CASEWORK IN THE RETURN OF NON-WARD CARE

CASES TO THE PARENTAL HOME

A Descriptive and Analytical Study of Social Welfare Branch (British Columbia) Cases, 1953-1956

by

DOLORES AVERNA MORALES

Thesis Submitted in Partial Fulfilment of the Requirements for the Degree of MASTER OF SOCIAL WORK in the School of Social Work

Accepted as conforming to the standard required for the degree of Master of Social Work

School of Social Work

1957

The University of British Columbia
ABSTRACT

"Non-ward Care" refers to a child for whom the Superintendent of Child Welfare has assumed responsibility temporarily at the request of the child's parent or guardian. The primary function of non-ward care is the protection of children within their own family unit, the importance to the child of having his own parents accept responsibility for him being recognized as a principle basic to child welfare services.

Non-ward care, as described in this thesis, is an important service for treating certain family situations in the hope that this treatment will make it possible for children and parents to help themselves. In the final analysis, the real assessment of the use of the resource of non-ward care depends on the preservation of the family unit.

This study was undertaken in an attempt to examine descriptively and analytically the casework services involved in the provision of the resource of non-ward care to families, and to note how the families were being benefited by the resource. The analysis of the fifteen cases used in this study suggests some correlation between the evidence of improvement in the family situation and the quality of the social work methods and techniques exhibited by the worker during the course of the agency's contact with the family. This is judged by the rating of the progress made by the families as related to the quality of the worker's relationship, and also the extent to which basic social work methods and techniques were used by the worker. In both instances, the cases which showed much improvement in the family situation, showed proficient use of the basic social work methods and techniques. The cases which made little progress showed weaknesses in some areas of social work methods, particularly the areas which require diagnostic skill, evaluation, and the making of a plan based on the diagnosis.

The findings of the study are that, in the majority of instances, the resource of non-ward care was being used towards the preservation of the families; and that, from the beginning the plan was for the children to be returned to their parents' homes when the situation had been alleviated. There were a few cases, however, in which the original plan for the family seemed to have been lost sight of and children had remained in care longer than had been envisaged, while no improvement had occurred in the family situation. The implications here are significant not only for this type of service, but for all fields of the social work profession.
Acknowledgements

I would like to express my sincere appreciation to Miss Ruby McKay, Superintendent of Child Welfare, Miss Mary King, Regional Administrator of Region VI, Social Welfare Branch and Mrs. William Little, Supervisor at the Chilliwack Office, Social Welfare Branch, Chilliwack, British Columbia, for their cooperation extended me in obtaining the data for this thesis.

My sincere thanks to Mrs. Nettie Watson and Mr. Adrian Marriage, members of the staff of the Department of Social Work at the University of British Columbia for the valuable assistance they provided. Most especially do I thank Dr. Leonard C. Marsh for his sincere interest and help in the preparation and writing of this thesis.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Essential Considerations in Non-ward Care</td>
<td>1</td>
</tr>
<tr>
<td>II</td>
<td>Casework Planning in Non-ward Care</td>
<td>23</td>
</tr>
<tr>
<td>III</td>
<td>The Casework Services Given to the Families</td>
<td>52</td>
</tr>
<tr>
<td>IV</td>
<td>The Use of the Resource of Non-ward Care</td>
<td>69</td>
</tr>
</tbody>
</table>
### TABLES IN THE TEXT

<table>
<thead>
<tr>
<th>Table I.</th>
<th>Marital Status of Parents of Children in Non-ward Care</th>
<th>26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table II.</td>
<td>Number of Parents in the Home at the Time of Referral and Reasons for the Absence from the Home of One or Both Parents</td>
<td>28</td>
</tr>
<tr>
<td>Table III.</td>
<td>Job Status of the Parents of the Children and the Economic Circumstances at the Time of Referral</td>
<td>30</td>
</tr>
<tr>
<td>Table IV.</td>
<td>Sources of Referrals and the Major Problems of the Parent at the Time of the Referral</td>
<td>32</td>
</tr>
<tr>
<td>Table V.</td>
<td>Personal Problems Known About the Children at the Time of Placement</td>
<td>37</td>
</tr>
<tr>
<td>Table VI.</td>
<td>Kinds of Services Provided to the Parents</td>
<td>40</td>
</tr>
<tr>
<td>Table VII.</td>
<td>The Provision of Casework Services to the Children</td>
<td>42</td>
</tr>
<tr>
<td>Table VIII.</td>
<td>Attitudes of the Children Toward Placement, Related to an Assessment of Their Adjustment in the Foster Homes</td>
<td>44</td>
</tr>
<tr>
<td>Table IX.</td>
<td>The Progress Made With the Parents During the Placement</td>
<td>47</td>
</tr>
<tr>
<td>Table X.</td>
<td>Showing Rating of Casework Principles With the Families in the 15 Cases Studied According to the Evident Use of the 5 Basic Social Work Methods Used in this Thesis as Basic Criteria for Good Casework in the Provision of Non-ward Care</td>
<td>64</td>
</tr>
</tbody>
</table>
CASEWORK IN THE RETURN OF NON-WARD CARE

CASES TO THE PARENTAL HOME

CHAPTER I

ESSENTIAL CONSIDERATIONS IN NON-WARD CARE

The twentieth century has seen a growing emphasis on children and their needs, so much so that many welfare workers feel it could be called "the century of the child". Much literature has been written about children, with many service programs and agencies springing up to help children in various ways. There has also been great developments in the field of public welfare with the recognition of the responsibility of all levels of governments for tax-supported child welfare programs. This means that communities have accepted the idea that it is one of the functions of a public agency to provide social services to benefit children and their families. These child welfare programs have a dual aim: first, of prevention; secondly, of protection, and are therefore directed first to the conservation and strengthening of the home for the child.¹

Social workers today all agree in principle that the essential part of any public child welfare program is the casework help given with the aim of building the home into a reasonably solid emotional and economic unit. In stressing the above principle, the Division for Children of the Washington State Department of Public Welfare, in a policy statement said, "The

primary purpose of any child welfare program is to preserve the child's need and right to grownup in his own home. It follows therefore that every effort is directed toward holding the home and family together.¹

Granted therefore, that it is the responsibility of the public agencies to provide such services to children, the next question to be asked is — have they met this responsibility? The answer to this frequently appears to be in a negative tone. In some areas, the services available to children requiring special attention are limited to the care of those who cannot be provided for in their own homes. When case loads are heavy it is hard to find time to provide casework services in foster homes and a child may be allowed to remain there indefinitely.

The caseloads of children's agencies reveal a number of children who have drifted on in foster care year after year, their families often lost entirely, or maintaining only sporadic interest which may be expressed by a Christmas gift or a visit. For all practical purposes, the parent had played no active role in the planning or care of his child. At the same time, children have too often been moved through a succession of foster homes and have usually experienced a succession of case workers. There has been little in their lives to which they could hold and call their own. In this situation can be seen the roots of everything that is contrary to proven theory concerning the healthy development of children. It is in violation of the very object-

¹ Wolfrom, loc. cit.
This problem of children coming into care supposedly for a temporary placement, but later drifting on in a sea of casework indecision and years of foster care, has aroused much discussion among workers in the field. The following study is concerned not only with the children's problem but also with the role of the worker in trying to keep children and families together. An attempt will be made to analyze the temporary foster home placement program of a public child welfare agency and also to examine the use of the resource of non-ward care in helping children and their families.

The temporary foster home placement is a resource fairly used today in the different child care agencies. It is drawn upon by workers in sudden emergencies or to help disturbed situations which may have existed for over long periods of time. The reason for the request of placement may be one of many--sickness, desertion, parental inefficiency, death of the parent or the child's conduct inside or outside the home. Some workers use the resource frequently as a device to offer respite to a tense situation in a home between children and parents. There may be various arguments against this practice, but it does have its merits. However, in these cases, it should really be a temporary placement and so planned. It should have a specific goal and function; be done with a planned objective; and provide really intensive casework services for the children and the parents. "Unless there is a purpose set forth and a clearly
defined goal established as to what is expected to be achieved through the placement, children in increasing numbers will continue to drift needlessly through years of foster care."¹ It is not realistic to fall back on weak justifications such as saying that any home is better than the one from which the child came. An agency that accepts the responsibility for placement accepts the responsibility of helping both the child and his parents. This means that casework help must be offered toward the end that no child shall be deprived of his own home any longer than is absolutely necessary in his best interests.

The resource of non-ward care

As mentioned before, communities have accepted the idea of the responsibility of a public agency to provide services to children. The basis of this assumption can be seen from the common-law doctrine that the state through its agents can give care or protection to any minor in danger of becoming dependent, neglected or delinquent. Children are said to be taken into the "care of the state". In British Columbia, the Child Welfare Division of the Provincial Social Welfare Branch, was set up for the purpose of executing some of the laws of the state in regard to the children of the Province. The head of the Division, the Superintendent of Child Welfare has the designated authority to accept children into the care and protection of the Province.

legislation pertaining to the authority of the Superintendent
to accept children into non-ward care is contained in the Pro-
tection of Children Act, Provincial Statutes of British Columbia,
in the section which explains the powers of the Superintendent
to act in the behalf of children for the "amelioration of family
conditions that lead to neglect".1

The policy manual of the Child Welfare Division ex-
plains that a Child in Care is a child for whom the Superintendent
of Child Welfare has assumed responsibility whether permanently
through court action, or temporarily at the request of the child's
parent or guardian. After a child comes into care, there is no
distinction made by the Division as to the type and quality of
services provided, whether the responsibility for the child has
been gained through the courts or upon the request of the parent.
The difference in the two situations lies in the area of the pro-
cesses involved in the separation from the parent. When the
Superintendent of Child Welfare assumes permanent wardship of a
child, apprehension in court and permanent committal is carried
out. It is decided that the child's best interests may be served
through permanent separation from the parent and the child is
said to become a ward of the Superintendent. This means the
parent will have to apply through the courts to get the child
back. The term Non-Ward Care, in the Child Welfare Manual, re-
fers to a child being placed in care for a temporary period.

1. "Protection of Children Act", Provincial Statutes
of British Columbia, Chapter 47, 1943, C. 5, S. 1., Victoria,
B.C., Queen's Printer.
Authority to bring the child into this type of care is given by the District Supervisor, and the family's eligibility for this resource is dependent only upon the worker's diagnosis of the family's need for the resource. Legally, the Superintendent of Child Welfare or the social worker has no control over the return of the child, and there is only a written agreement between the parent and the district office. The parental responsibility for the child has not yet been severed by court action, as in the case of children who are wards. The non-ward care child is placed in a foster home upon the request of and with the approval of his parent. The worker relies mainly on casework skill and her relationship with the parent to help the placement serve the purpose for which it was originally initiated.

The primary function of the use of the resource of non-ward care may be said to be the protection of children within their own family unit, the importance to the child of having his own mother and father to accept responsibility for him being recognized as a principle basic to child welfare services. "The child's own home should be the source of healthy emotional reserves, affection, well being, self-esteem and protection from dangers, those arising within himself as well as those confronting him from his external environment."¹ To the end that this may be assured the child, non-ward care, together with family casework techniques, is aimed at keeping together the

child's natural family whenever possible, through strengthening those who care for him, and attempting to rebuild his home into a reasonably solid emotional and economic unit. Only when these efforts have failed or are unavailing and when the child's interests may best be served through permanent separation from the parent, should apprehension and permanent committal be carried out.

It can be said that non-ward care is essentially that given a child away from home during the period when the parent is still working with agency help towards having the child returned to him or reaching a decision that this cannot happen. In this service, the dynamic factor of time is essential in helping the parent know his feelings and come to a decision that is right for him and the child.

The child himself in non-ward care is aided in understanding what is being planned for him, why he needs care and under what conditions he will be able to return home. He is also given an opportunity to participate in the planning. If his relationship to his parents is a problem, he is helped to understand its nature and to clarify his attitudes. At the same time the parent is helped to understand his difficulty in maintaining the parental role, to plan for the child's return, or to make use of other services necessary for solving difficulties that interfere with treating the problem on a realistic basis.

When and how does non-ward care fit into a pattern of community service to families and children? When does it seem
to be a better way than any other to help parents with problems in caring for children? How does the worker decide that this is the most suitable resource to use? The following is a discussion of the feelings of the various people involved in this type of decision and also the special factors which may serve as guideposts in seeking answers to the above questions. The placement can perhaps best be considered as a group of inter-connecting processes involving the agency, the child himself, his parents or relatives, foster parents or various professional individuals who share his care. The balance is always an extremely delicate one, since it has to do with constantly moving factors, the purposes of parents, the growth of children and the durability of foster parents.

The child and the importance of his relationships in the natural family

Today social workers feel they know more about children's needs than they did fifty years ago. Certainly, homes are broken up far less readily and more recognition is given to the deep importance in a child's life of the emotional ties with his own parents, particularly his mother. The keynote of this is found in the sound conclusions of Bowlby, "that maternal care in infancy and early childhood plays an important part in later mental health", and that "the parent and the child have a reciprocal relationship". Social workers have gradually

realized that there is never a perfect substitute for a child's own family, and were among the first to recognize that when a child has a parent, he has a right to live with that parent if it is at all possible.

Social agencies who work with children are becoming increasingly aware of the importance to a child of belonging to a parent, or when this is no longer possible, of even seeming to belong to a parent in the eyes of his peers. Many social workers today find it difficult to assess foster home care realistically. Workers who have witnessed how hurt children can be by a disturbed rejecting parent and at the same time how children have blossomed in the warmth of a foster home, are inclined to over-rate the foster home program. Frequently they fail to recognize that a child may not be able to take the loving care proffered so generously in a foster home just as they may fail to recognize the worth that even a troubled parent may have to his child. For many years caseworkers operated on the assumption that a child's need for family life is well provided for in a foster home. Social agencies even took measures to exclude parents entirely, or treat them in a manner which discouraged all but the most persistent from making efforts to retain a place in the life of their children. Some caseworkers took particular pride in having children spend their entire childhood in a foster family and making the foster home the children's home base even after they reached maturity. These workers find it hard to explain however, why the children who
had spent long years in foster homes where they seemed happy, sought out their own parents—even neglectful ones—and invested all their energy and affection in establishing a home with them. It is becoming more and more evident to caseworkers that the limitations of foster home care inhere not so much in what the foster family has to offer children as in the unique and natural tie of the child to his own parent.

Parent and child have reciprocal relationship

Many factors disturb healthy parent-child relationships. It is almost axiomatic that the parents own personality and attitudes and behavior are overwhelmingly powerful in influencing their relationship to the child. The child's behavior and personality in turn, also influences the parents' reaction. Esther Schour has stressed the mutuality of parent-child relationships. The mother's response to her baby is motivated not only by her motherliness, her own capacity to love and protect a baby but by the kind of baby she has. A baby who is irritable, restless, has nursing difficulties, may be very frustrating to the mother who wants to nurse, give comfort and satisfaction to her baby. Her frustration and anxiety then is communicated to the child, who may respond with more irritability. This can begin a mutually unsatisfactory relationship which may extend throughout childhood. "As the child grows, his own unique patterns of behavior which he uses to get what he needs, provoke counter-reactions in the parent's feeling toward him. Often the child, as well as his parents, needs help
Experience has taught social workers that a clean cut cannot be made between a child and his parents in regards to their mutual needs and influence on one another. Except in unusual cases, parents do not totally relinquish their child, nor does the child sever his ties to his parents. Even parents who appear hostile and rejecting, unable to provide guidance and care, have some positive feelings for the child. Similarly, it is known that deprived children, struggling for a sense of self-worth and identity cling to their parents for the small love and security they have found with them. Furthermore, parental attitudes and values have become a part of the child's own character. They continue to exert influence from within the child, and the parent himself continues to exert influence from without.

To some people, temporary care may sound simple and not particularly significant in the life of the placed child. It is a service, however which has a more far-reaching significance than its name implies. Social workers who attempt to help children and parents through this resource know that the service is important because of its meaning to the child whether he remains in care for eight days or for several months.

The act of placement in itself sometimes creates what is known as a separation trauma. "To the child the trauma of separation spells out the ultimate in rejection by parents, even

though he has experienced rejection before placement.\(^1\)
Separation crystallizes feelings of inferiority in the child
and leaves him with pain difficult to bear, so that he reacts
with withdrawal or striking-out behavior. In the child whose
parents remain in the picture, in contrast to the one whose
placement is precipitated by their death, hospitalization, or
desertion, confusion is added to pain and other reactions.
Separation from living parents may even be more difficult for
the child to bear than actual loss of parents through death.
The separation and its attendant pain will be compounded with
the struggle set up by the question of why the parent, although
present cannot take care of him; yet the answer is denied by the
child himself because he cannot tolerate the meaning of it. He
hates his parents because they are abandoning him to a strange
and hostile world, but he is crushed by his own conviction that
in some way he has deserved this. When the parents in an attempt
to escape from their own guilt blame him, they only confirm his
fear and his feeling that he is "no good". He clings to his
parents even when he knows that placement is a certainty since
they represent the only security that exists for him. At least
they are his own parents and however unhappy he has been with
them, that for the moment seems better than strangers. He cannot
believe that strangers could want him when his own parents do
not, and to him placement must promise only greater loneliness

and greater unhappiness. Herein may lie many reasons for the failure of the placement and the child's inability to make a satisfactory adjustment in the foster home.

When a child goes from his own home and family to live in some substitute environment, no matter what the reason, a process of readjustment is necessarily set in motion. When again he is returned to the parental home, the child has to deal with all the attitudes and feelings which have come to the fore by the mere fact of the strange experience he has faced. Studies of the psychological processes involved in the growth of an individual from infancy to emancipation, from dependency to mature self-control have added greatly to the professional understanding of the development of children in relation to their own families. Further study of these processes as they operate when a child is moved to and from a substitute home seems to be needed for the development of understanding and skill in dealing with the social and psychological problems of foster home care of children, temporary and permanent.

The parent and his problem

Parents at the point of requesting temporary placement for their children, are often beset with feelings that are painful and conflicting. Many of them have a profound sense of failure. Society makes it clear that the duty and responsibility of any parent is to care for his own child and in placing his child, the parent publicly acknowledges that he no longer feels
able to do this. Few people can face so fundamental a failure in themselves without shame and a deep sense of worthlessness. The parents know that they have in effect said that they cannot carry the responsibilities of normal adult life, and they may attempt to conceal the truth, both from themselves and from others in a variety of ways. They may be arrogant and demanding; they may be vague and evasive; or they may insist desperately that it is totally the fault of someone else, often the child himself. To the parent, placement means his own failure in responsibility and then as an individual. This feeling, although deeply buried behind the irresponsible and seemingly uninterested responses of the parent, exists in varying degrees and accounts for some of the disturbance the parent may create even after the placement.

Current and immediate problems affect the parent's attitude to his child. The existing relationship between the parent and his child is modified and upset by the lack of satisfaction and conflict in marriage, divorce, separation or death of one parent. Problems in day-to-day living leave their mark on this relationship, too. It is harder to be patient, understanding and giving to children, to express what the Fact-Finding Report of the MidCentury White House Conference calls "the parental sense"1 when parents must struggle with economic problems, inadequate income, periodic unemployment, poor housing,

poor health, and limited opportunities for the satisfaction of their needs as people. These can jeopardize the parents' relationship to their child even when the parents are relatively mature. And often it is only one parent doing the job of two who must cope with these problems.

The professional social work skills involved

The importance of good diagnostic understanding and casework treatment skills on the part of the social caseworker in using the resource of non-ward care cannot be underestimated. It is only by knowing what is compelling the parents to act as they do and by understanding what the child is trying to express through his behavior that the social worker can assess correctly the values within the parent-child relationship. A careful evaluation of the parents' maturity should be used as a gauge of their ability to change their attitudes. The skills of the social worker are directed towards building on the strengths already within the parents, helping them to modify their attitude toward the child and guiding and supporting them in the making of any plans.

The kind of casework needed

The caseworker knows that each individual has his own strengths to contribute to the family balance and each his own needs which must be met to some degree within the family if he is to function comfortably in his home and in outside relationships. The child is dependent primarily on his parents for
basic satisfactions, but the parent can give the affectional security according to the degree to which his own needs have been and are being met.

To determine the family interaction, the caseworker wants to know what the child's problems are, how the parents feel about these problems and what they think can be done about them. The problem at intake is one of helping the parent come to some recognition of the part he will play in the continuing process. This will be achieved by helping him to an awareness of the discomfort he may be experiencing and his need for relief, and in assuring him that his part is an important one in any solution the agency will help to achieve. This requires special casework skill with the parent who feels that he is painfully confessing failure and that he may be in some way responsible for the present situation and for his child's behavior. All of the worker's skills are needed to help the parent feel understood and comfortable.

In every case, the parent should be viewed as a whole person with needs of his own. The social worker cannot ignore even those parents who have very little to offer. The aims in working with such parents may be limited. "When he functions badly in many areas, the caseworker can be reasonably sure that the parents' ego strength and maturity will be limited and will not permit any basic change of attitude."\(^1\) Whatever the aim in

---

1. Inez Baker, *op. cit.*, p. 44.
helping the parents, the worker's attitude must be sympathetic and understanding. The worker's relationship to the parent should mirror a positive parent-child relationship. It is true that many can use only minimal help. However, this fact should not be prejudged without careful diagnostic basis. Some parents cannot change. Many can and do. Sometimes the change is just a small one. It can be reaffirmed however from experience and from dynamic psychology, that small changes in parental attitudes and behavior can materially improve the child's adjustment.

The worker with the parent must have continuity and direction from the point of application and even after the discharge of the child from care. A continuous cooperative, harmonious relationship between the agency and the parent is to be desired but it is not always attained. There will always be some parents who will continue to be beset by life's inner and outer demands, and who will have such conflicting feelings about their children that they will be unable to follow any suggestions and will show little change in their attitudes. Many of the ups and downs can be weathered, however, through the aid of the quality of the casework services offered and so long as the service to the parents is focused from the beginning on helping them in behalf of their children.

Child welfare workers, strange as it may seem, sometimes find it appallingy easy to break up families, but very very difficult to put them back again. The possible reasons for failure are legion, but three stand out--lack of knowledge, lack
lack of resources; and failure to make the best use of the knowledge that is already available. Further knowledge is needed about helping natural parents to be better parents while the children are still in their home; about assessing the potentialities of parents, whether it is better for them to keep their children or to give them up permanently; and also about helping parents and children to use placement to the best advantage. All of this means that research is greatly needed in the field. There is a wealth of material in the case records of the various agencies. Much of it is negative, it is true, but still material that could be used to set up better guideposts than the ones now being used.

Purpose of the present study

This study was undertaken in an effort to examine by actual case studies the casework services involved in the provision of the resource of non-ward care to families. The particular interest of this investigation lay in the area of the help given to preserve the natural family unit and to return the children to their parents' homes after they had been taken into care. Although the major emphasis was on viewing the situation after the child returned home, it was felt that the events preceding the return, such as the initial referral, the services at intake, and the foster home placement, were of direct importance, and therefore these were also included in the thesis. It was also apparent that the successful use of the resource as a means of preserving family unity lay in the
quality of the casework services provided, and the methods and techniques used by the social worker. The determination of how long or how successful the placement will be rests ultimately upon the quality of the continuous work done with the family. An attempt was therefore made at assessing the work done by the worker in the light of what is currently considered to be good casework practice, taking into consideration the worker's educational background.

Family casework in a public agency setting and its results are being considered in this study. The specific focus is on analyzing the values to be found in the use of the resource of non-ward care. Some of the questions to be raised are: What were some of the precipitating factors that led to the placement of the children in the first place? How does the social worker help the parents plan and prepare for the child's return? To what extent is the temporary placement used as a resource in a program of services to children?

Setting of the study and selection of the cases

The study deals with twenty-three children who had been taken into non-ward care during the fiscal years March 1953, to March 1956 and later returned to their parents' homes by the Social Welfare Branch in the rural area of the Frazer Valley. This area is located in Region VI of the six regions into which the Province is divided for servicing by the Social Welfare Branch of the Department of Health and Welfare for the Government of British Columbia. Region VI serves an area which in-
cludes the Fraser Valley, east of the Pattulo Bridge, the Pitt River and extends to Lytton and the summit of Hope-Princeton Highway. The Region includes such fast growing areas as Whalley, Chilliwack and Surrey. There is a steady economic and population growth throughout the Region. The largest regional office in Chilliwack is also the headquarters of the Regional Administrator.

The Annual Statistics of Region VI of the Social Welfare Branch for the years 1953-1955 reveal that the majority of children committed as non-wards were children born to unmarried mothers, although a high percentage of such children are now placed from the hospital with their adopting parents. Sometimes the mother needs an opportunity to explore her own or family resources further or to recover her physical and emotional strength more completely before reaching the very final and difficult decision of relinquishing her child for adoption. This service to unmarried mothers constitutes the area in which the biggest bulk of service is performed. Most of these children are never returned to their original parent.

It was felt that these children presented a different type of problem from that which we are interested in and therefore all but one of these cases were omitted from the study. In the one case of the unmarried mother that was included, the child was later actually returned to this parent and the resource of non-ward care was therefore, utilized in a more specialized way.
The research methods used in the study

An analysis of the information available in the case records was made regarding the ex-foster children and their parents. An effort was made to gain an overall picture of the handling of each case as a whole, which is important in any casework process. Verbal discussions were held with the Supervisor who had been in this office for several years, to supplement any information that was lacking. Classifications of the families according to problems presented, reasons for placement, and behavior problems of the children were also made.

One of the major themes of this thesis is that the use of sound casework methods and techniques together with the quality of the worker's relationship to the client does have a definite bearing on the outcome of a case and the progress made by a client. The observation and analysis of the case records indicated a correlation between the use of good casework methods and the outcome of the cases. To substantiate this impression the following methods were used to rate the work done by the social worker in the light of what is currently considered to be good casework practice. Five criteria for good casework practice were developed and were applied to the material in the case records. An identification of the criteria factors was made in a chart of all the methods and techniques used in the total casework process with the family. The cases were later rated under three headings of "Good", (evidence of four or all of the criteria), "Fair", (evidence of three of the criteria),
and "Poor", (evidence of one or two of the criteria). Later this rating of the case handling was correlated against a rating of the progress made by the families who had received the resource of non-ward care.

Possible values to be gained from the study

Modern knowledge in the field of child welfare indicates that non-ward care is a necessary and valuable resource in meeting the needs of certain children. It is felt that the scrutiny and analysis of the program as it exists in British Columbia will aid in understanding some of the problems involved in providing this type of care and the benefits to be gained thereby. The qualitative evaluation of the case material examined for this thesis, especially when such a small group is involved, cannot be considered definitive or conclusive in its results. It is hoped however, that the contribution of the study lies more in the area of indicating some of the possibilities that exist for more extensive research into the relationship between good casework and the ultimate results of client situations.
CHAPTER II

CASEWORK PLANNING IN THE PROVISION OF NON-WARD CARE

This second chapter is concerned with a descriptive analysis of those cases in which children were taken into non-ward care by the Social Welfare Branch in Region VI during the fiscal periods March, 1953 to March, 1956, and were later returned to their parents' homes. These comprise twenty-three children of fifteen families from many different social and economic backgrounds and with various characteristics which will be described in the following passages and tables.

In the first chapter certain theoretical concepts were discussed about the children and their parents who come to the agency requesting help with their problems. It was noted that determination as to the use of the resource of non-ward care should be predicated on a sound use of casework method beginning at the point of intake and continuing throughout the service. Study, diagnosis and planning occur in the natural progress of a case, each problem as it arises demanding its specific point of view. The worker in her casework planning for the provision of non-ward care needs to have an extensive understanding of the families concerned; their characteristics and inter-relationships. It follows that the first step in casework planning obviously is to get a picture of the individuals involved in the case and their situation. This fact-finding by
the worker is important to the formulation of a social diagnosis, that process which includes not only an evaluation of the nature and cause of the trouble with which the person comes to the agency, but also points to possible ways in which he can be helped by the worker.

The families studied and their characteristics

The following pages will deal with the worker's investigation of the backgrounds of the parents and children in the families studied as revealed in the agency records and attempt to examine their various significant characteristics and other factors which led to the planning and the provision for non-ward care. It is generally accepted by social workers that especially at first, it is important to get enough factual material to facilitate understanding the present situation. The social worker looks at the client's age, his employment history, marital status, his initial problem at referral and the other related problems which may have some definite bearing on the major difficulty presented by the client. All of the foregoing are important to the formation of an adequate casework plan designed to fit the needs of the client.

The first step in the casework process then, is gaining a picture of the family in total. The worker is concerned about the current situation elaborated by specific details such as the ages of the parents and the children in the families where the resource of non-ward care is being considered. The age range of the parents in the cases studied was from 22 to 60 years, but
the majority of the parents were in the age range of 30 to 40 years. The ages of the children ranged from two weeks to sixteen years; fourteen of them were boys, nine were girls. The majority were under nine years of age and seven of them were between the ages of twelve and sixteen. Age in some instances can be a very important factor in the giving of casework services. The worker's approach to a child is conditioned by the child's age and level of development. It is also a familiar casework observation that the younger the parent is the easier it is to work with him, and the better is his capacity for modification or change.

Another factor to be noted in the study of the families is the characteristic of religion. The majority (10) of the families were listed as belonging to some Protestant religion such as the United Church and the Church of England. One family did not have any religious affiliation. Three families were of the Roman Catholic faith and there was one Mennonite Brethren family. It is a well-known fact that workers frequently make efforts to try and place a child in a home of the same religious background, although the shortage of homes especially in the rural areas will limit the amount of selection that is possible.

Another important factor that enters into the worker's evaluation of the home situation is the marital status of the parent. Table I below reveals the marital status at the time of referral of the parents of the children taken into non-ward care, the number of families in a particular status, and the
As the table indicates, it was the home broken by death, desertion or separation in which most of the applications arose for non-ward care among the families studied. Of the total number (fifteen families), thirteen of the couples had been legally married at one time or another and there was one common-law relationship and one unmarried mother. Family breakdown and disunity played an important part in some of the cases, as can be seen in the following illustration:

Mr. B. applied for foster home placement for his children in June, 1955 when his wife ran off with another man and left her husband and their three children. These parents who both seemed to be extremely immature, had had considerable difficulty in their marriage for some time, and the mother had deserted the family on about four previous occasions. The mother was described as an extravagant, irresponsible person, while the father was felt to be very dependent and unable to hold steady employment.

1. Tables I to X are derived from an analysis of case records from the fiscal years March 1953 - March 1956 of the Social Welfare Branch, Region VI, British Columbia.
The family had been known to the agency before when the father had applied for social assistance for his family. Mr. B. became extremely anxious and disturbed during his wife's disappearances. The agency tried to help him focus on other plans such as a housekeeper service for his family but he was unable to accept this and the children were finally placed in foster homes. The very next day after the placements were made, the mother returned and angrily demanded her children back. Some time later she deserted again. At present she has the youngest child with her and she is living common-law with another man. In a discussion with the supervisor at the Chilliwack office, the writer learned that Mr. B. has other brothers in the community and these families are well known to the social agencies for their dependency and family problems.

Workers in children's and family service agencies are familiar with the situation described above, a father and mother who can neither make nor break a marriage and who keep coming back together and separating while their children's future hangs precariously in the balance.

Often there is just one parent with whom the worker can establish a relationship. The number of parents in the home as well as the reasons for the absence of one or both of them is also a significant factor. Table II* shows a list of this information gained about the families in the group.

Seven of the 15 cases were families in which there were two parents in the home, with the others having one parent only, or as in the following illustration with both parents absent, a grandmother had taken over the care of the children.

Mrs. C. came to the agency seeking placement services for her two small granddaughters whom she had been taking care of ever since their mother, her daughter, had entered Crease Clinic several months ago. Mrs. C. was a local schoolteacher and found it difficult to work and look after the children at the same time. She explained that her daughter, a very disturbed girl, had lived

1. See p. 28.
## Table II

**Number of Parents in the Home at the Time of Referral and Reasons for the Absence from the Home of One or Both Parents**

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Parents in the Home at Time of Referral</th>
<th>Reasons for Absence of One or Both Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>One</td>
<td>Mother deserted</td>
</tr>
<tr>
<td>2</td>
<td>Both</td>
<td>Adopted parents</td>
</tr>
<tr>
<td>3</td>
<td>None</td>
<td>Both parents in Crease Clinic</td>
</tr>
<tr>
<td>4</td>
<td>Both</td>
<td>Father deceased, mother remarried</td>
</tr>
<tr>
<td>5</td>
<td>One</td>
<td>Mother committed to Provincial Medical Hospital</td>
</tr>
<tr>
<td>6</td>
<td>Both</td>
<td>Mother divorced, remarried</td>
</tr>
<tr>
<td>7</td>
<td>One</td>
<td>Unmarried mother</td>
</tr>
<tr>
<td>8</td>
<td>Both</td>
<td>Father deceased, mother remarried</td>
</tr>
<tr>
<td>9</td>
<td>Both</td>
<td>Mother deceased, father remarried</td>
</tr>
<tr>
<td>10</td>
<td>One</td>
<td>Widow</td>
</tr>
<tr>
<td>11</td>
<td>One</td>
<td>Widow</td>
</tr>
<tr>
<td>12</td>
<td>One</td>
<td>Mother deserted</td>
</tr>
<tr>
<td>13</td>
<td>One</td>
<td>Widow</td>
</tr>
<tr>
<td>14</td>
<td>Both</td>
<td>Mother deceased, father remarried</td>
</tr>
<tr>
<td>15</td>
<td>One</td>
<td>Separated</td>
</tr>
</tbody>
</table>
in common-law with various men companions. The father of the children was an alcoholic and was also in Crease Clinic himself.

The one-parent families were eight in number. The reasons here for the absence of one parent was because of legal separation, death, the mother's desertion or committal to a mental institution, and unmarried parenthood. An example of the one-parent families is the T. case described below.

Mrs. T. had cared for herself and her son, now a gawky, shy teenager, ever since they fled from Russia several years ago. The boy could not remember his father who was sent to a Siberian slave camp and reportedly died there. Mrs. T. is a hard-working, independent woman who had a job as a ward nurse at a T.B. hospital and she recently contracted the disease herself. The doctor who ordered her to go to the hospital, made a referral to the agency for placement services.

None of the cases studied presented a family situation in which there were both of the parents of the original family set-up. In the two-parent families, one was an adoptive family, with step-parents present in five of the case situations. This fact reflects the high percentage of family upheaval and breakdown to be found in applications for non-ward care. It is obviously important for the worker to note the step-parents' attitudes towards the children and, vice-versa, whether this constitutes a factor in the problems presented at referral, as in the following:

Verna, a sixteen-year-old teenager was referred by her step-mother who complained that the girl was uncontrollable, had frequent temper tantrums and was wilfully destructive. A Child Guidance Clinic examination team later reported that they felt the girl was reacting directly to the step-mother's rejection of her and the father's apparent lack of interest in her as a worthwhile person.
It is sometimes very difficult for the worker to deal with a problem of step-parent rejection while the child is still in the home and the provision of a temporary period of non-ward care will appear to be the only way out of such a situation.

Frequently a parent coming in to see the worker, is very concerned about financial difficulties, his job status and economic background. The parents in the group studied were listed as being unskilled laborers, welders, truck drivers, fishermen, farmers, and army personnel. There was one white-collar worker, an accountant. Table III below indicates the economic backgrounds as related to the marital status of the parents.

Table III

Job Status of the Parents of the Children and the Economic Circumstances at the Time of Referral

<table>
<thead>
<tr>
<th>Status of Parents</th>
<th>Steadily Employed</th>
<th>Occasional Employment</th>
<th>Self-employed</th>
<th>Social Assistance</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married Couple</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Widows</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Separated</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Deserted</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Mother and Stepfather</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Father and Stepmother</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Common-law Relationship</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Unmarried Parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>6</strong></td>
<td><strong>1</strong></td>
<td><strong>3</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>
The largest number of cases were from families in which there was occasional employment and the father was out of work every now and again. The next largest group were those who were steadily employed and had an income, which though low in a few cases, did allow of continued maintenance of the family. The parents here were more likely to contribute to the support of the children after the placement away from home. One of the families involved a farmer who was self-supporting. The other three were social assistance families—two widows who had been in receipt of assistance for some time and one father, an unskilled, unemployed laborer who applied for financial relief for himself and his family. Financial difficulties frequently constitute a major problem to the families and the worker must try to be aware of whether finances is upsetting the home situation.

The problems and other factors that led to the planning for non-ward care

The worker at the time of referral learns about the major problems of the families. The sources of referrals and the reasons for referrals are facts of significance in the process of getting to know the family and assessing the find of help which might suitably be offered. In Table IV following these two facts are related.
Table IV

Sources of Referrals and the Major Problems of the Parent at the Time of the Referral

<table>
<thead>
<tr>
<th>Source of Referral</th>
<th>Behavior Problems</th>
<th>Desertion of Mother</th>
<th>Entrance of Mother into Mental Hospital</th>
<th>Physical Illness of Mother</th>
<th>Helping Parent to Plan for Child</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Himself</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Relatives</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Neighbors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>15</td>
</tr>
</tbody>
</table>

Many of the referrals came from the clients' themselves, thus indicating as in the case of Mr. R. discussed below in this paragraph, that they were good prospects for making the best use of casework help as they had apparently developed the ego strengths necessary to want to do something about their children and to make the decision to contact the agency. Nine of the referrals were made by the parents themselves, which represents more than half of the number of cases studies.

Mr. R., a tractor operator, requested placement services for his three children when their mother deserted the home. The father in his interviews with the worker, appeared to be a responsible, matured individual, genuinely interested in the welfare of his family. All during his contacts with the agency he was cooperative and he contributed regularly to the children's maintenance. When his wife later returned to the home, the worker was able to reach her through her husband and thus help this couple reestablish the home.
The other referrals, four in number, were made by the health services in the community, the Public Health Nurse and the doctor. These referrals in the majority of instances were made because of a parent's ill health or entrance into a hospital and were often of an emergency nature, as in the following instance.

Dr. P. telephoned the agency to report that Mrs. N., a widow was dangerously ill with a septic abortion and had to be taken to the hospital without any delay. Her three children would be left alone at the home, and the doctor wanted the agency to look after their care. The worker agreed to look after this matter right away and also made immediate arrangements for Mrs. N. to be taken to the hospital in a taxi.

The Public Health Nurse on one occasion referred a child because of behavior difficulties in the home.

Dawn, a sixteen-year old teenager was referred because of behavior difficulties by the Public Health Nurse, after a Child Guidance Clinic team recommended that a period of foster home placement might help the disturbed relationships between this girl, her inadequate father and her rejecting step-mother. The Public Health Nurse had been working with this family for several years and in referring the case to the Social Welfare Branch, she indicated that the family situation had reached a point of deterioration.

This case is interesting because it serves to illustrate that in some areas there is still a lack of understanding of the functions and services offered by the Social Welfare Branch and therefore referrals are frequently made when the situation has unfortunately regressed beyond a point of real helping. This would seem to point up a need for greater coordination of community agencies and more interpretation by the Social Welfare Branch of the services it offers.
In only one instance was a referral made by a relative, the maternal grandmother whose daughter was undergoing treatment at Crease Clinic. One referral concerning a two-year-old youngster, the child of separated parents was made by neighbors who in this case were themselves foster parents already known to the agency.

Mr. and Mrs. D., foster parents of the agency, reported to their worker that they were taking care of a two-year-old boy who had been left with them by his mother on a temporary placement basis. The mother was separated from her husband in Vancouver and was presently working near Chilliwack as a waitress. The D.'s indicated that they felt both mother and child could use the services of the agency and they had encouraged her to contact the worker as soon as possible.

Reasons for referrals

It is interesting to note that the largest number of referrals in any one category were made because of behavior difficulties in the home. It appears therefore that the resource of non-ward care as device to help disturbed parent-child relationships is frequently being utilized by the workers.

Wanda, age eight, was described by her mother as being over-aggressive, jealous of younger children and given to frequent temper tantrums. The mother was divorced and had remarried. The worker learned that both of the parents in the home came from deprived backgrounds and had been wards while they were children. In her contacts with the family, the worker noticed that the parents seemed to have a very low threshold of understanding and insight into the problems of Wanda and her smaller brother. In addition to this the mother felt very guilty about the large amount of previous placements the children had had with relatives (in three years they were moved about ten times), and she was completely rejecting of Wanda. The worker felt that
it would be too difficult to work with this family while the child was still in the home and plans for non-ward care for Wanda were made.

The second largest number of applications were made because of a parent's entrance into a hospital or the physical or mental illness of a parent, as illustrated in the following case situation.

Sergeant P. of the Canadian Army Corps stationed near Chilliwack applied for help with the care of his children when his wife was committed to the Provincial Mental Hospital. The father explained that his wife, a nervous extremely withdrawn person, had been acting queerly for some time prior to her committal and the children were quite upset over her disturbed behavior. Housekeeper services were tried out for a while with this family, but this did not turn out very satisfactory. Two of the children were sent to relatives in another province and non-ward care was arranged for the two youngest children.

Desertion of the mother accounted for the reason for referrals in two of the cases. Two applications were also made to help parents work out plans for their children as in the following case situation of an unmarried mother.

Miss D. an unmarried mother came to the agency requesting help in making plans for her unborn child. In her interviews with the worker, she appeared to be a rather intelligent, responsible young woman and she cooperated to the fullest extent with the agency policies and requirements. She felt that there was a possibility of her and the natural father of the child getting married and taking the child to live with them. When the baby was born, it was taken into non-ward care in order to give the mother the necessary time to try and work out plans for herself and the child.

The foregoing discussion lists some of the major problems of the families. There were, however, many other related difficulties to these major problems which were probably
just as involved and needed the skill of the worker to recognize and deal with them. The following case illustration shows that the initial referral problem was not always the only difficulty that the family was experiencing.

The K. family was referred by the Public Health Nurse who explained that Mrs. K. was about to enter a T.B. sanatorium and her sixteen-year-old daughter, Barbara, was in need of temporary placement. The father of this girl was deceased and the mother had remarried. The step-father drank excessively, was considered very undependable in the community, and had virtually deserted the family. Mrs. K. expressed much hostility towards her husband and towards the community because of its condemnation of her husband. She seemed so taken up with her own problems that she was unable to exhibit much interest in her teen-aged daughter who consequently felt rejected and unwanted. The girl was doing poorly in her school subjects and she was also very withdrawn and had very few friends.

The problems of the children studied in the group

The foregoing case illustration would indicate, among other things, that the worker in investigating the application of a family for agency help, needs to have some idea of the problems of the children involved, their feelings and attitudes about the present family crisis. Just as it has been shown in the earlier part of this discussion that the parents' personal problems play an important part in the family situation, so also do the personal problems of the children. In most situations, it is difficult to tell which are the cause and which are the effect, but in the cases studied distinct problems in the parents and in the children were noted. Some of these problems noted in the case records about the children are shown in Table V. on the following page.
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Physical or mental handicap</th>
<th>Enuresis</th>
<th>Hostile Against Parent</th>
<th>Withdrawn</th>
<th>Aggressive</th>
<th>Running Away</th>
<th>Nervous</th>
<th>Sex Acts</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks to 5 years</td>
<td>2 weeks to 5 years</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>5 &quot;</td>
<td>2 &quot;</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6 &quot;</td>
<td>6 &quot;</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 &quot;</td>
<td>7 &quot;</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 &quot;</td>
<td>8 &quot;</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 &quot;</td>
<td>9 &quot;</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 &quot;</td>
<td>10 &quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 &quot;</td>
<td>11 &quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 &quot;</td>
<td>12 &quot;</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 &quot;</td>
<td>13 &quot;</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 &quot;</td>
<td>14 &quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 &quot;</td>
<td>15 &quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 &quot;</td>
<td>16 &quot;</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>7</td>
<td>2</td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>
Not all of these problems were observable prior to placement. Some of them seemingly were not apparent until after the child was actually in the foster home and probably may have been part of their initial reaction to the trauma of separation from their parents; for example:

The F. children, who were taken into care when their mother was committed to a mental institution, were described by their father as being quite easy to manage. After a few days in placement, it became quite evident that the older of the two was angry at her father and blamed him for sending her mother away. Both of the children reacted by wetting their beds, lying and being destructive in the foster home.

Table V shows the different kinds of problems known about the children, such as physical or mental handicap, enuresis, expressed hostility against the parent, withdrawal tendencies, aggressiveness, running away and sex activities. These problems were described and the case records and the list was compiled from the recordings. The Table which relates problems with the ages of the children at the time they became known to the agency, indicates that most of the problems occurred in the 2 weeks to 5 years age group and the 15 to 16 years age group. This would suggest that these children, the pre-schooler and the teenager were perhaps the more affected by the separation from their natural parents and the crisis situation in their home setting.

Six of the children in the group studied expressed open hostility against their parents for abandoning them to the strange new world of the placement. Seven of the children exhibited aggressive tendencies while four readied with destructive tendencies. Eight
of the children were extremely nervous and had to be given help in this area by the social worker and the foster parents later on.

The preceding pages dealt with the worker's investigation of the parents' application for help from the agency, the family situation and the problems of both the parents and the children. Based on the facts he has gathered, and noting the needs of both the parents and the children, the worker makes a diagnosis and evaluation upon which he then proceeds with a plan including the implementation of the various resources in the agency and the community to help the family. The quality of the worker's relationship with the family is also of prime importance and runs through the whole process of the work done with both the parents and the children. Sometimes the situation is of such urgency that the worker will immediately decide on non-ward care to meet the family's emergency. In any event, casework services to the family will be made available.

The casework services provided to the families

Although casework principles are applicable in the treatment of both children and adults, certain differences in techniques must be recognized and provisions are rapidly being made for the acquisition of new knowledge and skills in these areas. The social worker experienced in dealing with children knows that the techniques of interviewing children are truly different from those used in their contacts with adults. Patience,
flexibility, creativity, lack of anxiety are just some of the tools used by the worker in casework with a child. The language of a child is different from that of an adult. The worker recognizes however that children have ideas about what is happening to them and they can express their feelings about the attempts that are being made to help them.

"Whereas the earlier casework approach to helping children relied on work with the parents and on environmental manipulation, it has been gradually recognized that children can profit from direct casework help with their problems."\(^1\) A combination of the two approaches has been found most successful in rendering services to children and their families.

Table VI below shows the kinds of casework services provided to the parents such as financial, supportive help, interpretative, marital counselling, referrals and contacts with other agencies.

Table VI
Kinds of Services Provided to the Parents

<table>
<thead>
<tr>
<th>Number of Parents in the Home</th>
<th>Financial</th>
<th>Supportive Help</th>
<th>Interpretive</th>
<th>Marital Counselling</th>
<th>Referrals to other Agencies</th>
<th>Contacts with other Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>One</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>11</td>
<td>11</td>
<td>5</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

From Table VI it can be seen that the bulk of services was in the area of supportive and interpretative help. Seven of the families received financial help at some time during their contact with the agency and ten referrals and other contacts were made with various community agencies in the interests of these families. Only five of the families received help in the area of marital counselling. The following case illustrates the worker in action and the casework services that were given to some of the parents.

The K. family, whose problems included the mother's sudden hospitalization for tuberculosis, a tense marital situation and the father's inability to hold steady employment, received the following services in the course of their contact with the agency. Temporary financial relief was granted when the mother was discharged from the hospital and a referral was made to the local community chest for help when the family was unable to find a home. Supportive help and marital counselling was given to both of the parents. Some interpretation was given to the mother about the behavior of her sixteen-year-old daughter who was quite withdrawn and seemed to be living in a dream world.

The casework services to the children formed the other phase of the worker's efforts to help the families. Table VII shows the services given to the children, those with behavior problems and those with no behavior problems. The great majority of service was given in the areas of supportive and counselling help, with referrals to other agencies following close behind in number.
Table VII

Provision of Casework Services to the Children

<table>
<thead>
<tr>
<th>Children</th>
<th>Supportive</th>
<th>Counselling</th>
<th>Vocational Guidance</th>
<th>Referrals to other Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior Problems</td>
<td>13</td>
<td>9</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>No Behavior Problems</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Case illustration

Barbara K., the sixteen-year-old daughter of the K. family described in the example on the preceding page, came into non-ward care just prior to her mother's hospitalization for tuberculosis. The girl was extremely shy, withdrawn and seemed to be living in a dream world in which she achieved much fame and fortune for herself. She felt rejected and unwanted by her mother and she seemed to be constantly trying to gain her mother's attention and approval. The foster parents of this girl were a very capable and understanding couple. They were well known in the community for their interest and work with young people. They were able to offer Barbara considerable support and encouragement. The worker visited the school and discussed with the principal the girl's dreams of going to the university and taking up a rather difficult course. It was apparent that the girl's performance in her school subjects was very poor, and her plans for the future seemed quite unrealistic. In discussing the plans over with the girl, the worker helped her to focus on taking a secretarial course and preparing for employment along this line. When last heard from, she was working for an insurance company in Vancouver and was very pleased with her decision about her plans for employment.

In dealing with the family situation, the worker at some point in the contact, made the decision to utilize the resource of non-ward care and a period of temporary placement of the child was planned for between the parent and the worker.
Placement is sometimes regarded as just a solution to the parents' problems and the feelings of the child who is about to be placed can be easily overlooked by the adults in the planning. Every experienced children's worker knows that a child going into placement is apt to be apprehensive about the strange new world he is facing, and the reasons for the placement. His fear is made even more complicated when he has recently witnessed a family crisis situation such as a mother going to a hospital or an institution, as described below.

Jill F., age nine was nervous and apprehensive about her placement away from home. She had witnessed her mother's aberrational behavior over the past few months and had recently seen this parent taken away forcibly to an institution. Both the worker and the father tried to prepare and explain to Jill about her removal to a foster home. The foster mother, a sympathetic and understanding person, was, also made aware of the family situation and she tried to help the child feel as comfortable and secure in her new home. For some time after her arrival in the foster home, Jill continued to sulk and to present problem behavior. Through the combined efforts of the father, the foster mother and the worker, Jill was able to become more settled after a few weeks of her placement.

Skillful handling and a sympathetic, understanding manner on the part of both the worker and the foster parents are definitely necessary to help children like Jill if they are ever to be able to make a good adjustment in the foster home.

Table VIII shown below indicates the attitude of the children of the families studied towards the placement at the time of referral, whether they seemed apprehensive or non-apprehensive by the worker and this is related to an assessment of their adjustment in the foster home.
Table VII
Attitudes of the Children Toward Placement Related to an Assessment of Their Adjustment in the Foster Homes

<table>
<thead>
<tr>
<th>Attitude Towards Placement at the Time of Referral</th>
<th>Adjustment in the Foster Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
</tr>
<tr>
<td>Apprehensive</td>
<td>6</td>
</tr>
<tr>
<td>Non-apprehensive</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
</tr>
</tbody>
</table>

The above material was taken right from the individual worker's assessment of the child's adjustment in the case records. It was felt that fifteen of the children seemed definitely apprehensive while eight were non-apprehensive. Of the apprehensive group, six made a good adjustment, six made a fair adjustment, and three made a poor adjustment. Three of the non-apprehensive group made a good adjustment while four made a fair adjustment, and one made a poor adjustment. The majority of the children (19) were rated by the workers as having made a good or fair adjustment in the foster home while four were felt to have made a poor adjustment.

It is interesting to note that the workers in the majority of instances, tried to keep close contact with a foster home when they had placed a child who had seemed apprehensive or upset about the placement. Thus special efforts were made to give the child and the foster parents, the special help and support necessary to enable the child to overcome his fears and
doubts. The choice of good foster homes and understanding foster parents also were given primary importance in these situations by the workers. From the foregoing Table VIII, it can be noticed that one of the children who seemed non-apprehensive at first made a poor adjustment in the foster home, and this would suggest that there might have been an inaccurate assessment of the needs of this child.

**The progress made with the families during the placement**

All during the contacts with the parents and the children, the quality of the worker's relationship is a significant factor. It is generally felt by authorities in the field that the quality of a worker's relationship with clients is of paramount importance in helping the person to work through his or her problems, and also that the skillful use of relationship has a definite bearing on the outcome of a case situation. In evaluating the progress made with the families during the child's placement, the quality of the worker's relationship was considered as a very significant factor. For the purposes of this study the following definitions about relationship were made. 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 illustration**

Mr. R., who came to the agency seeking placement services for his children when his wife deserted him and the family showed an outstanding ability to move in the establishment of a good relation-
ship with the worker. The client here felt free to discuss all of his problems with the worker and cooperated in every respect with agency policy, etc. Through contacts with the worker, he and his wife were able to reestablish their home. When last heard from in 1954, the family situation had improved satisfactorily.

A "fair" relationship was described as one where the working relationship on an over-all basis was one of cooperation but upon many occasions, the client was resentful of agency contact and later refused casework assistance.

Case illustration

Mrs. N. whose children were taken into care when she was hospitalized quite suddenly, did not seem to welcome the agency's entry into the matter. While she did make an attempt to be cooperative, she later refused further contact with the agency or use of casework assistance. The worker her stated in the record that she felt very little progress had been made with this family.

A "poor" relationship was felt to be one in which the parents were both antagonistic or not willing to make any effective changes within themselves or the environment which could make it possible for the home to be reestablished satisfactorily.

Case illustration

The B. family referred by the father upon the desertion of the mother, showed very little progress during their contacts with the agency. Both parents were uncooperative, at times, selfish in their attitudes and resisted any attempts to help them make effective changes within their situation. Mrs. B. was openly hostile to the worker and presently refuses to even open her door to him. She is now living common-law with another man, and has the youngest child with her. Two of the older children are still in foster care and the agency is finding it difficult to proceed with permanent apprehension due to the parents' refusal to entertain any discussion on the matter.
Using the above definitions of relationship, the following table was set up, showing the progress made with the parents during the placement and the related factor of the quality of the worker’s relationship with the clients.

Table IX
The Progress Made With the Parents During the Placement

<table>
<thead>
<tr>
<th>Quality of Worker's Relationship</th>
<th>Amount of Progress Made</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Much Progress</td>
<td>Fair Progress</td>
</tr>
<tr>
<td>Good</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Fair</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Poor</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

The progress made by the families was rated in the following manner: much progress, the complete elimination of the referring symptoms; fair progress, some improvement, but the family was still struggling with some of their referring symptoms; little progress, no improvement, and the referring symptoms had persisted. According to this rating ten of the families made much or fair progress while five made little progress. Table IX above illustrates this analysis. Of the five families who made little progress, two were felt to have had a fair relationship with the worker, and two had a poor relationship with the worker. It is interesting to note that in these last two cases, loss of agency contact because of frequent change of workers played an important part and this factor of
the loss of agency contact holds some significant indications for the supervision and the assignment of cases by administration.

The decision to return the child to the parental home

Recent literature in the field has been examining the number of cases in long-time care, assuming long time care to mean, the growing up of a child in placement with little or no likelihood of returning to his parents during childhood. It is felt that many such placements eventuated because of some one-sided emphasis in the approach used to help the families. It follows that where the social worker becomes inattentive in maintaining equal and continuous responsibility to the needs and interests of the child, foster parent and parent, cases tend to settle in the direction of the strongest combination of forces within them. Without the constant activity of the social worker towards balancing the interplay of factors in placement, the client who exerts most compellingly his own psychological and circumstantial demands, will tend to control the trend of the case, and as often as not children may stay on in placement without the worker ever being sure whether it was necessary or advisable. The following case situation illustrates a family situation in the grip of these circumstances.

The B. family was referred by the father when the mother ran off with another man and deserted her husband and their three children. Arrangements for a homemaker service could not be worked out for this family and the children were finally placed in non-ward care. The day following their
placement the mother returned and angrily demanded her children back. Some time later she again deserted and at the present time she has one of the younger children with her and is living in common-law with another man. She is very hostile towards the agency and refuses to open her door to speak to the worker. All attempts to discuss the plans for the future of the two children with her have failed. The father of these children is a rather immature, over-dependent type of person who seemed quite satisfied with his wife's irresponsible behavior and her unfaithfulness towards him. He recently suffered a nervous breakdown and spent some time in Grease Clinic. When he left the Clinic, he still felt inadequate in looking after his needs and requested admittance to a men's rest home, where he is now presently. Throughout the course of this case, the worker was forced into concentrating more of the work with the father due to this man's psychological need for dependency and the reality of his circumstances. Also, it was not easy to establish a beginning relationship with Mrs. B. who was hostile towards the agency and somewhat jealous of the attention her husband always seemed to get out of other people. Thus Mr. B. has tended to dominate the case all the way through. The worker even now is very much concerned with the state of the father's health and emotional balance. Although there are some questions being asked as to whether the children who are still in foster care should be apprehended or not, the worker still feels that any such discussion of relinquishing parental rights should be delayed for some time. In the meantime the decision as to the children's future hangs in the balance.

It probably cannot be said too often that workers must be constantly on their toes to use every opportunity and every skill to help parent and child reunite, or to help resolve the child's placement problem in some other manner, such as permanent wardship, or definite planning toward placement for adoption.

The worker plays an important part in the development of the possibility that the child and parent unite again, and from this angle the worker may be regarded as being something of a family caseworker. He also has the responsibility for the
transfer of the child from the foster home to the original home. In this work the processes of placement are somewhat reversed, that is the child is again to be placed, this time in his own home. The discharge of the child from the foster home rests upon the knowledge and study of the child's own home in order to establish the suitability of such action. The social worker is also concerned with the emotional and social problems which may accompany the transfer. Many of the problems encountered by the child in adjusting to his foster home may reappear when he is returned to his own home. Indeed, the new placement may revive certain problems which the child had before he was placed in the foster home and may in addition, create new problems which were not present either in the foster home or in his own home previously. On top of this the social worker must be aware of the problems of adjustment to the community the child has to make in returning to his own home. Just as in arranging foster home placement the questions of the availability of the schools, churches, recreational facilities, and so forth, may all be revived but in a changed context. In transferring the child from one home to another, timing as to the school transfer needs to be considered as well as other things such as, perhaps, a transfer to another scout group.

In returning the child to his parents' home, the timing of the return is of prime importance. Generally speaking in most non-ward cases, both parent and agency hopefully arrive at a mutual agreement and decision about when the child should be
returned to the parental home and whether the original planned time for return is still the most appropriate time. There are some other parents, however, who seem locked in deeper psychological ambivalences or contradictory circumstances which seem beyond the worker's ability to affect significantly—the parent who demands the child back unexpectedly and unreasonably, the mother and father caught in a marriage they can neither make nor break, so that they are continuously separating and coming together again; or the mother or father who likes and needs to feel himself a parent, yet is addicted to an easy, shifting life, free of parental responsibility; or a mother who had herself been placed unhappily as a child who seems emotionally unequipped for family life and perpetuates a pattern of life by keeping her children in placement. Here sometimes the worker may develop a feeling of insufficient skill which can be most frustrating. However these situations can serve to remind us occasionally that even when the best skill as we know it, is exercised, there still remain problems which cannot be resolved definitively. As can be seen in the case illustration of the B. family on the former two pages, there sometimes exist in family situations many involved problems of long-standing, which call for the worker to make an accurate assessment of the family's needs, lest a premature planning for non-ward care leads to a disservice for the family. This also points up the need for earlier referral of some of these situations before the problems become impervious to any amount of casework help.
In summary, in this chapter was covered the worker's need to consider the characteristics and problems of both the parents and the children in order to assess the total family situation. Based on this assessment a casework plan which included the provision of the resource of non-ward care was made to help the family. The quality of the worker's relationship with both the parents and children runs through the whole process and is of primary importance to the progress made by the families.
CHAPTER III

AN ASSESSMENT OF THE CASEWORK SERVICES
PROVIDED TO THE FAMILIES

The development of the five criteria factors used in the study

When a child is placed in non-ward care, and especially later on after he is returned to the parents, it is important for the social worker to develop a continuing and sustaining relationship with both the parent and the child. Sometimes agency contact may lapse after the child is placed or when he is returned home, and parent and child are left to fend for themselves with a situation just as tense as it was before the original placement.

This third chapter deals with an assessment of the actual services given to both parents and the children and also examines the correlation between the use of good casework method and the progress that was noticeable in the families studied. An attempt herein is made to examine how well the information secured in Chapter Two about the characteristics and problems of the families was used in planning the treatment. The worker's action in the cases was considered as an application of the oft-repeated basic casework methods of investigation, social diagnosis, planning, implementation of plan, evaluation and reevaluation of plan. For the purposes of this particular study of the use of casework methods in the provision of non-ward care, the casework
methods were described in the following steps:

1. Investigation of the presenting problem.
2. Diagnostic evaluation of all of the strengths and weaknesses in the home.
3. The setting of a specific goal and plan focused on the needs of the parents and the child.
4. The maintaining of a sustaining relationship between the parents and the worker.
5. The provision of casework services to the child.

The discussion that follows deals with the above named essentially generic casework concepts familiar to social workers. There is a general appreciation among workers of these concepts but the application and use of them is not unerring. As is true of any concept of basic significance in social work professional practice, it is difficult to fully comprehend their precise meaning. The worker, can however, grow in appreciation and skillful use of these concepts as from time to time evaluations are made of their application in concrete instances of help such as offered to a particular child and his parents.

The treatment of both the child and his family in the placement situation requires the use of the generic core of professional knowledge, adapted to the specific problems of the placement. The basis principle here as in other types of social work, is a steadfast regard for human rights and for the integrity of each individual, no matter in what relationship he stands to others. Each family member must be understood and treated as a person in his own right and in the light of his own needs. Of fundamental importance also is the conviction of the primary
importance of family life and its interrelationships in the development of a child. "Any efforts to help the interests of the child through influencing the family life, must be based on an understanding of the needs and strivings of each family member, especially of the parents, as well as upon an understanding of the value of the parents to the child in his development."^1

It can be seen that a worker in attempting to carry out in each of his cases all of the measures to be mentioned in the following paragraphs, can become so drained and depleted that his total effectiveness will be limited. This points to the need then, for a small portion of the case load to be set aside for such attention, if one is able to decide in good conscience which families fall in this group. The goal to strive for is to create the size of case load which would permit the kind of work described on the next few pages to be done with all families within that case load.

Before applying the criteria factors to the cases, it was felt that an exploratory study of what goes into each of these casework methods and techniques would be made. The first of these to be considered is the investigation of the presenting problem. Practically the necessary first step in trying to help any client, is obviously to get a picture of the individual person and his situation. First of all the worker tries to determine what problem the client is bringing to the agency, what

---

1. Rall, Mary E., op. cit., p. 31.
is he worried about and what kind of help he wants.

There are four important sources which furnish a fairly accurate picture of an individual and his problem: direct observation of the client, records and documents, collaterals and most important of all, the client's own story. With direct observation, the appearance, manner, gestures, and way of talking all tell their story about a client. On a home visit the client's personal surroundings add to the worker's understanding of his background, customs and mode of living. Feeling tones between parents and children often stand out in startling clearness if the worker's perception is acute. Much of an individual's emotional state, as well as areas around which tension lies, can be picked up in this way. Records and documentary material are perhaps the most convenient sources for checking the client's view of himself and his situation with the situation as it has appeared to other people in other times and places. It is not a matter of simply checking on the client but of understanding the client's situation more fully and noting any changes that may have occurred over the years. Interviews with collaterals takes in conversations with relatives, employers, school teachers, doctors, ministers, or other persons who might know the client and have something to add to the worker's understanding of him. While information obtained in this way may have great value, it is necessary for the worker to be aware of all the hazards involved in this type of contact which may cause reverberations in the life of the client and these contacts should be
always made only after consulting the client. The client's own story gives evidence of "three processes which lead to an understanding of the client and his problem: (1) the first full interview with the client; (2) the early contacts with his immediate family; (3) the careful weighing in their relation to one another of the separate items of information received and their interpretation."\(^1\)

In summary, the preliminary investigation of the worker in considering the use of the resource of non-ward care, should note the following things: the family group as a whole, their health problems, educational opportunities, the occupations of its members, income and financial difficulties, and housing problems. The husband and father should be seen and an understanding of his plans and purposes for the family and for himself gained. The mother's attitude towards home-making and her opinions about her marital situation are also important. The children's behavior, school problems, etc., and the effect on the family circle of other relatives should be noted also.

The first step in the casework process is the collection of material, next comes the comparison of each part with the other parts and then follows the interpretation of the material gained. This last is known as diagnosis and will now be considered as the next step under discussion, the diagnostic evaluation of all of the strengths and weaknesses in the home. The purpose of the diagnostic evaluation of the home is to determine what

---

exists in the child's own home that contributes soundly and basically to his total growth, physically, emotionally, intellectually and socially and especially to discover the positive ties that have deep and lasting values for the child. This basic diagnostic appraisal must be three-pronged in approach: (1) getting to know the parents, (2) getting to know the problems of the child, and (3) viewing the general setting in which they have been functioning. Although the perspective is a familiar one in determining the positives and negatives of the home, it sometimes remains academic and practically useless because of the worker's lack of understanding about it. A major challenge of the diagnostic study is to find the nature and source of the deep and pervasive ties in the family. Determining the negatives in a family situation may also help the worker to refrain from setting out on a premature plan which might later prove disastrous to the family.

It is almost axiomatic that treatment begins with a diagnostic appraisal of the situation—the chief trauma, the conflicts set up by it, and defenses erected to deal with it. One must consider the reasons behind the request for help from the agency, all the while focusing diagnostic thinking both on the child and on the parent-child relationship. The worker should also in her focus on both parents, try to assess which parent has the strengths of work with. The placement agency must make its own diagnosis even when/referring agency has given full information about a case, and feels that immediate placement
is needed, for the diagnostic evaluation becomes most valid when evolved from the processes of the placement itself. As the parent faces the possibility of placement, and the impact of all that this could mean, he will reveal the areas in which help is most needed, for which resources other than placement may validly be used.

Next to the formulation of a social diagnosis, the setting of a specific goal and plan based on the parents' and children's needs is of essential importance. The nature of the parents' own problems and the wish for help for themselves, may preclude direct consideration with them of their children's problems and needs. Workers sometimes rightly recognize that when parents are so needful, if they sense that a worker is neglecting their interests out of concern for their child, movement in their treatment is blocked and a disservice is thereby rendered to the child. A total evaluation of personality resources and weaknesses is indicated to find those areas that are accessible to treatment. The importance of establishing some specific plan based on a diagnostic evaluation of these parents, cannot be overstressed. In its absence the parent is allowed to drift, the placement continues indefinitely, and the type of placement, lacking a meaningful goal is created, although not intentionally planned for.

Efforts should be focused on helping the parents participate as much as possible in affecting the child's placement, including when feasible, visits to the foster home or institution
prior to placement. Work with the parent whose child has been placed is based on the diagnostic understanding both of the dynamics and of the emotional factors in the case situation. A total diagnostic picture arrived at early in the contact helps determine the goal of treatment, whether for restoration of the family, or for permanent apprehension.

If the placement is to have constructive meaning for the child and the parent, it is important that a sustained relationship be maintained between the parent and the worker who represents the agency throughout this period. The very fact that the decision to place the child has been reached, means that the parents have failed somewhat in their role of looking after children, and they often are somewhat resentful of this implication. If, however, the parents have a casework relationship, based on an understanding of their own needs and of the meaning of the child for them, they could be helped to handle their reactions to the trauma the experience holds in ways less painful to them. As this occurs, hostility toward the child and the agency will be lessened and they will have less need to express feelings of guilty resentment against the placement and the worker.

The establishment of a casework relationship with the parents is essential in making possible the effective exploration of the case, one that will permit the worker to arrive at a sound diagnosis of the nature of the child's difficulties, the factors that are creating them, and the meaning of the child
and his problems to his parents. Since a primary factor in the diagnosis is the ability of the worker to sense and relate soundly to the motive that brings the parent to the agency and forms the source of his incentive to use help this relationship is vital to the accomplishment of treatment.

Much of the holding work, that is, the task of keeping the disturbed parent from upsetting the placement, is based on the worker's professional relationship to the immature parent. The manner and focus of work with these parents are determined by understanding their character structure. Some parents become more accessible to being involved in constructive planning for and handling of the child, and can help to strengthen the placement. Supportive treatment of the parents, in rallying their resources for the restoration of the family unit or in adjusting themselves while there is continued placement may also be used.

Earlier in the development of casework services, the caseworker restricted his role in children's cases to work with the parents in an effort to improve the child's environment. Although this emphasis continues in many agencies, caseworkers have gradually begun to recognize the limitations of this division of labor, and to broaden their casework services to the child. When a child has been exposed to a sudden crisis in his home he needs to be helped through it by the worker, whether he goes to live with relatives or into a foster home. In the treatment of a child in placement the first concrete act is for
the worker to help the child adjust to the situation in such a way as to develop more healthfully in the emotional sense. A worker is able oftentimes to reach a child emotionally by doing for and giving to him. Sometimes by the time the child reaches placement he has learned to distrust relationships. Only by being given to, can such children become involved in a meaningful relationship to be used for therapeutic benefit.

In focusing casework services to a child the worker can begin with the first contact on preplacement. "Identification with the child's wishes and attitudes as he expresses them is most important in order to involve him in a relationship." ¹ Care should be taken to leave room for his expression of his ambivalent feelings, some of which are still unconscious. Acceptance of the child's feelings for his natural family should be carefully observed regardless of what the parents are like. The child will then feel that the worker is not against him and his family and will be more likely to accept the worker in the general treatment situation. Moreover, the child's strivings toward his own family are his chief method of managing until he finds a better one and therefore should be conserved at least temporarily. Thus, planning the contacts between the child and his family requires some experimentation which is guided by whatever has been learned during the pre-placement period about the parents, the child and their relationships to each other.

Some workers are familiar with the child who cannot give up the old family ties and at the same time cannot make new ties while clinging to the old ones. The role of the worker is to be the bridge, not only to supply the emotional support and nourishment necessary in making this transition, but also to help remove the blocks in the child's attitudes toward relationships created by former damaging experiences, in order to free him for new relationships, especially in relation to his conflicts over loyalty.

Research methods used for the assessment of the actual casework services given to the families

The first phase of the research methods used in this third chapter was an attempt to draw from a study of the field of professional social work practice, some of the basic techniques and casework method which help the social worker in dealing satisfactorily with the types of case situations presented in the provision of non-ward care. A list was then developed and consolidated into five basic steps or criteria, that have been set out in detail in the discussions in the foregoing pages. The second phase of the research was an application of the criteria to the case records, and an identification of the criteria factors in a table of the methods and techniques used in the total casework process with the families. A tabulation was later made of the ratings of the cases under three headings

1. Refer to page 54 of this chapter.
of "good", "fair", and "poor". The scale of rating was as follows: "good"—showed evidence of the use of four, or all of the steps in the casework method and the accompanying techniques; "fair"—evidence of three of the criteria; and "poor"—evidence of one or two of the criteria. The following table shows the distribution which resulted.

Table X

Showing rating of casework principles with the families in the 15 cases studied according to the evident use of the 5 basic social work methods used in this thesis as basic criteria for good casework in the provision of non-ward care.

<table>
<thead>
<tr>
<th>Case</th>
<th>Methods and Technique*</th>
<th>Total</th>
<th>Rating*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>1</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>6</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>7</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>8</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>9</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>10</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

Continued on next page....
(Table X continued)

<table>
<thead>
<tr>
<th>Case</th>
<th>Methods and Technique*</th>
<th>Total</th>
<th>Rating*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>11</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>13</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>14</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

*Methods and Technique:

A. Investigation of the presenting problem.

B. Diagnostic evaluation of all of the strengths and weaknesses in the home.

C. The setting of a specific goal and plan focused on the needs of the parents and the child.

D. The maintaining of a sustaining relationship between the parents and the worker.

E. The provision of casework services to the child.

*Rating Scale:

Good - 4,5

Fair - 3

Poor - 2,1
In five of the cases, the worker's handling according to the use of good casework method and technique was good and showed evidence of four or five of the criteria. Seven of the cases were rated as fair handling with evidence of three of the criteria. The remaining three cases showed evidence of only two of the criteria and were rated as poor handling.

In the small group of cases studied certain areas of casework method and technique show a decided weakness. The most noticeable areas of weakness are in the parts of the casework method which require diagnostic skill, that is in "B" and "C"—the "diagnostic evaluation of all of the strengths and weaknesses in the home", and "the setting of a specific goal and plan focused on the needs of the parents and the child." This would seem to demonstrate a need for the development of ways to improve and strengthen the diagnostic skill of workers involved in doing this type of work so that planning would be based on sound diagnosis.

Even in one of the good cases there was some evidence of lack of diagnosis and planning. Several cases were rated as good although there was evidence of lack of a sustaining relationship with the parents or the lack of casework services to the child. From the table, the seven fair cases demonstrate decided weaknesses not only in their lack of diagnosis and planning but also in a marked concentration on the child while neglecting the relationship with the parent. This one-sided emphasis resulted in only fair results.
The poor cases, three in number, often showed a decided lack of good casework method of procedure inbetween the time of the initial investigation and the work with the child. Each one of the cases showed a good evidence of the worker's ability to investigate the presenting problem and to gather the information after the referral was made. The apparent general weakness of the fair and poor cases lay in the area of knowing what to do with the facts to really help the client after they had been received.

The indications of the results of Table X, when checked against the results of Table IX, which showed the progress made with the family during the placement\(^1\), related to the quality of the worker's relationship with the family shows some striking similarities. In this table it was seen that four of the families made good progress whereas five of these same cases had indicated evidence of good casework method and techniques. Six of the families made only fair progress while seven of the cases demonstrated only fair use of casework method and techniques. Five of the families showed little progress whereas in three of these was there evidence of poor use of casework methods by the workers. It was noted that in both instances the same cases which showed much improvement in the family situation showed also proficient use of the basic social work methods and techniques. The cases which made little progress showed

\(^1\) See p. 47.
evidence of weakness in some areas of social work methods and techniques.

Lack of complete correlation in the tables can perhaps be explained by the individual factors in a particular case which would indicate that sometimes although a worker has displayed a good measure of skill, a family may not be able to make any improvement. Some parents simply cannot measure up to their status as parents no matter how hard the worker may try to help them. The weaknesses in the area of diagnosis and consistent planning noted earlier would also be factors that would limit movement.

One of the major themes of this thesis has been that the use of sound casework methods and techniques together with the quality of the worker's relationship to the clients, does have a definite bearing on the outcome of a case. The degree of correlation described above would seem to bear this out. Similarly, the findings of the study demonstrate that where there are weaknesses in the areas of diagnosis, sound planning based on the families' needs and a continued relationship with the parents, a favourable outcome of the case is jeopardized.
CHAPTER IV

THE USE OF THE RESOURCE OF NON-WARD CARE

Non-ward care as described in this thesis, is seen as an important service for treating certain family situations in the hope that this treatment will make it possible for children and parents to help themselves. It is generally felt by all workers in the field that this type of care must, then, offer casework help to parents and children toward the end that no child shall be deprived of his home any longer than is absolutely necessary in his best interests. In the final analysis the real assessment of the use of the resource of non-ward care is its application towards the preservation of the basic family unit. From the analysis of the group of cases studied a large number showed that the resource of non-ward care was being used towards the preservation of the families and that from the beginning the plan was for the children to be returned to their parents' homes when the problems in the situation had been alleviated. On the other side of the picture however, there were some cases, five in number in which the original plan for the family seemed to have been lost sight of and children had remained in care longer than had been envisaged, while no improvement had occurred in the family situation. The possible causes behind these situations and their indications for further program planning will be discussed in this chapter.
Findings and implications of the thesis

The findings in the thesis were generally in the following areas of development and expansion of the present program set-up of the Social Welfare Branch, British Columbia. Among these were indications as to the types of families who use this resource, the need for earlier referral of some of these families, the need for a more family-centered casework approach, and more adequate interpretation of the service of the Social Welfare Branch in the community. The casework methods used by the workers and the workers' relationship with the clients were also considered along with implications for the formal training of workers and need for more supervisory and administrative attention in this area of service.

Major findings of the thesis

In the earlier part of the thesis it was stated that in providing the resource of non-ward care, the social worker, as in all fields of the profession, must make adequate use of good casework methods and skills, together with the use of the professional self in establishing a relationship, in order to give genuine help to the family. The analysis of the fifteen cases suggested some correlation between the evidence of improvement in the family situation and the quality of the social work methods and techniques exhibited during the course of the agency's contact with the family. The cases indicated also, that the relationship between the worker and the clients was a consistent
factor that needed to be exercised throughout the case situation. The quality of this relationship with the family was seen in the study as of great importance in relation to the progress made by the families. A table\(^1\) was set up showing the rating of the families' progress as related to the quality of the worker's relationship. Another table\(^2\) was set up which showed the extent to which the basic social work methods and techniques necessary for the practice of good casework were used by the worker. It was noted that in both instances the same cases which showed much improvement in the family situation showed also proficient use of the basic social work methods and techniques. The cases which made little progress showed evidence of weakness in some areas of social work methods and techniques.

In the majority of the small group of cases studied, certain areas of casework method and technique show a decided weakness, even in the cases that were rated "good" and "fair" in the methods of case handling. This weakness existed especially in the areas which require diagnostic skill, evaluation and the making of a plan based on the diagnosis. This would seem to demonstrate a need for the development of ways to improve and strengthen the diagnostic skill of workers involved in doing this type of work. This is an area in which formal training and adequate supervision are of much significance.

1. See p. 47.
2. See p. 64.
Unfortunately, in the majority of the district offices of the Social Welfare Branch in British Columbia many of the workers called upon to provide help to disturbed family groups, are not fully trained and have difficulty in meeting the needs of these clients. Even fully trained workers, struggling with the demands placed on them by a large generalized caseload, and the pressing responsibilities from other areas of their caseload, are unable to give their adequate attention to situations where preventive work could best be done—including those cases where non-ward care is indicated.

It is true that at the present time the Social Welfare Branch program has to cope with many real problems. It still remains, however, for administrative attention to be aware of the need for adequate supervision to give support and direction to the native aptitudes of the untrained workers, some of whom have a good degree of ability to form working relationships but lack sufficient knowledge to understand how to use them. This increases the teaching responsibility of the now heavily burdened supervisors and points right back to a need for more formal training of workers.

Senior administrative and supervisory attention should note especially the effects of staff-turnover in some of the non-ward cases. Consistency and continuity in family casework is actually a vital factor, and change of workers can create difficulties for both parents and children.

Proper statistical reporting, supervisory conferences
and other devices can be helpful to the workers in the field by helping them to focus on realistic goals in their planning for some of the families. It is important that supervisors and the staff of the Child Welfare Division be concerned that workers in the field do not allow placed children to float in a sea of uncertainty and casework indecision. If a child cannot be moved back toward his own family as in the B. case \(^1\) then efforts must be made to help the parent and child move away from each other into a permanent plan.

In some ways the findings in these cases presents a challenge to the organizational and administrative set-up of the Department with the present division between Child Welfare and Family Service, and the differentiation of cases into tight little categories such as "Social Allowance", "Child in Care", "Mothers Allowance", "Child in a Foster Home", and the like. Under the present system, it frequently becomes quite easy for the worker to concentrate on only one phase of the family situation, while other related problems are left untouched and the philosophy of a family-centered casework treatment approach is all too often forgotten. From the cases studied and from the analysis of the casework methods and techniques used by the worker, there was an apparent tendency in a number of the cases for work to be concentrated either on the child or on the parent, especially on the child, with the tendency to view non-ward care as a service

\(^1\) See p. 46.
to the child, not the whole family. This one sided emphasis often resulted in very little or only fair progress for some of the families concerned.

Minor findings of the thesis

During the course of the study several smaller points of interest came up. Among these were indications of the types of family situations requiring this type of service and the implications for future program planning. The cases studied indicated a predominance of one-parent families with a large amount of family breakdown, marital difficulties, and financial problems. The largest number of referrals were from families with occasional employment. The fathers in this group were out of work every now and again and several of them displayed problems of personality maladjustment and inability to hold steady employment for any considerable amount of time.

It was evident in the cases that although it sometimes helped, financial aid was not always the panacea for the family's ills. It was indicated in the tables showing the kinds of casework services provided to the parent, that the needs of the families were more in the area of giving supportive help, interpreting the needs of the child to the parent, marital counselling, vocational guidance and counselling to the children, with referrals to other agencies in behalf of both the parents and the children.

In analyzing the case material, it was found that the majority of children went into placement, apprehensive, fearful,
and disturbed at the family crisis which had disrupted their family situation. These children indicated the need for a large amount of understanding, sympathetic work on the part of both the foster parents and the worker. It is here that the worker needs to exercise his skill in helping the child to make a satisfactory adjustment. The majority of children in the cases studied were able to make a satisfactory adjustment in the foster homes and credit here must be given to the work done by the foster parents and the worker in these cases to help the children.

In a large number of the cases, placement for the child was a matter of urgency, often occurring soon after the initial contact of the family with the agency. Also in several instances placement was made because of a parent's desertion, or sudden entrance into a mental hospital—traumatic events of a family crisis situation which would undoubtedly be a source of distress to a child going into the strange new world of a placement.

The observations in the above paragraphs, gleaned from the analysis of the case records, point to a need for earlier referral of some of these families whose family pattern of disorganization indicates that they may have been experiencing difficulties even before they became known to the agency and the provision of the resource of non-ward care was made available to them. The need for a more family-centered casework approach and more adequate interpretation of the services of the Social Welfare
Branch in the community is also seen. Also related to the above is the need for expansion and development of the present program with more trained staff and better office facilities. There is also a case for interpretation of the needs and problems of staff to top administrative and senior officers, on up to the level of government department heads.

The provision of the resource of non-ward care lies in the area of preventive family casework services, the results of which are not usually readily apparent and are also difficult to be measured in terms of actual dollars and cents. This increases the problem of interpreting the value of the program to top level officials who sometimes cannot see the underlying factors and what would result if a family was not given this help to tide them over a crisis. It means that children might be later permanently apprehended and stay on in care for the rest of their lives while their already weak family unit became completely deteriorated, and lost its worth to the child for his future development as a responsible, self-sustaining citizen later on.

There is a further research task implied here. It is hoped that a research group will at some time undertake a large-scale effort over a number of years to determine whether and how often non-ward care was employed where the unity of a family was preserved, and the results of this effort might be considered in relation to their implications for future agency policy and planning.
BIBLIOGRAPHY

Books


Richmond, Mary E., Social Diagnosis, Philadelphia, Russell Sage Foundation, 1917.


Periodicals


