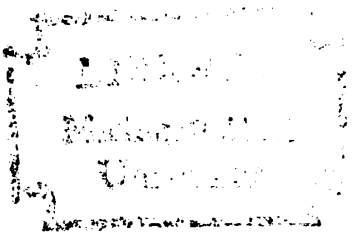
SHORT TERM CARE IN CHILDREN'S INSTITUTIONS

by

Seth Cullen Marshall

July 1960



SHORT TERM CARE IN CHILDREN'S INSTITUTIONS

by

Beth Cullen Marshall

A PROJECT REPORT

Submitted to the Department of Social Work
Michigan State University
in Partial Fulfillment of the
Requirements for the Degree
of
MASTER OF SOCIAL WORK

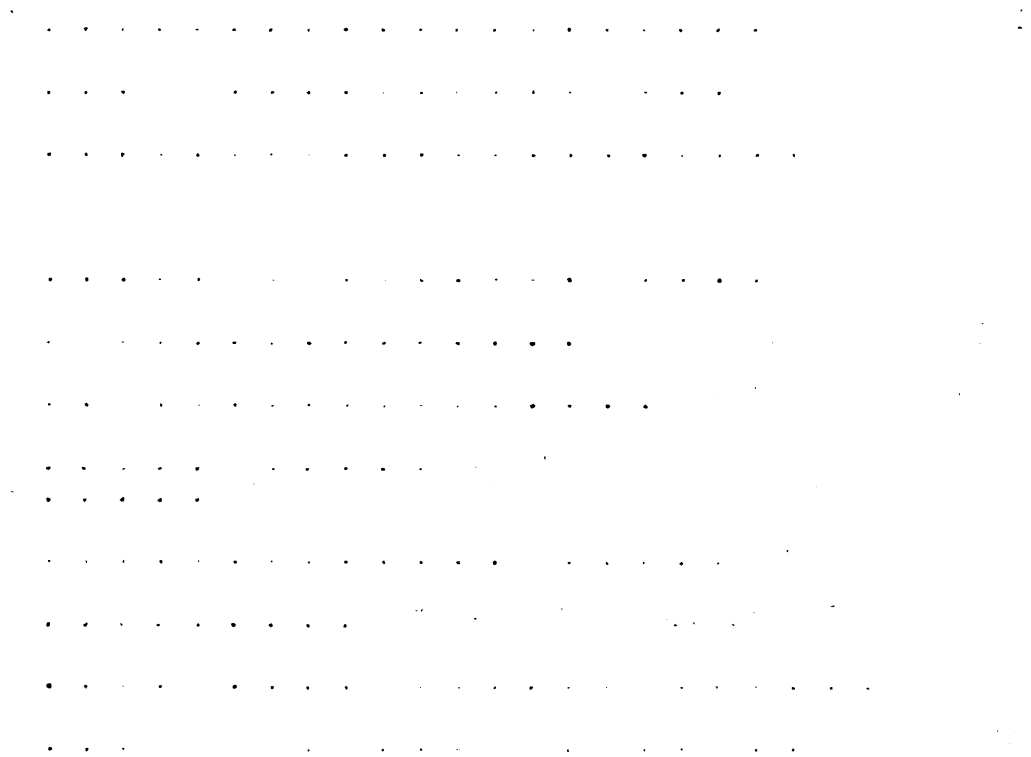
July 1960

Approved:

Chairman, Research Committee

Head of Department

TABLE OF CONTENTS



LIST OF TABLES

ACKNOWLEDGMENTS

This research report would not have been possible without the kind help and encouragement of many people. I would particularly like to thank the Right Reverend Monsignor John D. Slowey for allowing me the use of his agency's time and materials. I would also like to thank the staff of Catholic Social Services for their cooperation in helping me gather information for the study. The staff of the School of Social Work at Michigan State University have been especially encouraging and useful in aiding me in my search for literature on the study topic. I would particularly like to thank Mr. Arnold Gurin of the School of Social Work for the time and patience he gave to reading the manuscript and his invaluable comments on it.

I would further like to express my gratitude to the agencies that responded to the questionaire. Their replies not only provided data important to this study but also valuable insights into the field of child welfare. Closing acknowledgment goes to the person whose inspiration, forebearance and encouragement have been beyond measure, my wife, Doris Marshall.

INTRODUCTION

In the historical development of programs for the care of children, the place of the institution declined in favor of family settings. As a result, the character of institutional care has undergone many changes, particularly in regard to the care of neglected and dependent children.

Modern concepts of institutional care are based on the principle that the stay in the institution is not an acceptable permanent plan, but a temporary expedient, necessary for various reasons in certain specific types of situations. There is, however, no single meaning to the term "temporary" or "short term" care. The purpose of this paper is to explore the standards and criteria which different institutions employ in defining the duration of care which they will provide. What do they mean by short term care? What is its usual duration? How does the definition vary with different kinds of situations? What factors account for extension of institutional care beyond the point considered desirable by the agency? These are some of the questions to be examined.

Since short term care of neglected and dependent children is a product of the history of children's institutions, the first chapter of this study deals briefly with the history of children's institutions. Some material regarding the early care of neglected and dependent children is presented.

The historical notes also indicate how concepts of short term care developed, and the philosophy behind these concepts.

The second chapter of this study is devoted to a discussion of the current practice of short term care, based on material gathered from several children's institutions in Michigan. It reflects the diversity of thought on the topic. Some of the reasons for this diversity are also considered.

A case study of one agency's application of short term care is presented in the third chapter. This is a detailed study aimed at developing a basis for standardization of the meaning of short term care.

The materials obtained from the various institutions are compared in the fourth chapter, in order to formulate conclusions regarding the criteria for a standardized meaning of short term care.

Chapter IV closes with a discussion of the implications of this study. General practice and practice in the institution given particular notice in Chapter III are considered.

CHAPTER I

HISTORY

The care of neglected and dependent children has been a social problem from earliest times. The foundations of current American foster care practices may be found in European history. Included here are but a few brief glimpses of that European background. They are not intended to be an exhaustive accounting of all that happened. They are presented merely to illustrate the humanitarian thought and accomplishment from which this country was able to draw.

Early Christian monasteries and convents are known to have done a great deal for the homeless, the sick and the poor. The Council of Nicea in 325 A.D. authorized hospices for the purpose.[1] These were perhaps the first Western agencies to care for destitute children. This tradition was carried to the New World when the nuns of the Ursuline convent in New Orleans undertook the care of orphaned children in 1729.[2] The children came to them as a result of an

---

[1]A. T. Jamison, The Institutions for Children (Columbia, S.C.: Baptist Book Depository, n.d.), p.7.

[2]Howard W. Hopkirk, Institutions Serving Children (New York: Russell Sage Foundation, 1944), p. 3.

Indian massacre. The Ursulines were also the first to have facilities exclusively for the care of children.

Legal recognition of the needs of destitute children dates from the Elizabethan Poor Laws of 1601.[3] These laws provided for parochial assistance for homeless children in much the same manner as they provided for the poor. That is, they were indentured or placed in almshouses.

A further recognition by government of the needs of children took place in Switzerland in 1798. The village of Stanz was raided and devastated in that year by soldiers. Many children were orphaned as a result, and the government established an institution for their care. Johann Heinrich Pestalozzi was called upon to be the director. Pestalozzi kept a running record which shows that he was ahead of his time. He demonstrated an interest in his wards as individuals and carried their training beyond the standards of his time.[4]

Pestalozzi taught as many of his charges as were able to learn how to read, write, and do simple arithmetic. The girls were instructed in domestic arts and the boys were taught various trades. With this background the children were often able to earn their own way, not only while in the institution but after discharge as well.

---

[3]Ibid., p. 4.

[4]Hopkirk, op. cit., p. 11.

Grace Abbott in her book, The Child and The State,[5] recounts the history of foster child care in the United States. The settlers in New England brought with them the view that poverty was the fault of the poor. They established legislation similar to that of England. They allowed homeless children to be sold at auction, indentured and apprenticed out, or cared for them in almshouses.

The care of children in almshouses was anything but satisfactory, and by mid-nineteenth century many private groups were trying to improve the situation. Public feeling eventually grew to the point that state laws and local appropriations were made to provide separate facilities for county children's homes. The move began in Ohio in 1866 and spread to Connecticut and Indiana. The latter state also authorized the boarding of county wards in private institutions. In 1874 Michigan developed a different type of program. The state established a large central institution and used foster family homes extensively. Later it reduced the size of its institution and extended its family care program to keep the children closer to their families. Other states have developed similar plans. With the rising costs of construction and maintenance, the practice of paying for the support of county wards in private institutions has become quite widespread and accepted.

---

[5]Grace Abbott, The Child and The State (Chicago: University of Chicago Press, 1938).

Private charity recognized a special need of many children at about the same time that Michigan established its state home. Children suffering from cruelty or neglect are the special concern of children's protective societies. The first such society was founded in New York in 1874. Since that time a great many similar agencies, with various titles, have been established. They have given rise to national organizations whose functions are to suggest standards of care. Early in their history the protective societies and many juvenile courts established temporary-care homes for their charges. Family foster homes were used, to a large extent, in conjunction with the institutions from the beginning of this movement.

Institutions for the temporary care of children have a long history. Many lessons in the management of these institutions had to be learned through experience. Standards were gradually evolved for personnel, physical plant, and the kind and amount of care needed by children in such settings.[6]

In the first two decades of this century two factors arose which seriously affected the use of institutions for foster placement. They were the expanded use of family foster homes and the use of public funds to maintain children in their own homes. Family foster homes were used so

---

[6]Hopkirk, op. cit., pp. 22-23.

extensively in some communities as to cause some children's institutions to close their doors. The White House Conference on the Care of Dependent Children in 1909 brought before the public the need for widows' pensions, to enable children to remain with their own mothers. Widows' pensions were extended as mothers' allowances. Later, Aid to Dependent Children was developed by the federal government to perform the task.

Both types of programs reflect what has become the prevailing philosophy within the child welfare field. A recent authoritative statement puts it as follows: "With increased understanding of children's requirements, there is growing recognition that every child needs and has a right to live and be reared in a family home, with parents to whom he belongs."[7] Early proponents of this philosophy took such a strong position that they aimed at completely eradicating children's institutions.[8] As a result a controversy arose between the adherents of family foster care and adherents of institutional care which lasted for nearly twenty years after 1910. A high point of the disagreement was a conference held in New York City in 1925 by the Child Welfare Committee of America. Representatives from each

---

[7]Helen R. Hagan, "Foster Care for Children," Social Work Yearbook, No. 13 (New York: American Book - Stratford Press, Inc., 1957), p. 267.

[8]Hopkirk, op. cit., p. 40.

state's child welfare program were invited to attend. The intent of the conference was to promote the use of foster families in preference to institutions.

A great deal of criticism was voiced on both sides during the course of the controversy. In time the criticism bore fruit and modifications in both forms of care were made. The United States Children's Bureau, the Child Welfare League of America and several state welfare departments began urging the same standards of care for both foster family and institutional care. Carl C. Carstens, as Executive of the Child Welfare League of America, did a great deal to resolve the dispute. He personally advocated the use of the term "foster care" for both family and institutional care. "His soundness as interpreter of the needs of children and his intolerance of poor service in their behalf wherever he found it gave great weight to his judgment."[9]

The movement toward providing family care whenever possible brought with it the corollary that institutional care, if used at all, should be limited to as short a period of time as possible. This is the current feeling in the field of child welfare as will be shown in the following chapter.

---

[9] Ibid., p. 41.

CHAPTER II

CURRENT PRACTICE

In order to determine the trend of current practice the writer sent letters to the directors of thirty-seven Michigan agencies engaged in providing institutional care for dependent children. The names and addresses were found in the Directory of Child Caring Institutions and Placement Agencies in Michigan.[10] These thirty-seven agencies were all those listed as being primarily engaged in providing institutional care. Other agencies were listed as also providing this type of care, but not as a primary function. They were not included since it was felt that a sufficient cross-section of opinion could be obtained from those who were primarily concerned with institutional service.

The letter sent to each agency asked two questions.[11] The first asked for the directors' definitions of short term care. The second question was, "How, do you feel, is the length of care related to the needs of the children

---

[10]Michigan, Department of Social Welfare, Directory of Child Caring Institutions and Placement Agencies in Michigan (Lansing, September, 1958), pp. 50-51.

[11]See Appendix A.

you serve?" These two questions were used in the hope that they would provide quantitative data regarding current practice on the length of short term care. Qualitative data regarding the relationship between length of service given and the needs of the children were also sought.

Twenty-five responses to the thirty-seven inquiries were received. Two agencies reported that they were no longer operating. Three agencies replied to the inquiry but did not report on the length of care which they provide. This left twenty responses regarding the length of short term care. Four other agencies had re-geared their programs to provide residential treatment care for emotionally disturbed children. They gave responses regarding the length of care they felt was short term for neglected and dependent children, and their responses were included. The table below shows the distribution of the agencies' definitions of short term care.

TABLE 1

AGENCIES' DEFINITIONS OF SHORT TERM CARE

Total Number of Agencies	6 months or less	Between 6 and 12 mo.	Between 12 and 24 mo.
20	10	7	3

Where ranges were given rather than single figures the agency was classified within the category containing the maximum figure for short term care.

The group in the "6 months or less" category gave responses ranging from three weeks to six months. There were no responses whose maximum limits were less than three weeks. In the group "Between 6 and 12 months" the responses fell between nine and twelve months. The third group, "Between 12 and 24 months," included responses ranging from eighteen to twenty-four months. It should be noted that the groupings on the table were arranged as a continuum but that there were gaps of time in the actual responses. Thus, there was no agency defining short term care as falling within a period of more than six months but less than nine months.

The first group seems to be the most representative one. Half of the responses fell within this range of six months or less. All of the respondents within this group offered their services to children and families on an emergency basis. They saw placement in their institutions as an interim period for further planning, after which the children are either returned to their own homes or to substitute families. They all expressed the opinion that the duration of institutional care should be as short as is practicable. They cited several practical factors which could cause the period of care to be lengthened or shortened. These were the situation and the conditions which led to the placement of the child, the amount of change seen in the family home during the placement, the availability of further placements,

the "placeability" of the child, and the child's age. The opinion on the last factor was that the younger the child, the shorter his period of institutional care should be.

The agencies that described short term care as being between six and twelve months had programs that differed from the first group. Three of the four institutions that had recently altered their programs to become treatment facilities fall into this six to twelve month group. One agency in this range gave no response to the second question. The remaining three institutions mentioned school as being part of their programs and considered changing from school to school a sufficiently disruptive factor in the child's adjustment to justify placement for an entire school year. The practicalities listed by the agencies in the first group were also stated by agencies in this six to twelve month group and also in the twelve to twenty-four month group.

The agencies defining short term care as longer than twelve months were the fourth treatment facility and two cottage-type institutions. Both of the latter agencies offered long term care as well as what they considered to be short term care. They expressed the opinion that some problems of neglected and dependent children create a need for longer care. Examples were extended health problems of the parents, and families that are difficult to reunite.

They felt that the cottage system offered a kind of foster family situation.

A search of current literature did not disclose any statement of a specific length of time for short term care for children in institutions.

CHAPTER III

CASE EXAMPLE

The previous chapter of this study presented a survey of several institutions' varying concepts of short term care. At this point attention is directed to the practice within a single institution. Data gathered from a case example of an agency's experience in attempting to implement a short term care policy will be presented.

St. Vincent Home for Children of Lansing, Michigan, was selected for the case study. The Home provides temporary care for neglected and dependent children from the Diocese of Lansing. At its inception this agency decided upon nine months as a policy for maximum length of service. The decision had to be made rather arbitrarily due to the lack of a standard. This was done with the intention that after a reasonable period had elapsed an evaluation could be made and adjustments could follow. The Home has been in operation for over five years at this writing. It has become apparent in this time that the Home is having difficulty in implementing its short term care policy. Approximately half of the children served have remained in the Home over nine months. The major reason for this seems to be the failure to resolve the home problem which caused institutional placement.

The director of the Home felt that a sufficient length of time had passed to provide adequate data for study. Upon his request the writer conducted a study of St. Vincent Home's practice in implementing its short term care policy. The study serves a dual purpose. It is a case example of the problems involved in defining and implementing a policy of short term care. It also provides the director with information to aid him in evaluating the Home's short term care policy.

St. Vincent Home was established as a result of a survey conducted by Frederick Lenhard, Catholic Welfare Bureau, Grand Rapids. The Most Reverend Joseph H. Albers, Bishop of the Lansing Diocese, requested this survey of the Diocese in order to determine the needs of the children within the fifteen county area. Mr. Lenhard's work indicated a need for a home for dependent, neglected and homeless children. Bishop Albers had the Home built. He asked the director of Catholic Social Services, Inc. of Lansing to apply for a license from the Michigan Department of Social Welfare. The license was granted in May of 1952. Since that time the Home has been in continuous operation, serving children from the entire Diocese.

The St. Vincent Home for Children is a two-story brick building which was constructed in 1951. It has a total housing capacity of thirty-five boys and thirty-five

girls. It is a temporary receiving home for children between the ages of five and fourteen. Its services are extended to the fifteen counties that comprise the Lansing Diocese of the Roman Catholic Church. There are no restrictions of color, nationality or creed. The Home is supervised and conducted by a Sister Superior and four Sisters of St. Joseph. The children eat and sleep and spend most of their recreation hours at the Home. They attend the public and parochial schools of Lansing.

The director of the Home is also the director of Catholic Social Services, a Lansing Community Chest casework agency providing a full range of family and child care services. The Home is supported by the Diocese of Lansing.

Catholic Social Services accepts referrals for the Home from other agencies and institutions, courts and parents. The process of referral consists of the presentation of specific information by the referring agency, regarding the reason for the placement request, to the director of the Home. Personal data about the child are submitted with this information. The responsibility for casework and planning of cases is divided between the referring agency and Catholic Social Services. Catholic Social Services works with the children in order to help them work through the adjustment to the Home. The referring agency works with the families or makes other plans as indicated by the individual case. In all cases referred by other than family agencies Catholic

Social Services accepts the total case on transfer. Both tasks then become the responsibility of the one agency.

In the thirty-eight cases examined later in this chapter there was only one case in which the responsibility was divided. This case left the Home within the agency's short term policy of nine months.

The Home is thus designed to be used selectively as one of the various resources available to the agency, in a total program of service. The short term policy implies that the Home is to be used only as a temporary resource, pending the development of a more permanent plan for the child who has been placed in it. Catholic Social Services carries the responsibility for working with the child's family toward such a plan, in almost all cases.

Methods and Procedure

A five year period of St. Vincent Home operation was selected for study. This period included the time between June 1, 1953 and June 1, 1958. The years studied were the second through the sixth years of operation. The first year of operation was not included in the study because it was a time of establishment and organization, and cannot be considered typical. The five year period was selected to provide an adequate time for trends in practice to develop. The gathering of data was started on April 1, 1959 so as to allow the nine months stay defined by the short term policy to elapse after the cutoff date of June 1, 1958. A total of one hundred eighty-six cases entered the Home within this period. These cases comprise the universe for this study.

The data gathered for this study were acquired from several sources. The statistical data and case records of St. Vincent Home and of Catholic Social Services were examined. Interviews were held with agency personnel familiar with the cases. The universe was examined to determine the degree of departure from the agency's short term policy.

Two groups of twenty cases each were drawn as samples. The first group consisted of cases of children who remained in St. Vincent Home longer than the policy time

of nine months. The second group of cases were of children discharged within the policy limit. The size of the samples was limited to twenty cases per sample in order to provide ease of handling. It is held that enough information can be derived from the two groups to sufficiently meet the purposes of this study.

The two samples were selected by the secretary of Catholic Social Services. It is assumed that the use of non-professional agency personnel for this task provided objectivity for the selection of samples. The secretary was not directly involved in the cases nor in this study. The use of agency personnel was indicated to protect the right to confidentiality of agency clientele. The writer took every third name from the list of original admissions of one hundred eighty-six cases. This provided a list of sixty-two names. The list was presented to the secretary in date order of their placement at the Home. They were each marked as to whether they stayed over or under nine months. The secretary was asked to select twenty cases "over" and twenty cases "under" with the intent of providing two samples of equal number so that they might be compared. She was asked to select the samples on the basis of the following criteria:

1. Either sufficient information for this study must have been recorded or the worker had to be present in the agency.

2. Each group of twenty names should be distributed as evenly as possible, from first to last, from the list of sixty-two. (The list of sixty-two was presented in date order as the case occurred at intake.)

A schedule was constructed to guide the collection of data from both samples (see Appendix B). Case records were relied upon in cases where the workers were not available. Otherwise the workers were interviewed. The schedule was used in both situations and provided standardization of responses. The following questions were included in the schedule and answers determined for each case:

1. What was the presenting problem?

2. Was there a casework plan at intake?

3. What was the casework plan?

4. What new factors arose during the course of the case that either did or might have kept the child in the Home over the agency's policy of nine months?

A fifth question was asked only of the second sample:

5. If an unforeseen difficulty arose, as above, how was it handled or resolved?

Many replies were possible to the first question, asking for the presenting problem. The Home's policy lists the following twelve referral reasons which are possible bases for placement in the Home:

1. Death
2. Divorce
3. Desertion
4. Separation
5. Chronic or acute illness
6. Mental or emotional illness
7. Destitution
8. Alcoholism
9. Neglect
10. Emergency or temporary assistance
11. Imprisonment
12. Accidents[12]

For purposes of this study, the twelve categories were reduced to the following three, and each response obtained from the forty cases was then classified into one of these:

1. One or both parents were absent from the home.

2. One or both parents were physically or emotionally ill.

3. The family was so economically depressed as to need assistance in caring for their children.

The first category incorporates the referral reasons death, divorce, desertion, separation and imprisonment. The second takes into account chronic or acute illness, mental or emotional illness, alcoholism and accidents. The third category, referring to the economic reasons for dependency, includes destitution. Neglect was also included in this category. This was done because in all of the cases which reported neglect as a referral reason depressed economic

---

[12]"Outline for Tentative Policies, St. Vincent Home" (St. Vincent Home for Children, Lansing, Michigan, 1952), p. 1. (Typewritten). (These referral reasons fall within the description of neglected and dependent children found in the Compiled Laws of Michigan, (1948), 712A to (a)(6) through (8).)

status was also a factor, though not necessarily a reason for placement.

Emergency or temporary assistance was among the agency's criteria for acceptance. No child in either of the two samples was referred to the Home for this reason alone. Therefore it was not included as a separate category. It was, however, an accompanying reason in twenty cases spread throughout both samples.

A fourth category was included to encompass children who might have been placed in St. Vincent's for reasons other than those included within agency policy. However, there were no cases in this group. All of the children placed in the Home could be classified as falling into one of the categories established by the agency policy as warranting such placement.

In most cases, there was more than one reason for referral. It was therefore necessary to determine a way of categorizing the case into one of the three groups. Nowhere, in the cases with multiple reasons, was there a clear delineation as to which specific problem was the cause for placement. As far as the casework process is concerned this raised no difficulties. The purposes of this study, however, imposed the need for greater specificity. Two criteria were used as a basis for classification:

1. Which reason most clearly indicates a need for placement?

2. Which reason is most extreme in the individual case?

An example of the type of decision made is a youngster whose father deserted the family. His mother was acutely ill and needed assistance in caring for her child. The clearer indication of need for placement in the Home was the mother's illness and resultant inability to care for the child. The most extreme reason for referral was the mother's illness. It is assumed that if she had been able she would have cared for her child in her home.

The second question on the schedule, "Was there a casework plan at intake?," served solely to introduce the next one. Responses were not recorded for it.

The third question was intended to bring out the thinking of the caseworker regarding how he wished to use the institution. Three responses were tabulated in answer to "What was the casework plan?"

1. Provide casework services to the family aimed at improvement of the home situation in order to return the child.

2. Study and observe the child for foster or adoptive placement.

3. No casework plan was apparent.

It was anticipated that some of the cases within the samples would have developed additional problems after

intake. The fourth question on the schedule was included to ascertain what effect these additional problems had upon the discharge of cases. This fourth question was asked of both samples to discover whether there was any difference between the types of unforeseen problems that arose in the two samples. The responses were tabulated as follows:

1. The child exhibited unexpected adjustment problems.

2. The home problem necessitating the original referral had not been resolved.

3. There was a lack of further referral resources or foster placements, or there were referral rejections.

The unexpected adjustment problems referred to in the first response were categorized according to a list which the Lansing Child Guidance Clinic uses as a guide for their intake. The list is as follows:

1. Conduct Disorder - anti-social behavior, including truancy, stealing, defiance, running away, temper tantrums, overly aggressive and sex offenses.

2. Habit Disorder - enuresis, nail biting, thumb sucking, masturbation and ties.

3. Personality Problem - chronic unhappiness, pre-psychotic symptoms, including withdrawal, daydreaming, depression, fears, anxiety, inferiority and poor social adjustment.

4. Learning and Development Problems - for educational disorders (i.e. - slowness in academic learning or special subject disorder).

5. Functional - any physical complaint with an organic condition outside of illness, i.e. - blindness or anesthesia.[13]

The Child Guidance Clinic is the resource used when psychological evaluation is indicated for children at the Home. Therefore the use of the above categories is held to be justified.

The fifth question was asked only of the second sample in order to ascertain why those cases were successful within the policy time limit. Responses were classified as follows:

1. The problem was resolved through casework while the child was at the Home.

2. The child was referred to another agency for care.

3. The child was placed with a foster family.

4. The parent or parents took the child from the Home and the problem remained.

5. The child was sent home and the problem remained.

Those cases wherein the parents removed the children from the Home while the problem remained were not included

---

[13]Interview with Clara Wilson, Casework Supervisor, Lansing Child Guidance Clinic, July 16, 1959.

in the sample. Since the decisions in these cases were made by the families rather than the agency, they had no bearing on the subject of the study, which is an examination of agency policy and its implementation. There were two such cases, which reduced the second sample to eighteen.

Presentation and Analysis of Data

A total of one hundred eighty-six children were given service by St. Vincent Home during the study period. The table below shows the distribution of these children by year, and length of stay.

TABLE 2

TOTAL FIRST ADMISSIONS TO ST. VINCENT HOME, JUNE 1, 1953–JUNE 1, 1958 BY DATE OF ADMISSION, AND LENGTH OF STAY

Year of Admission	Totals	Under 9 mo.	Over 9 mo.
	186	90	96
1953-1954	63	36	27
1954-1955	35	21	14
1955-1956	30	13	17
1956-1957	35	15	20
1957-1958	23	5	18

These figures illustrate that the director's concern about the implementation of the agency's short term care policy was realistic. The ratio of children who stayed under nine months, as compared to those who stayed over, in 1953-1954 was four to three. Four years later this ratio was approximately one to four.

The Home serves both boys and girls. The distribution of boys and girls for each year of the study appears in Table 3.

TABLE 3

DISTRIBUTION OF BOYS AND GIRLS BY YEAR

	Totals	Boys	Girls
Year	186	106	80
1953-1954	63	31	32
1954-1955	35	21	14
1955-1956	30	19	11
1956-1957	35	19	16
1957-1958	23	16	7

More boys than girls have been served over the five year period. This difference is found consistently in each of the years of the Home's operation except the first. This may be accounted for by a factor often mentioned by the workers in the writer's interviews with them. They stated that parents seem to place sons more readily than daughters when the family is in a stress situation.

The table below shows that there was no significant difference between the proportion of boys to girls staying over nine months.

TABLE 4

COMPARISON OF BOYS TO GIRLS STAYING OVER NINE MONTHS

	Total	Boys	Girls
Over nine months	96	54	42
Under nine months	90	52	38

The two samples which were selected through the method described above (pp. 17-19) are compared below in terms of reasons for referral:

TABLE 5

REFERRAL REASONS

Referral Reason	Totals	Over 9 mo.	Under 9 mo.
	38	20	18
1. One or both parents were absent from the home.	16	10	6
2. One or both parents were ill.	12	4	8
3. The family was economically depressed.	10	6	4

This table shows a decided difference between those who stayed over and those who stayed under nine months. Those children who stayed longer than nine months were most

frequently referred because of the absence of one or both parents. Those children who left the Home within nine months were most frequently referred because of the illness of one or both parents. The second most frequent referral reason for those who stayed over was the economic depression of the family, and for those who stayed under it was absence of parents. The least frequent reason for those who overstayed the policy time was illness of parents. The least frequent referral reason for those who left within policy time was the economic depression of the family.

The two samples are compared, in the following table, by the casework plan established at intake.

TABLE 6

CASEWORK PLAN AT INTAKE

	Totals	Over 9 mo.	Under 9 mo.
Casework Plan	38	20	18
1. Provide casework services to the family toward returning the child to his natural home.	31	13	18
2. Study and observe the child for adoptive or foster placement.	7	7	0

The figures for the two groups of cases vary considerably. The table indicates that most of the children

admitted were placed with a view toward return to their homes after the policy maximum of nine months. This expectation was actually realized in 58 per cent of the cases, but 42 per cent stayed more than nine months. On the other hand, all of the children who were placed with a view toward ultimate placement in a foster home or adoptive home were kept for more than nine months. This would seem to indicate that the agency is unable to complete permanent placement plans within the period specified by its policy.

Of the thirteen children who were in the Home more than nine months, although the casework plan had been to return them to their own homes, six had been placed because of absence of a parent, four because of illness and three because of economic depression.

Of the seven children for whom permanent placement plans were being made, four had been referred because of economic need and three because of absence of parents from the home. In no case was illness of parents a basis for planning permanent placement.

These data indicate that there is no single dimension relating problems, casework plans and length of stay, except that the working out of further placement seems to require a longer stay in the Home than the nine months policy. Economic depression or absence of a parent from the home may be a basis for planning either temporary removal

from the home or permanent placement. In either case, the stay may extend to more than nine months.

We must therefore look, not to the nature of the presenting problem, but to subsequent developments in the case in order to define the reasons that placement in the Home extends beyond the nine months set by agency policy. Table 7 compares the two samples by the new or unforeseen problems which arose after placement at St. Vincent Home.

TABLE 7

NEW OR UNFORESEEN PROBLEMS ARISING AFTER PLACEMENT

New or Unforeseen Problem	Total	Over 9 mo.	Under 9 mo.
	38	20	18
1. The child exhibited unexpected adjustment problems.	10	6	4
2. The home problem necessitating the original referral continued.	17	14	3
3. There was a lack of further referral resources or foster placements, or there were referral rejections.	0	0	0
4. No unforeseen problems arose.	11	0	11

These figures indicate a number of facts. In all of the cases of children staying longer than policy time unforeseen problems arose. No unforeseen problems arose

in over half of the cases that complied with agency policy. The majority of those cases that remained over nine months did so because the referral problem continued. There were fourteen such cases. In twelve of the fourteen, the casework plan had been to return the child to its own home. For reasons of family breakdown, mental illness, or neglect this did not prove possible and the children therefore remained in the institution beyond the time specified by agency policy. In the other two cases, there was an attempt to work out a further placement, but the natural parents did not accept foster care.

For those cases in which home problems were not resolved within nine months, hindsight would suggest that planning toward foster care might have been more realistic than counting on the possibility of a return to the natural home within the expected period.

As Table 7 indicates, the other six children who stayed over nine months developed special adjustment problems after placement. It took longer than nine months for the caseworkers to help the children readjust.

The lack of further referral possibilities was not a factor in any of the sample cases. (However, comments were made by the workers about lack of referral possibilities in general.)

In the sample of cases that left within the nine months set by agency policy, there were seven in which

unforeseen problems arose. These cases were read to determine how these problems were handled or resolved. The results are explained below.

Four children developed special adjustment problems after placement in the Home, of which three were conduct disorders and one was a learning problem. The workers on these cases were able to help the children, through casework, to adjust sufficiently to return home within nine months.

The original referral problems continued in the remaining three cases. One was referred because of the absence of a parent and was placed with a foster family. Two children were placed in the Home due to the illness of parents. The parents remained ill but had recovered sufficiently to care for their children themselves within nine months.

The same types of unforeseen problems arose in both samples. However, there was a greater proportion of unforeseen problems in the sample of cases of children who stayed longer than nine months. The problems also took longer to resolve.

Finally, the two samples are compared below in Table 8 by their placement upon leaving the Home.

TABLE 8

PLACEMENTS UPON LEAVING THE HOME

Type of Placement	Totals	Over 9 mo.	Under 9 mo.
	38	20	18
1. The child was returned to one or both parents	24	7	17
2. The child was placed in a foster home.	5	4	1
3. The child was adopted.	1	1	0
4. The child had not been discharged from the Home at the cutoff date for this study.	8	8	0

These figures show that almost all of the cases that stayed within policy time went home at discharge. There was one exception. One child was referred due to the absence of a parent. The plan was to return this child to her home. Before the expiration of policy time it became apparent that this would not be possible because of the parent's instability. The referral reasons and casework plans for the seventeen others have been discussed previously. Only about one-third of those that stayed over nine months were returned home. Three of them were referred because of the absence of parents. Two of the three were originally planned for return home. The third was expected

to go to a foster family. This child developed an adjustment problem that had to be worked out. In the time it took to do this the remaining parent was able to re-establish herself and make a home for the child.

Three others were referred due to the illness of parents. The plan in each case was to return the children to their homes. The referral reasons in two of these cases continued. The child, in the third case, developed an adjustment problem that took longer than the policy time to work through.

The seventh case was referred to the Home due to neglect. The plan was to return the child to his family. The family took longer than nine months to readjust.

There were four children who stayed in the Home over nine months who were placed with foster families. Three of them were referred to the agency because of the absence of parents. Two of these cases were planned for foster family placement but developed adjustment problems while at St. Vincent Home. One of the three cases was planned for return to the natural home. The plan had to be changed when the family did not respond to casework attempts to strengthen the home. Foster family care was not immediately acceptable to the parent. The problem this presented took longer than nine months to resolve.

The fourth child placed in foster family care was referred to the Home as a neglect problem. The plan at intake was for further placement. The child developed an adjustment problem which had to be worked out.

One child who stayed longer than nine months was placed for adoption. This case was referred because of the death of a parent. The plan was to return the child to the remaining parent. The parent was unable to make a home for the child and requested that adoption plans be made. The finding of an appropriate home took longer than the policy time of nine months.

The remaining eight cases were still in the Home at the cutoff date of the study. The referral reasons, casework plans and unforeseen problems that arose in these cases have been discussed earlier.

CHAPTER IV

SUMMARY

Institutions providing temporary care of children are a product of the child welfare movement in this country. They are a particular product of the concern for neglected and dependent children. Both public and private agencies are active in this field.

The survey of Michigan agencies in Chapter II describes current practice. The feeling that institutional care should be used for as short a time as possible was stated explicitly.

This paper was aimed at finding a meaning for short term care. The majority of respondents to the survey felt that "short term" should be a placement of six months or less, while other plans were being made. Some agencies felt that it may mean a longer period of care.

Another product of the survey was a statement of the relationship between length of service and the needs of the children served. Despite varying opinions as to the actual duration of "short term care" certain factors were agreed upon as affecting length of care. Those factors are age (i.e., the younger the child, the shorter

should be his period of institutionalization), the needs of the individual child, the amount of change seen in the child during the placement, the amount of change seen in the family during the placement, the availability of further placements, and the "placeability" of the child.

The programs of the separate agencies also affected length of service. Those agencies providing primarily emergency care gave shorter service and tended to define short term care as six months or less. Those agencies providing schooling within the agency program tended to define it as nine months or longer. Nine months, of course, is the usual length of the school year.

Length of service is seen, then, as a function of the interplay between two factors. These are the needs of the children and the program of the agency.

St. Vincent Home for Children was able to implement its short term care policy in only about half of the cases studied. This is accounted for by the unforeseen problems which arose after intake. The two samples of cases point up this factor. Cases in both samples developed unforeseen problems. However, there was a marked difference in the two groups in the proportion of cases developing problems. In all of the unsuccessful cases further difficulties arose. Less than half of the successful cases developed unforeseen problems.

The types of problems which arose were the same for both samples. However there was, again, a marked difference in proportion of problems in the two groups of cases. In three-quarters of the unsuccessful cases the home problem necessitating the original referral continued. This was a factor in less than one-quarter of the successful cases. The Home was usually able to send the children home despite the continuing problems in the successful group because casework efforts were able to alleviate the problem to a reasonable extent.

There were two kinds of situations in the unsuccessful cases. The first occurred in the seven cases in which further placement was indicated at intake. The movement of the children from the Home was impeded for several reasons. The resistance of the natural parents to foster families caused two of these children to remain at the institution beyond nine months. The remaining five developed adjustment problems after entering St. Vincent Home. This suggests a need for treatment services within the institution itself to meet the particular needs of this type of child. However, the St. Vincent Home is at present constituted as a temporary receiving home, and not as a residential treatment center.

One might speculate about the availability of foster family placements. The workers on the unsuccessful cases

did not feel this to be the prime reason why the children remained in the Home over policy time, but they did feel it was a general problem.

The second, and more significant, situation in the unsuccessful cases occurred in the group in which the plan at intake was to return the children to their own homes. This included thirteen cases in which unforeseen problems arose. One of the children in this category developed a special adjustment problem. The remaining twelve cases show the most important factor which kept the children in the Home over nine months. This factor was the persistence of the original referral problem beyond nine months. This raises a question regarding the diagnoses of the cases handled. If the referral problem is of such a nature that early resolution cannot be expected, should not foster family placement be contemplated immediately?

Those agencies in the survey of Michigan institutions which provide a similar kind of service as the case example felt, as did St. Vincent Home, that short term placement is an emergency type of care. The data of this study suggest that short term care is a time range of six to twelve months for school age children, and less for younger children, as a maximum.

Certain types of cases are more suitable for this length of service. They are cases of children from fairly

well adjusted families needing emergency service.

Implications of This Study.

The survey of Michigan agencies disclosed a general agreement of what may be considered the role of the institution in the care of neglected and dependent children. This role is one of emergency placement for emergency situations while further plans are being made. With this thought in mind, terms suggesting various durations of service are not meaningful.

The case example was intended to illustrate how a particular institution attempted to fill this role. It was discovered that this Home did not practice within its own policy of nine months maximum service. During the experimental period the practice within this institution was not consistent with the nature of current institutional practice. This is attested to by the fact that half of the total population served during the study time remained beyond agency policy time. The workers stated that the lack of further placement possibilities was not a factor in the cases studied. It follows, then, that the agency has not used the institution for its stated purpose.

A statement by a recognized standard-setting agency, such as the Child Welfare League of America, regarding the duration of institutional service to neglected and dependent children would be useful to new agencies. The lack of such

a statement led the director to select a period of service on a purely arbitrary basis.

On the basis of the data presented in the case study a re-assessment of agency procedure is indicated. The implication is that, from the point of view of services to the children in care, further study of casework services to families at point of intake may be more meaningful than the length of time, per se, that a child may remain in the institution.

APPENDIX A

SAMPLE OF LETTER SENT TO CHILDREN'S INSTITUTIONS

Director or Supervisor
Children's Institution
Street
City, Michigan

Dear _____,

I am a graduate student of Michigan State University. I am working on my Master's thesis. My project concerns short term placement of children in institutions. I would be interested in knowing how you would define short term care.

How, do you feel, is the length of care related to the needs of the children you serve?

Any assistance you can give me on these two questions will be greatly appreciated.

Sincerely yours,

Seth C. Marshall

APPENDIX B

SCHEDULE OF QUESTIONS USED IN THIS STUDY

1. What was the presenting problem?
    1. One or both parents removed from the home.
    2. One or both parents physically or emotionally ill.
    3. Economic depression of family indicated need for assistance.
    4. Temporary or emergency assistance.
    5. Other.

2. Was there a casework plan at intake?

3. What was the casework plan?
    1. Provide casework services to the family toward improvement of the home situation in order to return the child.
    2. Study and observe the child for foster or adoptive placement.
    3. None apparent.

4. What new factors arose that either did or might have kept the child in the Home over the agency policy of nine months?
    1. The child exhibited unexpected adjustment problems:
        a. Conduct disorder
        b. Habit disorder
        c. Personality problem
        d. Learning and development problems
        e. Functional disorder
    2. The home problem necessitating the original referral had not been resolved.
    3. There was a lack of further referral or foster placements or there were referral rejections.

5. If an unforeseen factor arose, as in Item 4 above, how was it handled or resolved?
    1. The problem was resolved through casework while the child was in the Home.
    2. The child was referred to another agency for care.
    3. The child was placed with a foster family.
    4. The parent took the child from the Home and the problem continued.
    5. The child was sent home and the problem continued.

BIBLIOGRAPHY

Books

Abbott, Grace. The Child and The State. Chicago: University of Chicago Press, 1938.

Hopkirk, Howard W. Institutions Serving Children. New York: Russell Sage Foundation, 1944.

Jamison, A. T. The Institutions for Children. Columbia, S. C.: Baptist Book Depository, n.d.

McGovern, Cecelia. Services to Children in Institutions. Washington: Ransdell, Inc., 1948.

Articles

Hagan, Helen R. "Foster Care for Children," Social Work Year Book, National Association of Social Workers, 1957.

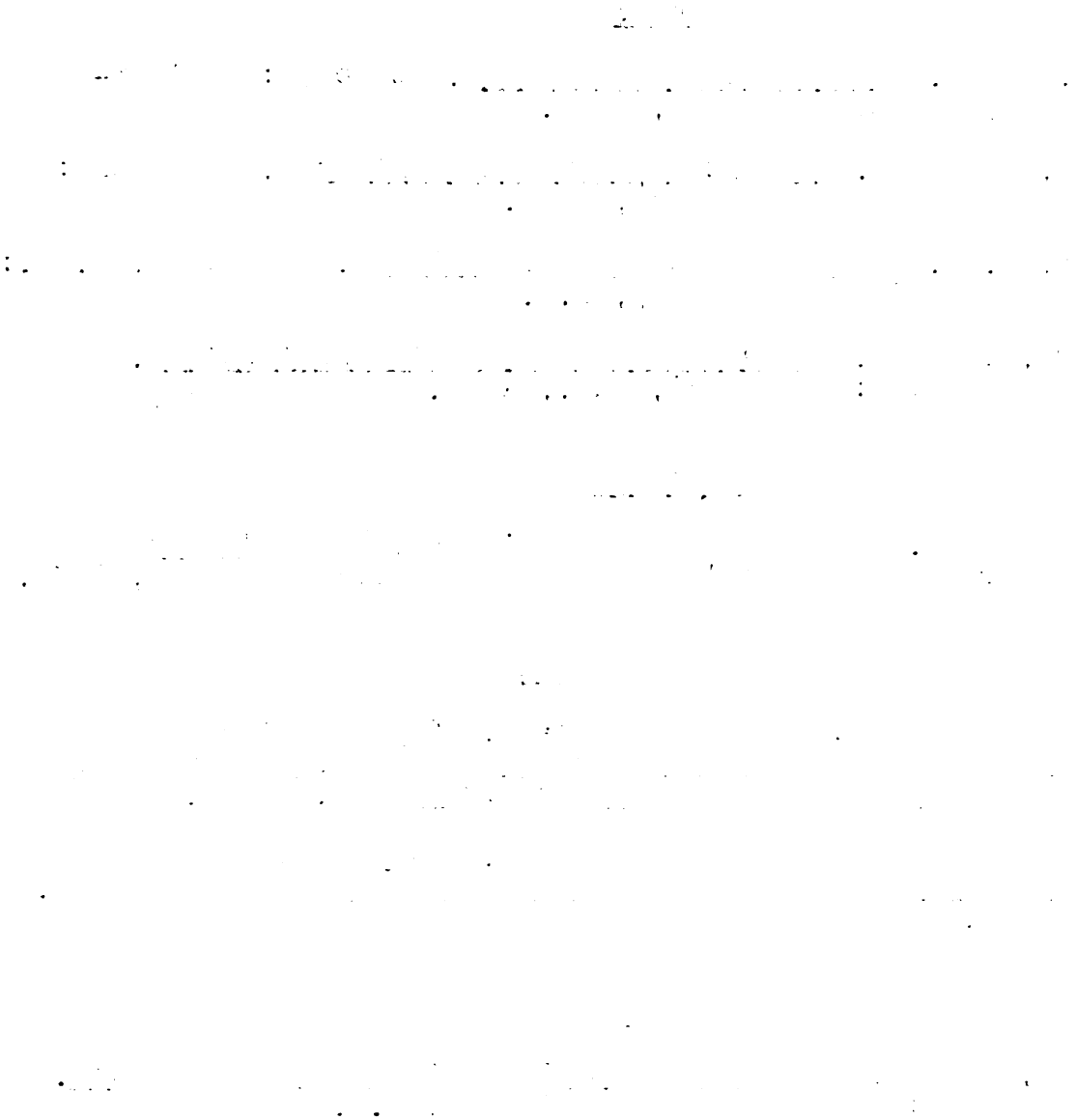
Public Documents

Michigan Department of Social Welfare. Child Caring Institutions and Child Placing Agencies. Requirements for Licensing and Recommended Standards. 1957.

Michigan Department of Social Welfare. Directory of Child Caring Institutions and Placement Agencies in Michigan. 1958.

Reports

Weissman, Irving. So That Our Children Can Better Be Served. Lansing: Michigan Welfare League, n.d.



Unpublished Material

Elstein, Ella. "The Use of Subsidized Foster Homes, An Annotated Bibliography." New York: Child Welfare League of America, 1959.

Morris, Albert. "A Study of the Change in Average Age and Duration of Stay of Children at the V. F. W. National Home, Eaton Rapids, Michigan." Unpublished Research Report for Masters Degree, School of Social Work, Michigan State University, 1957.

St. Vincent Home for Children of Lansing (Michigan). "Outline for Tentative Policies, St. Vincent Home." 1952.

Other Sources

Michigan Department of Social Welfare. Personal interview with Donald DeVinney, Area Child Welfare Consultant. April 13, 1959.

Lansing (Michigan) Child Guidance Clinic. Personal interview with Clara Wilson, Casework Supervisor. July 16, 1959.