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SAFEGUARDING CHILD PLACEMENT

A Study of the Work of the Screened Intake Committee  
in Saint Paul, Minnesota

by

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## ABSTRACT

This study examines the services rendered by a committee composed of representatives of the Saint Paul case work agencies. These agencies were formed in 1941 to coordinate the placement of children outside their own homes, and to safeguard their welfare. The study has three purposes: first, to preserve in available form historical information about the development of 'Screened Intake' in the City of Saint Paul; second, to review the purposes and functions of the Committee; and third, to evaluate the extent to which it integrated and implemented the complementary principles of human rights and human needs of the family cases which were presented to the Committee for 'Screening.'

Material was collected from a manual of minutes as recorded by the Screened Intake Committee from before its inauguration in 1941 to 1948; by personal interviews with the Executive Director of the Family Service of Saint Paul and chairman of the Screened Intake Committee; and from others active on this Committee. Fifty individual cases were read. These were summaries prepared by case workers for presentation to the Committee. Spot checks were made of formal case records.

From an appraisal of this work, it is evident that many worthwhile changes in the social welfare programme for children were accomplished. The Committee was responsible for a considerable decrease in the total number of children being cared for outside their own homes - both for the State of Minnesota and more particularly for the City of Saint Paul. It was also responsible for eliminating the precipitate foster home placement of children. It clearly defined responsibilities between the social agencies concerned, and was an assurance to the community that the welfare of both parents and children would be protected by social agencies during the placement period. Although the study indicated that the social case work agencies in Saint Paul continued to be somewhat unaware of the emotional components of the family situations, in general the Screened Intake Committee performed valuable work and the principles it has established deserve continuous consideration in the future.

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## CHAPTER I

### EVOLUTION OF SCREENED INTAKE

#### General Problems of Child Placement

It is recognized generally that most social behaviour and adjustment problems of individuals represent, in the last analysis, problem families. Many of our social services, nevertheless, have been established to deal with end-products of families with social problems, rather than with total family situations of which individuals are a part. This is particularly true in regard to child placement. The range and the complexity of the problems confronting social agencies which must place children away from their own homes are considerable. This is well exemplified by the findings of the Screened Intake Committee formed in Saint Paul in 1941, with which the present study is concerned.

To have to grow up (or live) in a home other than his own is a traumatic experience for any child, not only because of the new adjustments necessary but also because of the inevitable crisis which have preceded and necessitated placement. In addition to the problems thus presented to the child, there are also complicating inter-relationships between the child and the parent or parents, and between both of these and the foster parents. Furthermore, grandparents and other relatives often play a more active role. Because of these factors it is an accepted case work principle that the best place for the care, guidance, and control of the child during his years of immaturity and dependence is in his own home with his own parents. Thus, family agencies throughout the country are endeavouring to strengthen marriage. As Dorothy Hutchinson says, "the best child welfare is a happy marriage."

Since the child is the medium through which civilized life is carried on from one generation to the next, his well-being becomes a primary

concern of organized society. When circumstances threaten the ability of the family to provide satisfactory conditions for the upbringing of the child, the first question to be explored should be the means by which the parents can be assisted in the task of the proper rearing of their children. Moreover, good child placement endeavours to help a child adjust into a home best suited to his needs. This is not an easy task, as generally there is a scarcity of good foster homes. Sometimes a home is found which does bring happiness to the child, but more often a child moves from home to home through no fault of his own.

Throughout the country we are grossly lacking in proper treatment facilities for children - especially for those children who must leave their own homes. We are not so ready as formerly to decide in favour of placement. Hence, modern social practice concentrates its major efforts upon measures calculated to conserve the home. When, unfortunately, it happens that for some sufficient reason a child must be cared for away from his own home, the most reasonable view is that he must be offered something which is better than what he has or which will be of treatment help to him.

From the standpoint of a family agency many children are staying in care because not enough pre-placement planning has been done with the child, his parents, and perhaps grandparents. Then, after the child is placed, the parents are not a sufficient part of the plan to work toward having the child return home or to release him for more permanent placement plans. Agencies where legal guardianship does not exist must cope with the problem of children living in one place and loving in another. Considering these factors, those persons interested in the social welfare of Saint Paul families, realized that it was extremely important for a community to have an overall picture of its welfare services for safeguarding the placement of children.

### The Situation in Saint Paul

Prior to the time the present study was made (1949), the cost of child care in Saint Paul indicated that the greatest increases in the costs of care and in the size of the case loads were taking place in the private child-caring agencies. A major reason for the large increase in the case loads of the private child care agencies was that the public agency, first a separate board, and later a department of the County Welfare Board, seldom accepted children unless they were committed by the Juvenile Court. In situations where it was apparent the home would never be re-established but in which it would not be feasible or advisable to commit, the children were referred usually to private agencies. Thus, this left the private agencies with the major responsibility for long-term care. This situation was in contrast to the majority of other states. The United States Bureau of the Census on January 1, 1933, indicated Minnesota as having an exceptionally high number of children under agency care outside their own homes.

Thus, those responsible for community planning in this City realized that some means had to be evolved in order that community plans for caring for children outside their own homes would be so organized that there would be a coordination of the services provided by the case work agencies. They realized too, the importance of making available facilities for complete social diagnosis, and arranging for follow-up treatment with the family after placement of the child. They were anxious to provide the community with some programme which would ensure the citizens in the community that those families needing child care plans would receive help. They thought this could be accomplished with a good social case work programme, including a clarification of the scope of agency programmes and of their relationships to each other. Such a programme would assist families and children in a more normal total adjustment and would

ensure that the agencies along with the families would make the best plans possible for both children and parents.

#### A Survey Committee (1938)

Accordingly, a special committee was formed in 1938 to study and explore the field of services to children in Saint Paul, and to re-examine carefully the policies and procedures of their agencies. The members of the committee represented both the children's and family agencies. At the time of its formation, the Committee's opinions varied from expressed belief that the facilities for handling problems pertaining to children were reasonably adequate, to the belief that a new agency should be formed for protection work with children. There was, however, a general agreement among Committee members that a real need existed for clarification of agency intake policies, that there should be a simplification of the division of responsibility between the various agencies, and that ways and means should be found for raising the entire level of protective work done with children.

A survey indicated that agencies were taking too large a number of children into care outside their homes. Conversely, they were providing too little case work treatment for the families while their children were placed away from home. Very often, the family agencies would close their cases after the child was placed without consulting the children's agencies. This would leave the Children's Agencies to cope not only with the financial costs but also with the problem of what to do with the children and their "lost" families. On the other hand, the Children's Agencies would often provide a "specialized" case work treatment of selected individuals with challenging problems without proper attention to the individual's family situation. In many instances, this allowed the basic family situation to get far beyond the point where successful treatment was possible and caused other members within the family to become "problems."



The 1938 study also indicated there was confusion regarding intake policies and programs of various case work agencies. Requests for placement of children in institutions and for boarding homes were coming directly from parents and through specialized agencies. As a result, a number of diverse "family case work" programmes began to develop. These programmes were unrelated to one another and operated from different points of view. There was a tendency for each of these agencies to work out the best deal or bargain they could make with each of the other agencies. For the most part, these agencies were always on the defensive with one another. They were unable to accept criticism and were constantly afraid of loss of position and prestige.

Strong personal feelings among agency staff members also played a dominant role as to which agency should accept the children for placement. Informal group conferences as to the best plans for the child and family were held only for cases involved in Court action. Although there are many strengths in conferences of this nature, the study pointed out that, because of the very informality, the lack of authority, the ever-changing personnel and the limited scope of the conferences, not a great deal was accomplished.

#### Setting Up of the Screened Intake Committee

This 1938 study and subsequent studies, however, indicated a great need for the strengthening of treatment services for families and other services for treating the problems of children in their own homes. The need was further increased by reason of World War II. With the coming of war and its subsequent aftermath, it was generally recognized that the problems of personal and family social adjustment were likely to assume even greater proportions due to the rapid changes in the circumstances of the family. It was therefore in this area that it was important for Saint Paul to put its house in order, so that its basic services might be organized to deal efficiently and effectively with

the difficulties with which its families would be confronted.

To assure an effective service and treatment programme, a community program was needed for over-all diagnostic and treatment case work services. It was not, however, until the year 1941, that a specific organization - the Screened Intake Committee was formed in an effort to accomplish this. This Committee was a working committee formed as a result of the study by the Council of Social Agencies. It was composed of seven persons in executive or supervisory positions. Each of the public and private family and child care agencies in the community was represented; as was the Child Guidance Clinic. While in the beginning there was no official representation from the Probation Office, there was a close working relationship with that agency. This lack of representation was due to a shortage of Staff in the Department. Family Service - the principal non-sectarian family agency - was asked to furnish a professional secretary and stenographic services for the committee.

### Some Basic Principles

There are several basic principles which must be considered in developing plans for caring for children outside their own homes. Foremost among these principles is considering the family as a basic unit of society and the natural setting for any child. As Fern Lowry says, "the home is the co-ordinating and integrating force in the child's experience."<sup>1</sup> Efforts to aid children which ignore this principle are unsound, and are not true expressions of child welfare work.<sup>2</sup>

It is also an accepted case work principle that most children should grow up in a family with a father and mother and preferably with brothers and sisters. For the first few years of life the child is completely dependent upon these people. His entire time is spent with them. His physical care

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1. Lowry, Fern - Readings In Social Case Work 1920-1938, Published for the New York School of Social Work by Columbia Press, New York, 1939 Page 595
  2. Social Statistics, Supplement to the Child, June 1945; pp 5-12

and most of his emotional satisfactions come from them. It is within these early formative years - particularly the years from one to six - that the fundamental attitudes and ways of reacting to other people are developed. In other words, everything a person experiences in life is colored and interpreted through the medium of his or her experiences of living within a family group.

It has been well established also that social problems such as delinquency, domestic incompatibility, child neglect, alcoholism, emotional instability, etc., usually have their roots in the total family situation, and that the person in difficulty rarely can be treated successfully without a consideration of his total family situation.

It follows, therefore, that special child welfare programs, such as foster home care, in which the child is separated from his parents, should be used only as a last resort. Foster home programs should serve as special treatment facilities during the time a total treatment programme is being developed for the family unit in difficulty. During the child's placement period the generic case work agencies should endeavour to avoid the breakdown of the child's family. In order to do this there must be a focusing of the community's resources upon the prevention of the family's distress and upon treatment of the breakdown. This can be accomplished only through a close working relationship between the generic and specialized case work agencies. Effort should be made to assist the family not only to gain more confidence in itself but also an ability to cope with their problems and with their needs. If abnormal behaviour is manifested by a child, the entire family should be considered as a problem. The "family" and "child" should be looked upon as interdependent, for the futility of placing a changed child back into an unchanged environment has been recognized for

some years. Programs for long-term care should be utilized only where the family situation has become so serious or permanently broken that it is necessary to remove the children permanently from their own homes in order to protect their welfare.

If families are not to be broken up unnecessarily, there must be a close working relationship between child-caring agencies and the family service agencies or departments whose function it is to protect the home from disaster. Because the family agency is a generic case work agency, it has the opportunity to know the family and its problems as a constellation. It is particularly important that such agencies be able to recognize those qualities which, even in a poor home, may contribute to a child's well-being better than those which can be provided in a foster home. Moreover, to treat successfully and prevent family breakdown, ( and thus arrest the increase in numbers and costs of caring for children outside their own homes), it is essential that there be a plan for the early identification of problems and directing of families to proper treatment facilities. Unless there is an orderly community plan and unified action between the social welfare agencies, no single agency can accomplish much in the way of a preventative program or a constructive child care program within the community.

Prior to the formation of the Screened Intake Committee in 1941, Minnesota had a greater number of children in care outside their own homes than had many of the other American states. This condition was of great concern to those people in Saint Paul who were interested in the welfare of children and their families. Moreover, these people realized that the facilities which were in existence were very inadequate to meet the needs of children whether they were in or out of their own homes. Because their concern was so keen, a committee composed of representatives from the Children's and Family

agencies in Saint Paul, was formed in 1938 to study these conditions.

The study they made pointed out the great need for a clarification of agency intake policies, and a simplification of the division of responsibilities between the various agencies, as well as a great need to raise the standard of case work done with both the children and their parents. The study committee realized this could only be accomplished by the development of a total treatment program for the family in difficulty as a unit. They realized too, that to accomplish this, all the social welfare agencies within the City of Saint Paul must cooperate in the development of such a program for no agency alone could accomplish either a good preventative or a constructive child care program. The methods followed after the formation of the new Committee are examined in subsequent chapters.

## CHAPTER II

### CONCERTED ACTION BETWEEN FAMILY AND CHILDREN'S AGENCIES

#### Lack of Community Control

At the time of the formation of the Screened Intake Committee there were few controls, other than those by individual agencies, on the flow of children to the child caring agencies. The controls which were in existence were spotty and not an integral part of the community social welfare programme. Most of them were left to the judgment of individual agencies working through their intake departments.

There were, however, a few exceptions. One exception was the control on the number of children sent by courts to children's agencies. In Saint Paul, the Juvenile Court was part of the District Court. Any one of the seven District Court Judges were likely to be assigned to Juvenile Court. In other words, it was a rotating system. For the past ten or eleven years, one or two judges were persuaded to take this assignment on a fairly permanent basis, so that for all intents and purposes there was just one Juvenile Court Judge. That, however, need not be the situation in the future. It was learned long ago that the relationship with Juvenile Court was much better if the number of different social workers appearing before the Court on matters of child neglect, dependency, and delinquency were limited. Family Service, therefore, which also had a Legal Aid Department, had one staff member who represented a number of agencies - both children and family - in Juvenile Court. The Bureau of Catholic Charities had its Court Worker and the Child Welfare Division of the County Welfare Board also had its Court Worker. Thus only one of three persons presented material to Juvenile Court. In this way various judges became acquainted with the representing agencies, and in turn,

persons representing agencies became acquainted with the points of view and philosophy of the Judges.<sup>1</sup>

A second effective control was that of a Case Committee whose function it was to control the assignment of cases to social agencies. This control was effective in that there was some assurance individual agencies were not being assigned too many cases and were handling cases appropriate to their function. This procedure, however, had two major weaknesses. First, there was no well prepared diagnostic approach to the cases being considered by the Committee. Secondly, there was little control over treatment of the family prior to placement and while the child was being cared for outside its own home.

Until 1935, with the exception of the flow of children through the courts to the children's agencies, the few controls were largely within the government of each agency and its individual departments. In this year there developed a control of a limited nature. This control restricted the number of children being allocated to the Lutheran agencies. For instance, the Lutheran Children's Friend Society would only accept Lutheran children who were suitable for adoption. A little later the Department of Education established a liaison person whose function was to work as a mediary or routing agency between the schools and social agencies. This latter control developed from the Federal Children's Bureau Research Project (Community Service for Children). For several years this control was maintained and financed by the Community Chest. Shortly after this, Children's Service, and later the County Welfare Board, contributed one worker as a liaison person. These were really indirect controls as they were not set up primarily with the idea of dealing with the

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1. The Probation Office in Saint Paul has never handled unofficial cases. In other words, it confines its work to adjudicated cases of delinquency. It does not handle child neglect or dependency cases, except to receive support payments on order of the Court. In fact, by state law the legal responsibility for neglected and dependent children rests with the County Welfare Board. Since the Probation Office does not handle unofficial cases, it does not make preliminary investigations. In other words, the need for some referral procedures always has been in the picture.

problem of the flow of children to the child caring agencies.

To some extent the case conferences called by the Child Guidance Clinic, Community Service for Children, and other agencies also served as controls. In these instances the responsibility for calling the conferences rested with the individual agency - if not with the individual worker. Beyond these controls the only other checks on the flow of children into the child caring agencies prior to the formation of the Screened Intake Committee seemed to be the intake policies of the agencies. These policies, however, were subject to interpretation and understanding of good case work procedure by the intake staff. Thus, a standard procedure or method of control on the flow of children into the child caring agencies was not always ensured.

#### Existing Sources of Referral

The principal sources of referral to the child caring agencies in Saint Paul are listed as follows without reference to the number of referrals during any given period of time; the Ramsey County Welfare Board - Service and Relief Department; the Ramsey County Welfare Board - Aid to Dependent Children; private family case work agencies; schools; Child Guidance Clinic; Juvenile Court; Probation Office; Probate Court; Police through Juvenile Court; Community Service for Children; churches by referral; personal application by parents, parent, relatives, or guardians.

At this time the child care resources of the community of Saint Paul were the Children's Service Incorporated; the Ramsey County Welfare Board - the Child Welfare Division; the Bureau of Catholic Charities - the Children's Department; Minnesota Children's Home Society; Lutheran Child Care agencies; several Minneapolis Child Care Agencies (e.g. Sheltering Arms and the Lutheran Receiving Home); State Institutions.



From these agencies it was possible to obtain permanent care of children in boarding homes and institutions through voluntary commitment or placement. Short time care in boarding homes was usually considered to be under three years but could be as long as five to ten years. This type of placement and that of institutional care was generally voluntary or by court action. Placement of children in boarding homes or institutions for purposes of specialized study and treatment; housekeeping services for care of children in their own homes; supervision of children in their own homes and adoption services could be obtained from the aforementioned child care services in addition to the child welfare services as the law specifically assigns to the public agency and institutions.

#### Facilities For Wider Controls

Saint Paul had a number of agencies already in existence for the care and treatment of family problems. For instance - Family Service of Saint Paul; the Bureau of Catholic Charities (Family Department); the Saint Paul Jewish Family Service;<sup>1</sup> Service and Relief; and Aid to Dependent Children Departments of the Ramsey County Welfare Board. In addition to the child care agencies, there were good specialized agencies to assist in treatment. For example; the Child Guidance Clinic, Juvenile Court, Probation Office, settlements, children's centers, boy and girl programmes, churches, schools, and health agencies. With these facilities already available all that was required was a comprehensive plan for routing in relation to diagnosis of need and an overall treatment plan for families in difficulty. The addition of this comprehensive plan would be to control more effectively the flow of children to the child caring agencies where they would receive proper treatment and care.

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1. The Saint Paul Jewish Family Service did not have a separate family department.

### A Suggested Plan

The Committee realized that the number of agencies which were providing specialized services to children should be related to a diagnosis of the total family situation and that there should be a plan of diagnosis and treatment for meeting the total family needs. It was thought that such a diagnosis and plan would bring specialized treatment agencies into play at a time and in a way which would produce the most effective results.

In order that this could be accomplished it was suggested that a Case Allocation Committee be established. This Committee was to be representative of the various social agencies of the community. This Committee later became known as the Screened Intake Committee. It was to be small enough to function effectively as a working committee. Each of the following agencies was to have one representative - either the executive or a supervisor: the Child Welfare Division of the Ramsey County Welfare Board; the Bureau of Catholic Charities; General Assistance and Categorical Aids Department of the Child Welfare Board; the Jewish Family Service; the Children Service Incorporated; the Family Service Association; the Child Guidance Clinic and Probation Office; the American Red Cross was to be permitted to bring cases before the Committee without referring them to another agency. Health agencies and other social agencies likely to make referrals from time to time which would involve the question of removal of children from their own homes were requested to make such referrals to a family agency.

It was planned that the Committee would meet every Monday afternoon and every Wednesday morning to review by appointment all cases where it was contemplated that children would be removed from their own homes. The Committee was to have a full time paid secretary whose duties would be to collect the necessary histories, call meetings, keep minutes of each conference and furnish agencies concerned with copies of the Committee's recommendations.

It was thought advisable that the person serving as secretary of the Committee should be a professional person serving as secretary and should be furnished by the Family Service because of the manner in which the Juvenile Court functioned in Saint Paul. It was also thought advisable that the Screened Intake Committee should not serve as a standing committee for the Council of Social Agencies due to the difference of their functions. The Screened Intake Committee was a working committee - a committee which dealt with the day by day problems of children and their parents. On the other hand, the Council of Social Agencies was a policy, fact finding advisory and over all planning agency. Because the Screened Intake Committee was a working committee dealing almost entirely with problems around the rendering of services with particular cases, it was thought that it could function best if it was directly responsible to the particular agencies concerned with the day by day care and servicing of children and families. It therefore was agreed that when matters involving over all community planning and other functions normally assumed by the Council that the Screened Intake Committee would refer such matters to the Council of Social Agencies with such findings as it had accumulated in its normal work.

When the Screened Intake Committee was inaugurated there were few controls on the allocation of children to child care agencies. The controls in existence were spotty and not an integral part of the community social welfare programme. However, there were a sufficient number of facilities available to remedy this situation. Accordingly, the Screened Intake Committee, composed of representatives of the various social agencies in the community, was established in 1941. This committee was responsible for approving the placement of children away from their own homes. The agencies assigned the responsibility of supervising the child and the families were determined by the Screened Intake in relation to diagnosis of need and an overall treatment plan for the families in difficulty.

### CHAPTER III

#### FUNCTIONS AND PROCEDURE OF THE SCREENED INTAKE COMMITTEE

The functions of the Screened Intake Committee as set forth and compiled in the Screened Intake Manual were established to make certain there would be a continuing treatment plan for the family as a unit, instead of dividing the actual treatment of the problems of any one individual in the family. From time to time the functions were revised and reviewed.

One of the major functions of the Screened Intake Committee was to review cases presented by agencies which recommended removal of children from their own homes either through court action or voluntary placement. The Committee was responsible for making certain that treatment resources of the community were being used to the best advantage, and that children were not being removed from their homes except after well thought out plans. If the Committee thought removal of children from their homes would be unwise, it suggested other steps which might be taken to keep the children in their own homes.

The Committee also determined which Children's Agency was most appropriate to accept responsibility of the care of children for whom placement was necessary. If two or more agencies were active with one case, the Committee determined the division of responsibilities between the agencies and the method by which the children were to be removed from their homes, that is, whether removal would be by court action or voluntary placement.

After the commitment of children to care, the Committee frequently reviewed the situation to assure that the agencies active with the child and the family were working toward the earliest possible return of the child to his or her own home; or that permanent plans for the care and welfare of the children were being made as soon as possible. Moreover, the frequent reviews

of the cases enabled the Committee to consider major changes in agency plans which it had previously approved, and to make certain the agencies were continuing to plan for the children in care. Frequently further exploration indicated the advisability of making permanent plans for children who were originally admitted for only a temporary period of care.

By means of its regular meetings the Screened Intake Committee endeavoured to lay the foundation for better inter-agency policies thereby starting and continuing the process of team work between the agencies and their respective staffs in the interests of better service to those families and children requiring assistance. Only when specific planning and organization problems relating to the care and treatment of children arose did the Screened Intake Committee substitute for the Council of Social Agencies.

Such a plan as outlined in the foregoing carries with it the understanding that no agency may close a case which is under consideration or pending review by the Committee without first discussing the reasons for closing with the Committee.

All appointments were made through the Secretary of the Committee. The Secretary then notified the agency as to the date and approximate time the case was to be presented. The case worker could suggest the names of other agency representatives or persons who were interested in the case and who might have information to contribute toward the case presentation. Those persons most likely to be called upon were teachers and ministers. Representation at the meetings of this Committee, however, were generally limited to the executive, the supervisor and the worker from each agency presenting the case. Since the worker was acquainted with the family she should be able to explain the situation fully without having outside people attending the 'Screening.' If the attendance at the Committee becomes too large the meetings become unwieldy. The Secretary was also responsible for notifying these persons as to the date and time of the conference.

### Basic Case Summary

Typed summaries of cases to be presented to the Committee for the first time had to be presented to the Secretary prior to the actual date of presentation. Written summaries were requested in order to assist the case worker to organize her material; to give the Committee members a record of pertinent information; to expedite presentation and to develop a body of written material from which constructive findings could be made.

For each summary seven copies were requested in order that each member of the Committee could have one to study in advance of the case discussion. Such a procedure enabled the Committee to be better prepared to carry out the responsibilities placed upon them. Furthermore, it expedited the work of the Committee and saved the case worker delay. It also gave the case worker and Supervisor an opportunity to review the summary before presentation.

The basic summary outline as first devised by a sub-committee of the Screened Intake Committee was as follows:

- I Complete identifying information.
- II Registrations.
- III Reasons for reference and proposed plan: a statement of the immediate present situation and problem leading up to referral.
- IV Description of each member of the family, including school record, psychological tests, habits, work history, personality tests and conduct, interests, marriages and divorce, court record, religion behaviour and emotional problems, attitude toward the family agency, toward problem and toward proposed plan.

V Report of agency contact with the family, including  
home conditions, financial situation, property, relatives. <sup>1</sup>

Later this outline was set up in such a way that the first page could be adapted for use in all referrals, thus eliminating the need to prepare further social histories. The information on this page was kept separate from the basic history.

In writing the basic history, the form of the outline, including major headings, was presented. The information, "material to be included," under the headings was listed in numerical form, but in the writing of the summary it was to be written in paragraph form without numbers or marginal headings.

For the most part the outline is self-explanatory. Marital History, however, was included under both parents in order to take care of previous or subsequent marriages. If a step-parent was or had played an important role in the family situation, material regarding this parent was to be included under a separate heading, and was to cover the same information as required under "father" and "mother."

Under Family Relationship, if a boarding home placement was indicated, the Committee required that the summary include information as to how the children felt toward one another. This was requested in order that they could determine better whether the children should be placed in separate or the same boarding homes.

#### Original Presentation of a Case

An agency planning to bring a case before the Screening Committee had to call the Secretary of the Committee for an appointment. At this time the Secretary had to be given as complete identifying information as was possible.

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1. See Appendix.

The case worker then discussed with the Secretary the advisability of notifying other agency representatives or persons interested in the case as to the date and time of appointment.

Before an appointment was made for the presentation of a case it was important that the case worker and Supervisor of the active agency were in agreement that a given case be brought to the Committee. All possible sources of information were to have been fully explored before referral was made. If two case working agencies were active with one case they decided in conference which agency was to make the referral to the Committee. In some situations it was advisable for the Family Agency to discuss with the Children's Agency proposed plans and possibilities of placement before the case was presented to the Committee.

At the presentation of the case the case worker had to be prepared to give a brief resume of the agency's plans for the family. Minutes of each conference were kept by the Secretary. Each agency was then furnished with copies of the minutes and the Committee's recommendations. If other agencies were registered the Secretary made a report of them.

Before a placement was made clients and others interested in a case generally were not informed that the case was first presented to the Screened Intake Committee. Students could attend meetings of the Committee but they had to have a knowledge of the particular cases being presented. The agency bringing the student was to know the case and to have had the student read the material available regarding the case.

#### Review of Cases Previously Presented

It was the duty of the Secretary of the Screened Intake Committee to send a notice in triplicate to the agency representative on the Committee thirty days before the date set for a review to advise the agency as to the date set for the review. The agency representative in turn sent a copy of the



notice to the case worker or supervisor who within two weeks advised the Secretary of the Committee as to whether or not the case would be ready for review on the date specified. If the agency was ready to review the case, the Secretary then set a definite date and time for a review of the case presentation. If the case was not ready to be reviewed the case worker requested a continuance stating the reasons for such a request.

The case worker could request a review of the case at any time - regardless of the review date as set by the Committee at the time of presentation. Generally such reviews were requested at points when a marked change in plan was necessary or when a re-assignment of agency responsibilities were being contemplated.

If more than one agency was active with the case the information could be combined and one summary jointly prepared and then submitted for review. At other times, each agency could prepare and submit their own summary for review by the Committee. Again, these reviews were generally requested when a marked change in plan was necessary. The suggested outline for a review was as follows:

- a. Identifying information.
- b. Reason for review and points of discussion desired.
- c. Recommendations of previous meeting of the Committee.
- d. Present situation.

As was done for the original presentation of the case, the case worker had to be prepared to give a brief verbal resume of the history of the case.

If the Family Agency and Children's Agency decided that the children and the family were ready to be reunited, the Secretary of the Committee was advised as to their return by a written report. If children were removed from a boarding home or institution by the parents against the advice of the agencies

interested, the case had to be returned to the Committee for review.

### Special Kinds of Placements

There were four situations where placement of children was permissible before agency presentation of the placement plans to the Screened Intake Committee.

a) An emergency placement. This placement was defined by the Screened Intake Committee as any instance occurring on a Sunday, a holiday, or after regular working hours, which would necessitate placement of children<sup>1</sup> outside their own home. If emergency placements occurred on Sundays, holidays or after working hours, the case workers could call the Executive Secretary of the Ramsey County Welfare Board; the Supervisor of the East District of the Ramsey County Welfare Board; or the Liaison Office. Before making an emergency placement, the case workers first had to have made certain that relatives or members of the families were unable to care for the children until more permanent plans for the children could be made by the agency.

In all the emergency situations requiring placements the case worker of the Family Agency requested the Executive or Supervisor of his or her agency serving on the Screened Intake Committee, to contact the placement agency. The Supervisor or Executive making the contact reported the placement to the Secretary of the Screened Intake Committee. In all such emergency placements the Ramsey County Welfare Board cases were referred to the Ramsey County Child Welfare Division; the Family Service cases to the Children's Service or the Bureau of Catholic Charities Family Department cases were referred to their own Children's Department.

During emergency placements the Family Agency was responsible for providing the children with the necessary clothing and arranging for physical examinations before placement. Whenever possible permits for medical care

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1. Screened Intake Manual.

during the placement were to be obtained from the parents or guardians by the agency making or requesting placement. The Family Agency requesting emergency placement was billed the full cost of care for the children until the case was accepted by the Children's Agency through the medium of the Screened Intake Committee.

The agency requesting placement had to notify the Institution as to whether relatives could be allowed to visit the children during the emergency period. As soon as possible after the placement was made, namely on Monday afternoon or Wednesday morning, an appointment for presentation of the case to the Screened Intake Committee was made by the agency case worker.

b) Short time placements. These were placements of less than four weeks duration. Placements such as these did not need to be presented to the Committee, but had to be reported to the Secretary of the Committee before placement was made. The same procedure as that for emergency placements was followed.

By acceptance of short time cases for care the Children's Agency assumed financial responsibility for care at the time of placement. If the children were not returned to their home at the end of the four week period, the Secretary of the Committee automatically was responsible for making an appointment for a presentation of the case to the Committee.

c) Independent placements. Whenever a child was placed in a boarding home independently, that is, by the parents or guardians without consent of an agency, the placement was referred to the Family Agency. An investigation was then made of the child's own family situation with a view to deciding whether this was an appropriate case for boarding home placement. If the investigation by the Family Agency indicated that placement was necessary the case was then presented to the Screened Intake Committee. The case was discussed and a decision was made regarding which children's agency could

accept the case for supervision of the child while in boarding care. This agency was then responsible for the licensing of the independent boarding home, if it was suitable, or making other plans for placement.

d) Cases in which the Secretary could represent the Committee:

A situation could arise in which it was apparent that placement was the only plan possible. In a situation of this type a summary was sent to the Secretary of the Committee. The Secretary could then approve the proposed plans or make a recommendation on behalf of the Committee. At a later date, however, the Secretary had to report this recommendation to the Committee. Thus, a formal presentation to the Committee by the agency was avoided.

The functions of the Screened Intake Committee were established to, first: make certain children were not being removed from their own homes without well thought out plans, and, second: as an assurance of a continuing treatment plan for the family as a unit. Foster home placements without the approval of the Screened Intake Committee could be made only when placements were on an emergency basis; made privately by the parents or guardians, or for less than four weeks.

For the presentation of a case the Committee requested as complete summaries of the family situations as were possible. Minutes of each conference were kept by the Committee Secretary. Although the date for review was determined at the time of case presentation, reviews could be requested at any time. Agencies assigned the responsibility of working with the family and children received copies of the Committee's recommendations and a notice of the date for review.

CHAPTER IV  
CRITERIA FOR THE STUDY

The Screened Intake Committee evolved from a process of community organization. The problems with which social work deals are the problems which people find in the actual process of adjustment to each other or to any aspect of their social environment. In other words, they are problems of relationships. Accordingly, complete evaluation as to whether or not 'Screened Intake' was fulfilling its function of maintaining a high standard of generic case work practices can not be achieved without a complete understanding of the philosophy, objectives, skills, and methods of social work practices and of community organization. By maintaining a high standard of generic case work practices the agencies are able more adequately to assist families and individuals to develop their inherent capacities to the best of their ability, and to provide an opportunity for individuals to lead personally satisfying and socially useful lives.

"Casework" and "Child Welfare" Defined.

Social case work as practiced today evolved out of a slowly growing awareness of the necessity of realizing the importance and value of each individual. Each individual is a unique personality. He has his own feelings, his own emotions, and reacts in his own individualized way to a particular situation. It follows therefore that since no two individuals react in exactly the same way to a particular situation, instances of similar kinds of trouble or problems can not be treated in the same manner.

Mary E. Richmond provided the first definition of social case work. "Social case work", she demonstrated, "consists of those processes which develop personality through adjustments consciously effected individual by individual, between men and their social environment.<sup>1</sup>" This definition describes social

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1. Richmond, Mary E., What is Social Case Work? New York, Russell Sage Foundation, 1922, page 268.

case work as a definite method: "adjustments consciously effected . . . between men and their social environment." Also, it measures social case work in terms of the result obtained - "the development of personality." In the light of this definition, social case work may be seen as a process which develops an individual's personality by helping him make better social adjustments.

Since Mary Richmond's day we have come to realize even more fully what is involved in the process of helping the individual make these adjustments. Social case work is still thought of as a way of helping, but the philosophy and practice as formulated in What is Social Case Work? has changed in many respects, as has the present conception of what is involved in social case work. Today, the main emphasis is no longer placed upon "making the clients over," persuading them to change their attitudes, or to achieve specific goals as set by the workers. The Social Worker endeavours to accept people as they are and to realize they have a right to manage their own lives. Thus, the aims of the social case worker are twofold: 1) to provide services for people which will best meet their immediate need and safeguard their ability and their right to help themselves; 2) to restore the individual to social functioning, or to help him develop this capacity, in order that he may "achieve at one and the same<sup>1</sup> time his own and society's betterment." In other words, case work is a process rooted in a two-person relationship - a relationship between the client and the professional worker or therapist. By this relationship pressures felt by the client are relieved by clarification of the disturbing problem, by the giving of insight into the client's own role in it, by a change in the environment, by the supportive relationship of the therapist - by any or all of these means, so that the client is freed to live a happier, more satisfying and growth experiencing life. In short, case work is utilized whenever people have impaired capacity to organize the ordinary affairs of life, or lack satisfactions in their ordinary social relationships.

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1. Richmond, Mary E., The Long View, New York, Russell Sage Foundation, 1930.

These forces in the practice of generic case work are unified and integrated by a number of basic principles and concepts. They have little value, however, if the worker does not take cognizance that the problems as presented by the clients are both individual and social, and that an understanding of the family is important in understanding the individual. Above all, the worker must have an awareness of himself and an ability to discipline himself in relation to his own problems - as well as a strong warmth of feeling toward and understanding of the child. Miss Fern Lowry refers to these feelings as the "vitamin content" of social work. Without such feelings, she maintains, the techniques of social case work practice will lose their significance and become ineffective.

During the past quarter of a century, the Proceedings of the three White House Conferences in 1901, 1919, and 1930 have become increasingly aware of the connotations of the term "child welfare." The connotations of this term have been reflecting a strong trend toward an emphasis upon the inter-relationship of all conditions which affect the life of a child and upon a consequent need for coordinating all forces designed to promote the well-being of the "whole child." The keynote in all these conferences was the preservation of the home and the caring for children within the home. The problem of dealing adequately with the needs of children, however, has not yet been met. Thus, the sine quo non at the formation of the Screened Intake Committee was that of securing adequate legislation for the protection of all children as well as toward good, over-all constructive child caring methods and a social welfare programme.

In America parents have the primary responsibility for their children. To give the children a strong sense of security - emotional as well as economic - the parents must be competent and able to care for them adequately. Hence, the

emphasis of the social agencies has been to stimulate the parent's potential adequacy. They attempt to do this by appropriate case work treatment to enable the parents to change, and more nearly reach their highest level of functioning as parents.

Sometimes, however, the authority of the agency and the skill of the social case worker are not sufficient to protect the child. Some parents cannot move toward change without coming into court. Through the years some of the courts have included in their conception of abuse and neglect - not events alone - but dangerous conditions and environment. The definition of neglect, however, varies greatly in different states. According to the statutes of the Minnesota law a child is considered by the court to be neglected only when he has been abandoned by both parents; when living with vicious or disreputable persons; treated cruelly or neglected by parents or guardians; or given inadequate medical care when parents are able to secure such care. Moreover, in Minnesota before a child can really be considered neglected he must be adjudged neglected by the Court. It can readily be seen, therefore, that the existence of many cases of cruelty and neglect, such as parental rejection and emotional neglect and cruelty, are still difficult to prove in the state of Minnesota. Feeble mindedness, insanity, incarceration of parent or parents, divorce and death of parent or parents, a child wilfully kept out of school, and a child sexually abused by some member of the household, are still difficult to prove as situations of neglect.

Although it has been the experience of social case workers that it is better a child be cared for in his own home, it may often be necessary to remove the child from the parental home. A few years ago, if such action were necessary a foster care placement was considered to be the answer to such a problem. Foster care is the term used to designate the care of children reared

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1. Report and Recommendations of the Committee to Study Child Neglect in Saint Paul, April 1938.



away from the natural family - in institutions, or in foster homes. Originally foster care was in the nature of custodial care which generally extended for the duration of childhood.

Since this concept of child care there has been a significant development in the understanding of the fundamental needs of children. In recent years there is an increasing awareness on the part of social workers that foster care can never be a completely satisfactory substitute for a child's own home because of the strong emotional ties a child feels for his parents and because of a child's need for secure belonging. Therefore, the greatest value of foster care is the part it can play 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. In cases where the parent cannot give his child a home, foster care can sometimes enable the parents to free the child for permanent placement.

#### Selection of a Sample

A total of 734 cases were presented to the Screened Intake Committee during the first seven years of its existence. For the purpose of this study fifty cases were chosen. This universe was achieved by selecting cases which had been presented to the Committee during two quarters of each year since the inauguration of the Committee. The quarters selected were March, April, May and August, September, and October. These quarters were selected as the universe with the guidance of the Secretary of the Committee.

During the first quarters of the seven years eighty five cases were selected. Seventy six cases were selected for the second quarters of the same period of time. Generally four cases were selected at random for each quarter for each year.

The following table illustrates the method of case selection:

<u>YEAR</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>
1942	4	5	4	-	4	4
1943	4	4	4	4	4	4
1944	4	4	4	3	4	4
1945	4	4	4	1	4	4
1946	4	4	4	4	4	4
1947	4	4	4	2	4	4
1948	4	4	4	6	4	4

It will be noted there were a few exceptions to the method of case selection. Five cases were selected from the month of April 1942 as this was the total number of cases presented to the Committee for that month. No cases were presented to the Screened Intake Committee during August 1942. Since the number of cases presented for 'Screening' during this month was always small the total number of cases were listed in the case sample.

These 161 cases were then tabulated according to the agencies presenting them for Screening during these quarters. The tabulation was as follows:

1. Ramsey County Welfare Board . . . 58 cases
2. Bureau of Catholic Charities . . 33 cases
3. Family Service. . . . . 23 cases
4. Children's Service. . . . . 18 cases
5. Child Welfare Division. . . . . 16 cases
6. Probation Office. . . . . 8 cases
7. Child Guidance Clinic . . . . . 6 cases
8. Jewish Welfare Association. . . . 2 cases
9. Co-ordinating Center. . . . . 1 case
10. Department of Education . . . . . 1 case
11. Lutheran Children's Friend Society 1 case

Since fifty cases was considered to be an adequate sample, the first case for each agency was checked, the following two cases missed and the fourth case checked. Agencies such as the Probation Office, the Jewish Welfare Association, the Co-ordinating Center, the Lutheran Welfare, the Lutheran Children's Friend Society and the Child Guidance Clinic, which presented only a few cases were not included in this computation. The net result was a sample of fifty cases. These fifty cases were then retabulated according to the agency making the original presentation to the Screened Intake

Committee. This tabulation gave Family Service a total of sixteen cases, the Child Welfare Division four cases, the Children's Service a total of two cases, the Bureau of Catholic Charities six cases, and the Ramsey County Welfare Board -- including the two districts, Selby and East -- a total of twenty two cases.

In order to determine whether the material as presented in the summaries was adequate, a spot check was made of the original cases from Family Service and the Bureau of Catholic Charities. Both the Child Welfare Division and the County Welfare Board were contacted regarding several of their cases to determine whether or not the situation was the same as last entered on the Screened Intake Committee's Summary. In all instances, there was no notable change in the situation nor was any further information obtained after reading the case records. It follows, therefore, that the summaries of the cases selected provided an adequate foundation upon which to assess and evaluate the function and programme of the Screened Intake Committee.

#### Schedule and Criteria Utilized to Examine the Sample.

To carry out the present study, information regarding each of the <sup>1</sup> fifty cases was recorded as completely as possible on a standard schedule. The first page of the schedule listed the members of the natural family, including all illegitimate children who were a part of the family group; their sex; birth date; amount of education received; and intelligence factors. If two or more different intelligence quotients were given, each quotient was listed in chronological order. The nationality and religion and place or places of employment of the parents with dates were also listed. Number 4 was used to record the registrations as tabulated by the Central Registration Bureau.

At the top of this schedule the name of the agency presenting the case to the 'Screening' committee was indicated. The second page of the outline recorded the name of the family agency to remain active, and the agency handling the placement of the children. If the agency originally active with the family

transferred the case to another agency, the name of the latter agency was recorded.

The third page. A resume of the recommendations as made by the Screened Intake Committee at the original and subsequent presentations of the case to this committee was recorded on page 3 of the schedule.

Reasons for placement of children - whether the placement was made according to the wishes of the parents, or by Court Order, were listed on page 4. If a case was presented to the Court but placement of the children was not ordered this was also recorded. The financial aspects were tabulated. For example, whether or not the court ordered the parents to contribute toward the support of the children; if they contributed the total amount or a partial amount; and whether the agency working with the family contributed financial success. Number 18 gave the marital status of the natural parents.

Names and dates of children returned home were recorded on page 5. Whether the return was with or against the recommendations of the agencies active with the family and the children was also recorded. Number 23 was for the tabulation of the central problems within each case situation. A total of seventy one problems were listed. These problems were tabulated from the ninety eight problems as listed on the Problem and Service Sheets used to evaluate all cases periodically within the Family Service Agency of Saint Paul. These seventy one problems were grouped under six headings: 1) Economic; 2) Employment; 3) Family Relationships; 4) Physical Health; 5) Mental Health; 6) Social and Environmental. Number 24 was an evaluation of the treatment plan for the family. Three headings were used for this evaluation: a) no improvement, b) partial improvement, c) definite improvement.

The date and reason the case was closed, whether the closing was planned with the client and who was responsible for making the decision - the agency, the Committee, or the client, was indicated on page 6, number 25.

An evaluation of the case work process was recorded by number 23. Included in this evaluation were comments on this process, plus comments upon the seven basic principals of social case work which were generally accepted as being fundamental to social case work practice. These principles were as follows:

1. Recognition of the needs of the individual. A recognition of the needs of the individual should be a case worker's primary concern. The case worker should endeavour to assist the individual to meet the needs which have brought him to the agency. Attempts to meet these causes would have to take into consideration their multiple roots. Mrs. L (Case 10) exemplifies this:

After the desertion of her husband, Mrs. L's children were admitted to care. At this time Mrs. L. was so emotionally disturbed she was unable to administer to any of their needs. Mrs. L., through case work treatment, was helped - little by little - to enjoy the freedom she had missed as a 'teen ager.' (Mrs. L. was married at the age of sixteen.) As it was important for Mrs. L. to give the children gifts, the agency, with the approval of the Screened Intake Committee, decreased the monthly payments in order that she might do so. At no time was Mrs. L. pressed by either the agency or the screening committee to take more responsibility than that for which she was ready.

2. Recognition that individual personal needs and reality or environmental needs are inter-related. If the case worker was to help the individual or the family to function more effectively within the environment, he should realize that the client's needs were derived largely from two sources - first, the impoverishment of the environment, and secondly, the individual's capacity to use the environment. The worker might help the client to discern more clearly the nature of the world in which he lived. By means of the worker's support and reenforcement the client would be better able to use his own powers more effectively so that he would be able to handle his own problems more adequately.

The worker should be sensitive to the client's feelings, and should know how the client felt through empathy. If the worker was able to have respect and acceptance for others as they were, and as potentially they could be, a medium was induced between the worker and the client. This enabled the worker to do not only educational counselling but also treatment. Without this feeling of relationship, change was not likely to take place, nor would constructive attitudes and patterns of behaviour be modified. For example:

Mrs. R. was fond of her eldest child - a daughter - but she had a deep-seated feeling of rejection for her son. This had reminded her of her husband with whom she had been unhappy and from whom she was divorced. Mrs. R. was helped to understand her feelings toward her son and to work them through to a feeling of acceptance. Three years from the date of the first presentation, Mrs. R. of her own accord, requested he be returned home.

3. Recognition of the right of self-determination. Each individual has a right to make his own life in his own way. It was only when the client violated the precepts of society that he forfeited his right to decide what services or help he wished from the agency - especially when the welfare of children was to be considered. Thus,

Mr. F was "psycho-neurotic and an inferior type." Mrs. F. was neither physically nor mentally able to care for the home and children. Mr. F. refused to clean the house to make it habitable. The children were badly neglected. Screened Intake Committee verified the agency's plan for commitment of the children through Juvenile Court.

This case illustrated a situation where the parents were no longer able to determine the welfare of their children but they retained their 'right of self-determination' for their own behaviour.

4. Purposiveness of the individual's behaviour is the dynamic which determines behaviour. Workers should endeavour to assist the client in such a way that he might function more rather than less

productively in the future. The client must be helped to meet his needs in relation to his individual maximum capacity - not only on his own behalf, not only in his role in the family, but as a citizen of the community. The following extract (Case 24) illustrates this:

Previous to agency contact Mr. M's work record had been poor. On innumerable occasions he had been sentenced to the work house for child abandonment and non-support. His marriage to Mrs. M. was his third. It too was a 'forced' marriage. Mrs. M. was mentally depressed and discouraged with her marriage. She requested placement of her two boys as she felt their care was too much for her. Arrangements were made for the care of the children until Mrs. M. became more rested.

In this situation the Ms were helped to reestablish their home - each taking an equal part of the responsibility. The children were then returned home. At the end of the agency contact the Ms as a family unit were able to function more capably than ever before.

5. Recognition of the client's capacity or incapacity for change. If an individual was to be helped to achieve his individual goal the individual's certain limitations and capacities must be taken into consideration. Only by directing the client's concern and activities toward the underlying difficulties could the worker help the client to become more mature and to make more progress within the situation. Also, by doing so, the worker could help the individual to define his reality more clearly and to accept it with less tension. He could help the client to see his situation in a new perspective and to crystallize or clarify the issues confronting him - but - the ultimate responsibility for effecting a change within a person had to come from the person himself - not from the worker. For example:

Mrs. S's parents were divorced. Care of the two children was too much for Mrs. S. The relationship between Mrs. S. and her mother was strained and tense and was reacting upon the children. Boarding home placements were made for the children. They were later placed for adoption with maternal grandmother.

In this instance Mrs. S. was capable of change only in respect to herself - her personal appearance, clothing, etc., but she was unable to ever assume complete responsibility for the care of her children. Both the agency and the Screened Intake Committee were accepting of the growth of Mrs. S. in respect to herself. They helped her accept the willingness of her parents to care for her children despite the fact that her parents had always been fundamentally rejecting of her as a child.

6. Recognition for the necessity of sustaining an interest in the client. According to this principle, the social case worker must have an ability to sustain an interest and carry through with the activities in which he plans to help the individual. The case worker should go only as slowly or rapidly as the client was able for each client has not only an individualized goal, but an individualized pace by which he might achieve this goal.

Had an interest not been sustained in the cases under agency supervision, many of the clients would not have been able to work through to a solution of their feelings or problems and thereby become self-sufficient.

7. Recognition of the necessity for reviewing the individual situation as a whole. Each case worker should be able to view the case situation as a whole and to frequently review the entire situation in relation to each individual within it. Furthermore, the case worker should be able to be aware of the known facts in relation to the unknown; to see psychological factors in relation to reality factors. By doing so the worker should be able to retain a freedom and flexibility in making a diagnosis of each situation. These factors had to be constantly borne in mind when reviewing situations for life forces are never static - movement is always toward or away from the resolution of conflicts or problem situations.



The soundness of the recommendations and plans for treatment activities as were made or endorsed by the Screened Intake Committee to the presenting agencies depended largely upon the extent of an understanding of these seven basic principles.

The reader's evaluation of the case record, (Number 29), included comments on how the Screened Intake Committee helped the presenting agencies to better help the client; ways in which the parents and children did not gain and the reader's comments as to why there was no gain on the part of the clients.

To evaluate the work of the Screened Intake Committee the philosophy and objectives of Social Case Work practices were delineated and a universe for an evaluation selected. From 1941 to 1948, 734 cases were presented to the Screened Intake Committee. A sample of 50 cases was selected. Agencies included in the study were Family Service, Child Welfare Division, Children's Service, Bureau of Catholic Charities and Ramsey County Welfare Board. Information regarding each of the fifty cases was recorded on a standard schedule. Included in the schedule was the reader's evaluation of the case record and an evaluation of the case record and an evaluation of the case work processes according to the seven basic social case work principles. The soundness of the Screened Intake Committee's recommendations and treatment plans were evaluated according to an understanding of these seven basic principles.

## CHAPTER V

### CHARACTERISTICS OF THE FAMILIES

During the period under study an analysis of the fifty cases reviewed by the Screened Intake Committee indicated that a total of two hundred and five children were involved. A total of forty two cases were presented to the Screened Intake Committee for the first time. Eight cases which had previously been before the Committee were presented for review.

a) Public Agencies: The public agencies presented a total of twenty seven cases which involved one hundred and twenty eight children to the Screened Intake Committee. Of this total the Ramsey County Welfare Board presented a total of twenty two cases which involved one hundred and fifteen children. Five cases involving thirteen children were presented by the Child Welfare Division. Twenty six of the twenty seven cases were being presented for review during the period evaluated. Only one case involved an independent placement. There were no emergency placements. Ten of the one hundred and twenty eight children were in their own homes at the time of the first case presentation to the Committee. They came from fourteen families. Four cases involved six children in the family who were living with relatives while the other seventeen children remained at home. In ten cases the children were placed when the case was presented to the Committee for the first time. In five of these cases twelve children were placed in boarding homes. In one case six children in the family were placed in an institution. In another case two of the children were placed in an institution while two of their siblings were placed in a boarding home and five children remained at home. There was one case where one child was placed in a child caring institution while one sibling was placed in a boarding home and the third child was placed with relatives. In another case involving four children one child

was placed in a boarding home and one child with relatives while two children remained at home.

b) Private Agencies: A total of twenty three cases involving seventy seven children were presented to the Screened Intake Committee by the private agencies. Family Service, the Bureau of Catholic Charities and Children's Service composed this group. The first agency presented sixteen cases involving forty eight children; the second agency presented six cases involving twenty eight children while the latter agency presented one case involving only one child. Seventeen of these twenty three cases were new cases. Six were presented to the Committee for review. At the time of presentation there were only two families with five children who were placed in boarding homes. Three cases involving four children were listed as emergency placements. Of these seventy seven children all but five children were in their own homes at the time of the first presentation. These five children had previously been placed in boarding homes prior to the inauguration of the Screened Intake Committee.

Major Reasons for Presentation of Cases:

Six major reasons why the fifty cases were presented originally to the Screened Intake Committee are tabulated as follows:

<u>Major Reasons</u>	<u>Percentage Of Cases</u>
<u>Total</u>	<u>100</u>
Neglect and dependency	50
Illness of mother	14
Employment of mother	12
Behaviour of children	12
Desertion	8
Death of mother	4

This table indicated that neglect and dependency was a major factor for an agency to present a case for the consideration of the Screened Intake Committee. Other factors - such as illness, employment of mother, death of mother, desertion

of one or both parents and behaviour of children together totalled as much as did the sum total of case presented to the 'Screening' Committee for neglect and dependency. Second in importance to neglect and dependency were factors pertaining to the mother. These factors totalled thirty per cent. Only four per cent of the fifty cases were presented due to the deceasement of the mother. Twelve per cent of the cases were presented to the Committee for sanctioning of proposed plans or assistance with case work treatment plans for children who were severe behaviour problems within their own homes and yet were not physically neglected.

#### Problems Presented by the Fifty Cases:

A total of seventy one problems were listed under seven headings: (a) Economic, (b) Employment, (c) Family Relationships, (d) Physical Health, (e) Mental Health, (f) Social and Environmental and (g) Legal Problems. The majority of these seventy one problems were distributed in the area of 'Family Relationships' and 'Social and Environmental Relationships.' Two reasons for this seemed to be: first, these areas contained the largest number of problems and, secondly, most of the cases were presented for placement because of problems within the family area or within the social and environmental areas. In a few instances children were placed due to mental or physical health factors pertaining to their parents, but seldom were these factors the sole cause for placement.

The problems which occurred most frequently are tabulated on the following page according to the number of times they occurred. Although 'neglect and dependency,' 'illness of mother,' were the major causes for the Screening presentation in every instance there were a number of other problems within the family case which necessitated careful consideration by the Screened Intake Committee. Since there are more "problems" than "cases" the percentages totalled more than one hundred.

Table 1. List of Total Problems Presented by the Sample Cases.

<u>Description of Problem on Schedule</u>	<u>Description of Problem</u>	<u>No.</u>	<u>Percentage</u>
36	-The need for help with problems of training and development of Children	16	32
20	-Difficulties in relationship between husband and wife	14	28
21	-Difficulties in relationship between parent and child	14	28
59	-School problem involving family situation	12	24
65	-Juvenile Delinquency	12	24
2	-Problem of financial planning and home management complicated and/or caused by intellectual and emotional difficulty	11	22
66	-Irregular school attendance	10	20
61	-Problems in relation to housing affecting family life	9	18
70	-Probation or parole	7	14
26	-Difficulty in relationship to relatives	7	14
5	-Financial need due to lack of support from head of family	5	10
17	-Working mother needing advice and assistance in making child care plans	5	10
37	-Employment of mother causing difficulty in family	5	10

Most of these headings are self-explanatory. Problem fifty nine - a school problem involving the family situation, however, included any situation of school failure, difficulties in getting along with teachers or other children or other school problems when they appear to be closely related to the home situation, such as financial stringency. This problem also included attitudes of parents toward school adjustment or education; conflicts in family relationships affecting the child's adjustment at school.

It will be noted that difficulties in relationship between husband and wife (problem 20) and difficulties in relationship between parent and child (problem 21) occurred an equal number of times. This would indicate that generally when there was marital friction, home relationships were unstable, children were unable to derive a sense of security from their parents. Hence,

problem twenty one occurred with marked frequency. Since problems fifty nine - 'school problem involving family situation' and problem sixty five - 'juvenile delinquency' occurred frequently, attention should be given to the relationships the child has with his parents.

Problems five, seventeen, and thirty seven also occurred an equal number of times. These three problems pertained to factors relating to lack of support from the father - often making it necessary for the mother to seek employment. When the mother was employed and out of the home, the major part of the time difficulties within the family seem more likely to arise.

Problems which occurred in less than ten per cent of the cases were not tabulated. Problem fifty eight - 'emotional instability affecting personal and family adjustment' was considered by the writer to be an unsatisfactory codification as it would seem to be a catch-all for a great variety of problems. At the time of writing this problem was being broken down into a number of classifications. Accordingly, problem fifty eight was not tabulated.

The following case (Case 22) is an example of how a family situation could contain a number of problems although the precipitating factor in the 'Screening' presentation was attributed to 'neglect and dependency.'

The Browns, parents of nine children, were so emotionally immature they were unable to meet the needs of their children. There was considerable marital friction between the parents - problem 14. Children came in rapid succession but seldom did Mrs. B. receive adequate medical attention. Their housing was inadequate due to the number of children and low income. Mr. B. was employed spasmodically due to emotional instability. Children showed behaviour problems at home, at school, and within the community.

During the period this case was active with the presenting agency five problems were listed under 'Economic Problems'; eight problems were listed under 'Family Relationships'; five problems under 'Physical Health'; and four problems under 'Social and Environmental Relationships' - making a total of twenty two problems for this one family.

Although 'neglect and dependency' was generally considered to be physical neglect the Screened Intake Committee realized the importance of emotional neglect which is illustrated by Mr. A. (Case 30).

Mr. A five years after the death of his wife married his housekeeper. By his first marriage Mr. A had nine children. Prior to the formation of the Screened Intake Committee the children had been placed in boarding homes. Although neither the children nor the step-mother were accepting of one another, the father was requesting their return as he thought their upkeep would be less expensive than in boarding homes.

Situations where the children who did not receive sufficient love and affection developed a number of behaviour problems is exemplified by the G children (Case 5).

The three G children - all of whom were of school age - arrived from Europe - unheralded - to live with distant relatives. The relatives considered their care to be an exasperation and expense. They ruled the children with a militant hand minus a supplementation of love. The children became severe behaviour problems.

Thus, it was readily discernible that the need for child placement due to factors other than employment of mother occurred with marked frequency.

#### Family Status:

The family status during the time the fifty cases were active with the social agencies is indicated by the following table:

Table 2. Marital Status of Parents of Children Considered by the Committee, 1942-1948.

Status	Families	Children	F. C. of Cases
Forced marriage	19	67	32
Remarriage			
mother	4	10	7
father	4	9	7
both parents	1	4	2
Married	28	90	48
Divorced	17		28
Separated			
intermittently	2	4	3
permanently	4	11	7
through incarceration of father	2		3
Desertion			
mother	4		6
father	3		5
BROKEN Families	32 <sup>1</sup>	15	52
TOTAL	60 <sup>1</sup>	105	100

1. Total for this table is more than total number of cases because more than one status applied to some families.

Although it may not be significant, in thirty two per cent of the cases studied the marriages were 'forced' while in sixteen per cent of the cases the children had to adjust to one or two new parents. While this is not an unduplicated account, in these two aspects of social breakdown there were ninety children involved.

If a "normal marriage" means two parents voluntarily deciding upon marriage and maintaining a home, then there are here twenty eight families not true to this theory. In nineteen family situations the parents were 'forced' to marry. There were nine instances where the children had to adjust to new parents becoming part of the family.

If part of the assumption of a stable marriage consists of two parents remaining together and assuming responsibility toward parenthood, there are thirty two cases in which this was not true as the parents were divorced, separated, or one or more of the parents had deserted.

Table 3. Cause of Parental Inadequacy

Cause	Affecting		Causes	
	Mother	Father	Number	P. C.
<u>Parent Absent</u>				
Death	5	1	6	12
Military Service	-	11	11	22
Imprisonment	-	2	2	4
Illness	7	2	9	18
<u>Mental Incompetency</u>				
Feeble-minded (diagnosed but not committed)	4	3	7	14
Feeble-minded (committed)	2	2	4	8
Mental Illness (committed)	4	1	5	10
<u>Alcoholism</u>				
Diagnosed alcoholic	1	6	7	14
Heavy drinker	1	5	6	12
<b>Total</b>	<b>24</b>	<b>33</b>	<b>57</b>	<b>114</b>

Still assuming a stable marriage to be one where the parents volunteer, remain together, establishing a home and assuming responsibility for children, Table 3 indicated that three major factors: 1) Absence 2) Mental incompe-

1. Total for this table is more than total number of cases because more than one status applied to some cases.



tency and 3) Alcoholism on the part of one or both parents prevented the children experiencing a happy family relationship. In a few families more than one of these factors was pertinent in the cause of parental inadequacy. There were twelve cases where the mother was either deceased or too ill to care for the children and eleven cases where enlistment in the armed services compelled the father to be absent from home. Since we assume that a normal family consists of two parents sharing responsibility for the raising of their children, the sole responsibility was often too much for the one parent to carry alone. Together, the other two factors - mental incompetency and alcoholism - exceeded the 'absence of one or both parents' by only ten per cent.

#### First Presentation of Case to the Screened Intake Committee

When the cases were first presented to the Screened Intake Committee the children were in their own homes in sixty two per cent of the cases. In thirty eight per cent of the cases the children had been placed prior to the formation of the Screened Intake Committee. In the first instance there were one hundred and thirty eight children and in the second instance there were sixty four children. It was not necessary for Screened Intake to consider plans for thirteen children as satisfactory arrangements for their care had previously been made by the parents, relatives or guardians.

#### Cases Presented for Court Jurisdiction

In seventy per cent of the cases presented to the Screened Intake Committee the latter recommended that the cases be presented to Juvenile Court for approval of the decisions as made by this screening committee. The public agencies presented seventeen cases and the private agencies presented eighteen cases for court presentation. Only twelve of these thirty five families had been known previously to Juvenile Court. Of these thirty five cases the Court

recommended that the children in four families should continue to live in their own homes. These four families involved a total of fourteen children. Plans were not considered for two children who were placed with relatives and for one child who was placed in a boarding home. Thus, this court recommendation involved only ten children. Ninety nine children from twenty three families were ordered by court to remain out of their own homes in boarding homes, institutions, etc. Nineteen children from the twenty three families were not presented for Court jurisdiction as to the Committee's plans. In eight families the court ordered temporary placements for nineteen children. From two of these eight families one child from each family continue to live away from home in the care of relatives and another child from one of these two families continued to live in a boarding home. Thus, the court took into consideration the welfare of one hundred and forty three children. The welfare of twelve children from these thirty five families, (nine from one family, two from another family and one from a third family) were not considered for court presentation by the Committee as satisfactory plans had been made previously for them or they were adjusting adequately within their own homes.

Thirty per cent of the cases were not presented for Court jurisdiction (fifteen cases). Only five of the cases presented to the Screened Intake Committee by private agencies were not presented to Court. In seven of these fifteen families the Screened Intake Committee recommended that the children remain in their own home. A total of twenty eight children were involved in this decision. The Bureau of Catholic Charities presented two of these cases, involving three children to the Committee to request the children be placed out of their own home. In both instances the Committee advised that more case work be done with the family. The Ramsey County Welfare Board presented five cases, involving twenty eight children to the Committee, which suggested the children continue to live in their own home, either because the home situation had changed or because there was not sufficient evidence to ask for Court

jurisdiction of the children. Two of these children were living with relatives and one was to remain out of his home. In three cases six children were to remain out of the home indefinitely and two of these six children were to continue living with relatives. In two cases presented by the Ramsey County Welfare Board the Committee approved of an independent placement made by a father after the death of his wife and of the replacement of three children who had been placed unsuccessfully by a county other than Ramsey County. Five cases involving eleven children were placed only temporarily with the Committee's approval.

An analysis of the case sample presented to the Screened Intake Committee during 1941 to 1948 indicated that the Committee considered plans for two hundred and five children. Forty two cases were presented to the Committee for the first time. Eight cases were presented for review. Twenty seven cases involving one hundred and twenty eight children were presented by the public agencies - Ramsey County Welfare Board and Child Welfare Division. Twenty three cases involving twenty seven children were presented by the private agencies - Family Service, Children Service and Bureau of Catholic Charities.

The study indicated there were six major reasons causing an agency to present a case to the Screened Intake Committee. Factors - such as illness, employment of mother, death of mother, desertion of one or both parents and behaviour of children - together totalled as much as did the sum total of cases presented to the Screened Intake Committee for neglect and dependency. The majority of problems were distributed in the area of 'Family Relationships and 'Social and Environmental Relationships.'

The study also pointed out that generally when there was marital friction, home relationships were unstable, and children were unable to derive a sense of security from their parents.

When the cases were first presented to the Screened Intake Committee children were in their own homes in sixty two per cent of the cases. In thirty eight per cent of the cases the children had been placed prior to the formation of the Screened Intake Committee. The Committee recommended that seventy per cent of the cases be presented to Juvenile Court for approval of the Committee's recommendations. This involved the welfare of one hundred and forty three children.

## CHAPTER VI

### REVIEW AND EVALUATION OF EXPERIENCE

Prior to the formation of the Screened Intake Committee, there was no clear demarcation of functions and responsibilities between the social agencies in Saint Paul. They were accustomed to bargaining with one another as to their responsibility for the welfare of a family. Because of the anxiety of some agencies to have a high case-load count their relationship with the family was often poor and of too short duration to work through any plans whereby the children might remain in the home. With the inauguration of the Screened Intake Committee such conditions were remedied greatly. The Committee's request for a written 'plan of treatment' and 'evaluation of the family situation' served as a check to the precipitate placement of children.

#### Quality of Agencies' Relationship with Clients

The quality of the agencies' relationship with clients was of paramount importance in helping parents and children work through their problems. In thirty six per cent of the cases the agencies had a "good" relationship with the clients. A "good" relationship was defined as a relationship where the clients felt free to discuss their problems with the case worker and to arrive at a workable agreement or solution of their problems. Case number three exemplifies how the presenting agency was able to overcome the mother's hostility toward them and thereby establish a good relationship which enabled the mother to become active on her problems, eventually establishing herself with her family:

Father was in the Army. Mother was nineteen years of age and immature emotionally. She had always rivaled her elder sister and felt unloved and unwanted by her mother. Her marriage was forced and unstable. Her relationship with men was free and questionable. She left her small daughter alone for long periods of time.

The presenting agency considered the neglect of the child to result more from

a confusion on the part of a child mother, who was at a loss as to what to do for and with a baby, rather than from any conscious neglect. The agency presented the case to the Screening Committee for approval of temporary placement plans for the child in order to do intensive case work with the mother. The request was granted. The child was later returned home and the case was closed.

In forty eight per cent of the cases studied the relationship between the client and the agency was "Fair." Such a relationship was defined as one where the working relationship on an over-all basis was one of cooperation but upon many occasions the clients were resentful of agency contact. For example, the following extract (Case 18) illustrates this:

Father and mother were quarantined for six months as positive diptheria carriers. The source of infection could not be located. Parents consented - reluctantly - to placement plans for their seven year old son - a problem child - as they were unable to make satisfactory plans for him. When their source of infection cleared they refused further case work assistance.

Situations similar to Case Number 18 were classified as "fair" as were situations where the relationship was "partially" good. A "partially" "good relationship was one in which there was a positive relationship with one parent and a negative relationship with the other parent. This type of relationship is illustrated by the Bs (Case 45).

When the Browns and their eight children were first referred to the agency both parents were antagonistic to agency assistance. The home conditions were deplorable; the children were badly neglected. By the time Mr. B. was inducted into the Army he was eager to cooperate with the agency. He requested that case work supervision be continued with his family during his absence and that his Army allotment be budgetted with Mrs. B. Mrs. B. repudiated agency assistance, making it necessary to commit the children.

The following case (Case 31) illustrates a "poor" relationship - a relationship in which the parents were both antagonistic or not willing to make any effective changes within themselves or the environment which would

make it possible for their children to remain in the home permanently or to be returned home.

The Lees had been known to social agencies for twenty years. After twenty years of marriage they were divorced. Custody of the children was given Mrs. Lee. Mr. Lee was ordered by court to support the children. His payments were irregular and insufficient. Mrs. Lee was immature emotionally and did not "believe" in killing myself for the children."

The presenting agency requested approval of placement plans for Bob whom Mrs. Lee was unable to manage. The Screened Intake Committee sanctioned this plan but recommended more case work be done with the family before placing the two eldest children. Mrs. Lee was not interested and four years later they were placed. In only sixteen per cent of the cases studied was the relationship with the parents "poor."

#### Plans Proposed by the Agencies to the Screened Intake Committee

In sixty eight per cent of the cases presented to the Committee, the plans proposed by the presenting agencies were endorsed by the Committee. These plans involved a total of one hundred and thirteen children. In eighteen per cent of the cases which involved the welfare of forty children the plans as proposed to the Committee by the presenting agencies were not endorsed. In four per cent of the cases the Committee advised further investigation of the family situation before sanctioning placement. After further investigation of the family situation the agencies' proposed plans were sanctioned. A total of nine children were involved in these situations. In other instances it would seem that the workers had not given sufficient thought as to the best plans for the children and the family as a unit prior to the Screening presentation. For example:(Case 40).

Mr. M was in the Army. Mother requested placement of child in order to work. Agency proposed boarding home care of the child. Screened Intake Committee recommended further case work with the mother before authorizing these plans.

Again - (Case 7)

Both parents were of low intelligence. In addition, the mother was emotionally unstable. She was diagnosed as having "post partum psychosis." She was unable to achieve any semblance of control over the children-particularly over the behavior of her eldest child, Robert. Agency proposed boarding home or institutional placement. Screened Intake recommended intensive case work treatment with Robert's parents. If case work was unsuccessful the case was to be reviewed.

In this instance the Committee took into consideration the motivations of the individual's behaviour. The Committee realized that within each individual there are certain strengths and forces, if, when discovered and released, are able to attack whatever virus is affecting one's life.

Only two cases were presented to the Committee with no outlined plan. This type of case is exemplified by the As (Case 30), page 43. Three cases were presented with tentative plans but mainly to obtain the Committee's recommendations as to the best case work plans for the children. Together these five cases totalled ten per cent of the cases presented to the Committee for its opinion as to the best case work plans for the children.

Awareness of Underlying Problems by Agencies and the Screened Intake Committee

By means of empathy the case worker should be sensitive to the feelings of the client and thereby be able to help the client toward more constructive attitudes and behaviour. Therefore, the agencies and the Screened Intake Committee had to recognize not only the needs basic to the emotional satisfaction of the client but also the reality or environmental needs which were interrelated to the client's emotional needs. In eighty four per cent of the cases the agencies were aware of the client's underlying problems and their basic needs. Mrs. L, (Case 10) illustrates how both the agency and the Screened Intake Committee gave consideration to the needs of the client. Again, the following case (Case 37) illustrates how both the agency and the Screened Intake Committee took into consideration not only



the physical needs of the children but also their concern about the children's emotional needs being met by the foster parents.

Mother deserted her husband and three small children. Father made private boarding home arrangements for these children. He paid their board regularly and visited weekly.

The father was satisfied with the care the children were receiving but the agency felt there was considerable question about the treatment the children were receiving in this home. The agency also questioned whether the children were receiving poor moral training. The Screened Intake Committee sanctioned replacement plans for the children.

In twelve per cent of the cases the Screened Intake Committee did not help the presenting agencies have more awareness of the underlying problems within the family situation nor the client's needs as a whole. This is exemplified by Mr. F. (Case 4).

Mr. F., a Negro, was divorced. Mrs. F.'s whereabouts were unknown. Mr. F. requested Foster home placement of his pre-school daughter. Screened Intake Committee recommended a Parent-Child-Boarding-Home arrangement. Accommodation for a Negro father and child was exceedingly difficult to find. Mr. F. was given little assistance. The accommodation he found proved inadequate. The child eventually manifested severe overt behaviour problems. Mr. F. again finally requested his daughter be placed in a boarding school. This plan was sanctioned by both the agency and Screened Intake Committee.

Throughout the entire four years this case was active the agency took a passive attitude toward Mr. F. and his problems. Mr. F. was left to assume full responsibility for providing adequate accommodation, care and supervision for his daughter. Had the Screened Intake Committee been more cognizant of the needs and problems of both Mr. F. and his daughter it would have pointed out to the presenting agency the need for more case work assistance. Furthermore, it would have recommended that the agency continue to give Mr. F.'s daughter case work treatment during the boarding school placement.

In the remaining four per cent of the cases there were no major problems within the family as a unit or within the individual members of the family. In one situation the case was merely referred to the Screened Intake Committee for approval of a private boarding home placement made by a widower for the care of his son. The child had adjusted nicely to the home and the father maintained closed contact with him.

Evaluation of Diagnosis and Treatment Made by Agencies and Screened Intake Committee

In sixty four per cent of the cases the diagnosis proposed by the presenting agencies and sanctioned by the Screened Intake Committee were evaluated as "good." In all these cases the presenting agency was successful in relating the treatment plans proposed by the committee to the diagnosis. Case Number 10 cited earlier illustrated the flexibility of the Screened Intake Committee and the agencies in their treatment plans. Mrs. L (Case 27) illustrates also this flexibility.

Mrs. L, a widowed mother with two small children was having considerable difficulty making suitable arrangements for the care of her children while she worked. She requested placement of her youngest child but made suitable plans for the care of the eldest child. During the placement period the mother accepted case work treatment and several years later remarried and took her child back.

In this case Mrs. L. was unable to accept case work treatment from a family agency. Arrangements were made accordingly for her to have regular case work interviews from a child caring agency. At the end of the case work treatment Mrs. L. had been helped to work through her personal conflicts so she could remarry and reestablish her home. She was able to also better accept the child placed and to care for her more tenderly.

In eighteen per cent of the cases studied the recommendations proposed by the Screened Intake Committee were at variance with those suggested by the presenting agency. Of this percentage, the plans proposed

by the public agencies were altered in ten per cent, of the cases. Eight per cent of the plans proposed by the private agencies were altered. This is exemplified by the Smiths (Case 12).

Both Mr. and Mrs. Smith drank heavily. Their marital life was stormy. Mrs. Smith misspent money given her for the care of the children; left them with incompetent help; allowed them to become infested with vermin. Mr. Smith requested mother be removed from the home. Agency planned to secure a housekeeper. Screened Intake Committee recommended the children be placed with both parents being ordered to contribute toward the support of the children.

In this case the Committee felt that a housekeeper would not be satisfactory. Mr. Smith was a heavy drinker and his feeling toward Mrs. Smith was so ambivalent that placement plans were considered by the Committee to be the better for the children.

In a number of instances the Committee seconded the proposals made by the agencies that the children be committed to care. In these cases the parents were either not amenable to case work or were not accessible for case work treatment.

In eight per cent of the cases presented to the Screening Committee the Committee did not sharpen the case work skills of the presenting agencies so that they were able to help with treatment plans. In two cases within this category the social summaries were too inadequate for the Committee to have a full understanding of the situation. For example (Case 35).

Mrs. P. died leaving Mr. P. to care for three children. Various child care plans were made. Mr. P. subjected the children to see considerable immoral behaviour, drinking, etc. Conditions for the children became so poor it was necessary to make permanent plans for them.

Because the active agency was slow to recognize that Mr. P. had an alcoholic personality; that he was insecure basically and that he found the reality of life much more difficult to face without Mrs. P. the Screened Intake Committee was unable to recommend placement plans for the children at an earlier date.

In four per cent of the cases the Screened Intake Committee recommended the presenting agencies do further case work treatment before agreeing with the agencies' plans that the children should be placed. In Case Number 9 both the agency and the Screened Intake Committee realized that the father's needs were due to limited intelligence, physical handicaps, and a childhood filled with emotional and physical deprivation. These factors were taken into consideration and considerable effort was made to help the parents use their own prerogatives more effectively. Some of their responsibilities were taken temporarily from them in order that their strengths would not be taxed too heavily. All attempts to assist them failed, however, and it finally became necessary to request court commitment of the children.

The remaining six per cent of the cases were presented to the Committee for sanctioning of temporary placements due to illness on the part of one or both parents; for licensing of private boarding home arrangements, etc., and little or no case work treatment was recommended in these situations.

#### Clarification of Client's Problems Through Case Work Assistance

The case work activities in forty six per cent of the cases presented to the Screened Intake Committee were better directed toward underlying difficulties within the client or issues within the client's situation was clarified. In one situation the Committee felt that the presenting agency's case work and plans for further case work treatment were such that it would not be necessary for the agency to return the case to the Committee for a further review unless the agency wished to do so.

In the following situation (Case 17) the parents were anxious to effect changes within themselves so that they would have a better understanding of how to help their son work through his problems and to make their family as a unit become happier.

Both Mr. and Mrs. H. were of low average mental ability. During the depression Mr. H. worked at odd jobs. Since 1942 he has worked steadily. Mrs. H's personal appearance is no longer slovenly and she is now a satisfactory housekeeper. She was helped to accept case work assistance so that she was able to understand better her son who was a severe behaviour problem. Although placement plans had been considered for this lad it was not necessary to place him as the agency was able to carry through case work suggestions proposed by the Screened Intake Committee.

In fourteen per cent of the cases studied the agencies and the Screened Intake Committee agreed that there should be no further attempts to give case work assistance to the parents. In these cases the parents were neither interested in clarifying their problems nor in affecting any change within themselves or their situations. The following case (Case 6) illustrates this thesis.

Father died while employed. Mother was left with six children for whom she refused to provide care or set up housekeeping. She was antagonistic toward agency assistance. The presenting agency proposed the children be placed in boarding homes and the mother ordered by court to pay for the board of the children since she had sufficient income to do so.

In six per cent of the cases studied the Screened Intake Committee did not assist the agencies in case work treatment with the clients. The changes which were affected or the suggestions made regarding the welfare of the children involved were initiated by the clients themselves. Mr. F's situation (Case Number 4) previously cited, illustrates this statement as does the following situation with Mr. and Mrs. C. (Case 43)

During their marriage both Mr. and Mrs. C were irresponsible and negligent of their responsibility toward their children. The children were undisciplined and poorly fed. They were placed in boarding homes for a three year period during which time the parents remarried. They showed no interest in the children but when the agency approached them about adoption plans for the children both parents were anxious to have the children returned to them.

During her marriage to Mr. C., Mrs. C. was so dependent upon her father and his decisions that she was unable to accept case work assistance from an agency. Mr. C. was immature and alcoholic. It was through their subsequent marriages

that they were able to take an interest in their children and to be concerned about their welfare when permanent plans for the children were to be considered. Earlier attempts by the agency to help them take an interest in the children were unsuccessful.

In twenty two per cent of the cases the Screened Intake Committee was not able to increase the case work skills of the presenting agencies to better help the clients clarify their problems. Since the clients were either unable or unwilling to understand the cause of their problems they were unable to take any action on them. This is exemplified by the following extract, (Case 49).

Until Mr. and Mrs. F. separated there was considerable marital friction. They were both disinterested in their two children of pre-school age. They both drank heavily. After their separation Mr. F. did not support either the children or Mrs. F. Mrs. F. neglected the children and there was some question of her using drugs. At the end of a two year placement, permanent plans for the children were necessary as Mrs. F. had deteriorated to such an extent and the father was not interested in them.

A court order was made for Mr. F. to contribute toward the support of the children. It was recommended by the Screened Intake Committee that the agency not attempt any case work treatment with either of the parents.

Several instances occurred in this classification where the Screened Intake Committee might have been more cognizant of the needs of the family as a unit had the agency presented the case in more detail to the Committee. For example:

Mr. and Mrs. C. (Case 23) were divorced after nine years of married life. Mrs. C. was given custody of the three children. Mrs. C. was emotionally unstable and had a number of conflicts with her own parents to work through before she could be a good mother. The maternal grandmother was unable to discipline the children and the mother was fearful they would get into trouble during the summer vacation if they were not better supervised. The children were placed for the vacation period.

Three years later the mother returned to the agency for further placement plans of the children. The eldest child had stolen money and the two younger children had been involved in a sex offense. Boarding home plans were made for the

eldest child while case work assistance was given the mother and two younger children.

If the presenting agency had recognized the needs of the mother and their inter-relationship to the environment it would have presented the case in more detail and requested continued supervision in the home. Three years later the children were manifesting overt behaviour problems which the agency could not overlook. Had case work assistance been given this family earlier these problems might have been prevented.

In only two per cent of the cases presented to Juvenile Court were the plans as proposed by the presenting agency sanctioned by the Screened Intake Committee repudiated. This is illustrated by the following case, (Case 11).

Parents were divorced. Mother left the children alone and did not provide for them adequately. Agency suggested the children be placed in boarding homes. Screened Intake Committee sanctioned these proposals. Juvenile Court suggested the family be placed under supervision of a family agency, assistance be given the mother with budgetting; case to be presented to Juvenile Court if mother failed to cooperate. Results: home conditions improved considerably.

The remaining ten per cent of the cases were presented to the Committee as a matter of routine - to sanction the licensing of private foster home placements due to illness on the part of one or both parents. Also, in this category were included situations where it was too early to determine whether or not the clients would be helped or where one or both of the parents were not accessible for case work treatment.

That the Screened Intake Committee was responsible for the social agencies within Saint Paul, giving more thoughtful consideration to the general welfare of children, is shown by an appraisal of the case sample tendered to the Screened Intake Committee during the years 1942 to 1948. No longer were social agencies able to discontinue case work treatment with the parents of children after the children were placed outside their own homes.

Since placement of children was largely attributed to emotional instability or inadequacy between the parents, the Committee thought it advisable to recommend that seventy per cent of the cases be presented to Court. The Committee was of the opinion that the granting of a court order sanctioned a maintenance of agency contact legally with the families after their children were placed. In these situations the parents were unable to understand and accept their natural responsibility in the placement plans. Although court orders did not achieve this purpose they did give the agencies a right to attempt to make the placement experience as constructive as possible for the children. Moreover, court orders granted the agencies some control over the parents in regard to their contacts with the children. In only thirty per cent of the cases studied the Committee did not recommend a presentation before Juvenile Court. In these situations the Committee took the view that the parents were able to understand their natural responsibility in the placement plans.

In addition to rendering certain agency contact with both parents and children after a child was placed from his or her own home, the constitution of the Screened Intake Committee was an assurance to the community that placement plans would be carefully thought through. Thus, the Screened Intake Committee was an attesting that the welfare of both the parents and the children would be retained by the agencies during the placement period. In only fourteen per cent of the case sample did the Committee find it necessary to recommend either a plan for further case work with the families before ratifying the original agency plans or a plan divergent to that proposed by the presenting agencies.

The findings of the case sample manifested that the Committee also either clarified pertinent issues within the family situation or secured better direction of the case work activities of the presenting agencies. If



the agencies did not agree with the Committee's recommendations they, and the Committee, accordingly analyzed fully the case work plans as they related to the diagnosis. As a result of such discussions, not only did the agencies become more skillful in relating treatment plans to the welfare of the families, but they also became more able in recognizing the needs basic to the emotional satisfaction of the client. There were instances, however, where the parents seemed to be not amenable to case work treatment or else were unwilling to accept it. Thus, in fourteen per cent of the case sample, the Committee recommended a curtailment by the agencies of further case work treatment with the parents of the children in placement.

## CHAPTER VII

### STRENGTHS AND WEAKNESSES

Prior to the inauguration of the Screened Intake Committee in 1941, records from the Community Chest and Council indicated that Minnesota<sup>1</sup> had a high ratio of its total child population in care under agency auspices. This ratio was one of the highest in the United States. In Saint Paul the percentage of children being cared for outside their own homes was particularly high. The following table shows the number of children per year in Saint Paul which were placed in foster homes under agency supervision - both public and private - from 1939 to 1948.

Table 4. Number of Children in Agency Foster Homes in Saint Paul, Minnesota, in 1939-1948.

<sup>2</sup> Monthly Averages			
Year	Public Agency	Private Agency	Total
1939	459	991	1450
1940	534	967	1501
1942	710	456	1166
1943	685	404	1089
1944	660	385	1045
1945	650	396	1056
1946	620	410	1030
1947	610	413	1023
1948	583	461	1044

This table indicates that after the Committee was founded the number of children placed in agency foster homes was reduced.

Decrease in the Total Child Population under Agency Care: From the above table it was noted that in 1939 and 1940 - two years prior to the formation of the Screened Intake Committee - the number of children under the supervision of private child caring agencies greatly exceeded the number of children under the supervision of public child caring agencies. In 1939 the number of children on hand on the first day of the year was 459 children for the public agencies and 991 children for the private agencies - a total of 1450 children. On the

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1. Community Chest and Council Records.

2. There is no data available for the year 1941. Statistics for 1939 were computed on January 1, and 1940 statistics were computed December 31.

last day of 1940 the public agencies had 534 children under their supervision while the private agencies had 967 children under their supervision. Thus, there was an increase of three and one third per cent of the number of children being cared for by social agencies within one year.

While the figures in this table were not gathered on the same basis from 1941 on they are valid in that they indicated the change in the child placement trend since the inauguration of the Screened Intake Committee. At the end of 1942, only two years after the inauguration of the Screened Intake Committee, the number of children admitted to care had decreased by twenty two per cent. Moreover, the Screened Intake Committee was responsible for transferring the guardianship of children for whom long term placement plans seemed indicated from the private agencies to the public agencies. Thus, the private non-sectarian agencies were no longer being pressed to accept cases for which they rightfully were not responsible.

From 1942 to 1948 there was a general levelling off of the number of children in care. From 1939 to 1948 the total number of children under agency auspices decreased by twenty eight per cent. Since the inauguration of the Screened Intake Committee the number of children cared for by private agencies decreased by fifty three and one half per cent while the number of children cared for by public agencies decreased by twenty seven per cent. Although it can be assumed that the Screened Intake Committee was largely responsible for the decrease in the large number of children being cared for outside their own homes, other factors - such as the parent-child-boarding home programme, the foster day care and nursery school programmes also contributed to the decrease of the number of children in care.

Clarification and Co-ordination of Agencies' Functions: As the functions of the Screened Intake Committee were delineated and the programme developed, a clearly defined but flexible policy regarding the method of referring children for care

from one agency to another was evolved. Previously, referrals had been done largely by a system of "bargaining" between the agencies. By this system the agencies gave little consideration to the adequacy of their facilities for working with the families or the children during the placement of the children. With the establishment of the Screened Intake Committee the need for agencies to continue to "bargain" for cases was eliminated and a means was provided whereby the social case work agencies could meet at a regular time and place to discuss with freedom and impartiality those cases where placement of one or more children in the family seemed indicated. By means of the Screened Intake Committee the agencies were able to arrive at an impartial decision as to which agency was best able to provide case work treatment for each particular situation.

Value of Presentation of Written Screened Intake Summary: The written social history outline presented to the Screened Intake Committee by the social case work agencies included a detailed history of the family and the problems within the family. Although the summaries were supplemented by verbal presentations, the opinion of the members of the Screened Intake Committee was that written summaries were more effective than verbal presentations, for three reasons:

- 1) The Committee was able to have the family history in a concise, co-ordinated form before and during the presentation of the case.
- 2) The Committee was enabled to focus better the discussion on the most relevant points.
- 3) The record helped prevent the situation from being "colored" by the worker's feelings.

The findings from the Case Study indicated that the summaries generally included recommendations relating to the placement of children. Plans for case work treatment, however, were seldom given in sufficient detail by the presenting agencies.

Consideration of the Total Family Situation: Recognizing the family is the basis upon which our society is built, the Screened Intake Committee was

largely responsible for enabling the social work agencies to take more cognizance of the problems manifested by the family as a constellation and to bring these basic factors into sharper focus. Since representatives from a number of social work agencies constituted the 'Screening committee, the committee brought a much broader experience to the thinking through of the family problems and encouraged more definite proposals and decisions for case work treatment.

Assurance of a Good Diagnosis Regarding the Family Situation: With the formation of the Screened Intake Committee came an elimination of vague agreements which had been made so frequently during the less formal agency conferences. The secretary of the Committee summarized the decisions made or approved by the Committee at the close of each case discussion. Later, typed copies were sent to the responsible agencies. This crystallization of the case work plans enabled the agencies working with the children and the family to take action immediately and to function more effectively.

Many times, however, the members of the Screened Intake Committee were of the opinion they were handicapped in achieving an adequate diagnosis or in making valid recommendations for both the family and the children at the time of the first case presentation to the Committee. The Case Study attributed this difficulty to three factors:

a) Inadequate information and thought regarding the family situation:

All too often summaries presented to the Screened Intake Committee were not completely representative of the entire family situation. The presenting agencies were not sufficiently apprised of the clients and their problems. Thus, they were unable to give a complete and accurate delineation of the family pattern of living.

b) Lack of individualization of the children: Frequently the

Screened Intake Summaries were sketchy when they pertained to the personality

and development of the child. Generally, the age of the child and a minimum health history was given. There were few or no comments about the child's physical appearance; whether he was large or small for his age; whether he had health problems, allergies, the age at which he had various childhood illness; fore example, whooping cough, tonsilectomy, etc., and the dates of his immunizations. Almost without exception the summaries should have stated whether the child was toilet trained and if so, at what age; the age at which he learned to walk; to talk, and whether he had any food fancies.

Material as to his adjustment to both adults and children should have been included in the social summaries. How did he relate to children and to adults? Was he overly active, shy, secretive, aggressive, bullying, fearful, etc? How did he get along with children at school? What was his school grade and school performance? How did he get along with his siblings? How did he react to strangers? Had he been away from home before? Was the child prepared for a foster home? Were his parents prepared? What was the parent's attitude toward the child, the foster home, the visiting arrangements? Because little information was given sometimes to the emotional feeling of the children toward their parents and siblings, it was often necessary for a child to have to be returned home because his emotional ties to his parents were so strong. If the Screened Intake Committee was to make wise decisions they must know the salient factors about the child.

c) Precedence of material aspects over emotional aspects: This deficiency in the Screened Intake summaries was also attributed to a lack of individualization of the emotional factors involved in placement plans for each individual child. So often the presenting agencies considered only whether the children were being neglected physically. The Case Study indicated they tended to disregard the importance of the parents' feelings toward their children. Moreover, occasionally the agencies tended to give precedence to

monetary values rather than to case work principles. All too often "telling the client what he ought to do" as well as "telling him what the agency would do if he didn't do differently" was evident in the Screening summaries.

Continuing Treatment Plan: Both before and after the formation of the Screened Intake Committee there was considerable feeling on the part of those interested and concerned in the welfare of children within this community that the public agencies were not doing as effective work as the private agencies in the child placement field. The Screened Intake Committee endorsed the plans in thirty six per cent of the cases as they were presented by the public agencies. In only ten per cent of the cases did the Committee advocate plans other than those presented by the public agencies. Of the plans presented to the Committee by the private agencies thirty two per cent were endorsed at the original presentation. This study therefore indicated there was no appreciable difference in the case work plans between the private and public agencies.

With the ensurance of a continued plan of treatment via periodic interviews by the Screened Intake Committee of the total family situation the probability of children remaining in care outside their own homes longer than necessary was prevented. Not only did these reviews make the agencies more aware of the basic factors in relation to the treatment of the family and individual child situations but helped the agencies become increasingly conscious of the child and the needs of the child. Moreover, the committee was an assurance to the community that agency contact would be continued with families during the placement of children from their own homes. The findings of the Case Study, however, indicated there was still considerable need for improvement in this area but no longer was a social case work agency able to close a case after the placement of children without reporting it, unless the children were committed permanently to the care of the Director of Social Welfare.

Conclusion:

Although the social case work agencies in Saint Paul continued to be somewhat unaware of the emotional components of the family situation, it is evident from the preceding history and evaluation of the case sample presented to the Screened Intake Committee that the Committee accomplished many worthwhile changes for the social welfare programme during the years 1941 to 1948. One of the paramount accomplishments was that the total number of children being cared for outside their own homes was now markedly lower, both for the State of Minnesota and more particularly for the City of Saint Paul.

Moreover, no longer were agencies able to continue to "bargain" as to which agency would be responsible for case work plans and treatment for children and families. The decisions made or approved by the Screened Intake Committee were crystallized so that agencies working with children and families were able to take action immediately and to function more effectively. With the elimination of the "bargaining" system, the Screened Intake Committee was responsible for also preventing the non-sectarian agencies from being pressed to accept cases for which they rightfully were not responsible. From 1939 to 1948 the total number of children under agency care decreased by twenty eight per cent - indicating there had been a general levelling off of the number of children in care.

Although there continued to be considerable opinion on the part of people interested in the welfare of children within Saint Paul that the public agencies were not doing as effective case work as the private agencies in the child placement field, the present study indicates there was little difference in the evaluation of the case work plans presented to the Committee by either the public or private agencies. At the time of writing, however, there were few case work agencies in Saint Paul staffed with fully qualified social case workers and supervisors. This was particularly true of the public agencies. Until this situation is remedied, the need for the Screened Intake Committee



will continue. Although the purpose of the Committee was not to act in a supervisory capacity, agencies are still bringing cases to the Committee for suggestions as to the best plans for the family. Perhaps when the agency supervisors are better able to fulfill their functions adequately, this situation will not arise. But it is evident in general that the Screened Intake Committee has performed valuable work, and that the principles it has established deserve continuous consideration in the future.

# SELECTED BIBLIOGRAPHY

## Principles of Social Work

Cannon, Mary Antoinette, and Klein, Philip, Social Case Work - An Outline for Teaching. New York, Columbia University Press, 1933.

Hamilton, Gordon, Principles of Social Case Work Recording. New York, Columbia University Press, 1946.

Hamilton, Gordon, Social Case Recording. New York, Columbia University Press, 1936.

Hamilton, Gordon, Theory and Practice of Social Case Work. New York, University Press, 1940.

Hollis, Florence, Social Case Work in Practice. New York, Family Welfare Association of America, 1939.

Lowry, Fern, Readings in Social Case Work. New York, Columbia University Press, 1939.

Richmond, Mary E., Social Diagnosis. New York, Russell Sage Foundation, 1917.

Richmond, Mary E., What is Social Case Work? New York, Russell Sage Foundation, 1922.

Richmond, Mary E., The Long View. New York, Russell Sage Foundation, 1930.

Robinson, Virginia P., A Changing Psychology in Social Case Work. Chapel Hill, University of North Carolina Press, 1930.

Robinson, Virginia P., Training For Skill in Social Case Work. University of Pennsylvania Press, Philadelphia, 1942.

## The Family and Child Placement

Day, Florence R., "Changing Practices in Child Welfare Treatment." March 1937.

Garrott, Annette, "Case Work Treatment of a Child." Family Welfare Association of America, 1941.

Cartland, Ruth, "The Child, the Parent, and the Agency." XVIII, May 1937, 75-80..

Kasanin M.D., J., "A Critique of Some of the Newer Trends in Child Welfare." April 1935.

McCord, Elizabeth, "The Part of the Worker in the Community's Acceptance of Social Work."

Hamilton, Gordon, "The Underlying Philosophy of Social Case Work." The Family, XXII, July, 1941, 139-147; also Proceedings of the National Conference of Social Work, 1941, 237-253.

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Lowry, Fern, "Current Concepts in Social Case Work Practice." Social Service Review, September 1938, 365-373; December 1938, 571-597.

"Placing of Children in Families." Canadian Welfare Council, Ottawa, Publication No. 89, 1938.

"Relationships in Short Contact Interviewing." (Collected Papers), Reynolds, Bertha, June 1933; McGregor, Madeline L., May 1934. National Association for Traveler's Aid and Transient Service.

"Report of the Committee on Family and Children's Work." A Sub-Committee of the Committee on Relations within the Social Case Work Field, Family Welfare Association of America, New York, May 1944.

"Report and Recommendations of the Committee to Study Child Neglect in Saint Paul." April 1938.

"Social Case Work, Generic and Specific." Milford Conference Report, 1929. American Association of Social Workers.

Towle, Charlotte, "Social Case Work in Modern Society." The Social Service Review, June 1946. University of Chicago Press, Chicago, Ill.

Towle, Charlotte, "The Underlying Skills of Case Work Today." Social Service Review, XV, September, 1941, 456-471; also Proceedings of the National Conference of Social Work, 1941, 254-266.

#### Articles and Pamphlets:

"The A.B.C. of Foster Family Care for Children." Bureau Publication No. 216, United States Government Printing Office, Washington 1936.

"Differential Approach in Case Work Treatment." Family Welfare Association of America, 1936.

"Foster Home Care for Dependent Children." Bureau Publication No. 136 (Revised) United States Government Printing Office, Washington 1929.

Screened Intake Committee's Manual, Family Service, Saint Paul, Minnesota.

Statistics from Community Chest and Council, Saint Paul, Minnesota.

SCREENED INTAKE COMMITTEE  
ANALYSIS OF CASES  
February, 1949

1. Family Name \_\_\_\_\_ 2. Agency Presenting Case to S.I. \_\_\_\_\_

[illegible]

5. Nationality: Father \_\_\_\_\_ Mother \_\_\_\_\_

6. Religion: Father \_\_\_\_\_ Mother \_\_\_\_\_

## EMPLOYMENT

Father:

**Mother:**

POLYGRAPH			POLYGRAPH		
PLACE	DATE	TYPE	PLACE	DATE	TYPE





14. Reasons for Placement:

- |                                      |   |
|--------------------------------------|---|
| _____ Child Neglect                  | _____ Absence of Father from Home                           |
| _____ Child Dependency               | _____ Both Parents Working                                  |
| _____ Child Delinquency              | _____ Mother Working, Father Not Working and Out of Home    |
| _____ Bad or No Housing              | _____ For Treatment of Social Adjustment and Behavior Prob. |
| _____ Physical Illness of Parent (s) | _____ Mother Disinterested                                  |
| _____ Mental Illness of Parent (s)   |   |

15. Voluntary Placement\_\_\_\_ Court Order\_\_\_\_ Court Action but no Placement Ordered\_\_\_\_

- A. If court order, state amount\_\_\_\_\_ per\_\_\_\_\_.
- B. Were limits (time) definitely set\_\_\_\_\_.

16. Did parent or parents contribute to support of children placed out of home?

Yes \_\_\_\_\_ No \_\_\_\_\_

- A. Total cost for care of Children \_\_\_\_\_
- B. Total amount ordered by court \_\_\_\_\_
- C. Part of either (A) or (B) \_\_\_\_\_

17. Financial Assistance Given. Yes \_\_\_\_\_ No \_\_\_\_\_

- |                              |       |                 |       |
|------------------------------|-------|-----------------|-------|
| A. Appropriately             | _____ | Inappropriately | _____ |
| Adequate                     | _____ | Inadequate      | _____ |
| B. Given on a planned basis  | _____ |                 |       |
| C. Used positively by client | _____ |                 |       |

18. Give marital status of natural parents in relationship to each child.

- A. ( ) married ( ) separated ( ) divorced
- B. ( ) illegitimate child

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## 19. Child Returned Home:

Name	Age	Sex	Date Returned	Agency consent against Agency recommendation	Other Agency Supervision

20. Whereabouts of children  
Not Returned Home

Name	Date	Place

## 21. Diagnosis

Situation	Made	Not Made	Ag'cy	SIC	Good	Fair	Poor
1. Family							
2. Treatment							

## 22. Interpretation to Client

Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

## 23. Central Problem

Year	A	B	C	D	E	F	G
1942							
1943							
1944							
1945							
1946							
1947							

## 24. Success of Plan of Treatment

- A. No improvement  
 B. Partial Improvement  
 C. Definite Improvement



25. Closing:

- A. Date
- B. Reason
- C. Planned with client?
- D. Division made by: Agency\_\_\_\_\_ S.I.C.\_\_\_\_\_ Client\_\_\_\_\_
- E. Results: Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_ None\_\_\_\_\_

26. Counseling and/or Child Welfare Service given in Relation to:

- A. Total family situation: Yes\_\_\_\_\_ No\_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_
- B. Individual child under care: Yes\_\_\_\_\_ No\_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_
- C. Children under care: Yes\_\_\_\_\_ No\_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_

27. Specialized services within agency given: \_\_\_\_\_

- A. List type \_\_\_\_\_ Clearly defined as \_\_\_\_\_  
 \_\_\_\_\_ Agency function \_\_\_\_\_  
 \_\_\_\_\_
- B. Did client use services offered? Yes\_\_\_\_\_ No\_\_\_\_\_

28. Case Work Process:

- A. Was acceptance of case appropriate to agency function? Yes\_\_\_\_\_ No\_\_\_\_\_  
 Explain if Not \_\_\_\_\_  
 \_\_\_\_\_
- B. Did agency use clear diagnostic thinking? \_\_\_\_\_  
 Were problems seen as largely social? \_\_\_\_\_ Psychological? \_\_\_\_\_  
 Environmental? \_\_\_\_\_ Emotional? \_\_\_\_\_
- C. Was agency successful in relating treatment to?  
 Diagnosis \_\_\_\_\_  
 S.I.C.'s recommendation \_\_\_\_\_
- D. Was agency aware of underlying problems?  
 Yes\_\_\_\_\_ No\_\_\_\_\_

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- E. Was quality of agency's relationship with client gradual? \_\_\_\_\_  
 Fair? \_\_\_\_\_ Poor? \_\_\_\_\_ Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- F. Did client frequently break appointments? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Reasons \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- G. Was agency playful? Yes \_\_\_\_\_ No \_\_\_\_\_ How? 6 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- H. \_\_\_\_\_  
 \_\_\_\_\_
- H. Comments on Case Work Process.

- I. Was pace too rapid? \_\_\_\_\_  
 \_\_\_\_\_

## 29. Reader's Evaluation of Case:

by the Screened Intake Committee

### A. Gains to client through agency service:

- 1) Was client able to clarify his problems through case work help?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ How? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2) Was client able to be active on his problems? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Did an improvement in attitude result toward family? \_\_\_\_\_ Job? \_\_\_\_\_  
 Social Relations? \_\_\_\_\_ Other? \_\_\_\_\_ (Specify) \_\_\_\_\_  
 \_\_\_\_\_ None? \_\_\_\_\_
- 4) Was the environment improved? Yes \_\_\_\_\_ No \_\_\_\_\_ (Specify) \_\_\_\_\_  
 \_\_\_\_\_

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5) Did client feel he had been helped? Yes.. No Explain

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6) Reader's comments on gains to client:

7) Ways in which client did not gain:

8) Reader's Comments on why client did not gain:

Appendice B

SUMMARY FOR SCREENED INTAKE

IDENTIFYING INFORMATION:

Full name, birthdates and present addresses:

Father

Mother (incl. mdn. name)

Children

RELIGION:

REASON FOR REFERRAL:

PROPOSED PLAN:

REGISTRATIONS:

Agency

Case Worker

Date

INSTRUCTIONS FOR USE OF BASIC SUMMARY

The attached outline is the basic summary to be used for referrals to all agencies and to Screened Intake. The first page of the outline is set up to meet the needs of the Screened Intake and may be adapted for use in all referrals. The information on this page should be kept separate from the basic history. Eight copies of the complete outline are needed for Screened Intake.

In writing the basic history, the form of the outline is to be maintained and all underlined headings are to be used. The information, "material to be included", under the headings has been listed in numerical form for your convenience but should be written in paragraph form without numbers or marginal headings.

All information asked for may not be available but if an effort has been made to obtain it, please indicate. The outline is self-explanatory in most respects but the following points may need clarification:

Marital History has been included under both mother and father, and should not be repeated but this space has been provided under each parent to take care of previous or subsequent marriages.

If a stepparent is or has played an important role in the family situation, material regarding this parent should be included under a separate heading and cover the same information as required under father - mother.

Under Family Relationship, if boarding home placement is indicated, it will be important to know how the children feel toward one another in order to determine whether they should be placed in separate or the same boarding homes.

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## BASIC SUMMARY

### FAMILY HISTORY:

#### Father:

(Material to be included)

1. Name - place and date of birth.  
(verified)
2. Nationality
3. Religion and church affiliation
4. Health
5. School history including any  
special training
6. Mental tests - date and type of  
test
7. Occupation and work history
8. Personality and social adjustment  
including childhood and early  
family relationships
9. Marital history (verified).
10. Institutional and court history
11. Date and cause of death
12. Additional pertinent information

Mother: (Same as above)

#### Children:

(Material to be included)

1. Name - place and date of birth  
(verified)
2. Religion, baptism, confirmation  
and church affiliation
3. Physical development and health
4. School history including present  
grade placement
5. Mental tests - date and type of  
test
6. Institutional and court history
7. Occupation and work history
8. Personality and social adjustment
9. Independent or supervised  
placements outside of own home
10. Marital history (verified)
11. Date and cause of death
12. Additional pertinent information

### THE HOME:

#### Physical Aspects:

1. Type of community
2. Description of house including  
number of rooms, sleeping  
arrangements and household  
equipment.

THE HOME: (continued)Financial and Economic Status:

1. Equity in home or rental
2. Family Income

Family Relationships:

1. Attitude of various members toward one another
2. Attitude of various members toward present situation and the proposed plan

RELATIVES:Paternal:

1. Full names and present addresses
2. Any pertinent information regarding inter-family relationships

Maternal:

1. Full names and present addresses
2. Any pertinent information regarding inter-family relationships

AGENCY'S CONTACT WITH THE FAMILY:

To include length of time family has been known to agency with emphasis on evaluation of the work that has been attempted and any plans that have been considered in co-operation with other agencies.

Agency:

Case Worker:

Date: