Evaluation of Casework Treatment Given Cases of ICCRC

Project Report

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AN EVALUATION OF CASEWORK TREATMENT GIVEN CASES OF INGHAM COUNTY COMMUNITY REFERRAL

A study of success of casework treatment, and a discovery of gaps in community resources.

by

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CHAPTER I

INTRODUCTION

The Ingham County Council of Social Welfare was directly responsible for the organization of the Ingham County Case Coordinating Committee. The Council has been in operation since 1934 and is interested in developing better social services in the community. One of the committees of the Council is the Child Welfare Study Committee and the inauguration of a Case Coordinating Committee was recommended by the Child Welfare Committee to the Council. The Executive Committee of the Council accepted the recommendations of the Study Committee and a Case Coordinating or Community Referral Committee was appointed in December of 1945. The committee has also been referred to as the Steering Committee. Its purposes were stated as follows:

1. To clear and route individual cases to the agency best equipped to give service.
2. To formulate interagency intake and referral policies and methods.[1]

To clear a case meant that the case was presented to the committee for discussion with all agencies active

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[1]Records on File of Ingham County Council of Social Welfare, December, 1945, page 3.

on the case participating in the discussion of it. In this way, each agency understood what service other agencies were giving. It was hoped that this discussion would reduce duplication of effort to a minimum and would tend to show which agency could give best service to the case.

To route a case meant the referring of a case to the agency or agencies best equipped to give service.[1] In this manner services are being clarified, workers and agencies are sharpening skills, and a close working relationship between Ingham County agencies has been established. Some of the ideas of the Child Study Committee for a Steering Committee were obtained from the plan in force in St. Paul, Minnesota, known as the Screened Intake Committee. In thinking of a case coordination committee, the Joint Child Study Committee reviewed the information regarding this intake group functioning in St. Paul. This committee meets two half days each week and reviews all intake which comes to the child care agencies and makes recommendations as to which agency can best serve each case.[2]

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[1] Spaulding, C. G., An Evaluation of the Ingham County Community Referral Committee, Thesis presented U. of M., 1948

[2] Beckman, A.A., Screened Intake Committee, (unpublished report, Oct. 12, 1945, p.2).

Originally eight agencies had representatives on the Referral Committee, which organized December 18, 1945: Michigan Children's Aid Society, Lansing Children's Center, Social Service Bureau, Ingham County Health Department, Lansing Public Schools, Children's Division of the State Department of Social Welfare, Ingham County Department of Social Welfare, and the Ingham County Probate Court. A constitution was formed after the Community Referral Committee began to function. In November, 1946, three more agencies were added, namely: Ingham County Tuberculosis and Health Society, Crime Prevention Bureau of the Lansing Police Department, and the American Red Cross.[1]

Meetings of the Community Referral Committee are held each Friday morning from 7:30 to 8:30 at the Y.M.C.A. and meetings are carefully timed to last just one hour. The worker presenting the case places in the hands of each person in the committee at the beginning of the meeting, a brief resume of the case which she has prepared. Then the worker describes the case in more detail. Workers from other agencies who also know the case tell of the contact which their agency has had with the client, and discussion follows. Recommendations

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[1] Manual of Ingham County Community Referral Committee on file in office of Ingham County Council of Social Welfare.

are made to the agency responsible, although the recommendations are not mandatory.

Meetings are not held during the month of August and occasionally a meeting is dismissed before or after a holiday. Other than this, a meeting has been held every week since the committee began operating in December 1945. Members of the committee have increased in number from the original eight. All Lansing agencies are asked to send representatives to the hearing on a case if they are interested, so that the attendance has been increased considerably. The average attendance has been around fifteen members and at times as many as twenty-five have attended. When the occasion has called for it, workers not connected with social agencies have attended meetings. These have been people interested in the case discussed, such as; a lawyer, minister, or teacher, Children's Home matron, and members from St. Vincent de Paul Society.

During the first year of operation, usually two or more cases were presented at each meeting. Reviews of cases were frequent, each case being reviewed at least once and often two or three times within a few months after its original presentation. During the year 1947 the pace seems to have slowed up. One case is presented at each meeting unless the meeting has been reserved as a

business meeting. Reviews have not been so frequent and reviews for some of the cases do not appear in the minutes.

All information which is discussed has been treated in a strictly confidential manner. However, the cases are always presented informally and the members who participate come to know each other well. They are able to be very frank in their appraisal of situations being discussed.

The cases which the members bring to the committee are those about which there is a question regarding resources available, how to secure these resources, or who is to be responsible for securing them. This would indicate that cases presented are those which are more difficult to service in this community, than the ordinary cases are and that they would, therefore, show where gaps in community services exist.

CHAPTER II

DESCRIPTION OF STUDY

The original purpose of this study was to discover the gaps in community service, as would be shown by cases presented to the community referral committee. By reviewing the minutes of the meetings the problems in the cases presented would be discovered. Each of the cases was discussed by the committee and it was suggested which agency or agencies would carry on with the case. At a later date the agency which had been carrying the case reported on the progress being made, in a review of the case. If progress was not being made on the case or no solution seemed to be found, the reason may or may not have been because the community did not have the needed resource. In going on with the study, it was found that there were several gaps in resources, but it was decided to enlarge the scope of the study to include an evaluation of the success of treatment in the cases presented. The purpose of the study then, is twofold:

1. To discover the gaps present in the communities resources.
2. To evaluate the success attained in the treatment given to cases discussed and referred by the Community Referral Committee.

In order to become familiar with the committee and its operation the writer visited many of the committee's meetings. Interviews were held with the committee's coordinator regarding this study and the operation of the committee.

The summaries and minutes of cases presented at the Ingham County Community Referral Committee, which are on file in the office of the Ingham County Council of Social Welfare, Lansing, were used very extensively in obtaining information for this study.

From December 1945, when the Referral Committee was organized until October 1947, seventy-eight (78) cases were brought before the committee for discussion. A brief statement of the problem presented in each case, the recommendations made, and the reviews, is a part of this paper. The writer has attempted to evaluate each case in terms of how successful the casework services were in alleviating the problem. It is realized that such an evaluation is necessarily quite subjective and qualitative and subject to the bias of the writer, although an attempt was made not to have this factor enter into the evaluation of the case.

Each case was rated according to an evaluation number. A number (1) was given to a case in which the

TABLE I

Key for Evaluation Numbers
and for Abbreviations

Evaluation

1 - Problem fairly well alleviated.

2 - Situation improved by case work services

3 - Situation not helped by case work services due to:
a - Lack of resources
b - Time element
Time taken to give help
Time client asked for help
c - No agency taking responsibility
Is no agency in existence
Agency responsible not operating
d - Casework services refused, client unable to use, or not effective.

TABLE II

Abbreviations

BSA	Bureau of Social Aid
ADC	Aid to Dependent Children grant
BSW or DSW	Bureau of Social Welfare Department of Social Welfare
ICS	Ingham County Son
SSB	Social Service Bureau
MCAS	Michigan Children's Aid
VT	Visiting Teacher
F. of Ct.	Friend of the Court
Co. H.	County Health Department
ARC	American Red Cross

problem was well taken care of and the services given were considered very adequate. A number two(2) was given if the case work services improved the situation and the client was made more comfortable. Cases which come in this category are ones which there is, perhaps, no known complete solution to the problem but the services given succeeded in lessening the problem. Most of the cases discussed came in this category. Number three (3) was given as an evaluation number if the case was not helped for a number of reasons and these reasons were classed as a, b, c, and d. (See Table I, page 8.)

A classification of(three a) means that there was no resource available which could be used to help the client. A(3 b) means that either the worker took too much time in getting help to the client or that the client did not make his problem known in time for services to be given successfully. A (3 c) indicates that either there is no agency in existence to take care of the problem or else that the agency which is supposed to handle the problem is not doing so. This may be because the agency is not aware of its responsibility, that it is not equipped to take the responsibility, or that it is neglectful of its duty. And finally, a

(3 d) indicates that casework was not administered by a person who could handle the problem, or it may mean that casework was refused by the client, or that the client did not have the ability to use the help offered.

CHAPTER III

ANALYSIS OF CASES REVIEWED

It is the cases which are classified under number three (3) which should show where gaps in community services are. The first case in this classification is the S case presented on 2-12-46 by MCAS. (See Table II, page 7 for abbreviations) It was the case of a non-resident family in which the mother was very emotionally disturbed and the children were put temporarily in the Children's Home and the mother was pursuaded to go back to Indiana where she was put in an institution for the insane. Before a plan could be made for the children the father who was an Army deserter, came to Lansing and took the children out of town. Although there were other problems also, the principle one was the plan for the children and this could not be accomplished because the client would not allow it and residence laws added to the difficulty.

The H case presented on 2-15-47 has the same classification. The mother of the children was deceased and the father would not cooperate in working out a plan for the children. The family was very depressed, responsibility was falling heavily on the oldest daughter,

and the financial situation was a threat. Although the committee meeting minutes do not show the action taken, it does say that legal action was recommended in order to help the children.

The F case presented on 2-15-46 is one in which resident laws are such that action on the case is held up and agencies in other cities must be contacted before anything can be done. Another case on 3-1-46 is one in which the father, who is in need of psychiatric help, refuses to accept treatment. The next (3) classification is on 3-14-46, and is another case in which legal settlement is in another state, making work with the family here difficult.

In the H case a plan for an adolescent boy was needed and at the time of the review of the case nothing had been accomplished. The case was presented to the referral committee on 3-20-46, a short time after a court in another county had requested the court here to help with a plan for the boy. He was then living with his brother in Lansing and this arrangement was considered unsuitable. Boarding home care was suggested. The case was left in the hands of the court and they evidently were not able to find a suitable boarding home for the boy.

On 9-20-46 the case of a girl, on parole from

Kalamazoo State hospital, who was getting into all sorts of trouble. The psychiatrist recommended commitment again since she could not get along outside of the institution. Some care needed to be provided for her until she could be taken into the hospital again. There seemed to be no resource which could meet this need for pre-commitment care.

A few of the cases have been mentioned as examples of those whose problem could not be helped by the community services offered in Lansing. Not all of the failures are due to gaps in community services, but the gaps as seen are as follows:

1. It seemed as though when housing was needed it was almost impossible to secure. This is a gap in community resources, but one which has also been felt all over the nation.

2. Getting institutionalization for persons who needed it also seemed to be a problem which more resources would remedy. This is ordinarily a State responsibility but the facilities are certainly not adequate. In trying to gain admittance to Lapeer for a feebleminded girl it was reported that there were 6700 on the waiting list and 800 listed as emergencies. It was also found to be very difficult to get clients into State

hospitals for the insane and at the Caro home for epileptics. This includes both adults and children.

3. It was noted that in some of the very small towns around Lansing there is a noticable lack of recreational facilities for teen agers. A program is needed for both casework and groupwork for families and adolescents in the rural areas. There are many cases which present problems which are not serviced by county wide agencies now in existence.[1]

4. There was much difficulty in planning with old persons who were not economically independent. These persons were reluctant to give up their independence by going to the county farm to live, but still they were not quite able to take care of their own affairs adequately. This gap is especially noted when there were no relatives of the aged person.

5. Some of the cases seemed to indicate a shortage of boarding homes, especially for adolescent boys and girls, and for colored children. One case in particular is the case which called for placement of two boys being released from Boys Vocational School.

6. Residence laws often caused delay in services

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[1] Spaulding, C. G., An Evaluation of the Ingham County Community Referral Committee, Thesis presented U of M, 1948.

and often it was very difficult to determine the place of legal residence.

7. More adequate services for children referred to the Circuit and Probate Courts would eliminate another gap.

8. Facilities for study and treatment of the child with severe behavior problems is needed.[1]

As you will see in the summary of data obtained in this study, Table III, page 15, 52% of the cases presented did not seem to be helped by community casework services. If we look at similiar studies and study the results, perhaps we can better understand the meaning of the above percent. A study was carries on at the St. Paul Family Society, in cooperation with the research department of the Wilder Foundation. Their study attempted to answer these questions: What problems of family life are family casework agencies endeavoring to treat? and, What success are they having in treating these problems? A total of 1032 cases were studied and the problems were classified under seven major headings. The percent of occurrence of each of the seven major problems is as follows:

Problems of Family Relations	66.1%
Economic problem	45.2%

[1] Spaulding, J.G., An Evaluation of the Ingham County Community Referral Committee, Thesis presented U. of M. 1948.

Table III

SUCCESS OF CASEWORK SERVICES

		No. of cases	Percent
1	Problem fully solved/alleviated	11	14
2	Situation improved by service	42	54
3	Situation not helped by service	25	32
	Total	78	100

Table IV

REASONS SITUATION NOT HELPED BY CASEWORK SERVICES

		No. of cases	Percent
a	Lack of resources	8	32
b	Time element (either time taken to give help too long or client didn't make problem known soon enough)	4	16
c	No agency responsible (either no agency existing for the purpose or the agency who is responsible is not operating)	1	4
d	Casework services refused, client unable to use, or casework not effective	12	48
	Total	25	100

Mental Health	42.1%
Legal Problem	35.6%
Social and enviornmental	34.4%
Employment	33.3%
Physical Health	22.5%

The families usually presented not one, but a multiplicity of these problems.[1]

Each staff member was given the problem and analysis sheet carrying ninty-eight different problems, and asked to identify and list those occurring in each case she had carried. In respect to each of the seven major groupings listed above, she was asked to record her judgment as to whether the situation since the family had come to the agency has shown (1) no improvement, (2) partial improvement, (3) definite improvement, (4) whether no treatment was attempted. The workers were aware of the fact that this was a subjective process, but assumed that, like physicians can judge progress of their patients, so can professional caseworkers exercise the same responsibility. To check this assumption 100 cases were selected and assigned to staff workers who did not know the families. They were asked to evaluate progress or lack of it and their evaluations showed no significant deviations from those made by the workers handling the cases.[2]

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[1] Heckman, A.A., and Stone, Allen, "Forging New Tools", St. Paul's Family Society and Wilder Foundation, October 1947, Survey Midmonthly.

[2] Ibid

The results of this study showed that 71.8% of the families had shown definite improvement in dealing with the problems they had presented to the agency. These results gave systematically assembled evidence of the constructive validity of casework service.

Another study was made at the Hyther Child Center in Seattle, when the agency evaluated its ten years of success and failure in casework treatment of children with severe emotional problems.

A grant from the Field Foundation Inc. of New York and Chicago for research, interpretation and training made possible a study and evaluation of the results the agency had been able to achieve during its first ten years of functioning. Four hundred thirty children have been treated through the institutional unit in the ten year period between 1935 and 1945. This study found that 74.1% of the cases can be considered to have been successful.[1]

To set up a certain objective criteria for success, to measure the child's adjustment for purposes of the study, treatment was assumed to be successful if the child:

1. is able to return to his home or some foster home and makes a reasonably satisfactory adjustment,

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[1]Johnson, Lilian and Reid, Joseph M., "Hope for Three out of Four", Survey Midmonthly, October 1947.

2. is able to get along in school or employment,

3. is able to accept codes and mores of the community.

The conclusions reached from this study were that casework services, utilizing skills of psychiatric consultation and psychological testing, have a vital contribution to make to the re-assimilation into normal life, the emotionally disturbed child.[1]

[1]Johnson, Lillian and Reid, Joseph W., "Hopeless Three out of Four", Survey Midmonthly, October, 1947.

IV CONCLUSIONS

The Community Referral Committee has made gaps in community service more apparent. Some agencies probably presented cases to the committee in the first place because to them there seemed to be no resource to meet the needs of the persons involved. The writer has pointed out in this paper what the gaps are as shown by cases presented to the Community Referral Committee. Probably the committee should do more to make these gaps known to the Ingham County Council of Social Welfare and in turn to other community leaders.

The success of the treatment given to cases discussed and referred by the Community Referral Committee has been considered in detail. This study found that in 68% of cases coming before the committee, success was attained in treatment. This percentage compares favorably with the success found to have been attained by well-known casework agencies. Studies on evaluation of treatment in two well equipped agencies were noted in comparison. These studies found that treatment was beneficial to a satisfactory degree in 71.3% and in 74.1% of their cases. Our 68% compares favorably, especially when it is considered that cases about which there is the most question, and cases in which resources which are not available are most needed, are ones most likely to have been presented before the Community Referral Committee.

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APPENDIX

SUMMARY OF CASES REVIEWED, RECOMMENDATIONS MADE, AND EVALUATION OF TREATMENT


PRESSBOARD
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