

sibility, which resulted frequently in the development of new agencies and services as the need for them became apparent, the family agency should be ready, and in many quarters is showing it is ready, to go into the community to study and experiment and meet needs. Added to that is the more recently acquired skill in self-analysis and evaluation which should prevent rigidity and make possible flexibility. And the end will probably be a generic social work agency, which will combine group work and case work skills, and which will evolve into a type of neighborhood unit. In a merged case work agency, there is no family agency.

### CASE WORK ASPECTS OF REALIGNMENTS

By JOHN SLAWSON

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THE public agency, gradually at first, and rapidly in the recent past, has been taking over the quantitative and mass job. There have been many defects in the procedures adopted. There have been many upheavals, but unless a sudden change occurs, which is unlikely, the public agency will take over the entire mass social work job. Dynamic psychiatry, formerly restricted to the clinic and hospital, has become the newer and prevalent orientation of the social worker concerned with case work. These two trends, increased public agency responsibility and the rapid introduction of dynamic psychiatry into case work thinking, have had peculiar effects on the organizations operating in the case work field.

The rapid and huge reduction of the private family agency's responsibility for material relief has precipitated the tendency for the family agency to approximate the child guidance clinic and the psychiatric agency. The reduction of the problem of child dependency, largely due to this increased responsibility on the part of governmental agencies, coupled with increased sensitivity to psychiatric

values on the part of referring sources, has caused the child care institution to concern itself in a rapidly increasing measure with problems of personality and incipient delinquent behavior. To a certain extent, the foster home agency has also tended in this direction. The agency concerned with delinquents has attempted to do a preventive job, due partly to the psychiatric influence, by entering into the area of need during the early stages of personality maladjustment, and has increasingly become concerned with the younger group, not as yet declared officially delinquent, but exhibiting patterns of behavior indicative of future official delinquency.

There has been very little time to think through carefully the new emphases and to effect a workable orientation that can only be achieved through clear thinking, careful planning and constant experimentation. The need for change due to shift in responsibilities has become so compelling that new social work territory is appropriated frequently by agencies for justification of their own continuity and not through a process of integrating new procedures with established functions.

New functions, unrelated to the structure of the agency, are attempted. Agency rivalry, subdued but nevertheless present, ensues; bewildered staffs are forced to assimilate practically overnight new procedures and new skills.

In this confusion, the soil becomes fertile for the initiation of the undifferentiated agency, and mergers gain vogue. Many valid reasons are given in favor of mergers—economy, more efficient functioning, simplification of contacts, better assimilation of procedure and, finally, better service to clientele. In view of the fact that the community program is nearly always an unplanned program, due to the nature of the origin of philanthropic agencies, amalgamation appears to be the corrective for the sporadic creation of agencies in the past. Efficiency through the mechanism of merger will eliminate, it is thought, the errors produced by the sentimental origin of these organizations. Especially is the time ripe to do this, it is felt, when the responsibility on the part of the private agency for mass and quantitative social work is being so rapidly diminished. Mergers of all kinds—of orphan homes and foster home agencies, of foster home agencies and family agencies, of family agencies and child guidance agencies—appear to be the methods through which an increasing number of communities hope to establish order out of chaos and reduce friction that accompanies attempts to find new functions to replace those lost. In some of the smaller communities, it is felt desirable to merge all of the case work services, regardless of the standards of the agencies so amalgamated.

It might be well to pause to determine what it is that we are merging, what it is that we are combining, and it would be a mark of wisdom at least to prog-

nosticate the ultimate outcome of such amalgamations, especially when vogue and expediency, rather than accurate analysis, motivate the fusions. If we forget for a moment functions of agencies and concern ourselves with what is really fundamental in the case work situation, namely, the needs of people in trouble who come to agencies for assistance, we will find, generally speaking, the following: there are the reality needs, such as money; jobs, health, recreation, cultural and educational opportunity; and resources for others than themselves, such as problems related to family and children. We find, also, needs produced by psychological tensions which are also of a realistic nature, such as frustrations, disappointments, loss of love object, actual inferiorities and loss of security through the loss of job, status and health. And then we find needs flowing out of tensions produced by much more complicated states of an intrapsychic nature, such as unconscious mental conflicts and psychopathological conditions, expressing themselves in neuroses, abnormalities in behavior and psychoses.

When we consider the nature and variety of delinquent behavior alone, we become lost in the complexity that faces us. There is the delinquent whose difficulty lies solely in personality relationships; there is neurotic delinquency resulting in behavior expressed symbolically, of unconscious motivation; there is the psychopathological delinquent who, although not psychotic, is unable to relate himself to others, and who more frequently than not finds pleasurable and enjoyable his aggressive, overt, anti-social behavior. With the latter, very little, if any recorded progress in treatment has been made in this country.

Results of evaluation of case work treatment to date have not been very en-

encouraging. As a matter of fact, the case work group shuns evaluation. It is argued that the results are too subjective for appraisal. However, whether quantitative or qualitative units are employed in the evaluations, discouraging results ensue. Wholesale merging of functions, not understood in terms of needs, is combining "unknowns" and enhances confusion. Ineffectualness will increase rather than decrease if the function concerned with removal of external stress and adjustment of emotional conditions produced by social and environmental influences are confused with the function of treating internalized difficulties of an intrapsychic nature. These cannot be dealt with, either through the removal of external pressures alone or through the indirect treatment of emotional states producing maladjustment.

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Cora Kassius, a family worker, says: "It is true that case work has developed some techniques in the treatment of emotional problems. Its experience, however, has been largely with attitudes as they appeared in relation to other difficulties—anxiety about work and re-employment, feelings of inadequacy in connection with financial dependence, fears in relation to health and so on. Whether case work is equipped at this point to operate more directly in the field of personal difficulties, divorced from environmental and external issues, is subject to question. The transition, even if desirable as a function, would necessarily be a slow process, dependent upon community acceptance of program, a recognition among the clientele of the character of the services, and upon the degree of training and experience of the staff in the clinical treatment of behavior."

There are, of course, many disadvantages to specialization. There is a tend-

ency to narrow down one's concern to one phase of a situation or of a difficulty without regard to the total, and overlapping between specialties frequently results. On the other hand, specialization makes possible a concentration, an elimination of diffuseness, skill takes the place of vagueness, and the special emphasis and practice bring discovery, efficiency and productivity. In medicine, the great achievements came through such concentrated and specialized effort. Sir William Osler stated that since the advent of specialism "better work is done all along the line, a shallow diffuseness has given place to the clearness and definiteness which comes from accurate study in a limited field." Dr. Charles Singer says: "Specialism follows modern science as shadow follows substance." He attributes such discoveries as anthrax, tubercular bacillus, diphtheria antitoxins, salvarsan, anesthesia and modern surgery to specialism. We are, of course, not implying that similar concentrations produce equal results in all fields. It may be too optimistic to expect such results in the treatment of personality difficulties even with concentrated and specialized effort, because of the complexity of personality structure and the multiplicity of forces constantly playing upon it.

It was through special emphasis on work with adults in the field of mental disease and the psychoneuroses that most of our knowledge about children and adolescents was derived. It was only after we were able to make diagnoses of adults clinically that we were able later to understand similar conditions in children; thus came our knowledge about the psychotic child and a number of neurotic conditions in children. However, when we come to the field of anti-social behavior in children there is little compara-

Shuman argues that there is no need for deep psychiatry — primarily to child case agencies, only in child guidance agencies & by child workers. The latter cannot be put on the same level as the other two. In other words, combination (merge) is only possible in the larger community.

COORDINATED CASE WORK SERVICES

ble in our knowledge of the adult criminal that makes possible such designations as manic depressive or schizophrenia among the mentally ill. This makes it necessary for us to study delinquent children directly, without any aid from knowledge obtained from adult criminals.

Where it has been possible to study children directly, meager contributions have resulted. We know that the court clinics have failed to make important contributions to our understanding of delinquent behavior. The schools, through visiting teachers or other clinics, have often had to concern themselves primarily with adjusting the child to the school situation. Hospital clinics have made but slight gains with the problem; they have been engaged in the treatment of mental illness for the most part.

The child placement agency has its specialized task and the family agency has so many realities to cope with that at best its work in the field of child behavior has to be restricted, and therefore becomes more or less diffuse and indirect. It may be that the independent agency dedicated to the study and treatment of child behavior is the answer. This may not be possible in the smaller community, but is necessary in the larger community. However, it should be noted that unless the family agency continues to operate in its natural area, among other services, making homes more livable and meeting reality needs in the family situation, the work of specialized agencies with children and adolescents becomes difficult, if not impossible. Individualized treatment by means of specialized skills and equipment of disturbed children and adolescents likely to develop criminalistic and psychopathological tendencies should be preceded or accompanied, when needed, by the fundamental family services as a

base upon which to introduce appropriate special services.

In the larger community, it is perhaps no more logical for the family agency to go in the direction of the psychiatric institute than for the psychiatric institute to go in the direction of the family agency. Within their fields, each has sufficient problems to cope with and to solve. Each must make its distinctions between reality pressures, indirect emotional treatment and psychotherapy related to these pressures; each must know that overlapping family services are inevitable in the activities of both types of agencies. Fern Lowry says:

"There is need to distinguish between emotional reactions symptomatic of emotional maladjustment and those representing the individual's natural response to the burdens of his reality situation. Such selection demands the ability to distinguish between behavior which is symptomatic of a true neurosis or psychosis and that which is the result of emotional disturbances which are more readily modifiable. Some of these demand case work skills and others demand expert service."

Dr. David Levy asserts that as soon as a case work agency goes in for direct therapy, it becomes ipso facto a psychiatric agency and should be so organized.

The Jewish family agency has special responsibilities to fulfill, particularly in the realm of reality needs. The whole question of the individualization of relief giving as related to Jewish clientele is strikingly brought to the fore as the public agency's increased responsibility is established. The many external stresses to which the Jewish client is subjected, the important environmental changes that need to be effected in his behalf, the employment needs and the emotional difficulties that need to be treated as a result

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of reaction to external stress, are all important responsibilities of the Jewish family agencies. The family agency should guard the essentials in the aid given the Jewish client that are overlooked by the public agency.

There are so many peculiar and distinctive skills in different case work fields that need to be considered before we make amalgamations, and there are, of course, important local conditions to consider. In one city, the writer was in favor of merging the child placing agency, with its important specialization of home finding and supervision, with the family agency; in another city where such a merger had already taken place, it was found desirable for local reasons to eliminate the child placing function from the family agency and to create a new organization to be responsible for this task. Child placing is too specialized a function, requiring much specific knowledge and skills, and calling for a concentrated professional leadership on the part of the executive in both the guidance of the activities and experimentation, to justify indiscriminate amalgamation with the family agency in most communities.

While it is true that graduates from various schools of social work have in a large measure received the same professional training, it is important to remember that it is their agency experience through its peculiar emphases, focus and values that fits them for the practical job and gives them the specialization requisite for productivity. In the fields of probation and parole, the case workers have learned the importance of the distinctive requirements for their particular field. The modification of the case work process, because of the legal limitations imposed, and the necessity of utilizing authority as a tool in treatment soon becomes

a compelling orientation in the procedures of the case-work trained probation or parole worker. Whether it be within the family agency, child placing agency, institution, child guidance agency, day nursery, visiting housekeeping service, medical social work, legal social work, or any other form of activity that deals with the problem of helping people on an individual basis, the underlying content is generic case work, but in the actual application in any given field this general equipment must become peculiarly adopted and, hence, specific.

We have been accustomed to think in terms of traditional functional fields, such as family work, child care, recreation, health, group work, etc. Our newer psychological orientation causes us primarily to be concerned with needs of clients rather than with functions of agencies. Frequently, this results in the breaking down of the traditional functional categories. For instance, the delinquent, neglected and dependent child is reduced to a child having certain psychological and social needs. When this is done, the need for institutions for dependent, neglected and delinquents vanishes, and reorganization takes place on the basis of the actual needs of the child. Does he require primarily a substitute home of a wholesome nature and of constructive possibilities due to the death of parents, a working mother or marital disharmony? Does he need re-education and treatment for his behavior disorders, emotional illness or unconscious mental conflicts? Will simply the removal of environmental stress result in adjustment or does he need treatment for his intrapsychic difficulties? Is he "inoperable" and therefore in need of prolonged custodial care? If these questions and others are properly answered, and they can only be answered

on the basis of skill in diagnosis, the appropriate disposition will be made. Such diagnostic differentiations usually reveal the absence of much needed facilities and the abundance of outworn and ineffective resources. In such instances, merging alone does not produce the proper realignment.

Another outcome of this psychological orientation on the basis of need rather than traditional function is the necessity inherent in continuity of treatment related to the accepted emphasis of the agency to extend itself into another field in order to accomplish its task. For instance, a child guidance agency doing primarily case work finds the need of introducing group therapy, making available through this medium a protected group experience for both the timid and over-aggressive child in small groups under skillful guidance, until socialization takes place through the integrated group experience and case work treatment afforded the child in the same agency. Perhaps it would be considered that an inroad is made here into the recreational field by a case work agency. However, the increased realization of the therapeutic possibility of the group situation is the motivation for the extension. A new realignment will evolve naturally when the group work agency realizes more fully the need for individualization in its group activity. In a smaller community where the foster home field is not adequately developed, the child guidance clinic may find it necessary to make available psychiatrically-attuned foster homes for certain of its clientele. It may even need to give some material relief as part of the treatment process. This psychological orientation, of course, calls for a flexibility of referral from one agency to another which depends upon a profession-

al humility that flows from diagnostic skill and ability to accept one's agency's treatment limitations. Child placement may be asked for by a mother, but diagnostic skill might reveal that she is a compulsive neurotic and ability to perceive one's limitations would indicate the need to refer the client to a mental hygiene agency for treatment.

The overlapping that takes place between one specialty and another should be expected and not decried if it is due to an extension based upon the realization of the "wholeness" or totality of that with which it is concerned. For instance, a child placement agency specializing in the specific field of foster home care finds it necessary to work with the child's own family, and therefore renders family service. The child guidance agency finds it necessary to treat the mother in relation to the child, and therefore renders either an adult clinic or family service.

Dr. George Stevenson of the National Committee for Mental Hygiene says: "It is necessary not to confuse the word 'family agency' with the function 'family service' which is a part of almost all personal services. It is a mistake to consider that agencies can exist without their family service, or that family service can be concentrated. Some of the newer family agencies conceive themselves as the consultant to whom all family problems should be referred. This reflects not only an ignorance of the size of the job, but a lack of appreciation of the nature and direction of growth of other community functions."

Each specialty tends to widen and, hence, overlapping takes place. Such overlapping, when occurring in the area of a well defined and rounded specialty, is generally an indication of a widening sphere of concern on its part—an attempt

to see the whole man from the focus of its specialty. In effect, it represents a humanization of the specialty which is true in all specialist activities concerned with human beings. Medicine overlaps with education in its attempt to see the whole of man, and education overlaps with social work, and law overlaps with medicine. In each of these professions, there are numerous specialities which in turn overlap.

It is the job of the community organizer to integrate the social service activities of a community, coordinating the overlappings that are valid, reducing them through increased inter-agency consciousness and improved facilities, raising standards of agencies and eliminating sub-standard agencies which resist improvement. If mergers will eliminate such agencies, then perhaps this would be their greatest justification. Indiscriminate amalgamations will not solve the inter-agency problem in so complicated, tentative and experimental a field as the treatment of people with difficulties. Mergers in a small community of small agencies, frequently composed of staffs of four or five people, are perhaps one thing; mergers in larger communities, where agencies exist with well defined standards, may not only result in mediocrity, but retrogression. The community organizer needs to know much; he needs to pry far beneath the surface; he needs to have a real identification with the processes, objectives, philosophies and distinctive contributions of the activities that he is so eager to amalgamate, frequently for the sake of hoped for economies which in the long run do not materialize. He should remember that even if savings are effected they should be related to what the client actually receives in service and rehabilitation when compared to previous functioning.

The executive who feels that in an undifferentiated agency, especially if it is large, he will be able to exert creative leadership in all of the specialties merged, will be disappointed. He will generally pick out the one for development that is in harmony with his interest. If not, he will give equal attention to all, with resulting mediocrity of performance. It is important to safeguard the movement toward the undifferentiated agency or even toward amalgamations of what are traditionally considered similar functions against the impetus they might receive from the aping of mass production in industry. Individualization and concentration become difficult, if not impossible, in too large an agency. The role of the private agency, in the light of the tremendous increase in public agency responsibility, calls for experimentation and discovery now more than ever before. For this, flexibility and emphasis are needed. The profession of social work, and particularly case work, is young; skills have hardly been developed. They will not develop for many years to come in the public agency; the private agency has that responsibility. It is a question whether at this time we can afford undifferentiated case work agencies on a large scale, not in terms of dollars, but in terms of products achieved. To the lay leadership, realignments through mergers are welcome because of expected economy, and what appears to be a solution of the troublesome problem of overlapping. The professional worker, however, has the responsibility of maintaining standards, of digging deeper to discover ways of helping and curing. This must not be interfered with by wrong realignments. Similarities should not be mistaken for identities. I believe it was Cervantes who said, "In the dark, all cats are grey."

## Institutional Child Care

### PRESENT SOCIAL CHANGES AND THEIR EFFECT ON COMMUNITY CHILD WELFARE PROGRAMS

By JACOB KEPECS

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**B**Y WAY of introduction, child welfare or child care as used in this paper refers to foster care and the subject discussed applies primarily to the larger Jewish communities.

As I am not quite certain of the full meaning of the title of my subject, I shall attempt to qualify it by sub-titles in the form of a self-questionnaire.

(a) The number of children requiring foster care has been declining gradually but consistently and a movement for the consolidation of child caring facilities has gone beyond "mere talk." What will be the outcome?

(b) Jewish philanthropy led the way in joint financing through Federation and now there is an unmistakable trend toward joint servicing through a single case work agency. What does this presage for the field of child care?

(c) Government social services are being expanded, federally and locally. The Social Security measures include provisions and appropriations for various child welfare services. The Federal Children's Bureau is more active than ever and the President is asking Congressional authority for the creation of a Social Welfare Dept., in Washington. How will this affect private social work and particularly child care in the narrower sense, which is largely under sectarian auspices?

(d) World Jewry is in the midst of a very serious political and economic crisis which causes great human suffering and anguish. The need for help in all forms

is crying aloud and the appeal to America is persistent. Our own needy are entitled to assistance from tax funds and our children can be cared for by public agencies even as they are being educated in the public schools. How are we to shape our future course of action?

It is fair to assume that the phrase "present social changes" in the main title of this paper refers to the social services instituted by the New Deal, namely, the Social Security measures which include special child welfare provisions, the proposed Federal Dept. of Social Welfare and the general practice of outdoor public assistance. How are they affecting the child welfare program?

It didn't require a major economic depression and the resultant social service measures enumerated above to reveal the obsolescence of our child caring program. This was all too obvious to many of us as long as two decades ago. Social change is a slow if continuous process, and the effect of change upon human habits and social institutions while equally continuous is slower still. The lag in tempo between cause and effect which is usually ascribed to man's inertia and limited understanding is responsible for the periodic explosions and social disasters such as the recent depression. It is this lag in tempo between cause and effect which has been responsible for the rumbling and noise in the child caring field. We are now passing through the explosive stage in child care which manifests