly large numbers were emphasized and effort exerted to keep every bed filled lest financial loss might eventually lead to extinction, today there is a new security abroad in this field. Reduction of numbers is freely discussed and there is little concern about this trend because institutional workers do not associate it with the idea that the institution as a method of care is on the wane. There is a new feeling that the institution based on recent standards of institutional care is acceptable and its merits unquestionable. Institution workers reflect this new security in their free discussions about the weaknesses of their own programs. Everywhere plans are under way for improvement in physical facilities, reorganization of programs and activities to meet the needs of the children served, and training of personnel to cope with the more difficult children now admitted.

Today it is possible for a social worker to say, "The past decade has marked an era of revolution in the institu-
tional field. Many new developments have taken place, notable among which is the general acceptance of the child-caring institution as an indisputable method of care for certain children." As social workers gained more experience with both institutional and foster family care, it was gradually realized that there are two supplementary and complementary kinds of care for children away from their own families. This fact can be substantiated by considering some of the accepted definitions of foster family care and institutional care.

Foster care, it has been said,

is any full-time care of a child by persons not biologically related to him, whether it is with a group of other children in an institution, or in a foster family home; whether it is of long or short duration; whether it is paid for in part or entirely by the child's own parents, relatives or guardian, or by public or private contributions; and whether or not it is accompanied by legal termination of the rights of natural parents and transfer of guardianship to a parent substitute. 2

Foster family care and institutional foster care each provide certain values which the other cannot offer. The inherently different elements in the latter are acknowledged in the definition stating that

A children's institution is a group of unrelated children living together in the care of a group of unrelated adults. 3


3 Loc. cit.
Thoughtful workers in the institutional field and in the child-placing agencies today usually agree that neither foster home placement nor institutional care meets the needs of all children or the needs of the same child at all stages of his development. Therefore, the new role of the institution emphasizes the diagnosis and treatment of children to prepare them for return to the community. Institutionalization should be a period of understanding care, re-training and treatment. The institution should not be the home of any child for an indefinite period. The return to their homes may not be possible when some children are ready to leave the institution, hence foster family care is provided as an interim phase of treatment. While the child is in the institution, it may become obvious that his own home will never be suitable for his return. Such a child should not remain indefinitely in the institution, but should move on as soon as another satisfactory plan can be substituted.

The institution is a unique form of social agency because its clients live together in the same place in which social services are carried on. Each child lives in the cottage or dormitory with a group of others with whom (unless there be siblings with him) he has no ties of kinship or previous acquaintance. The agency provides all the aspects of daily living, growing and learning, from its own employees. Unlike living at home or with a foster family there are no two parents who are in charge of a child. Instead, different adults share in the care of these children. It is the group
living and group care situation which defines both the limitations and opportunities of the institution. This group emphasis should be a guiding factor in determining the children who come to institutions, and it enters into all efforts to help them.

There is no general agreement among spokesmen for institutions as to the primary purpose of their care of children by this group of unrelated adults. Many institutions are set up chiefly as a place to live, and some of these still provide little more than shelter and custody. Some emphasize school and education. Progressive institutional executives are thinking increasingly in terms of treatment—help with the problems of children. The various approaches and programs offered by different institutions can be utilized to meet the needs of different children. Probably all up-to-date institutions, however, feel the need of providing care which promotes constructive growth and development of children. Children do grow and develop wherever they are. They do not stand still but they may regress and wither; and certain things are essential for the proper nurture and direction of the human

4 Children's institutions are beginning to give more recognition to the group work aspects, especially group therapy, in the overall development of children. For further information regarding the possibilities and the future of professional group work in institutions caring for children see:


machine. Therefore, institutions which are thoughtful and serious about their responsibility must accept the challenge of applying the best that is known about children, their problems, how they can be helped, the help which institutions can offer, and what is necessary for such help.

The Types of Child-Caring Institutions.

In the attempt to classify institutions for children or the children they serve, difficulties arise. At the present time, for instance, there is some tendency to avoid such terms as delinquent, feeble-minded, dependent, in the classifications of children. As professional social workers understand more about the dynamics of children's problems, the more reluctant they are to place the children in definitive categories by their handicaps. Nevertheless, there must be classifications of the children served by institutions to fit the needs of the individual child constructively to the treatment and program provided by the institution.

The progressive institution of today is much smaller than children's institutions have been in the past. It has a much better trained staff, providing in most instances for psychiatric consultation, psychological services, a trained group worker and skilled case work services. As might be expected from the changing philosophy of service to children, which stresses the recognition of the need of the individual child, institutions now serve a highly selected group of children
and tend to specialize in their services.

In discussing types of children's institutions, those which are designed for special groups such as the physically handicapped, convalescent, and mentally deficient children will be disregarded. There are four main types of institutions for dependent and neglected children, each of which has variations which relate to the character of the specific problems dealt with and the types of treatment provided. According to the kind of service which these institutions render, four types are distinguishable.

1. **Institutions for general care or training.**

These include institutions making no limitations in regard to the type of children received other than those based on such broad classifications as age, sex, race, or religious affiliation. They would also include day nurseries and institutions for normal adolescents in need of group experience. It can readily be seen that the older institutions were of this type for the most part and that the other three types listed below have been offshoots from this parental stem, as have been the special types of institutions for children such as those for the mentally handicapped. In other words, the development of children's institutions has followed the trend to specialization which is so characteristic of the twentieth century.

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5 Henry W. Thurston, *The Dependent Child*, New York, Columbia University Press, 1930, Chapter VII. In this chapter Mr. Thurston reviews the aid of the social sciences in determining what the child really needs from institutional care.
2. Receiving homes. These are frequently referred to as "shelters". They provide facilities for diagnosis or emergency and short-time care. They include temporary shelters used by agencies pending placement in a family home, and also the detention homes of courts or protective agencies. In many localities this function has largely been taken over

by subsidized foster homes.

3. Study homes or treatment centres. The best known institution of this kind is the Ryther Child Centre in Seattle, Washington. Less well known are those institutions handling somewhat less disturbed adolescents who are emancipating themselves from their families and cannot accept foster home care. The function of these study and treatment centres is stated most concisely in the following citation.

Institutions for the observation of children with serious problems and treatment for such children while they are living within the institution, represents a somewhat recent development. The name study home, which has become popular, is a term that has followed the introduction of psychiatric service into the field of child welfare, but there is a sense in which it is a misnomer. As the name implies, institutions so called attempt an intensive study and treatment of each individual -- a service usually not expected of the asylum, school or home. Once a diagnosis has been made, however, it is treatment which is more important than study, a fact that should be recognized by child guidance clinics as well as by institutions concerned primarily with disturbed

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6 Howard W. Hopkirk, Institutions Serving Children, New York, Russell Sage Foundation, 1944, pp. 32-33. Mr. Hopkirk states that the services rendered by these receiving homes can more beneficially be supplied in family homes by subsidized foster parents.
children. It would be more appropriate to name these institutions treatment centres, because those establishments worthy of the name have gone far beyond the diagnostic function of merely studying the children entrusted to them. 7

4. Institutions combining the features of receiving homes and clinics for study and special treatment.

As the classification of this type of institution implies, their function is to provide not only care for children who are dependent or neglected, but also some disturbed children for special observation and treatment. These institutions must supply or have access to the necessary clinical facilities and trained staff to diagnose serious emotional problems and carry out the required therapy.

Classification of Children Best Suited for Institutional Care.

As was noted in the brief history of the development of children's institutions, the institution has become more selective in its aim of serving the individual child, and the use of the institution in a total community child welfare program has become more clearly defined. The group nature of institutional care with its less personal ties, and association with many persons, should be a decisive factor in its use for a child. Children cannot be really helped by institutions unless they can make use of the group situation, or at least are not injured by it. Careful case study of the child

7 Ibid., p. 28.
and his family is needed in order to understand what care may be helpful.

Who are these children for whom group care has more to offer than foster home care - which is, after all, the closest substitute for parental care? This is a subject that has received considerable attention in the last few years, and one in which perhaps all the answers are not yet available. Current literature on the subject would indicate that in the main the writers are in agreement, although some see more possibilities in the group experience than do others.

There is general agreement, that if the child can accept foster home care and fit into a foster home, this plan is preferable. There are some children, however, who need, not a foster home experience, but a group experience. It is these children that the institution is fitted to serve. Children are placed in institutions because it is believed that the institutional set-up offers them the opportunity of working out their problems in their own way in the absence of the forces which have helped to create them. 8

As another writer has put it,

All this is predicated upon the assumption from the institution point of view that children should not be retained for a long period of years but placed in a real family situation as soon as their development warrants; and that those who are sent to institutions need the advantage of group work in a controlled environment more than an imitation of family life. From the general social work point of view the assumption is that all children need some group experience, not always available in their own

8 Martha Seling, "Temporary Use of an Institution in Foster Care", American Journal of Orthopsychiatry, July, 1942, XII, 467-475.
community, and that the modern institution is the social instrument best equipped to offer education opportunities through guided group life. 9

Institutions therefore differ from foster homes in that they offer group living rather than family life, and as a consequence only those children who need it should be placed in an institution.

It is difficult to categorize these children who need group experience in an institution, and perhaps no attempt at rigid categories should be made. In the last analysis, each child must be considered as an individual differing from every other individual both in his needs and in what he will derive from a given environment. The proper selection of institutional care depends upon the total personality of the child and his family situation, but experience has given us some general guides as to when institutional care may and may not be suitable. It will be necessary to set up some general categories as a first step toward evaluating the placement of the children in Embury House. The following groups then, will include children from the age of six or seven to the age of twenty, since it is the assumption of our society that at the age of twenty-one the child becomes a man or woman. The order of the listing of the categories does not imply that one is of greater importance than the others nor are the

groups mutually exclusive.

In this study the children will be classified on the basis of the kind of problems they have and the specific kind of treatment they need, rather than according to specific acts or situations which brought them to the children's institution such as "neglected, dependent or delinquent". It is essential to examine the various types or problem groups to whom some form of institutional care may be appropriate. Eleven such groups (with some overlapping), may be distinguished.

1. **Children in family groups.** Obviously more care is needed in planning for a group of children than for one child, as a home should be found to meet the needs of all. The foster home is usually not so well geared to such a situation as is the institution. The institution eliminates the possibility that these family groups might have to be split up among several foster homes, as it is difficult to find one foster home or even two nearly foster homes which can absorb a large family. The related children should be kept together particularly during the initial period of placement before the individual needs of the children are determined. Often it is desirable to keep the family together either because the placement is a temporary one to meet some emergency in the home or because of a strong attachment between the siblings. Later it may be necessary to work out plans for separating the children or it may be possible to return the children to their home. It has been found that the infants
of family groups should not be placed in an institution, even though this means separation from the older children, because their older brothers and sisters are themselves too troubled to offer these babies any real measure of security at such a time. There are instances also when children may need to be separated because of hostility between them that prevents acceptance of one another's presence, or sharing the affection of the same adults.

2. Children whose parents cannot accept foster parents. These parents feel threatened by the relationship between their child and the foster parents. They refuse to let their children have from any other family the things which they cannot provide themselves. The natural parents may need a period of time free from such threat to decide whether to take their children home or allow them to live with another family group. The institution in the meantime, may be able to serve the children of such "blocking" parents, while special case work efforts or court action may make possible other care when it is especially needed by the children.

3. Children who need an interim placement between foster homes. Often children who have failed in a number of foster home placements have experienced great insecurity in relationship to their own family situations before placement, and have never been able to find satisfactions in foster homes. The failure of a foster home means a rejection to the child. Before another placement can be arranged he often needs a time in the group setting to enable him to
relate to another set of foster parents. These children usually have lost confidence and trust in adults and as a consequence are usually aggressive and negativistic. When the institution gives them an opportunity to express their hostility, either verbally or through play, or both; when they are kept and loved in spite of their behaviour; when they begin to find some satisfactions in their day-by-day life, accept adults as friends, experience success, build up some values of their own, go along on an even keel for a while — then the chances for success in the next foster home placement are better.

4. Children of recently divorced or separated parents. These children are torn by the tensions of divided loyalties and the bitterness of most divorces. They are also harrowed by the feeling of having been rejected by a parent or even both parents. Many times the parents try to make the children partisans on their side. This question of divided loyalties places a terrific emotional strain on the children. The worst blow to the children and the one with the most lasting after effects, is the feeling of rejection. The children of divorced or separated parents, especially the younger ones, cannot understand the adult friction and motives which led their parents to separate. To them the divorce meant that their father or mother did not care enough for them to live with them. They feel betrayed and their distrust of adults as a whole stands in the way of their acceptance of substitute parental care. The bewilderment and emotional upset
such children suffer at the time their parents break up, prevents their reception of foster parent's love and their own efforts to respond. The institution offers a non-demanding environment where these children may establish relationships in their own time, and where their parental loyalties are understood and accepted.

In an excellent article on the use of foster homes and institutions in a child placing agency, Eva Burmeister says:

During the course of divorce actions children are subjected to situations confusing and upsetting to them. This is particularly true in those cases which come to the attention of family courts, in which custody is being contested. The child loses the home which, however unsatisfactory it appears to others, may mean security to him. His parents, absorbed in matters far beyond his ability to comprehend, have let him down. Everything having value to him has crashed. A child having had such an experience would become more confused by the introduction of foster parents. Here would be a foster father and foster mother on whom he might project his feelings of rejection, guilt, disappointment, shame or resentment, which he is experiencing in relation to his own parents. Or he may still be clinging to one or both of his parents, unwilling to give them up. He is unable to give the warm response which foster parents might expect. For this child the institution provides a situation away from all relatives. 10

5. Children left with only one parent. This group of children, who through divorce or death are left with

only one parent, are perhaps to be closely associated with the immediately preceding group. Their situation differs however, in that each of these children has one parent in whom he has a real emotional security even though the parent, for the time being at least, is unable to make a home for him. The institution may be useful as a sort of boarding school arrangement to a working mother who is divorced or widowed, and has assumed the responsibility for the entire support of one or more children. The parent, whether it be the mother or father, may be unable to share the child with foster parents, and the child may find it hard to enter into the emotional relationships with foster parents. The institution will allow the parent and the children to form a little family unit, complete and satisfactory to themselves.

6. **Children who need physical aid and social training prior to foster home placement.** These children when removed from their own homes, usually because of neglect, are found to require either extensive medical care or training in socially acceptable manners, and possibly both because of severe deprivation. Institutional care provides for a period previous to foster home placement where the socially retarded child may have the "rough edges smoothed off", and the physically retarded child may receive the benefit of extensive medical facilities. Some children who have been deprived of care and training can be helped through the consistent daily living routine which is followed by the group in the institution. This group routine should not be overdone to the point
of stifling initiative and the development of self-management, but within reason it can make good social habits generally acceptable instead of a personal issue. Institutions can also offer greater tolerance of troublesome behaviour and difficult personality traits than most foster homes.

Due to physical and emotional neglect, their appearance, lack of training and habits, their responses, may be such as to make them unacceptable to foster parents at the time of placement. In the institution, with its many facilities right at hand, it is possible to do a rather intensive job in medical and dental care, nutrition, habit training, care of clothing, table manners, and social relationships. All of these services increase the chances for a successful foster home placement. 11

7. **Children who are rejected by their own parents.** Some children have been so hurt by rejecting parents and disrupting family experiences that they cannot be receptive and responsive to foster parents and family living. As a defense against further hurt, the rejected child develops a strong resistance against those who have any authority over him, and he becomes more or less "unapproachable." Of these children Howard W. Hopkirk says:

> The child rejected by his own parent, or whose parent has been cold as to leave him emotionally hungry, has been "short changed." To be thus deprived is as hard as it is unnatural. Rejection is the word used by psychologists and social workers in pointing to the unhappy state of the child whose presence is resented by one or both parents. There are many such children among those served in our institutions for

dependents and delinquents, and this is true also of many who attend boarding schools and summer camps.

The general recommendation has been made that children of any age who have been thus emotionally starved should usually be placed in foster homes, because for such children it is ordinarily not enough to provide the limited ration of affection which can be expected in even a good institution. There are nevertheless occasions when a first-rate institution may provide affectionate substitute parental care which will improve a child’s emotional balance. 12

There are situations in which the child who has never experienced love is unable to accept it. On the other hand such a child may be so demanding of expression of love and affection from the foster mother, that she will not be able to bear with him. For such children an institutional placement is less threatening. After a period of understanding care and treatment in a more neutral environment in the institution some may be ready for foster family care, some may be able to return to their own homes successfully, especially when help has been given in working out problems there, and some may require longer institutional care until they reach greater maturity and adjustment.

8. Adolescents. Perhaps the strongest case in favour of the institution is its value to the adolescent. This is the period when children normally break loose from parental ties and get their satisfactions not so much from any close relationships with adults as they do from the spirit of camaraderie and loyalty which develops among fellow group

12 Howard W. Hopkirk, op. cit. p. 49.
members. Children from ten to sixteen have a natural desire and inclination to join groups. When placement is necessary and children of this age group are emotionally ready for separation from parents, institutional placement may have positive values. Because adolescence is a period of becoming independent of close parental ties, institutional care is very helpful to children of this age who must live away from home. Many adolescents are removed from their own homes because of conflicts with their own parents, consequently it is impossible for them to accept foster parents. That institutions have something definite and worthwhile to offer adolescents is perhaps best illustrated by the fact that the children themselves if given a choice will select institutional care. "Many of the boys and girls of high school age who are in institutions and for whom it becomes evident that permanent placement plans will have to be arranged, are consulted about their choice in regard to foster home placement and invariably they firmly refuse to accept this latter type of placement." 13

9. Socially or mentally retarded children.

Another group of children for whom the institution performs a very special role are those dull, unattractive youngsters who are difficult to place in foster homes and yet are badly in need of the close personal relationships offered by such care. Illegitimate children are numerous in this group and all those who were available for adoption in early childhood

13 Cecelia McGovern, op. cit. p. 25.
but not eligible because of low mentality, physical deformity and general physical and social unattractiveness. Some who have developed no inner resources and little sense of self-direction respond positively to a planned program, to strong direction, and to the give and take with other children. There can be rich opportunities for group association on the level a child is ready to use in the institution with its special programs and various activities and these can also appeal to his interests and help him develop skills and social relationships.

10. **Children who are starved for affection.**
Sometimes the institution is asked to care for a very deprived child who seems most in need of foster care in a home but who cannot take it. Children who have not had secure years during babyhood or early childhood, or those who may have had a satisfactory home situation broken off suddenly in a traumatic experience to themselves, are sometimes unable to make a good adjustment in a foster home. They may want more constant and undivided attention and affection from a foster mother than she is able to give. Never having had sufficient affection in their early childhood they have never learned to love and be loved. Some of these children can only take, not give, and a foster mother naturally expects response. These children when placed in an institution may learn to live away from their own families until such time as they may be ready to take on new relationships in other family groups, if by that time their own parents still cannot take
them home.

11. **Children who need study and observation.**

Before any good permanent plan can be made for a child much knowledge of his needs and personality is required. The institution with its variety of relationships to staff, visiting relatives and other children provides an excellent setting for the evaluation of the child's reaction, readjustment, and progress. The house mother, the house staff and the professional staff all gather information about the child from their observations, and this information is explored at periodic evaluations by the entire staff, with constructive treatment resulting from their diagnosis. In the small institutional setting all the child's experiences crystallize themselves into a pattern which gives a fairly complete picture of the child and his needs. For children whose needs can be met in such a setting, the institution has an opportunity for being the best possible treatment situation.

As Howard W. Hopkirk writes:

> Children beset with conflicts, those whose aggressions need to be rubbed off on their peers, whose misbehaviours are habitual, are all seriously wearing on a mother or foster mother. Where the strain on them becomes unbearable a strong institution may fill the need. In order to tell whether institutional care will help or hinder children in growing free from such attributes it is not enough to identify their conflicts, aggressions, or misbehaviours; the causes of these must be recognized before careful planning can be undertaken. 14

Children Needing Services in Their Own Home or a Foster Home.

Experiences such as the evacuation of children during the bombing of Great Britain disclosed that, while foster care is necessary under certain circumstances, the very separation of parents and children creates serious problems. Although they may feel relieved, parents also experience a sense of inadequacy when someone must take over all or part of their parental responsibility. Children suffer profound emotional disturbances when their parents are unable to provide a home for them. When separated from their parents children feel not only lost but personally responsible for the fact their parents are giving them up, as though they were unloved and unwanted because of their shortcomings. This feeling makes it difficult for them to believe that anyone else can love them. Such social and emotional disturbances cannot ever be altogether compensated. Consequently, foster care can never be a completely satisfactory substitute for a child's own home.

The greatest value of foster care is its part in helping parents to do something about the social and emotional problems that made the separation necessary in order to reestablish a home for their children eventually, and in cases where the parent cannot give his child a home, in helping to free the child for permanent placement. Even the most adequate foster care is recommended only after certainty that there is no alternative, that the child needs that type of care, and that, except for cases of neglect or abuse, the parent wants foster care for his child. Even in the exceptions every effort is
made to help the parent to carry his share of responsibility.

Essentially, in addition to physical care, shelter, and opportunity for activities appropriate for their social and emotional development, all children need a relationship with loving adults to whom they feel they belong. Since some of these needs can be provided only through home and family life, the supervised foster family home has long been acknowledged the best substitute for children able to establish meaningful relationships with foster parents. Moreover, individual care and attention available in family homes are indispensable for normal development of infants and children under six years of age. Foster care is used for children whose parents are ill, where there is marital discord, disturbed child-parent relationships, or a situation which leaves the parent temporarily unable to carry the responsibility for rearing his child.

There is a growing recognition that any child whose parents are unable to provide an adequate home may need foster care regardless of social or economic status of the family.

Keeping in mind the basis of the classification of the various types or groups of children needing services in their own home or a foster home, as the kind of problems they have and the specific kind of treatment they require, it is possible to form by contrast, some well-established guides about the children who cannot profit from institutional care. Six such groups may be distinguished.

1. **Infants.** Where placement is necessary, the needs of babies and pre-school children can best be met in
foster homes. Infants need love and attention from continuous "parent persons", and are not ready for any continuous and extensive group association with other children. In their physical growth, and more important, in their emotional care and development, they need the affectionate response, the teaching and training and the constancy of some single mother person. Not only does group care deprive babies and small children of many emotional satisfactions, but there is danger of psychological retardation as well.

2. Orphans. These children need to belong to a family of their own. The child with no family ties needs a foster home, either an adoptive home or a boarding home in which he may stay for the entire period of his childhood and early adolescence. If an institution cares for them because of their other special needs, this care should be temporary, and directed toward obtaining a substitute family.

3. Adolescents. Children of adolescence age do better in foster homes where they can enjoy a greater independence than is possible in most institutions and where they can spend the important teenage years in the setting of a normal family life. The disturbed adolescent who is rebelling against his parents is the exception.

4. Physically weak children. These frail children may be crushed by the impact of a group. Further-

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15 Lauretta Bender, "Infants Reared in Institutions - Permanently Handicapped," Child Welfare League of America Bulletin, September, 1945. Miss Bender presents a convincing argument why infants below the age of six should never be placed in an institution, other than for brief temporary care.
more, there should not be a wide divergence in the mental ability of the group or the range of ages. Children whose ages or mental abilities do not fit into the average deviant of the institutional group, will not benefit from the group experience.

5. Children with special needs. These children who have special needs which require extensive individualized care in the normal family setting should never be placed in an institution. These children would include the hyperactive who are overstimulated by a group situation, the extremely shy and withdrawn, those with especially difficult health problems, those who are very sensitive, and those suffering from sibling rivalry. Also included would be the disturbed children who cannot accept any sort of discipline or routine so common to institutions.

Some Guiding Principles of Modern Institutions.

Institutions are often called upon, and allow themselves, to receive children only because other care is not made available for them. Even institutions which are surrounded by a variety of other agencies may be filled with children for whom other care is more suitable while there is not room to admit some who need institutional care. When an institution tries to serve children because other needed services cannot be obtained, it has a special responsibility to work for the development of other needed care, and not to take children who would be more damaged by institutional care than by the lack of any
special service. It is an obligation of institutions to know both the values and limitations of their care and the needs of children referred to them so well that proper selection of children can be made and their care carried on as constructively as possible for each individual child.

Progressive administrators accept the specialized function of the institution and no longer try to make it simulate a family group. They know that the best administered and staffed institutions cannot take the place of a family group, regardless of how devoted the staff, how small the unit, and how diversified in age the children under care are. The following principles are guides to the administrators of institutions: (1) Institutional care, while especially helpful for certain children, is undesirable for others. (2) Children who live in institutions have the same needs that all children have, plus the need for help with the problems which make this type of care necessary for them. (3) Institutional care alone is not sufficient for any child throughout the entire period of his childhood, and placement in an institution should not be continued beyond two or three years at the most. 16

Children who may be served by institutions when they must have care away from their own homes are often discussed in general terms, such as brother and sister groups too large for a foster family home, those needing convalescent care, children with special training needs, adolescents etc. Whether or not any of these children can be helped by an institution depends upon the fundamentally individualized needs of the particular child, and the organization, program and quality of service of the institution.

No longer is it believed that institutional care should be a last resort for all children. Rather, it is believed that skilled services should be available to help preserve and improve their own homes. When children must be removed from their homes, good institutional care with less demanding personal relationships and more conditioned and directed environment may be the first choice for some of the children fitted unsuccessfully into foster family care in the past. It is essential to select care from good institutions and good foster family homes on the basis of the needs of the child rather than generalized ideas about the superiority of either type of care.

Except for the relatively few who are so permanently incapacitated physically, mentally or emotionally, that they can never be cared for in the normal community, institutional living is no end in itself for the care of children. The goal of institutional care is helping every child possible to be able to make a satisfying adjustment in family and community life. A period of special care and treatment in the institution may be a means toward the achievement of this by some children. Even for these children the institution needs the aid of resources supplementary to the institution's care while the child is there, and to provide any services which may be needed after institutional care. Realization of this causes the institution to seek close association with other social agencies and community facilities. The use of schools, churches, libraries, community centres, etc., in the
community will help children who live in institutions to keep in touch with the normal stream of society, and also help the institution and the community resources work together to obtain real acceptance of institutional children on a par with others. If it is wise for the institution to have its own school, church services, and recreational life, it needs to find other ways of drawing outside life into the experience of each child when he is ready for it. Through a flexible, imaginative program, institutions can find ways of giving their children some normal experience with shopping, earning and spending of money, and visits with parents and other adults and friends who are important to them. The institution however, cannot provide experience in normal family living, so it must work toward the return of its children to their own home or to foster family homes as soon as possible.

Children are emerging as human beings in their own right, and we know much more about their nature and their needs. The modern institution is throwing off the idea that to give care to children is charity, instead, it is their right to receive beneficial care. Real concern with the rights of children means a child-conscious institution which tries to apply the best knowledge of happy child growth and development, and to seek more similar knowledge. It makes the question "what is best for the child?" the test of its whole organization, program and administration. More analysis of the contributions and problems of case work in institutions and its relationship to other essential parts of institutional
care may further the proper use of institutions as a resource for children.

It is desirable that the child-caring institution analyze its financial and service records annually to establish the cost of care per child and the cost of elements of care, such as food, clothing, medical care, service administration etc. This enables the governing body or public agency to allot enough funds to operate the institution to the best advantage by an accurate estimate of how much it costs to care for each individual child. Financial studies have proved false the old concept of economy that institutional care is less costly than foster home care. The smaller institution of today and the professionally trained staff providing skilled diagnosis and treatment for children in need of such care, make the modern institution an expensive service. As a consequence, the feeling among institutional social workers is that finance should not be spared in establishing diagnostic and therapeutic programs, because these services cost far less per child over a period of time, if they are successful in re-establishing the child in family and community life, than if the child continues to require care under a non-treatment shelter-type of institution for an indefinite number of years.

Setting of the Study.

In Chapter I the evolution of the modern progressive institution serving as a social agency from the almshouses of a century ago was outlined. The children who would benefit
most from institutional care, plus some guiding principles applicable to all institutions, were established in Chapter II. The next two chapters of this study will evaluate the placement of children in Embury House and the program serving these children, during the year 1949-1950. The criterion for this evaluation is the "Standards for Institutions Caring for Children". These standards have been accepted and highly commended by the United States Children's Bureau, Washington, D.C.

From the analyses of Chapter III and Chapter IV, recommendations will be suggested for the improvement of services to those children requiring institutional care in Embury House. The writer first became familiar with Embury House, Regina, Saskatchewan, in January, 1949. For the next four months he worked as a volunteer untrained group worker with the children during the evenings. With the approval of the Director and Assistant Director of the Child Welfare Branch of the Department of Social Welfare of the Province of Saskatchewan, case records of the institutionalized children were studied and such material compiled. From July 15 to September 15, 1949, the writer was employed as a trained case worker with the children in Embury House. He lived in the institution, which presented unlimited opportunities to observe the children and the institution's program. All necessary case material was obtained at this time.

17 Washington, Department of Social Security, Standards for Institutions Caring for Children, 10 February, 1950.
The social research methods used in this study were mainly the case method and the comparative method. These methods were supplemented by such basic elements of research as description, classifications, and many social work concepts. As the average monthly population of Embury House during the year 1949-1950 was fifty children, fifty cases, representing a typical cross section of the year's population, were selected for intensive individualized analysis. The concepts of institutional care and the classifications best suited for institutional care and foster home care were based on authoritative material published within the last two years. The criterion by which the placement of children in Embury House, and the program of services offered to the children during the year 1949-1950 were compared and measured, was the Standards for Institutions Caring for Children, compiled by the State of Washington, Department of Social Security, and published 10 February, 1950.

The scope of this study was to evaluate the necessity of Embury House in the total child welfare program in the Province of Saskatchewan, the services offered to the children placed in Embury House, the 1949-1950 population of children in Embury House in terms of their necessity for such institutional care, and the child-caring qualities of the employed staff; and from this evaluation, with reference to certain criteria, to suggest recommendations for the future function of Embury House and for the development of a program best suited to the needs of the children to be served. This study
was limited by several factors. Many of the cases were from rural social welfare districts and any of these cases that had been active for over five years had very little material recorded. This lack of case material did not apply to just the rural social welfare districts, but also to cases of some length in the city of Regina. A serious limitation on the quantity and quality of case material for analysis, was that there had never been a social worker, trained or untrained, employed at Embury House, and consequently very little information was recorded regarding a child after he was placed in this institution. Another limitation was the inherent intangible elements of the institution requiring measurement, such as the quality of the staff, and the constructive parts of the program. It is as difficult to state in concrete words the evaluation of staff personnel, who invariably have positive and negative values, as it is to evaluate a certain program by determining the emotional development of the children.
CHAPTER III

THE CHILDREN UNDER CARE

The purpose of this chapter is to analyze and evaluate the population of Embury House during 1949-1950, in terms of the classifications of children considered suitable for institutional care as presented in Chapter II. In addition, in a very brief manner, it will be shown why certain children placed in Embury House during this period should have been served at home, and why others should have been placed in foster homes. The evaluation of the children under care will be done by analyzing fifty cases which represent the typical cross section of the yearly population. Members of

1 For the purpose of this study, a case is defined as the series of case work services given to a child, who because of dependency or neglect, has been placed in the care of the Child Welfare Branch of the Department of Social Welfare in the Province of Saskatchewan, either as a temporary ward for one year, a permanent ward until the age of twenty-one, or a non-ward receiving public care for an indefinite period because of temporary financial incapacity of the breadwinner in the child's home.

In this study, dependency will refer to any child under the age of twenty-one, who for any reason is destitute, or homeless, or abandoned, and is dependent upon the public for maintenance.

In this study, neglect will refer to any child under the age of twenty-one, who has not proper parental care of guardianship, or who is living with any vicious or disreputable person, or whose home by reason of neglect, cruelty or depravity on the part of his parents, guardian, or other person in whose care he may be, is an unfit place for such a child.
the child's family group are included in the same case even though they may not all be clients of the Department of Social Welfare.

The population of Embury House during the year 1949-1950 was not static. There were two distinct groups of children present: the transient group and the permanent group. The transient children used Embury House as a receiving home and as an institution for general care and training. Their length of stay varied from one day to three months. The permanent group of children consisted mainly of those who required some study and treatment before they were capable of returning home or being placed in foster homes. They remained in the institution from three months to a year, some even longer. The number of children in both of these groups was constantly changing. The groups were heterogeneous with regards to sex, racial origin, religion, nationality and cultural backgrounds. The ages of these children varied from two years to sixteen. (See Table 1.)

As the average monthly population of Embury House throughout 1949 was fifty children, this number of cases was selected to produce a true cross section of the typical yearly composition of the institution's population. These fifty children comprised all those living in Embury House during the two months of July and August, when the writer was employed as the institution's social worker, and they represent all the various types of children placed in Embury House who required case work services in some form. Each child will be
Table 1


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<tr>
<td>13 - 16</td>
<td>11</td>
<td>22</td>
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<tr>
<td>TOTAL</td>
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discussed individually according to the services his needs required, with the exception of families who will be treated as one individual unless the needs of individual members of the family varied. In one instance a group of children will be discussed as an individual case because of the definitive classification of services required, as presented in Chapter II.

The placement of ten of the children in Embury House may
be omitted from the body of this study after a brief explanation. It is obvious that no exposition is required in condemning the institutional care of this group of ten pre-school children, ranging in ages from two to six years. Six of these children were Metis, two were receiving temporary care while their mother was ill, one was chronically enuretic, and one was physically handicapped. This latter boy had a severe hair lip, which prevented him from speaking articulately and gave him a freakish appearance. The Metis children were unacceptable in foster homes in the community because of their racial origin, the chronic enuretic because of his habits, and the physically handicapped boy because of his appearance and apparent retardation. These reasons for placement in Embury House are not consistent with good child welfare practices. The purpose of this study is not to suggest alternatives to institutional care. On the other hand, the institution should not be used as a "dumping ground" or a "catch-all". A careful study of foster homes and of foster care rates, might indicate why there is a shortage of foster homes in the community, particularly for difficult children. Pre-school children require the love and affectional response of "parent persons", especially a single mother person. Institutional group care deprives these infants of the individual and per-

3 The Metis are the offspring of the marriage of Indians with white persons. The amount of their Indian blood varies considerably because of inter-marriage with white persons. These six Metis expressed marked Indian features and were dark in skin.
sonal love necessary for their emotional development. Therefore ways should be found to provide good foster homes for children needing family life. An institution can never be an adequate substitute for this.

The evaluation of the placement of the remaining forty children in Embury House will be considered under the following headings: (1) the number of children who should have received case work services at home, (2) the number of children who required placement outside their own home, (3) of those children who required placement, what number needed foster home care and what number needed institutional care, and (4) of those children requiring institutional care, what number required study and treatment services and what number required general care and training. A brief analysis of the individual child or family will determine which of these four categories of care the forty children required.

The Children Who Required Case Work Services at Home.

The three Smith boys, aged five, nine, and ten, were placed in Embury House for a period of at least one year. Their father had deserted their mother and three sisters when James, the youngest boy, was born. The mother received financial assistance only from the family allowances, and the odd jobs that she was able to do in their home town. The three Smith boys were accused of stealing by neighbours, and the community felt the mother was neglecting her children. There was a strong bond of affection between these boys and their
mother. As no foster could be found which would care for all three boys, they were placed in Embury House. This family was placed in a dependency situation with the desertion of the breadwinner. The mother did not receive sufficient financial assistance to maintain the family, forcing her to work and so leave the children with no supervision, and thus leaving little time for family relations. The boys were hungry and stole food. If casework services had been offered the mother in the home and sufficient financial assistance granted to care for the children, there would have been no need of breaking up this home where there were strong ties of healthy attachment.

The three Jones girls, aged eight, eleven, and fourteen, were placed in Embury House when the mother became ill. The parents had separated some years before. The father contributed nothing to the maintenance of the children or the home. The sisters desired to remain together and as no foster home could be found to care for all three they were placed in the institution. None of these girls expressed any problems or anxieties, other than the wish to go home. As in the Smith case, a combination of financial assistance and case work services in the home along with supervised homemaker service, would have enabled this family to remain together.

Richard Hodges, aged twelve, was placed in Embury House because he persisted in running home from the foster homes in which he had been placed. He had been removed from his own home because of neglect, as the parents were involved in
marital conflict. There was a very strong bond between Richard and his mother. It was felt that his going home was disturbing because of the marital conflict, although both parents welcomed him home. Richard had taken part in several acts of theft and his caseworker felt that if he were institutionalized, with no opportunities to visit his home, his behaviour would be modified. Instead, Richard used every method possible to sneak home, and as a result forced further restrictions and punishments on himself. The boy's compulsive desire to go home indicated the advisability of giving casework treatment in the home, as the boy had to work through his feelings about his own family before he could accept placement outside the home. Richard therefore, would have benefited more from casework services in his home, while such services to the parents would have helped them to resolve some of their marital conflicts so they could become more suitable parents.

The Children Who Required Placement Outside Their Home.

The number of children who required placement outside their own home totalled forty-three. The home environment of these children eliminated any possibility of rendering casework services in their home and thus maintaining their family stability and relationships. In the interests of these children's welfare, it was necessary to serve their needs by either foster home care or institutional care. The two succeeding sections will indicate what types of care and services these forty-three children required.
The Children Who Required Foster Home Care.

The ten pre-school infants who obviously required foster family care, were discussed earlier in this chapter. It is found that fifteen of the remaining thirty-three children placed in Embury House should have received foster home care. Of these fifteen children, the only reason nine were placed in the institution was the fact that they were Metis. It was impossible to find foster parents in this community who would accept them because of their racial origin. These fifteen children varied in age from six years to fifteen years. They gained nothing from the institution’s services. They all required individualized family care free from the group experiences and the routine of the institution. The only problem posed by the nine Metis children was the fact they were dependent upon public maintenance. Therefore, each case will be discussed very briefly.

William Bass, aged six, was placed in Embury House when his mother died. His father disappeared shortly after. William did not appear to have any disturbance regarding his parents. He found it difficult to accept the routine of the institution. He rejected his sister Loretta, aged nine, also in Embury House, whose protectiveness caused him much annoyance.

Susan Adams, aged nine, had been an orphan since she was six. She had lived two years in a Roman Catholic convent and had been placed in Embury House preparatory to living in a foster home. During her years stay in the institution, Susan repeatedly asked to be moved to a foster home. She
expressed no emotional problems, other than wanting parents whom she could call her own.

Mary Clark, aged eight, was placed in the institution when her mother died. Her father was an unstable person, leaving Mary a dependent child. After a short period of group experience in the non-demanding atmosphere of Embury House, Mary was ready to accept foster parents.

Rodney and Harold Gains, aged eight and six respectively, had been deserted by their father a year before placement. Their mother was committed to the provincial mental hospital a year later. Both these boys were quiet and shy, withdrawing from the routine and activities of the institutional group.

The Brown family, consisting of Elinor, twelve, Timothy, eleven, Betty, eight, Margaret, seven, and George, six, were placed in Embury House when their mother died. Their parents had been separated for several years previous to placement. With the exception of George, who will be discussed under a different heading, these children expressed no deep problems. There did not appear to be any affectional bond between the children, which would not make it desirable to preserve family relationships through institutional placement. Elinor, Betty, and Margaret were enuretics, indicating how much they required loving individual care. Timothy could not accept the institution's routine.

These nine children all required foster home care, not only because they were in the classification of those children needing individualized care under substitute parents, but also
they were not profiting from the institutional experience. Because of the fact they were Metis no foster homes were found for them, and they remained in Embury House, partially arrested in their development.

Fredrick Hope, aged fourteen and Samuel Hope, aged fifteen, were placed in Embury House when their home life became depraved because of their mother's prostitution. Their father was an unsuitable parent-person who expressed no interests in his sons welfare. Both boys established relationships easily with adults, and they expressed no hostility toward their parents. Fredrick was an undistrubed adolescent who disliked the institutional routine, and bitterly resented the fact he was supposed to "set a shining example for the younger children" because of his larger size. Samuel was a chronic enuretic who consequently required the individual love and affection of foster parents. Because of both parent's neglect, these two boys were deprived of the security and love of a home.

Paul and Vaughan Hart, aged nine and eight respectively, were placed in Embury House as deprived children. The mother was diagnosed by the Mental Health Clinic, Regina, Saskatchewan, as a "psychopath", and cohabited freely with any man. The father was weak and incapable of caring for the children. The family caseworker felt that casework treatment with the parents would soon stabilize the home, so the boys were placed in the institution. They continued to be left there despite the length and the poor prognosis of treatment with the mother. Both these children were physically weak and Vaughan was
crippled in one leg from the hip down. The group activities and the play of the other children were too rough for them and they suffered physical punishment as well as loss of self-confidence by trying to keep up with the other children.

Harry Sack, aged ten, was placed in Embury House after an unsuccessful foster home placement. Harry was an orphan. His first three years had been spent in an institution. He was then placed in a foster home for five years. Harry was rated a high grade moron in intelligence quotient. His personal habits were so filthy and disgusting that foster parents would not accept him. After a year's institutional care, Harry was placed in a foster home. The foster parents could not accept his retarded efforts and his habits, and he was returned to Embury House. With his early years of institutional care, Harry was a very deprived boy. Two foster home failures only added to his inferiority and withdrawal. He was rejected by the children of Embury House and by members of the staff. Harry required skilled treatment and understanding, not available either in the average foster home or institution. Psychiatric study was indicated, with careful foster home planning based upon the diagnostic findings.

Jane Grat, aged eleven, was placed in Embury House when her mother died. It was not felt the father was sufficiently capable of caring for her. Because of glandular disorder, Jane was a dwarf. She was exceptionally intelligent. The routine of the institution and the group activities were too difficult for her physically. She was pampered by members
of the staff and this was naturally resented by many of the children. This girl's ability would have had the opportunity to develop more extensively in a foster home which would have been able to accept her despite her physical deformity.

The Children Who Required Institutional Care.

On the basis of the classifications of neglected and dependent children best suited for institutional care as stated in Chapter II, there were eighteen children at Embury House who required institutional care. This group of eighteen children required two distinct types of institutional service, general care and training, and study and treatment care. A brief analysis of each child will reveal the individual's necessity for one or the other of these forms of service. There were nine children who could benefit most in their emotional development and their needs through the services of a general care and training institution.

Robert and Lillian Robinson, aged thirteen and twelve, were placed in Embury House because of an unsuitable home environment. Their parents had separated the year before, the mother obtaining custody of the children. Their father disappeared immediately, and the mother became a prostitute. There was a strong tie between both children and between the children and their mother. Mrs. Robinson was unable to accept foster home care for the children. Because of the security these children had with their mother, they would have found it too difficult to enter into the emotional involvements of a
foster home. The mother visited them periodically in the institution, and they were able to form a little family unit while casework services were being given to the mother to reestablish their own home.

Donald Ross, aged fifteen, and Paul Ross, aged twelve, were placed in Embury House when their mother was hospitalized with a lengthy illness. Their father was crippled and a permanent resident of the Provincial Home for the Infirm. The family ties were strong and the boys visited their parents regularly. Neither the parents nor children would have been able to accept substitute parental care. These adolescent boys were building strengths in the group setting of the institution.

William Latens, aged fifteen, was a disturbed adolescent placed in Embury House. His father had deserted the family several years previously. The mother had lived with various men for varying lengths of time since then, and had practiced prostitution. William had been placed in several foster homes, unsuccessfully. He adjusted well to group living and institutional routine. Other than the occasional visit home he had no desire to return to his mother. This stabilizing period in the neutral environment of the institution was necessary before William could accept foster parents.

Daryl Howe, aged fourteen, was placed in Embury House when he had failed in twelve successive foster homes. As well as these foster home rejections, Daryl felt rejected by his own family. His father had deserted when he was a baby.
and his mother had died when he was twelve. His brothers and sisters showed no affection or interest for him. He was unable to accept the individualized care of foster parents because of these rejections. Daryl needed an interim placement between foster homes. The institution did not demand love of him or shower him with love. This supportive care enabled Daryl to overcome his feelings of rejection and accept foster parents.

Joseph Barton, aged ten, was placed in Embury House when his parents were divorced. Both parents tried to obtain custody of the boy. He was torn between mother and father with divided loyalties. This child, having such an experience, would have been more confused by the introduction of foster parents with whom his relationship would have been uncertain. The institution provided him with a home free from obligations and parental demands.

Lynda Gross, aged fourteen, was placed in Embury House shortly after her parents separated. Each parent attempted to exert influence over the girl, who was torn between her loyalties to both. The mother became a prostitute and tried to encourage Lynda to join her. The father was able to hold the family of four children together until he was injured in an accident and hospitalized for many months. Because of her inability to relate to foster parents, and because of the disturbances incidental to adolescence, Lynda was well placed in Embury House.

Jens Jensen, aged sixteen, was placed in Embury House
after several foster home failures. He desired more independence and gang acquaintances. He was unable to accept the foster parents' restrictions. In the institution Jens was able to enjoy friends in the group activities, without having feelings of family dependency. After a period of group care Jens was able to adjust to foster parents who supported his increasing maturity.

The remaining nine children in Embury House also required institutional care, but with the emphasis on a different type of service. These children had deep-seated problems requiring an intensive casework program combined with group therapy to help their emotional development and adjustment. Each of these nine children were interviewed by the psychiatrist at the Provincial Mental Health Clinic, Regina, and in each case his diagnosis emphasized the seriousness of the emotional disturbance and the need for intensive treatment, usually under psychiatric guidance. The following analysis of the individual cases will reveal the necessity for such diagnosis and treatment.

George Brown, aged six, was placed in Embury House along with his brother and three sisters when his mother died. George's father separated from the family when George was three. There was little love between the siblings, and George even seemed rejected by his brother and sisters. He was a submissive child, refusing to defend his property with children younger and smaller than himself. He seemed afraid of adults and while in their presence his mental reactions were very
slow. He was a chronic enuretic who was completely apathetic when lying in a wet bed. George was terrified of dogs and would stiffen into a rigid position and scream if one came within fifty yards of him. When alone in the sand pile, he would swing his fists and wrestle on the ground as if he were beating an opponent. George very seldom spoke and never in a group. He expressed no visible forms of emotion while in a group or with another person. This boy had such great hostility demanding expression and the need for acceptance without his giving anything in return, that only in an institution could he receive encouragement and intensive treatment.

Clarence Hogan, aged eleven, was placed in Embury House after he had run away from home several times. In conjunction with a neighbouring boy he had robbed several tills in local stores. The district social worker could find no foster home for Clarence, which was best for his development as he was a very rejected child. There was marital conflict in the family and much of this stemmed from the fact that Clarence was an unwanted child. This boy was distrustful and uncertain of adults, but he hid his misgivings under a cloak of docility. He needed casework therapy in working through his bitterness toward his parents, and relating satisfactorily to adults.

Phillip Peppard had been placed in Embury House twice before reaching the age of five. The first was at two years of age, the second at four, both placements lasting for one year. Phillip's mother was killed in a car accident shortly
after his birth. The father who was injured in the crash, deserted the child. Phillip lived in several foster homes between placements in Embury House. The foster home failures hinged around the belief Phillip was a "nuisance and a cry-baby." Phillip was the butt of the groups' jokes and taunts at Embury House. He withdrew from all activities and would not leave the confines of the institution unless forced to do so. If any of the staff gave him some attention he would not leave their side, and would follow them about during their duties like a pet animal. He was particularly attached to the matron and the writer. Whenever Phillip was given a chance he would shower kisses on them as if obsessed, and cling to them in a death-like grip. Phillip lived and moved in a world of his own phantasy. Many of his phantasies dwelt around his parents and his early years. It is obvious how much this boy required study and treatment under psychiatric consultation, followed by a careful foster home placement.

Henry Pastor, aged nine, was placed in Embury House after he had failed in a series of foster homes. Henry was an illegitimate child. His first two years were spent in an institution. Then followed the sequence of foster homes. The failure in each added to Henry's basic rejection. In the first foster homes Henry's failure to adjust was due to his inability to respond and relate to the foster parents. They all felt he was an impossible "problem-child." In his later foster home placements Henry developed unacceptable excretory habits, which resulted in his placement in Embury
House. The deep rejection suffered by this boy, plus his
dissocial means of expressing his hostility toward adults,
especially women, required study and treatment under psychia-
tric consultation.

Gary Stratton, aged twelve, was placed in Embury House
after three short foster home placements ended in failure.
Gary's mother had died when he was ten. His father married
again shortly after. Gary's dissocial behaviour began with
the advent of his step-mother in their home. This step-mother
completely rejected Gary and influenced the father against
the boy. The father-son relationship had never been strong
nor stable. Gary began running away from home, sometimes
staying away for several days. He was caught pilfering in
several department stores. His parents refused to accept any
responsibility for him. Gary was then placed in a foster
home where his behaviour problems continued, as they did
through two more foster homes. He was then placed in Embury
House. Gary was not capable of accepting a mother-person so
shortly after the death of his mother, and the severe rejection
he suffered from his father and step-mother necessitated the
accepting attitude of the institution combined with the non-
demanding nature of group care. He needed skilled case work
services in helping him work through his feelings about his
rejections, and in learning again to give love as well as to
demand it.

Robert Daniels, aged thirteen, was placed in Embury House
when his grandparents became too old to care for him. Robert
was an illegitimate child, whose mother gave him to her parents and then disappeared. The boy was overprotected by his grandparents. When placement was asked for, the district social worker found Robert still sleeping with his grandmother, and scarcely able to feed himself. Robert had repressed his guilt feelings over his incestuous desires toward the grandmother, and had regressed into a pre-psychotic stage. It is clear how much this boy required treatment under psychiatric consultation.

Fredrick Holt, aged eleven, was placed in the institution after a knife attack on his mother. Fredrick's father was a Bermudean, who had left his wife shortly after Fredrick's birth. The father remained in Bermuda while his wife and son returned to her home in Regina. Fredrick could not remember his father, and had had no father-person to identify with through his Oedipal situation. Fredrick had caused much trouble in his home neighbourhood, and he was considered a behaviour problem in school. Mrs. Holt asked for placement after Fredrick had attacked her with a butcher knife in a wild scuffle. Fredrick was extremely punitive towards the younger children in Embury House, and if given the opportunity alone he would bash a smaller boy's head against the wall or floor. Several times he attacked smaller girls with a table knife. Mrs. Holt could not overcome her guilt feelings about having failed in raising Fredrick, which was linked with the failure of her marriage. She continued to take Fredrick home, but his aggression towards his mother would necessitate his
return. This mother could not have accepted foster home placement for her son because it would have been too threatening to her own dependency needs on the boy. Fredrick, also, could not have accepted foster home care as he was unable to respond to adult affection. As there were pre-psychotic tendencies expressed in Fredrick's reactions, he required study and treatment under psychiatric guidance.

Muriel Rodgers, aged thirteen, was placed in Embury House because of neglect and cruelty. This girl had been rejected from birth by her father. The family was of German nationality and the father ruled the family with a tyrannical hand. Muriel's mother scarcely entered into her life. From an early age Muriel was obese; this increased with age as her compulsive eating was used to satisfy her emotional needs. Mr. Rodgers forced Muriel to do the farm chores around home, and would keep her from school until the truant officer forced him to release her. Muriel suffered many physical beatings from her father. This deprived and rejected child was starved for affection. She was unable to accept a foster home because she demanded the whole and undivided attention of the foster home, and was not able to respond to the foster mother in return. Muriel required a period of group care to absorb new relationships, and also carework services to help her work through her rejection.

Loretta Bass, aged nine, was placed in the institution after several quick foster home placements. Loretta's mother died when she was three years old, and her father deserted her
and her infant brother, William, shortly after. Loretta was placed in three foster homes where she lived for nearly two years. She was then placed in a Roman Catholic convent where she lived for three years. Loretta's stay in her next four foster home placements was just a matter of weeks in each. This girl had an intelligence quotient in the moron rating. She was attempting her third year in grade one. Loretta was a chronic enuretic. Her appearance and actions presented a picture of complete apathy. Loretta was rejected by nearly all the children in Embury House as well as by her brother William, aged six. She lived in a world of phantasy, built around her dreams of a home to which she would soon be returning, and dreams of herself as the queen of Embury House. One questions whether this child was really retarded mentally or whether she was completely withdrawing from the world of reality. It is obvious how desperately this pre-psychotic child required intensive casework study and treatment under psychiatric guidance.

On the basis of the type of services required to satisfy the children's needs, it is valid to assume from the evaluation of the representative yearly population of Embury House during 1949-1950, that the major purpose of this institution during this period was as a "stop-gap". By "stop-gap", it is meant that Embury House was used as a "dumping ground" for those children whose needs could not be fulfilled satisfactorily by the Child Welfare program of Saskatchewan, or who required intensive casework services which the social
workers did not have the time to render. In addition, it was a convenient "catch-all" for those children who because of the nature of their emotional disturbances and consequent reactions could be placed in Embury House and forgotten. This evaluation is vividly portrayed in Table 2, where it is shown that out of the representative monthly population of fifty children only eighteen of these were suitable for institutional care. Furthermore, of these eighteen, the needs of only nine children could be partially served by the program the institution offered during this time. In Chapter IV the evaluation of the program of Embury House during 1949-1950 will reveal the institution's inability to serve the nine seriously disturbed children requiring study and treatment. Moreover, according to all modern institutional standards, Embury House could only partially serve the needs of the nine children requiring general care because of the fact there was no trained social worker employed in the institution. Therefore, only nine children out of a total fifty, or eighteen per cent of the total population, could be partially served by Embury House.
Table 2
A summary of the types of services required by the population of Embury House during 1949-1950.

<table>
<thead>
<tr>
<th>Group</th>
<th>Services Required</th>
<th>Number of Cases</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>These children would have profited more in their emotional development through case work services at home because there were no cases of neglect, only dependency. This dependency could have been overcome through adequate financial aid, thereby leaving the child in the role most conducive to his over-all benefit, a part of his own family unit.</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>II</td>
<td>These children could not receive services in their own homes because of the lack of a home through the death or desertion of one or both parents, the neglect of the parents, or the illness of a single parent. They were capable of relating to adults and accepting substitute parents. Foster family care is the closest substitute for the satisfactions the child derives from being loved and wanted as a part of a family, therefore, this right to maximum development, in accordance with their needs, in a foster home should not be denied by institutional placement, where the services were not applicable to the needs of these children.</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>III</td>
<td>These children were suitable for the forms of care and services offered by two distinct types of institutions. Because of the conflicting elements of attempting to combine two programs to serve two different types of needs, these children should have had the availability of the two institutions below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(a) Those children who could not accept substitute parents and who required a non-demanding group experience, required general care and training.</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>(b) Those children who were seriously disturbed in their emotional development, required intensive individual case work services and treatment under the guidance of a psychiatrist.</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>
In discussing the program offered to the dependent and neglected children coming to Embury House during 1949, this study will include all the services rendered to these children. It will also include the staff employed at Embury House, because any services provided are only as good as the quality of the functioning staff. The criteria for evaluating the staff and services will be the State of Washington's Standards for Institutions Caring for Children, hereafter referred to as the Washington Standards. These succinct standards have drawn together recent thinking in the field of standards for institutional care for children on the part of persons working directly in that field. Where the evaluation applies to an intangible quality the writer will use his own measurement based on personal observation. These criteria apply to every type of institution caring for children. In this study they will be considered the basic foundation upon which suitable services can be built for institutions caring for children. The Embury House program will be evaluated under the broad areas of: (1) social service pro-

gram, (2) physical needs of the child, (3) education and training, and (4) staff.

Social Service Program.

This aspect of the program around which the whole purpose of Embury House should revolve, namely, providing the services to meet the needs of the children placed in the institution, was seriously lacking in quality and in organization. Instead of a social service program established within the institution and coordinated with the overall child caring program of Embury House, responsibility for case work services was carried out haphazardly by social workers from the central agency of the Child Welfare Branch in Regina, and by those rural district social workers who had clients in the institution. Due to the pressure of case loads these social workers interviewed their particular cases in Embury House only upon the insistence of the matron that the child was suffering from the lack of case work services. Neither the matron nor any of the staff employed in Embury House was authorized to give case work in any form to any of the children. As was indicated in Table 2, only eighteen per cent of the population should have been placed in Embury House according to the services they needed. This inefficient and harmful intake policy was typical of the entire social service program. The validity of this conclusion will be borne out in the evaluation of the four aspects of institutional case work services, namely, (1) intake, (2) case work services
to the children while under care, (3) discharge, and
(4) records.

1. Intake. Children were placed in Embury
House with little or no preparation for their coming ex-
perience. They were taken from their homes or foster family
homes by the district social worker and with their possessions
were deposited in the care of the matron. There was no formal
admission card or entrance procedure. The social worker
seldom had time to notify the matron that she would be placing
a child in Embury House, and many times only the child's
name and religion would be given to the matron or house staff
person on duty. As the only information obtainable regarding
the child, his background, his problems, his needs, had to
be secured from his social worker, the institution's know-
ledge of the child depended entirely on the social worker's
limited time, or her desire to disclose the above information
to the matron. Information regarding the child for the in-
stitution's purpose was made still more difficult to secure
by the regulation that all the children's case records were
kept in a central filing department at Child Welfare head-
quarters, and none of the institution's staff could obtain
information from these case records.

In contrast, compare this intake recommendation from
the Washington Standards. "When a decision in regard to ac-
ceptance of the child is reached, the staff must be given
sufficient knowledge of the child and his needs to know how
to receive him, in what group to place him, and how to meet situations that come up."  

The individual social worker had complete authority as to whom she wanted to place in the institution. The matron and the house staff had no voice in regard to what children should be accepted for institutional care, other than to stop intake when the institution was physically incapable of absorbing another child because of lack of space. Therefore, it is seen that the intake policy of Embury House was not made by the institution and based on the type of services the institution could offer to meet the child's needs, but was determined by the social workers who used the institution as a resource regardless of the time they had to offer supplemental services, such as home supervision or foster home placement. Lack of any real interest in the placement was indicated by the limited information given to the matron and house staff at the time of placement, and limited support to the child during the placement.

2. Case work services to the children while under care. Embury House did not have the services of a caseworker employed within the institution. Instead, the district social worker who placed the child there, continued to be that child's case worker. No member of the institution's staff nor other caseworker was authorized to offer

2 Ibid., p. 21.
services to this child. Consequently, the case work services received by the child depended entirely upon the time his district social worker could allot to his needs. As a result of the overwhelming case loads carried by many of these social workers, it was always a matter of weeks and sometimes even a month before a child could talk with his case worker. It is obvious how unsatisfactory and inadequate this type of case work service was for the child.

The Washington Standards state: "Throughout the whole period of the child's stay in the institution, the case worker shall work closely with him, helping him to understand and accept his own feelings and to learn new and more satisfying ways of getting along with people".

In Chapter III it was shown that many of the children were placed in Embury House not only because of the seriousness of their problems but also because of the lack of adequate services to meet their needs. As the result of these inadequacies and lack of case work services, the children in the institution formed a kind of "forgotten group". The district social workers many times expressed their concern to the writer over having placed their clients in the care of the matron and then practically neglecting them. The matron and the house staff carried on as well as they could under the circumstances but many times they had to handle situations and behaviour that they did not understand.

3 Ibid., p. 22.
The matron invariably assumed much of the responsibility for the planning for the children while under her care. This was most unsatisfactory for both parties, as the matron did not have enough information from the social worker regarding the child's needs, and the child was not receiving the professional case work services he required. Despite the capabilities of the matron it was too often assumed by the social workers that as soon as they placed their client in the matron's care all would be well. The matron also acted as the liaison person between the child and the community services he used. In comparison, the Washington Standards states: "The social worker, because of her over-all responsibility for the planning for the child, needs to use other community services. For this reason she should be the liaison person between the institution and the community."  

In only one case of the fifty analyzed in this study, was a conference held regarding a child in Embury House, between the institutional staff and the case worker. This lack of integration of the observations and the suggestions of the institution's house staff and the case worker's knowledge of the situation, prevented the house staff from knowing what services the individual child required during his period of institutional care. This also caused the institution's staff, as well as the children, to feel remote from the case.
workers and their services. The children's social workers did hold occasional individual conferences with the matron, and as a result of these conferences the institution did have some leads to follow in providing for the child. But these conferences with the matron did not include other members of the house staff, thus eliminating much valuable information to both the case worker and the house staff. The case work services with the children while under care at Embury House were totally inadequate.

There was great need of a case worker within the institution who would utilize the house staff's knowledge of the children and draw them into the formulation of suitable programs of service for the children, as indicated by the Washington Standards. "Since the child in the institution is affected by his relationships to all the members of the staff, the social worker needs to understand these relationships and to work through the various staff members. This can be done through individual conferences with staff members and through group meetings where the problems of the specific child or material relating to child care are discussed".  

3. Discharge. The child was taken from Embury House by his social worker when the matron insisted he was not profiting from institutional care, when he could be returned to his own home, or when a suitable foster home had been found. There were no standards by which the child was judged ready to leave the group experience and accept a home

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5 Loc. cit.
environment. The child's discharge was discussed when either the matron suggested he should leave or when the child asked to be removed; otherwise he remained in Embury House until the social worker decided he required another type of care. There were no periodic evaluations of the child's situation. Evaluations were limited to those children the social workers had time to discuss with the matron on their infrequent visits. The aftercare and supervision of the child when he left Embury House was a function of his district social worker.

In contrast the Washington Standards state: "When the child has profited sufficiently from institutional placement to return home or to use another type of care, he is ready for discharge. In order to determine if a child is ready for discharge a periodic reevaluation of his situation must be made and recorded in the record. Such evaluations should be made at least every six months." 6

4. Records. The only record of the child kept by Embury House was the admission information given by the social worker, and the entry of the child's presence in the daily register. No case record was kept of the child by the institution's staff. All recording of the child's situation was done by his social worker. The social worker's information regarding the child, other than that acquired during her visits, was obtained from the matron. The means of recording was in-

6 Loc. cit.
efficient. The information given centred around those incidents which remained clear in the matron's mind several weeks or more after they occurred. It is inevitable that with the pressures of work, the matron could not remember every significant action of fifty children over a space of weeks. The child's record while in the institution was consequently very sparse. Its contents tended to focus on attention-getting material, and much valuable information which would have been helpful in formulating future plans to suit the child's needs was neglected.

Physical Needs of the Child.

This part of the institution's program will be evaluated in terms of the following basic physical needs of the children: (1) diet, (2) clothing, (3) personal hygiene, and (4) medical care. The program of an institution must be directly related to the physical needs of the children under care. A basic requirement in any institution caring for children must be the adequate provision of the necessary facilities to satisfy every child's physical wants. A child living in an institution has the same physical needs as a child in his own home. In addition the child living in an institution has other needs to compensate him for his lack of a home and the qualities of a home environment, if he is to develop emotionally in accordance with his age.

1. Diet. The food at Embury House is purchased and prepared by a skilled cook. The quality, the preparation,
and the serving of the food at Embury House is excellent. The Provincial Nutritionist, who is a skilled and experienced dietician, prepares the menu for the institution's meals every week, and she periodically checks the calorie content of the food. The kitchen contains modern electrical equipment to prepare the food, and two large refrigerators keep all perishable food and the milk at low temperatures.

In Embury House not only is the quality of the food high, but there is unlimited quantity. No child leaves the table hungry. The atmosphere in which the children eat their meals is both commendable and condemnable. The dining room is gayly painted and well lighted. The staff sit at the same tables as the children and eat the same food. The grace is repeated before each meal. On the other hand, the children must line up in two rows, the boys in one line and the girls in the other, outside the dining room door at the sound of a dinner bell. When everyone is in line the children march to their seats. Talking is kept at a minimum, and an atmosphere of fearful, hurried eating pervades the dining room on many occasions. This typical institutional regimentation and routine should be abandoned. To have the cheerfulness and camaraderie conducive to wholesome eating and eating habits, there should be a minimum of routine and more flexibility in rules at this time.

This situation compares most favorably with the Washington Standards which state: "A balanced diet, adjusted to age and physical development of the child, shall be provided. The
food shall be wholesome in quality, ample in quantity, and of sufficient variety to ensure health. All food shall be kept clean and at a temperature low enough to prevent deterioration ... Menus should be checked regularly by a dietician. If no member of the institutional staff is qualified to offer this service, consultation should be obtained elsewhere ... Meals should be served as attractively as possible and meal-time shall be a happy occasion with time allowed for a normal amount of conversation and unhurried eating."

2. Clothing. The children at Embury House, like all child wards of the Child Welfare Branch of Saskatchewan, receive clothing allowance every year. This clothing allowance is adequate to supply all the clothes they need throughout the year. They are permitted to choose clothes of their liking, and are thus given a feeling of individuality. The child's social worker issues a requisition, stating the type of clothes the child has asked for, and the approximate price of each item. The child then does his own shopping at a store where he finds clothes of his own choice. His only limitation is the amount of money he can spend on each article. Each child has his clothing initialed and he keeps it in his locker. Shoes are kept in good repair at a city shoe repair shop. The quality of the clothes of the children at Embury House is superior to that of the children in the surrounding communities.

7 Ibid., p. 25.
The clothing provisions of the children in Embury House compare favorably with the Washington Standards. "The standard of dress for the child in the institution shall be comparable to that of the average child with whom he associates in the community. Each child shall be helped to maintain his individuality in the group by having his own clothing that is marked with his name and that differs in pattern and design from the garments worn by the other children. Where possible the child shall have a part in the selection of his clothing." 8

3. Personal hygiene. There were insufficient washrooms and toilet facilities in Embury House for the population. The children had to wait much too long for their turn to wash and perform their toilet, in the mornings and evenings. They were too rushed by the house staff, who understandably were trying to help all the children be clean for breakfast and bed at a certain hour. The whole washing process is a time of great fun for children and they should not be denied this privilege. The staff did the best they could with the limited toilet facilities, and organized a "washing routine," which enabled each child to have a certain length of time in the washroom. Each child had his own towel, tooth brush, comb, etc., and was responsible for the care of these articles. Every child bathed at least twice a week. The house staff taught the children good health habits and cleanliness. The children had their hair cut by a barber unless they were "broke," in which case the caretaker served

8 Loc. cit.
the purpose and did an admirable job.

The children in Embury House received an adequate amount of sleep. They went to bed according to their age group. Those under eight years went at seven o'clock, those from eight to ten at seven-thirty o'clock, those from ten to twelve at eight o'clock, and those over twelve at nine o'clock. The rising hour for all children was seven o'clock A.M. A commendable feature at Embury House was the fact that the house staff allowed the children a short time for playing, talking, and "fooling around," before turning out the lights. The children as a whole took pride in their personal appearance and received favorable comment from the community. The satisfactory personal hygiene habits practiced at Embury House was accountable largely for a minimum number of epidemics in the institution.

4. Medical care. There was a pediatrician employed by the Child Welfare Branch of Saskatchewan, who acted as a consultant to the institution. There was also a physician and a registered nurse who visited Embury House once a week, and treated the sick children and examined those children indicated by the matron. This physician and nurse could be called to the institution at any time in an emergency. The children of Embury House received the same medical care and treatment in the Regina General Hospital as any child. Every child on being placed in Embury House was given a thorough physical examination. If immunization or vaccinations were required, they were begun at this time. A complete
medical history of the child was kept by the physician. Any child requiring the services of a dentist or a medical specialist received such service.

A large first-aid kit was kept in Embury House, along with a great variety of patent medicines. These medicines were administered only under the matron's directions. An isolation ward, consisting of two rooms and a bathroom, was an excellent feature of Embury House. The prompt use of this available resource saved the institution from many of the epidemics common to childhood. If the matron was given sufficient notice by a child's social worker, that child would receive a complete physical examination prior to discharge, otherwise he left the institution without an examination.

When the need was indicated by the child's social worker, he could receive psychological study and psychiatric treatment at the Regina Mental Health Clinic under the guidance of qualified psychologists and a psychiatrist. This clinic was convenient to Embury House, being only five blocks distance.

The standards of medical care at Embury House fulfill every requirement stated in the Washington Standards, which state: "There shall be a qualified physician to serve as medical director or consultant to the institution. Each child shall have a thorough physical examination by a qualified physician just prior to admission ... Psychological study and psychiatric consultation and treatment shall be provided along with other specialized medical services when their need is indicated ... The results of every medical and dental ex-
amination, including the physician's and dentist's recommendations, shall be recorded ... A complete physical examination should be given immediately prior to discharge ... Special care as needed shall be provided for sick children. This should include separate and comfortable bedroom space for sick children not needing hospital care ... Arrangements shall be made with a hospital in the community for hospital care when it is recommended by a physician."

Education and Social Training.

In this study it is unnecessary to indicate why every child should require a basic minimum education sufficient to enable him to function adequately in our present society. But it is necessary to declare that every child, whether he be a part of his own family unit or a parentless, homeless ward of the Child Welfare Branch of Saskatchewan living in Embury House, has the right to obtain as much education as he desires and as much as he can suitably absorb.

Every child requires a certain amount of social training. This training is usually administered according to the cultural background and opportunities of the parents or guardians. When a child is placed in Embury House he too must receive sufficient social training to make him socially acceptable in this society. Many times the child placed in Embury House, has a background of neglect and is socially retarded. It is obvious that such a child requires extra supervision in

9 Ibid., pp. 26-27.
his social training. This training should be administered in accordance with good child caring practices, and administered over a period of time and in a form that the child can absorb without causing him any emotional disturbance.

The social training of dependent and neglected children in Embury House is under the supervision of the matron. The program of education and social training, so vital to the emotional development of the children, will be evaluated under the following headings: (1) school, (2) work experience, (3) religion, (4) discipline, and (5) recreation.

1. **School.** The children in Embury House receive all their formal education outside the institution in neighbouring community schools. The Roman Catholic children attend a parochial school, two blocks away. The Protestant children attend one of two public schools, two and four blocks distant from the institution. Those children attending high school have the services of a technical and academic high school within fifteen minutes walk from Embury House. The children use exactly the same books and equipment as the other children in school. They are accepted as a part of the class and taught the same curriculum as the other children. As far as can be judged the children are receiving a suitable education from the Saskatchewan educational system, whose curriculum also applies to the Roman Catholic parochial schools.

There is a study and reading room in Embury House, where the children do their homework. This room has several tables
and comfortable chairs. It is well lighted and attractively
decorated. There is a library covering one wall, but many
of the books are too old and lacking in interest for the
children. The matron or house staff member on duty is avail­
able to help the children with their more difficult homework
problems.

This method of receiving education in the community, as
an individual within the community, compares satisfactorily
with the Washington Standards, which state: "In formal edu­
cation, as in other areas, it is important that the child be
related as much as possible to the rest of the community.
Therefore, it is recommended that the child attend the neigh­
borhood school."

2. Work experience. Every child in Embury
House above the age of nine has a daily task assigned him by
the matron. The child's task is changed every week so that
it does not become too routine or monotonous. No child is
assigned a task beyond his physical means. The girls assist
with such tasks as washing dishes, cleaning dormitories,
preparing the vegetables for cooking, etc. The boys wash
and wax floors, clean washrooms, and help the caretaker in
his many duties outside. These daily tasks take the child
from fifteen minutes to an hour to finish. The older boys,
especially those no longer attending school, help the care­
taker for longer periods. They assist him with the gardening,
the fences, fixing the plumbing, etc. Any child who is con-

10 Ibid., p. 23.
venient will be called upon to run small errands for the matron.

The children understand that the work they do is their part in maintaining their home. With the exception of the extra work assigned as a punishment, they carry out their jobs with good grace. If there are any legitimate reasons for being excused from a task a child may be relieved. Also, no child is kept at work if there is any form of recreation he wishes to attend at that time. The caretaker allows the older boys to assist him in jobs which help prepare them for a vocation, and which give them experience in situations they will encounter in later life, such as repairing the central heating system, and the plumbing, painting, gardening, etc. With the exception of assigning work as punishment on too many occasions, thus causing a child to dislike work and express an over-all negative reaction to his home through associating the idea of punishment with home, the staff assign suitable work experiences to the children of Embury House.

The Washington Standards state: "Some duties which the child performs around the institution such as helping with the dishes, making beds, emptying waste baskets, and so forth, shall be considered as the child's contribution to the making of the home ... Children must not be exploited or assigned tasks beyond their years or strength. Work never should be used as/or associated with punishment ... Tasks should be assigned, where possible, for their value as an educational
experience to the child."

All children of school age in Embury House spend their monthly allowance where and how they wish. They are permitted to go downtown alone on shopping expeditions. The children's money is locked in a strong box in the matron's office for safe-keeping, and doled out to the child as he asks for it. A simple account is kept of each child's deposits and withdrawals. Thus, a child knows to his own satisfaction when he has spent his money and how. It is a rule of the institution that no one, staff member or other child, may loan money to a child who is "broke." The matron offers suggestions, when asked how to budget and spend the money. This individual responsibility and experience in spending their own money greatly assists the children in Embury House in their understanding of the value of money, of methods of budgeting, and of the value of saving. This policy of handling children's allowances compares very well with the Washington Standards. "In order that children be provided with the normal experiences of handling money, all children of school age shall be given an allowance until they are old enough to earn spending money themselves ... Children should have opportunities to visit stores, make choices in purchases, and handle money."

3. Religion. The children of school age in

11 Ibid., pp. 23-24.

12 Loc. cit.
Embury House are required to attend church every Sunday morning. The pre-school children attend Sunday school intermittently. Each child attends the church of his own faith. A Roman Catholic Church, and Protestant churches of various denominations are within fifteen minutes walk from the institution. Occasionally a staff member accompanies a group of children to church or takes the pre-school children to Sunday school. All religions are treated impartially by the institution's staff. No religious services are conducted in Embury House. The children are allowed to attend choir practice and mid-week and special services when they wish to do so. A grace, acceptable to all religions, is spoken before every meal.

Compulsory church attendance is not desirable. Interest in church attendance should come primarily from the child and not from an institution's staff. Except for the compulsory church attendance, however, religious education of the children in Embury House meets satisfactory standards. The Washington Standards verify this by stating: "Children have a need and a right to receive religious instruction, and opportunity shall be provided for such. However, no child shall be required to attend religious services or to receive religious instruction in a faith different from that indicated by his parent or guardian."

4. Discipline. Discipline in a child caring
institution is related to every aspect of education and social training. The occasion and method of administration of discipline depends for effectiveness upon the ability of the house staff to understand why the child is acting so, and to apply remedial measures the child can use in a constructive manner.

There are six methods of discipline in Embury House. (1) Use of the detention room, (2) being sent to bed, (3) loss of privileges, (4) loss of dessert, (5) extra work, (6) physical punishment. In evaluating these various disciplinary methods, contemporary educators and social workers, skilled in handling children living in groups, believe that only loss of privileges and dessert have constructive values in the discipline of children. From a mental hygiene point of view physical punishment may be considered harmful. Use of a detention room where a child is locked in a room alone, or sending the child to bed, make the child feel rejected and deserted, and cause him to withdraw within himself; many times even into a regressive state of emotions, where he may resort to autoerotic satisfactions as a means of comforting himself. Such satisfactions may give him not only physical pleasure but also satisfaction over taking out his hostility against the people punishing him by practicing actions unacceptable to them. This may lead the child into deliberately committing actions that will cause him to be sent off by himself.

The administration of extra work as a punishment, has only destructive qualities. The child's future life is going
to be based around some form of work. If, in his childhood, he develops a negativistic attitude towards work because it is a punishing, cruel thing to him, what chance has he of adapting to work and becoming a self-sufficient individual in his later life?

The loss of privileges and the loss of dessert, are the most constructive means of applying discipline. Here the children are deprived of things they want very much, but if they are deprived they will not suffer physically nor mentally, beyond the immediate feeling of disappointment and repentence. The use of physical punishment is a controversial problem in caring for children. Where psychiatric consultation is available and behaviour is better understood, physical punishment is not used. Resort to this type of punishment invariably means the parent-substitute has exhausted his store of ideas and falls back upon his greater strength as an adult, and the authority of his position.

As a whole, the staff at Embury House are understanding of the children's actions and the needs expressed therein, and they show considerable judgement in solving disciplinary problems. They are quite eager to learn and test new methods of discipline. They are patient with habitual offenders, with the exception of several children who appeared to be immune to change. Usually no child in Embury House suffers physically from discipline. The disciplinary methods and attitudes at Embury House compare favorably with the Washington Standards, which state: "Good discipline shall be maintained. The
attitude of the staff toward misconduct shall be diagnostic and remedial, rather than punitive. A well planned program which considers the needs and interests of the individual child, and a competent staff with a real understanding of children and groups reduces the disciplinary problems that may arise in an institution."

5. Recreation. This is an important aspect of the institution's services to the child. If the child is to develop into a well integrated personality, who can take his place in society and know how to relate to other individuals, and to get the most enjoyment out of his leisure time, it is of the utmost importance that during his stay in the institution he make a beginning in this direction. Some children can be approached through group activities who are not able to tolerate close personal relationships. Wholesome use of leisure time, outlets for creative impulses, healthy competition, and many other constructive factors can come out of a well planned and directed recreational program.

The children of Embury House not only make use of all community recreational services, but they have a better equipped playground than many recreation parks in Regina. Every child has some toy or article to play with that is his own. The recreational equipment is purchased by the institution, but the children are encouraged to feel that it belongs to them. There is equipment and facilities for practically

14 Ibid., p. 25.
every popular sport except tennis. A large playing field, which takes up more than half the block on which Embury House is built, allows plenty of space for every sport. This area is quite flat, lending itself to use as a playfield. The younger children and pre-school children have a smaller playground just for their own use but they can also use the larger playing field. There is a playhouse, a sandpile, and a cradle-swing in this playground. There are four swings between these two playgrounds for the use of all the children. The lawn in front of the institution is used for resting, sunbathing, reading, and picnicking. There is also a swing on the large front porch for the use of the pre-school children on rainy days.

Across the road from Embury House is a large playing field, maintained and equipped by the Regina Parks Board. There is a large outdoor swimming pool at one end. The children from Embury House use this playing field and swimming pool endlessly. They are accepted on the playing field by the two supervisors as part of the group. The free use of this recreational field is indicative of the complete lack of segregation of the institution's children. The children make use of other recreational resources in the community. They are encouraged to invite their friends into the Embury House grounds to play. Many times there are more community children playing on the institution's field and using the institution's equipment than there are Embury House children. A high tin slide, which is iced in the winter, provides hours of enter-
tainment to the community children as well as to those at Embury House.

In the summer as many of the children as possible go to "camp." The boys go to church camps and to camps maintained by the Young Men's Christian Association, (hereafter called Y.M.C.A.). The girls go to church camps and to temporary foster homes at the various beaches in southern Saskatchewan. During the winter volunteer groups assisted by the staff organize and conduct recreation within Embury House. The boys do woodwork, including fretwork, model airplanes, etc., under a skilled woodworker's guidance in their hobby room. The girls enjoy working with many arts and crafts, such as feltwork, beads, raffia, shellcraft, etc., in their playroom, under the direction of the Girl Guides. For a time a physical education instructor from the Y.M.C.A. conducted calisthenics and gymnastics classes in the gymnasium for both boys and girls. An untrained but experienced group work volunteer worked and played with the children during the latter half of the year, just as the writer did during the first half. Many of the boys belong to the Y.M.C.A., and some to the Boy Scouts. The girls may join the Girl Guides if they so desire. The children are free to join any organized recreational group they want as long as it is suitably supervised. Some of the children make use of the facilities of the Regina Youth Centre, which is a supervised, teen-age centre, offering all forms of arts and crafts and teen-age entertainment. Usually once a week and always once in two weeks the children go to a movie.
There are innumerable parties and picnics for the children, both indoors and out, sponsored both by the institution and volunteer groups. The older children may attend functions which necessitate their remaining up till after their bedtime, such as horse shows, sporting events, drama presentations, etc., if they are accompanied by a house staff person.

The Embury House staff wisely place a great emphasis on recreation. They are most understanding of the noise and confusion children create when they are playing. Many times the radio will be playing for dancers in the library, while sounds of hammering and industry are coming from the boys' hobby room, the girls are playing "house" or "school" in their playroom, and the younger children are playing "tag" upstairs in the dormitories. These homelike qualities indicate the freedom with which children play at Embury House, and indicate acceptance on the part of the house staff. There are only two limiting factors in the recreational program at Embury House. There is no permanent group worker or experienced staff member to supervise the recreation in order to utilize more fully its therapeutic aspects, and the gymnasium is too small for any but the simplest indoor games. Both of these factors are beyond the control of the institutional staff.

Recreation in Embury House compares very satisfactorily with the Washington Standards. "The institution must provide equipment for indoor and outdoor play, and opportunities for supervised and free play. Equipment shall suit the various age levels. There shall be play equipment the child can use
alone, games he can play with another child, and group activi-

ties. There shall also be opportunities to use the community

facilities wherever possible, including such group activities

as Boy Scouts, Girl Scouts, Campfire Girls, and so forth;..."

Staff.

The "engine" of the institution is its staff. The staff

more than the plant, the equipment, and the activities,
determines the quality of the service offered. The contri-
bution that can be made by the institution to the child's

needs, depends on the caliber of the staff members and their

whole approach to children. The best policies of an institu-
tion fail unless they are carried out by a capable staff,

from the executive down. Institutional staff members require

a variety of skills. In addition to possessing warmth of

personality, good character, and reasonably adequate educa-
tional background, they should enjoy living with children,

and gain satisfaction from helping them grow and develop.

When the child realizes that the staff really care for him

in spite of anything he may do -- and it is obvious that many

times and in many ways the children test the staff -- then

the institution has gone a long way in providing that help

which the child needs.

The size of the institution's staff should be determined

by the ages of the children, the nature of their problems, and

15 Loc. cit.
the duties to be assigned to each staff member. An essential item in the smooth functioning of an institution is the team work that exists. This team work is assured when each member of the staff comes to be accepted by the other members as having a particular job to do, and each individual respects the contribution of the other members of the staff. As a whole the staff at Embury House works well together. There are some elements of petty friction and competition, but this is to be expected in an institution employing twelve women and only one man. With the exception of the matron, no staff member at Embury House is overworked. Personnel policies are patterned after those applying to all civil servants of the Provincial Government of Saskatchewan, and as far as can be judged they are quite adequate. Each staff member works an eight-hour day, and a five and one-half day week. A morning "break" and other special favours granted by the matron help to keep up morale. Only four of the staff live in Embury House.

The individual members of the institution's staff will be evaluated under the following headings: (1) the executive, (2) the house staff, (3) the maintenance staff, (4) the clerical staff, (5) the case work staff, and (6) the specialized staff members. The last three classifications of personnel are not a part of the institution itself, but the services they render form a part of the institution's program.

1. **The executive.** The matron is the executive at Embury House. The entire responsibility for adequate
functioning of the institution lies in her hands. This responsibility includes not only the institution proper but the children and staff in it. The matron, in turn, is directly responsible to the institutional manager, who is also the Assistant Director of the Child Welfare Branch of Saskatchewan. The matron asks any assistance she requires from this source. There are far too many administrative tasks assigned to the matron. The pressure from these tasks does not allow her sufficient time with the children, and the program of services they require.

The matron of Embury House is an elderly woman. She is a widow who has reared her own family. As a pioneer in a rural district in southern Saskatchewan she acquired a wealth of practical knowledge covering many aspects of life, which would be hard to duplicate. Although her academic education is limited, this is compensated by her great store of practical knowledge acquired through years of bitter farm experiences, the rearing of her own family alone, and through her knowledge of all kinds of people. In an institution, children need a person who has a depth of warmth and understanding for them. The matron at Embury House is just such a giving, motherly, person, with an abundance of love and interest for the children. This "giving" to the children should be the major function assigned the matron, because of her excellent qualities as a "mother-person," and her limited executive ability.

The matron, because of her inadequate preparation, should not be expected to administer a professional service.
The administrative duties should be performed by a professionally trained superintendent. As a supervisory house parent, with over-all responsibility for all the children, and as a "mother-person" to whom the children can come for love and affection, the matron at Embury House is exceptionally well qualified. This role should be separated from that of the executive head of the institution. The need for a qualified superintendent of Embury House is indicated in the Washington Standards which state: "The executive shall be a person trained and successfully experienced with children in the field of social work... He shall possess administrative skill and have a concept of the broad field of services to children, and of the role of the institution in meeting the needs of children in the community. It is desirable that the executive be one trained in the field of social work, with specialized training and experience in services to children. He should have administrative skill and understanding of the needs of children, and be competent to provide leadership within the community in the planning and care of children." 16

2. The house staff. These staff members are known at Embury House as child care attendents, but they perform the same function as house parents. There are seven such child care attendents, of whom six are always on duty. This maintains a basic ratio of one attendant to eight or nine children. It is obvious that the older children require much

16 Ibid., p. 13.
less supervision than the younger ones. There is always an attendant with the pre-school children. These child care attendents supervise the group of children for whom they are responsible. They are responsible to the matron for the children's actions and care, and look to her for supervision. They act as the child's "parent-person," during their period of duty.

The child care attendents at Embury House appear capable of caring for children. They have sufficient understanding of the children's physical needs to work in a general care and training institution. On the other hand, although they are willing to learn and to utilize modern concepts of child care, they do not have sufficient educational background to function in a study and treatment type of institution. The ages of the house staff vary from twenty to forty years, which gives the children varied concepts of what "mother-persons" are like. The attendents work with the age-group of children to which they can best adjust. Their salaries are higher than offered in many positions for women of equal education, which promotes tenure. Personal motives for working in a children's institution vary considerably, but on the whole the staff seem fond of children and receive much pleasure from caring for them.

The house staff at Embury House compare satisfactorily with requirements as stated in the Washington Standards. "Persons employed as house parents must have an understanding of children, a personality suitable to work with children, as
well as a capacity to perform the type of work required in an institution. They should be persons who have both the maturity and the flexibility required for the age group under their care. They must be in good health, have a reasonably adequate education and sound personal motives for seeking the job."

3. The maintenance staff. There are two laundry workers, one cook, one domestic, and one caretaker, in the maintenance staff of Embury House. One laundry worker acts as the cook's assistant when required. The domestic worker performs duties in the institution wherever required. The caretaker also acts as gardener and fireman. He is the only man employed on the staff of the institution. As he works while the children are in school, and is not around in the evenings and on Sundays, the children have no "father-person" with whom to form relationships. Even though the maintenance staff do not work directly with the children they have frequent contact with them. "They all show considerable understanding of the children and seem quite eager to take part in any program of services to the children. With the exception of the domestic, the maintenance staff are all workers skilled in their vocation. Their duties are few enough so that they can and do perform them satisfactorily.

4. The clerical staff. There is no clerical staff member at Embury House. All clerical work is done by

the matron. This situation is very unsatisfactory. There is usually enough clerical work for a full-time stenographer and always enough for a part-time staff member. A clerical person could assist the matron greatly in maintaining financial records, helping with administrative details, and in performing the usual office routines, thereby allowing the matron more time with the children.

5. **The specialized staff members.** There are no professional staff members resident at Embury House. Psychiatric services and psychological study are provided by the Regina Mental Health Clinic. A dietician visits once a week to prepare the menu for the coming week, and to supervise the cook. The children are taught in the community schools. They receive dental services from a downtown dentist. The Child Welfare physician and nurse visit Embury House once a week, and at other times when requested. The physician, nurse and case workers are the only professional persons visiting Embury House. For all other professional services the children are required to go outside the institution. This system seems satisfactory. The children receive adequate professional attention, with the exception of case work services, and nursing services. There is need of a full-time, or at the very least a part-time nurse, in Embury House. The aches and pains of these fifty children require more than the unskilled services of the matron and the house staff.

6. **The case work staff.** There were no case workers employed within Embury House. The method of rendering
case work services to the children in the institution has been fully discussed earlier in this chapter. In summary, the social worker who places the child in Embury House remains his caseworker unless the case is transferred to another social worker. The amount of case work received by the child depends entirely on the availability of the caseworker and her interest in the child. As was indicated earlier in this chapter, the child sometimes does not see his caseworker for weeks and even longer. That this service is far from adequate is seen when compared with the Washington Standards. "The agency must provide caseworkers sufficient in number to meet the needs of the children. In computing case loads, allowance must be made for time spent in interviewing applicants, difference in time required per case in short time and in long time care, time spent in referral and follow-up."

The whole program of services to the children at Embury House collapses because of this lack of an institutional caseworker. It is not necessary to point out the reasons why a child placed in an institution requires a caseworker; suffice it is to say that the child placed in Embury House obviously does require case work services, but these are very limited and practically non-existent. Again, it is not necessary to point out how this unsatisfactory and inadequate case work program adds little, if anything, to the emotional development and adjustment of the children. The matron, the house staff,

and the writer, have been asked innumerable times by each child "if he could please see his caseworker." When contacted the caseworker has been so overwhelmed "with more urgent cases," that it has been a "week or so," before she could visit the child. Sometimes the caseworker would be visiting in her rural district and would not return to Regina for some time. These illustrations are sufficient to indicate the lack of needed case work services to the children in Embury House.

This evaluation does not cover every aspect of the program at Embury House during 1949-1950. However, it does bring out certain facts regarding the basic program. It is noted that this basic program of services to the children has both strengths and weaknesses. The most constructive values in the program are in the education and social training of the children, and the provision for their physical needs. On the other hand, there are definite limitations in the staff. The lack of a professionally trained superintendent in Embury House is evidenced through administrative failings in the program. The greatest weakness of the program is in the limitations in the quantity and quality of case work services for the children. The emotional needs of the children are largely neglected. Consequently, it is questionable just what value there is in placing children in Embury House at the present time.
CHAPTER V

THE FUTURE FUNCTION OF EMBURY HOUSE

The role Embury House will play in the care of dependent or neglected children in Saskatchewan will depend on the contribution it can make to the total child welfare program. The existence of this institution can be indicated only in terms of the constructive work achieved with the children who are placed there. The continuation of Embury House hinges on its being able to offer satisfactory services to children whose needs are not provided for more adequately by some other part of the child welfare program of Saskatchewan.

There is one area in the Saskatchewan program in which services to children is seriously lacking, and Embury House seems a logical centre in which to develop such services. To meet the needs of children as badly disturbed as some who are placed in Embury House, requires the establishment of a study and treatment centre specially designed for emotionally ill children. Such an institution would serve the same purposes as the Ryther Child Centre in Seattle, Washington, and the Illinois Children's Home and Aid Society, in Chicago, Illinois.

The recommendations for the adaptation of Embury House to new functions will be more easily appreciated if they are
presented in four parts: (1) the need for Embury House as a study and treatment institution for seriously disturbed children, (2) the future intake policy of Embury House, (3) the program and staff necessary to enable Embury House to meet the basic standards which apply to all institutions caring for children, and (4) the program and staff necessary to equip Embury House as a study and treatment centre.

The Need of a Study and Treatment Institution

At present there are three major groups of children, as determined by the type of services they require, being placed in Embury House. The first group, making up fourteen per cent of the total population, require case work services within their own home to ensure them maximum opportunity for emotional development. The majority group comprising fifty per cent of the total population are children who would profit more from foster family care. This group is typical of most institutions caring for children. The reason for this faulty placement usually hinges on the availability of foster family homes who are willing or capable to accept children with minor undesirable social habits. The emotional development of these children is being retarded by the institutional setting. They must be placed in foster family homes which have been carefully selected on the basis of the individual child's needs.

The third group of children, somewhat over one-third of the total population, can use a group living experience constructively if the program and staff is more geared to serving
their needs.

Examination also makes it clear that the group of children who presumably can profit by group living require the services of two entirely different types of institutions. These children, because of their different needs, fall naturally into two separate groups in relation to their placement in Embury House. Each of these groups comprise eighteen percent of the total population of Embury House. One group requires only the group experience and case work services of an institution for general care. The second group requires skilled services found only in a study and treatment centre. These two groups of children need such distinctly different types of institutional services that they should not remain in the same institution because of the different emphasis in program planning and the difference in quality and quantity of services. The children who are suited for general care are not able to relate to foster parents, and consequently need a group experience which will not make many demands on them. They are only slightly disturbed in their emotional development. In contrast, the children who require intensive therapy are seriously confused in their emotional growth. They need highly individualized and skilled case work services under psychiatric guidance. It is obvious how impossible it would be to formulate a program suitable to meet the needs of both these groups of children within the same setting. There is great danger that the needs of one or the other of these groups will be neglected if they continue to live
together. Moreover, the confusion resulting among the children because of various expressions of behaviour, and the apparent discrimination of services by the staff, only adds to their over-all emotional disturbance. Therefore, the Child Welfare Branch of Saskatchewan must decide which of these two groups can be cared for elsewhere, and which group must rely on Embury House for services.

The children in need of general care and training could be placed in another institution established for just such a purpose. Also, they could be placed in foster family homes specially subsidized to care for large numbers of children, if the foster parent's demands were limited and their role interpreted by the children's caseworker. On the other hand, the more seriously disturbed children cannot relate to any foster family home because of their emotional retardation. They must live in a place in which there are no social demands placed on them, and in which their behaviour is accepted as symptoms of their emotional needs. The Province of Saskatchewan does not have as yet such a study and treatment centre.

Yet, the number of disturbed children placed in Embury House, namely eighteen per cent of its total population, is only a small percentage of such children in the province who might be referred for this service if it were available. The most urgent need Embury House is being called upon to meet at this time, therefore, is to provide a centre where observation, diagnosis, and therapeutic services, will help children gain confidence in themselves, assist their emotional development,
and bring about a valuable social adjustment.

The Future Intake Policy of Embury House.

The fact that only thirty-six per cent of the total population required institutional care of any type is one indication of the complete lack of intake policy and selective admission at Embury House. The pertinent intake questions would be, "is placement in the institution made in accordance with accepted principles of current social work practices as they apply to the individual child in question?" In Embury House at present the answer can only be in the negative. Whether or not children are placed in Embury House appears to depend entirely on the district social worker of the individual child. The determining factors in the placement are the social worker's diagnostic ability in determining the child's needs, the time she has available to secure the most suitable services for the child, and the existence of such services. Because of the lack of alternative services, and of the high district case loads, the social workers do not have time to work with any child who presents other than routine problems and needs. Consequently, the deviant is "dumped" in Embury House for general care. The population study decisively proves that the admission of children to Embury House should rest with the institution and not with the child's district social worker.

The intake procedure at Embury House to be effective must be based on definite stated policies as to the type of
children whose needs are going to be served there. In other words, Embury House must be staffed and equipped to serve the needs of the particular group of children who are going to be placed there, such as emotionally disturbed children. Children requiring any other type of service than Embury House is capable of rendering must not be placed there, as obviously their needs will not be met.

The selection and admission of children must be conducted by skilled caseworkers employed at Embury House. These case workers must be skilled in diagnosing the child's needs, so that the child who cannot profit from institutional care will be referred elsewhere. Frequently it is difficult to diagnose a case at once, so possibly a child could be admitted first to the institution for diagnosis. No commitment need be made to the referring agency or parents until study of the child is completed. In its new role the intake caseworker would limit Embury House admissions to those children only who need study before their appropriate treatment is certain. Intake must not be considered a useless or isolated part of the placement procedure, because it is this point at which the caseworker arrives at a diagnosis of the child's problem and an evaluation of the service available in the light of the needs of the child.

The Program and Staff

Embury House has a devoted staff, but it is not meeting the basic standards which should apply to all institutions caring for children, particularly in social services program
and special staff training. The evaluation of the program and staff in Chapter IV indicated these basic standards and the inadequacies of Embury House. It is only necessary here to recommend the changes needed at Embury House to raise their standards of care to an acceptable minimum.

The social service program offered at Embury House is very narrow. There is no institutional caseworker. The case work services the children receive are from the social worker who places them in the institution. As stated in Chapter IV, many times a child will wait weeks or even a month, and longer, before being interviewed by his case worker. Consequently, in the main his emotional needs went unanswered. The strength of a social service program in an institution rests upon the fact that case work service is available at the moment of crisis instead of days or weeks after the event. Therapy is essential at that moment, and is most beneficial if expressed through the medium of a sound relationship which is built through the closeness and availability of the institutional caseworker.

The four vital services of the caseworker within an institution are seriously neglected in Embury House because of the haphazard manner in which case work services are given by the outside agency. These four services, namely, the intake process, case work services to the children while under care, preparation for discharge, and maintenance of case records, were, with the exception of case work services to the children while under care, non-existent in Embury House. Therefore,
in order to fulfill its function as a suitable institution
caring for children, Embury House needs the full-time services
of a qualified caseworker.

There are three persons whose services would be necessary
to complete a minimum adequate program for the children in
Embury House. As was stated in the preceding paragraphs, there
is no caseworker employed within the institution. In addition
there is no clerical staff. There should be at least one
person experienced in general clerical functions to handle
the mail, recordings and financial statements, and to assist
the superintendent as directed.

In Chapter IV it was shown how the matron does not have
the time to perform the administrative duties of Embury House
as well as give her affection and attention to the needs of
the children. Furthermore, the matron lacks training and ex­
perience in an executive position. Embury House should have
a qualified male administrator as head of the institution. In
addition, this man would function in a "father-role" to the
children. Such a person would need not only training and
experience to equip him for his duties, but he would also
need to be tempermentally adapted to work with children.
Preferably he should have completed two years of graduate
work in a recognized school of social work with particular
training in services to children. A superintendent should
possess executive ability combined with energy and resource­
fulness. He would select and adopt those measures which
would be of most value to the children cared for by Embury
House. A superintendent would bring to Embury House the qualities of professional training, experience, and leadership in the whole field of child welfare. The advent of a trained social worker as superintendent of Embury House would be invaluable in promoting harmony between the institution and the total child welfare program, in formulating progressive methods of child care and development, and in interpreting Embury House to the community.

Embury House as a Study and Treatment Centre

Just as the highly specialized medical clinic has much more to offer a patient in the way of diagnostic and therapeutic facilities than the general practitioner, so does the study and treatment institution provide a combination of professional skilled services for the seriously disturbed child. In such an institution it is possible to bring together a greater concentration of professional skills in the observation and treatment of the individual child than it is ever possible to obtain in the community regardless of the adequacy of resources. The success of the study and treatment centre depends on two inherent elements: the program revolving about the needs of the individual child, and the skilled staff to carry out this program.

The basic principle of the study and treatment centre program is providing the maximum service to meet the needs of the individual child. Every policy, every decision, and every procedure, must recognize that each child is a separate
and distinct personality, and requires services directed towards his particular needs rather than those of all the children as a group. This highly individual service must become so much a part of the institution that all thinking is automatically based on it.

The study and treatment program at Embury House should be based on psychotherapy. Psychotherapy may be defined as the changing of pathological reaction patterns into more constructive patterns of thinking and behaviour through personal contact with other people. In this sense, all the child's experiences in the institution will be part of his psychotherapy, in that they will be so arranged as to produce the maximum amount of constructive action on his personality.

At the initial diagnostic staff conference, for example, part of the treatment plan will consist of a "psychiatric prescription," describing the general attitudes on the part of the staff which are indicated for a particular child. One child may benefit most from firm and restrictive handling; another child may need a warm, maternal attitude on the part of the staff; while for a third child who may be frightened by any sort of affection, the staff at the start may have to refrain from any overtures at all, in order to overcome his reserve. This initial "prescription" will serve as a guide by which all the staff members of the institution will regulate their behaviour toward the child. Naturally, since the child's emotional state varies, the "psychiatric prescription" will be varied accordingly. It should be planned, furthermore, to
conduct staff meetings at which the treatment of a particular child will be discussed in detail. Attendance at these staff meetings should include everyone in the institution who has close personal contact with the child. This means that such persons as the caretaker and the maintenance staff should be included. To have no fixed line of demarcation as to who may or may not attend some staff meetings would help to promote a good deal of loyalty, interest, and psychological understanding on the part of the maintenance staff. This generalized approach by means of regulated and controlled attitudes might well be designated as "collaborative therapy."

In addition to collaborative therapy as defined above, it should be planned that each child receive individual psychotherapy in the form of personal interviews with a member of the skilled staff. The therapists would consist of the staff psychiatrists, psychologists, and social workers. Psychotherapeutic interviews conducted by the social workers and psychologists would be supervised by some psychiatrist on the attending staff. Progress conferences on the treatment of each child would be held at regular intervals and would be attended by all the persons intimately concerned with the therapy of that child.

The staff of Embury House should not think of therapeutic treatment entirely in terms of the utilization of outside psychiatric or clinical services. Psychotherapy can be achieved with the children other than in the psychiatrist's office. The integration of psychiatric service in an institution in such
a way that it becomes a functioning part of the program is an insurmountable asset. The service needed in a study and treatment institution is not just referral for comprehensive diagnosis and treatment of certain children showing major deviations from normal behaviour, but it is therapeutic case work integrated with the institutional pattern of functioning so that all the children are dealt with in terms of their daily life pattern. The psychiatrically trained case workers should carry small case loads, giving them much time for intensive work with each child. The caseworkers should do the treatment job with the assistance of the consultant psychiatrists, unless the situation is serious enough to necessitate actual long-term treatment by the psychiatrists. It would seem far less costly, less disturbing to the children, and more likely to produce results, if the psychiatrists utilized their time in analysis of the children's needs and the clarification of patterns of response for the caseworkers.

The case work process is not something superimposed upon the child in the study and treatment centre. It is service available to him in the same institutional building or unit that he lives, and whenever he needs it. The wisdom of making therapeutic skills directly available to the child is that, granting anything like a flexible organization, the institution offers almost unparalleled opportunities for observation psychotherapy. The study and treatment centre should have as few rules and regulations as possible. A multitude of rules and inflexibility in interpreting them will only cause further
regression in the seriously disturbed child and add to his dependency. There must be certain guides for the children to follow in their socialization process, but these should be more or less flexible to meet situations and needs of the individual child.

The institutional staff necessary to perform such diagnosis and treatment with emotionally disturbed children must be highly qualified. It does no good to speak of individualizing a child's needs unless the staff have the knowledge and training, plus the time, to meet these needs. Embury House would require the full-time services of a psychiatrist and psychologist, and the part-time services of one or more psychiatrists, depending on the population of the institution. There should be sufficient caseworkers to allow much time for individual work with each child. There should also be a trained group worker on staff.

The institutional psychiatrist, who would act as chief psychiatrist, should be responsible for the treatment program, for continuous advisory consultation with the caseworkers, for guiding the in-service training program for both professional and non-professional staff, and for presiding over the study and treatment conferences. The part-time psychiatrists would treat those cases assigned them, serve as advisors in policy making, participate in training and staff conferences, and offer advisory consultation to the caseworkers. A full-time psychologist, trained in Rorschach and similar testing, would administer clinical tests whenever necessary, and assist in
the treatment of assigned cases. The psychologist working in the study and treatment home has a distinct advantage over the psychologist whose patients are brought into the clinic for testing. In the study home, where the children are available at all times, there is a freedom from time limitation and from limitations imposed by a schedule of appointments. If a child is tired, frightened, not feeling well, or upset in any way, his examination can be postponed or interrupted and be continued later. If test findings are contradictory or uncertain there is time and opportunity to test the child further. In the study centre the psychologist can utilize whatever special tests seem indicated by his close contact with the children throughout the day, and they can be applied at the child's convenience.

A minimum requirement for the caseworkers, would be the completion of two years of graduate study at an accredited school of social work with psychiatric training or interests. Success would depend greatly on their ability to work therapeutically with the children. Psychiatric consultation would be available to the caseworkers whenever they requested it. They would render all the services offered by institutional caseworkers.

When children have had the kind of adverse life-experience that create marked emotional disturbance, the need for a carefully planned and skillfully directed recreation program can be anticipated. This group program should be carried out by a skilled social group worker. It must be an integral part
of the institutional therapy. The group program should be carefully planned in consultation with the treatment staff, and used differentially in terms of the psychotherapeutic needs of the individual child. As the child develops under his individual therapy he reaches the state where he can accept limited group activity and participation. The group worker assists him in experiencing group participation, and the child is one step further toward his return home. Group work furnishes the basic lifelike social situations within which much of the prescribed case work treatment may be put into practice. Furthermore, the group worker can furnish adequate social groups comparable to the real life situation in which the child will eventually function when he returns to his home community.

Obviously only the closest integration and good faith between the house staff, the maintenance staff, and the professional treatment staff, can keep the study and therapy running together smoothly. Throughout the time a child is in the institution there needs to be a continuous interchange between the treatment staff with its purposive connection to the child and the non-professional staff with its understanding of the day-by-day adjustment of the child. The house staff must be helped to understand they create the reality medium in which the child lives and that without making demands upon him they must constantly confront him with those decisions and responsibilities he will inevitably encounter when he returns to community life. The non-professional staff needs
to be integrated into the study and treatment team in Embury House, through case conferences, participation in staff meetings, individual consultation with the treatment staff, and in-service training programs. If the emotionally disturbed children at Embury House are to receive maximum study and treatment there must be the closest possible integration of services with the whole institutional staff functioning as a team.

The future function of Embury House as a study and treatment centre would be a challenging and indeed an exciting experiment. As a result of the operations of three study and treatment institutions, the Ryther Child Centre in Seattle, Washington, the Illinois Children's Home and Aid Society in Chicago, Illinois, and the New England Home for Little Wanderers in Boston, Massachusetts, it is possible to state authoritatively that such centres can offer unique treatment possibilities to emotionally disturbed children, through the coordination of psychiatric, psychological, case work, and group work therapy, combined with the understanding cooperative assistance of the non-professional institution staff. Embury House could be a living laboratory for gaining new knowledge about the treatment of emotionally disturbed children. Leadership is desperately required in Canada in the establishment and operation of study and treatment centres. Casework services are progressively being expanded in Saskatchewan; but this lack of a study and treatment institution is of key im-
portance. Embury House would appear to be the logical place in which to answer on modern lines a basic need of dependent or neglected children.
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