- R E P O R T -

STUDY OF CHILD CARING AGENCIES, 1940 - 1941

NEW YORK ASSOCIATION FOR JEWISH CHILDREN

and

JEWISH BOARD OF GUARDIANS

Under the auspices of a

SPECIAL COMMITTEE

of the

FEDERATION FOR THE SUPPORT OF JEWISH PHILANTHROPIC SOCIETIES

JCCA Box 30-D

NYA
Lowrey report

Mr Silverberg's copy

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Mr. I. Howard Lehman, President, NYAJC
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Study of Child Caring Agencies, 1940 - 1941

Report on clinical needs and clinical facilities, and their use in the New York Association for Jewish Children and the Jewish Board of Guardians.

Introduction

This study, undertaken at the request of a special committee, made up as noted on the preceding page, and the services of an advisory committee, also noted on the preceding page, was made available. The General Committee met once; the Technical Committee met five times.

The original plan for the study called for the assistance of a full time caseworker from the beginning, whose function would be to read cases according to plans evolved for sampling the different types of services available in the two agencies, and the types of clientele to be served. Unfortunately, because of the time of year at which the decision was finally reached to proceed with the study and authorization for its beginning was received, it was not possible to secure the short time services of such a worker. It was, however, finally possible to secure approximately half time service from Simon H. Tulchin, a psychologist with extensive experience in child guidance work, from the latter part of January until the conclusion of the prescribed six months of work on April 30. Later, the services of Mrs. Grace O'Brien O'Niel, who had also had extensive contact with child guidance work, were secured for the last two months of the study. The time originally allotted for the study was thus seriously curtailed in terms of available personnel. This meant also that the collection of data by all concerned in the study had to be prolonged until the very end of the allotted time, so that the analysis of data and writing the report had to be deferred until after the expiration of the stated time. All workers put in a great deal of overtime, which accounts for the fact that the data upon which this report is based are reasonably complete in accordance with the plan originally laid down, despite the comparative shortness of the period.

The following statement of the purposes of the study was provided on November 18, 1940.

1. What services are rendered by the NYAJC and the JBG in all departments for all children, including the problem child?

   This question takes for granted a preliminary survey of the composition of the agency.

2. What determines the selection of one agency rather than another for the performance of these services?

3. If unnecessary duplication of services exists, how can it be obviated?

4. Are there any children now in the care of these agencies who could be served satisfactorily or equally well by existing state or municipal facilities?

5. Do you find examples of children now in institutions or foster homes who in your judgment could have been treated more successfully if they had remained in their own homes?

6. Assuming that you could start over again, without regard to the existing agencies, what plans would you recommend as the most effective and practical for the private care of Jewish children?

Although these questions are dealt with in general terms in the main body of the report, they are categorically and specifically answered in Part III.

A further set of questions was evolved in discussion with the General Committee on December 16, 1940. These set forth in somewhat more detail specific objectives for the study. While they are answered in the general report, for purposes of convenience they are also answered in summary form in Part III.

1. What is the relative proportion of average or "normal" and problem or "abnormal" children presented to the Association and to JBG for care?

2. With reference to child placement, how effective are the diagnostic standards with reference to determining the type of care (foster home, institution, specialized) that may be required?

3. What are the standards and by whom are they applied for determining whether the child needs a special psychotherapeutic approach?

4. Are there children not now classed as problems, who may be or have been problems?

5. Are the problems as definite and as difficult as they may at first appear?

6. Are there children erroneously classified as problem children, or whose problems have been incorrectly diagnosed with resulting ineffectual treatment?

It should be emphasized, however, that the study has been primarily concerned with the clinical services available and how they are used; with the recognition of problem children, and the nature of their problems, and how they are treated.

The report itself is divided into three sections, all of which are separately indexed.

I. New York Association for Jewish Children (NYAJC)

II. Jewish Board of Guardians (JBG)

III. Specific Questions and Ideal Recommendations

Cooperation from all staff members of both agencies was excellent and grateful acknowledgment is made for their assistance and for the readiness with which tabulations, lists of cases, reports and other pertinent data were made available. Acknowledgment is also made of the excellent cooperation and large amount of time spent by the executives of the divisions of both agencies. Special acknowledgment is made to the Chairmen of the two Committees and the Executive Directors and Board officers of both agencies.

Respectfully submitted

-signed- LAWSON G. LOWREY

Abbreviations

NYAJC or AJC - New York Association for Jewish Children
FHB or HB - Foster Home Bureau
JCCB - Jewish Children's Clearing Bureau (before it became Intake)
HOA - Hebrew Orphan Asylum (before it became the Avademy)
ED,b - Edenwald School - boys department
ED,g - Edenwald School - Girls Department
HSGS - Hebrew Sheltering Guardian Society
PCS - Pleasantville Cottage School
FH - Fellowship House
YS - Youth Service
CG - Child Guidance Department of Pleasantville
JBG - Jewish Board of Guardians
MAN - Manhattan Office
BR - Brooklyn Office
BX - Bronx Office
H-CK - Hawthorne-Cedar Knolls School
LH - Lakeview Home
CG - Child Guidance Department
UM - Unmarried Mothers Department
CT - Court Department
GT - Group Therapy Department

Miscellaneous

JSSA - Jewish Social Service Association (Man)
JFWS - Jewish Family Welfare Society (Bklyn)
HHI - Home for Hebrew Infants
PJ - Pride of Judea (orphanage)
IOA - Israel Orphan Asylum
BHOA - Brooklyn Hebrew Orphan Asylum
MHC - Mental Hygiene Clinic (whether or not hospital is specified)
CC - Children's Court
DRC - Domestic Relations Court
DW - Department of Public Welfare
CSS - Community Service Society
HR - Home Relief (all types, including mothers' assistance, etc)
BEL or Bellevue - Bellevue Psychiatric Hospital and Mental Hygiene Clinic
K Co - Kings County (Psychiatric Hospital and Mental Hygiene Clinic)
BCG - Bureau of Child Guidance, N.Y. Board of Education

I N D E X

1. NEW YORK ASSOCIATION FOR JEWISH CHILDREN

	Page
General Statement	1
Pre-existing Organizations	
Hebrew Orphan Asylum	2
Edenwald	3
Hebrew Sheltering Guardian Society	3
Fellowship House	4
Pleasantville	5
Foster Home Bureau	6
Jewish Children's Clearing Bureau	7
New York Association, following merger	8
Intake	9
Foster Home Bureau	10
Institution Division	12
Edenwald	12
Pleasantville	15
Institution Casework Division	17
Youth Service	19
General Considerations regarding dependent children	20
Jewish Children	25
Clinical Needs and Facilities	27
Edenwald	27
Pleasantville	29
Foster Home Bureau	35
Intake and Youth Service	39
Recommendations	40

1. NEW YORK ASSOCIATION FOR JEWISH CHILDREN

This association, chartered under the Laws of 1939 (subscribed and acknowledged January 12, 1940), was formed by the merger of four pre-existing corporations having for their primary purpose the care of children who, for one or another reason, could no longer live in their own homes.

1. Hebrew Orphan Asylum (HOA) was originally incorporated as the "Hebrew Benevolent Society of the City of New York" in 1832. The name had been twice changed: to "Hebrew Benevolent and Orphan Asylum of the City of New York" in 1870 and to "Hebrew Orphan Asylum of the City of New York" in 1906.

2. Hebrew Sheltering Guardian Society (HSGS), incorporated in 1879 and re-incorporated in 1882, consisting of three main divisions:
   A. The institution at Pleasantville, opened in 1912, replaced on earlier congregate institution caring for some 600 children. In addition to administration and other buildings and the Director's cottage, there are 15 cottages designed originally for 30 children. (It is reported that they once cared for about 600 children.)
   B. Foster Home Bureau, organized in 1922 as a definite entity replacing the former "Home-finding Bureau," which had been in operation since 1906; with increased emphasis from 1913 on. (Never separately incorporated.)
   C. Fellowship House, established in 1910 and separately incorporated in June 1914, served as after-care agency for both the Institution and the Home Bureau. In the middle '30's over 500 young people discharged from the other services were supervised each year.

3. Jewish Children's Clearing Bureau, incorporated in 1923 to investigate applications for placement, serve as a clearing house for information, etc.

A brief description of the functioning of these organizations before and after merger, necessary for orientation, follows. In connection with this, it should be noted that certain functional changes inevitably occurred within the merger. However, these organizations were definitely set up to minister to children who must be cared for outside their own homes, whatever the reason for that might be. There is unanimous agreement of opinion, and considerable statistical evidence, to show that the reasons for foster care have altered greatly in the last twenty-five years, particularly in the past ten to twelve years, during which time public relief of various sorts have been so vastly increased. It has been succinctly stated that at present children are removed from their homes because they present problems or have problem parents.

1. HEBREW ORPHAN ASYLUM

This congregate institution is to be given up. According to latest information, the last of the children will be moved out by October 1, 1941. The population has already been reduced from 607 on December 31, 1939, to 290 on April 30, 1941. The Institution has housed as many as 1300 children (about 1905). Boarding out was first tried in 1866-1867, because of the "moral hazard to older girls of living in the Institution." This was not continuous and was re-introduced in 1901-1902. As of January 1, 1940, these children, numbering 724, were transferred to the care of Foster Home Bureau. On Jahuary 1, 1941, 615 of these children were still in the care of F.H.B. Of these, 69 had been under care 11 or more years.

Psychiatric work seems to have evolved out of interest in "individual differences." The first step was securing a psychologist for one day a week in 1911. Later there was first one and then two full time psychologists and, beginning in 1916 or 1917, all entrants were given psychometric tests. The first psychiatrist was a volunteer, about 1924. In 1927, a psychologist was brought in to reorganize the educational set-up. Because of difficulties, both men later resigned. In July 1929, the "clinic" was reorganized with one full time psychologist and two psychiatrists giving 6 hours per week each. Curtailment caused the resignation of one psychiatrist, "and her work was taken over by the other psychiatrist." In 1931, a second psychologist was engaged and the time of the psychiatrist was reduced to 4 hours per week. Of this time, 8 hours per month was spent at Edenwald. This schedule of time continues.

In a report of a special committee of the Committee on Medical Affairs, December 7, 1937, additional psychiatric time and 3 "advisors" (psychiatric social workers) were requested. This was regarded as inadequate. The request was not allowed, although the pressure of demand was very great and there was a long waiting list. It was noted then that, of 1553 children (excluding 642 in after-care), 5 per cent were full orphans, 31 per cent half orphans, 61 per cent had both parents living, and 3 per cent born out of wedlock.

Meantime, HOA had been especially interested in the educational problems of the children and pioneered three educational experiments.

One was an "ungraded" kindergarten, established in 1927 in the Institution. To this were sent children of mental age 5-11 and below, including normal children below school age and older children with IQ as low as 55. Of 73 children admitted in the first six groups, nearly one-third had already failed in the grades. The average children were happy. As they reached proper mental age they were sent into first grade. It is reported that they then made regular progress through the primary grades.

Secondly, discovering that conduct disorder in the class room was, in many instances, due to lagging for reasons other than lack of intellectual capacity, coaching classes (in 1927) and later remedial tutoring, were instituted in reading and arithmetic.

The third was a "floating teacher's class" for over-age boys floundering in the fourth and fifth grades (after vocational school activities were restricted by the Board of Education to high school students). The educational effort was to give this group what they could use educationally. This led to Edenwald.

Finding that dull girls were rejected by their group socially earlier than the boys, Edenwald Girls School was established first, being opened May 1, 1925. The boys school was opened in April 1929. Enrollment has been as high as 90; on April 30, 1941 it was 57 resident and 24 day pupils. The requirements for admission have been, in general IQ 65-90, school retardation and social maladjustment.

Tabulations of IQ distributions made at various times at HOA, and involving groups made up in various ways, show the following approximations (the Edenwald children were excluded from the various tables). There is some variation in individual years, but no trend of variation is seen.

About one-third (33 per cent) of the children admitted rate as inferior in intelligence on the tests (IQ below 90). Included here are the 3-4 per cent rating as feebleminded (IQ below 70). Approximately half (52 per cent) the children rated average (IQ 90-110), and about 15 per cent were rated superior (IQ 110 and above). Median IQ's center about 94 in all tabulations. One table covering 1500 children revealed 21 with IQ over 130, or 1.4 per cent.* While the resulting curve is somewhat skewed according to theoretical standards, it seems not to be greatly different from the curve of IQ distributions for New York public school population, where the median IQis usually given as 94.

Both the ungraded kindergarten and the Edenwald School are of distinct interest as representing progressive efforts to meet special educational problems. The kindergarten plan was especially important; it was recognized, however, that similar provisions were needed in the grammar grades, if the children were to have the most profitable school experience. Edenwald represents an attempt to provide for the educational needs of a group badly neglected in public education - even at present.

2. HEBREW SHELTERING GUARDIAN SOCIETY

This organization was incorporated in 1879 and re-incorporated without change of name in 1882. A congregate institution was operated in the city until 1912, when the cottage institution at Pleasantville was opened. This cottage idea was relatively new and it was stated in 1938 that since the opening of the institution not one Jewish congregate institution had been built and very few of any denomination had been erected.

*From tables and cumulative charts made available by the Director.

The organization began placing children in foster home about 1906. When the Pleasantville institution was opened, the lower age limit for admission (related to the school program) was 8 years. Accordingly, younger children referred for care had to be placed in homes. In 1918, placement work was still further developed and in 1922, it was stated that "the old method of conducting a Home-finding Bureau as a side issue to an orphanage is all wrong." A Bureau, independent of the Institution, was set up under the direction of a "Committee of Women", instructed to place as many children as possible in homes of high standards adequately supervised, without regard to vacancies in the Institution and keeping in mind only the interests of the child. The Foster Home Bureau was given almost complete autonomy from the beginning, but was never separately incorporated.

A need for interest in the children both before and after discharge was noted when the Institution was moved to Pleasantville. These functions were carried out by an organization separately incorporated in 1914 as "Fellowship House." This agency modified its program in accordance with changing conditions and provided for over 500 adolescents at one time during the late 1930's. With the merger, Fellowship House as such was abolished, its functions of "long time tutelage", a work shop camp, a theatre project, etc., being transferred to Youth Service.

On April 23, 1941, the caseload of the latter was 270 and 34 cases had been discharged (dating from May 1940). On May 14, 1941, the number of discharged had increased to 50, of whom 35 (70%) were discharged to family or near relatives and 11 (22%) remained in their boarding homes.

The original services of Fellowship House were: 1) a guild of friends (big brother movement); 2) a free employment agency; 3) a social center, settlement and alumni house; 4) home-finding department. By 1916, follow-up of all children leaving the Institution was undertaken, irrespective of age or length of stay. This was organized on a casework basis of actual service, given more intensively than required by the City. The discharge age at the Institution was the working age of 16. However, in 1917, 40 per cent of the 699 children under care were under-age children - i.e. discharged before they were of workingage and followed up in home and school. Service homes and boarding homes, charges in the latter being usually met by the youngsters, were found. The recreational center aspect of the work diminished, and casework with individuals became more and more important, especially as children with personality problems increased in number and the problems seemed more severe. As other community and Federal facilities developed, these were utilized and elements of Fellowship House program, such as the workshop, were discontinued. The agency specialized in the needs of those of its children who could not take advantage of the various programs.

Perhaps the most important points which emerge from this brief review of Fellowship House are the problems developed by the increased length of the dependency period, related to unemployment. The Department of Welfare has accepted responsibility for support until 18 in selected

cases, whereas the former employment age was 16. Various types of made work, public and private, support for education, etc., have been provided. Second is the considerable group of children (some 60 per cent or so), who may and do return to their own homes or to near relatives. For this to be successful, good casework is required both for child and relatives. Finally, a residue of unemployable, often unplaceable, children is found, who require special treatment or social care and supervision.

At Pleasantville, the educational program, carried out by the New York Board of Education, extends from the lower primary through the second year of high school. It is organized chiefly on the basis of opportunity classes, with more emphasis on shop work than is usually true in elementary schools, and an intensive commercial course in the high school grades. Of late years a limited number of older children have attended the Pleasantville High School.

Aside from its cottage plan, the most distinctive feature of Pleasantville is its Child Guidance Department. This department, established in October 1925, was the outgrowth of the recognition by Dr. Leon Goldrich, then Director, of the increasing incidence of emotionally disturbed children who did not react favorably to the institutional routine. The Department was started with a consulting psychiatrist, two visiting psychiatrists one-half day per week each, (later a third was added) and a full time psychiatric case consultant and worker. In 1927, one visiting psychiatrist began giving 10 hours per week, which was later reduced to one five-hour period per week. In 1928, for 6 months, another psychiatrist also visited.

In 1926, two psychiatric social workers (so called, though their training was psychological) were appointed. By 1935, the staff had been increased to 3 male and 3 female psychiatric social workers. It was noted that the percentage of children with "psychoneurotic traits or psychopathic traits" had risen from 15 per cent of new admissions in 1925 to 66 per cent in 1935, and there was an increasihg demand for admission of this type.

All newly admitted children were given psychological tests. Children treated were those who presented serious current conduct disorders and those whose past experiences indicated a need for therapy. In 1935, when the number of disturbed children increased so greatly, it was agreed that not more than 45 per cent of the children should be those classed as problems. In general, this has since been adhered to, though at one time the number rose to 80 per cent. It was also noted at this time that "the child who appears better adapted is usually sent to a foster home, whereas the child who from his previous record has appeared likely to give trouble, is more apt to be referred to an institution." (Functioning of the department is discussed later.)

It is stated that difficulties in obtaining the proper type of psychiatric social workers led to the appointment of a resident psychiatrist in 1937. This worked out so well that a second resident was appointed a year or so later. In 1938 the New York School of Social Work sent students for field work. (No students were registered at the time of this study.)

In October 1940, one resident psychiatrist left and was not replaced. There seems to have been, about this time, some question regarding the issue of "abnormal" and "normal" children, which is discussed later. This had nothing to do with the change to one resident.

It is important to note that much effort was made over fifteen years to integrate the mental hygiene program of the institution as a whole. Difficulties have been with the school program and the fact that maintenance people have not been of the type useful in vocational training.

At the time the study was begun, the Executive Director was the former head of the Child Guidance Department. There was a consulting psychiatrist, a visiting psychiatrist, a resident psychiatrist, head and five psychiatric social workers and a psychological interne. About 52% of the approximately 270 cases were assigned to the child guidance workers. Treatment was chiefly conducted by the workers under supervision of the psychiatrist.

The extent of direct psychiatric supervision has varied somewhat, largely in terms of available personnel and pressure of work. All the child guidance records read contained notes on at least one conference with the psychiatrist. There does not seem, however, to have been a systematic plan of review of all cases at stated intervals, nor particular emphasis on content of conferences. Conferences occurred most frequently in relationship to particular problems necessitating review.

On April 30, 1941, there were 265 children at the Institution, 178 boys and 87 girls (this proportion of two boys to one girl has been fairly constant).

The Foster Home Bureau had its inception as such in 1918 when the present director began work in the "home-finding" department, having previously been at Fellowship House and Pleasantville. On July 1, 1918 there were 253 children in homes. At the end of 1939 there were 1305 children remaining in care, of 4784 placed, 3712 having been discharged. At that time, 724 children were transferred from the boarding department of HOA, and during 1940, 251 were admitted and 407 discharged, leaving 1873 under care at the end of the year. On April 29, 1941 there were 1886 children under care, of whom 1799 (969 boys; 830 girls) were native and 87 were wards of the German and American Aid Committees. There were 79 applications pending (42 boys and 37 girls). As previously noted, this Bureau has always enjoyed an autonomous status, though not separately incorporated. They have made extensive use of the "panel" system of doctors and dentists, and have more recently extended this to include psychiatrists.

Dr. Friedman, head of the Medical Service, has made diagnostic psychiatric studies for a number of years. In 1938 a psychiatrist was added to the staff, spending first 7½ and then 10 hours per week. Until recently three of his four periods were spent in conferences with workers, the fourth in direct treatment. Eight workers were treating cases under his supervision in January 1941. In October 1940, the senior psychiatrist at Pleasantville moved to the city and was engaged by the Bureau on a schedule of eight hours per week. His services have been chiefly diagnostic, and two studies he is making are particularly important. One is a study of the psychiatric problems of new cases; the other relates to the severity and treatability of problems presented by children already in care.

There has always been an interchange of cases between the institution and the home bureau. At one time all children of school age were transferred to the institution, but that practice was abandoned years ago. More recently, the Bureau has used the institution for selected cases and many more cases have been transferred from institution to bureau than vice versa. Thus, during the five years ending with 1940, there were 49 transfers from bureau to institution and 175 transfers from institution to bureau.

3. JEWISH CHILDREN'S CLEARING BUREAU

Incorporated in February 1923, the organization had begun work in July 1922. As reported in 1934, it had several functions and had a Board made up of executives and board members of 8 organizations dealing with children. JCCB investigated applications for placement of Jewish children and allocated them; enlisted the cooperation of other agencies; followed up unvisited children at the Home for Hebrew Infants; served as an information bureau; offered other services as needed.

Without going into detail, it should be pointed out that the original intention seems to have been to commit all Jewish children to a clearing house where the child "would receive a complete mental, physical and genealogical examination." The intention was then to send the child "to the institution or foster home which would best be adapted to the child's needs, instead of the child being compelled to adapt itself to the institution to which it is arbitrarily committed." The Commissioner of Public Welfare pointed out that the results of the physical and mental examination made by the department's clearing Bureau at Welfare Island would be made available "as a guide in the selection of an institution where the child's best interest would be served."

In 1937 the following general, though not hard and fast, rules regarding allocation of children were stated. Children were allocated to foster homes under the following conditions: the young child (infancy to at least 8 years)*; those in need of long time placement, with little chance of return home; children whose problems are due to lack of satisfactory parent-child relationships, behavior problems requiring flexible environment and individualized care. Children allocated to institutions were: problem children in need of controlled environment; those needing the experience of group living; adolescents who refused foster home care and had difficulties with their own parents; when parents were so opposed to foster home care that only an institution was acceptable.

As long ago as 1924, the Bureau pointed out that, though they had no need for a reception house or temporary shelter, there was need for a more thorough study of the children than they were able to give. Then, as now, they used "existing agencies for the examination of children who present one or another problem." They had to take what they could get, ask favors, wait, etc. "We ought to have on our staff available for whatever service we may ask, physicians, psychologists, psychiatrists and psychiatric social workers." It was hoped that "at some future date" JCCB would have a medical staff which would "also be the medical staff of the various Jewish child-caring institutions" and that this would lead to a certain centralization.

*Note, however, that children were also sent to HHI.

From the beginning, JCCB was only advisory, and the aim was not to house children, but to know resources and distribute children for their own benefit. For the actual placement of children who needed to be placed, it was necessary "to shop around," actually not much advance on the older system. As early as 1933, it was noted that cases should never be accepted for placement because "of destitution, pure and simple." The largest number of applications was 2169 in 1931. The maximum staff size was 10. Agencies were under no compulsion to accept children recommended by JCCB, and each agency had its own intake policy. Many children were accepted directly from the community.

The New York Association, following Merger

The merger which brought about the Association had been under discussion for years. Several people stated that various plans had been held in abeyance because of this.

The Association was incorporated in January 1940, and the major changes seem to have occurred in May 1940. The Articles of incorporation state the purposes as follows:

(a) To maintain, support, care and provide for, instruct, aid and protect minor children of the Jewish faith who may be intrusted to its care and custody bytheir parents or surviving parent, guardian or closest relative, or committed to its care by any court, judge, justice or magistrate, or by any municipality or other political subdivision of the State of New York or by any department, bureau or agency thereof.

(b) To have the power to return ..... any child whatsoever who for any reason in the judgment of the Trustees ..... shall not be a proper subject for its care.

(c) To be appointed and to act as general guardian ....

(d) To have the sole and exclusive custody and control .....

(e) To investigate ..... the conditions, requirements and needs of persons ....., including the investigations of the cases of the children .....

(f) To maintain an institution or institutions for the temporary reception and for the permanent housing of dependent or neglected Jewish children.

(g) To provide homes, care and maintenance for dependent or neglected Newish children either in the aforesaid institutions or in foster or boarding homes, or elsewhere or otherwise.

(h) To concern itself with ..... former wards ..... to instruct, aid and protect such former wards.

The Board of Trustees is made up of members of the Boards of the pre-existing agencies. A total of fifteen Board committees is listed, including Committees: on Medical Affairs, on Education, Intake, Allocation and Discharge, on Foster Home Care, on Institutional Care, on After-Care Activities and on Personnel Practices.

"The Committee of Medical Affairs shall have charge of all matters in connection with the physical and mental health and welfare of the wards of the Society."

"The Committee of After-Care Activities shall have charge of all matters concerning all former wards ....., including the necessary pre-discharge casework with wards ....., training or education....., granting of loans ....., adequate housing and employment....."

The Association is organized in five Divisions. A brief description is first given of each, followed by an analysis of the clinical needs and facilities in terms of the Association as a whole.

1. Intake

This division continues the work of the former Jewish Children's Clearing Bureau in the quarters owned and occupied by that Bureau. As of May 1941, there is a director, an assistant director and 8 caseworkers. Some of the caseworkers are on assignment from other divisions of the Association. The director has been with the agency for 12½ years and the assistant director has been there for 14 years. Two workers have been with the agency since April 1936. One of these is now on maternity leave and her place has been taken by a temporary worker. The other 6 workers all came to the agency in April, May, June, July and October of 1940. Seven of the regular workers and the temporary worker have had psychiatric field training experience, and one had subsequent experience at Pleasantville. No psychiatric field training experience is recorded for the director, but is so recorded for the assistant director.

This division has no psychiatric service of its own. However, they make use of the psychiatrists attached to other divisions, as well as all mental hygiene clinics that are available to them.

The division has responsibility for the admission and allocation of all children accepted by the Association for care. It is also responsible for all transfers of children from one division of the Association to another.

During the calendar year 1940, applications were received regarding 844 children, including transfers. Of these 343 (including transfers) were accepted for placement and allocated. At the end of the year action had not been taken on 155 cases and 346 were not accepted for placement, the record being closed. In 286 cases, the client either withdrew the application (215), or defaulted (71). The latter term is used to cover those cases in which the client discontinues contact without explanation. Twenty cases were referred to other agencies, and 40 were rejected either because the client's needs could not be met, or because the client was not eligible for service.

For 343 of these children, the age groupings are as follows:

Under 3 years of age	87
3-5 years inclusive	32
6-13 " "	193
14 and over	31

Intake Service records its allocations as follows:

Academy	26
Pleasantville	81
Foster Home Bureau 170	
Home for Hebrew Infants ...	49
Temporary Shelter	8
Edenwald Boys School	2
Youth Service	7

In addition to the main office, Intake operates through a district office located in the West Bronx, in connection with the offices of the Foster Home Bureau. There the assistant director supervises 5 workers, the other three being under supervision of the director at the main office.

2. Foster Home Bureau

This bureau continues to operate in much the same manner as it did before the merger. However, as previously noted, the Bureau took over a large number of children and a number of staff workers from the Boarding Department of HOA.

As of May 1941, the staff was made up of a director, 2 assistant directors, 2 administrators, a case consultant, a full time psychologist, 9 supervisors, 6 assistant supervisors and 63 caseworkers. Of the 79 workers, supervisors and case consultant, 63 were graduates of schools of social work; 14 had not yet completed training, of whom 9 were attending N. Y. School and 2 had only their project to complete; 1 had training and no training is recorded for 1. Seven supervisors, 6 assistant supervisors, the case consultant and 29 of the caseworkers had psychiatric field training. One supervisor, one assistant supervisor and 7 caseworkers are graduates of the Smith School, and 4 have diplomas in psychiatric social work from other schools.*

As previously noted, since October 1940, the Bureau has had 18 hours of psychiatric time per week from 2 psychiatrists, both of whom are exceptionally well trained in child psychiatry. The psychologist has good background and training, including a Ph. D., and has been with the Bureau since 1937.

*The data on psychiatric field-work experience in training for both AJC and JBG were obtained from the executives. No attempt has been made to evaluate such field training with respect to its applicability to the issues involved in child-care or to the treatment of children's problems. The experiences vary a great deal in different psychiatric settings. Experience on the job has not been taken into account in these statements. For instance, all workers at Pleasantville and at JBG would be credited with psychiatric experience with children's problems and this experience as noted elsewhere, is likely to be much more valuable than the training experience.

Personnel reported by the Bureau December 24, 1940 was as follows:

Executive Director	1
Assistant "	2
Administrators	2
Clerical workers	53
Supervisors	9
Assistant supervisors	7
Social workers	62
Nurses	8
Nurse for seasonal emergency ...	1
Doctors - part time	3
Psychiatrist - part time	2
Psychologist	1
Also local doctors and dentists were used on call	

For the calendar year 1940, the Bureau records 251 admissions and 407 discharges. The total number of children under care during the year was 2280, and those under care at the end of the period numbered 1873. Of this last number, 615 were formerly of HOA. This means that of the 407 cases discharged from care, 109 were former HOA children, and 298 were originally FHB children. Of the 1873 children remaining in care at the end of the year, 235 had been in care for 11 or more years, 69 formerly HOA Boarding Out Department and 166 wards of the Bureau. (Many of the cases read from this list had spent part of the time in care at HHI).

Summary of Census as of January 1, 1941 is as follows:

1782	Children Boarded in 1270 Homes
29	Children Supervised in Foster Homes
17	Children in Free Homes
39	Children carried for Follow-up in their own Homes
8	Children carried for Supervision Only (Other than those Mentioned Above).
1873	TOTAL
67	Children Pending Intake
87	Children - German Jewish Children's Aid, Inc.
6	Children - U.S. Committee for Care of European Children
2033	TOTAL

Of the 251 children admitted during the year, 91 were transferred from other branches of the Association. Applications were withdrawn or rejected during the year for 126 children. The total number of referrals for the year 1940, including pending cases carried over to the first of the year, was 444. The Bureau made use of 107 homes outside of New York City. Of these, 49 were in Long Island, 43 elsewhere in New York State, 13 in New Jersey and 2 in other states.

Of the 251 children admitted to care during 1940, 43 were under 3 years of age, 51 were 3-6, making a total of 94 children under school age. There were 74 children age 6-12, and 83 children from 13 to 19 inclusive. There were 24 children of 15 years, 22 of 14 and of 4 years, 18 of 18 years and under 1 year of age, 16 age 7, and 15 aged 1 year, 3 years and 9 years.

By another method of classification there were 80 children under 5 years of age, 69 from 5-10 years, 48 from 10-15, and 54 over 15. Presumably most of the older children were transferred from Pleasantville.

Of the 407 children discharged, 224 were between 15 and 20 years of age, 130 being 17 and 18. Sixteen has been in the past the usual age of discharge from public support. It is worth noting that 216 of those discharged were 16 to 22 years of age. (29 were 16, 62 were 17, 68 were 18, 45 were 19, 8 were 20, 2 were 21, and 2 were 22.)

Of the 1873 children under care December 31, 1940 292, or 15 per cent, were 16 to 19 years of age. Of these older children, 151, who are 16 and 17 years, are under commitment from the Department of Welfare. Fifty-seven of the same age are under commitment from the Children's Court. One girl of 17 is under county commitment. Seventeen from 16-19 are on the free list; 11 aged 16-18 inclusive are on private arrangement; 5 aged 16 to 19 are on scholarship; while 50 are listed as being under supervision.

Seventeen of the children under care were under 1 year of age, 48 were between the ages of 1 and 3, and 206 were 3-6 years of age, making a total of children of pre-school age and infants of 271. Arranged by half decades there were 182 children under age of 5, 545 from 5-9 years inclusive; 682 were 10-14 years inclusive and 464 were 15-19 years inclusive. The largest number at any particular age was 172 at age 15. The next largest number was 147 at age 14, closely followed by age 16 with 143.

There were 1320 children, or 70 per cent of the total, under commitment from the Department of Welfare: 378 or 20 per cent, under commitment by the Children's Court; 91 or 4.8 per cent are recorded as being under supervision; 34 on private arrangement; 32 on the free list; 13 committed by counties and 5 on a scholarship.

3. Institution Division

This division includes the Academy, the two Edenwald schools, and the Institution at Pleasantville. The director of this division was director of HOA prior to the merger. On January 1, 1941 the executive at the Academy became the director at Pleasantville. The Boys School and the Girls School at Edenwald each has a director. At Pleasantville there is also an assistant director, cottage parents, boys' and girls' supervisors and maintenance staff. Beyond general statements, qualifications of these workers were not studied. The Academy has already been sufficiently discussed.

EDENWALD

The director of the Boys School at Edenwald has been there from its beginning and has a background of psychological training and worked at Pleasantville. The director of the Girls School has been there since November 1932, having worked previously at JBG.

The Girls School at Edenwald first received children in May and June of 1925, when 15 girls age 15 and 16 were sent there. It was found that these girls were too old and it was necessary to remove them by the end of that year. In January 1926, 15 girls age 10-13 were sent there and by May 1929 there were 25 girls at the Institution. The capacity of the school was 28. On April 1, 1941 there were 18 girls in residence. In the entire Institution experience they have had about 150 girls. New York City Board of Education provides the class room teachers. There is a vocational teacher and a dietitian at the Girls School. The original idea was to train the girls thoroughly in housework, including laundry and waiting on table. To this was added simple hand sewing and machine sewing. Contact with outside activities was encouraged from the beginning. The girls have had a very high employment record and of late have been abler at finding jobs than have the boys. The girls apparently keep well within the limits of their abilities and seem to keep their jobs in factories or as machine operators quite well. The girls much prefer doing factory work to housework for several reasons, including the fact that housework is not socially acceptable to the girls or their parents. Furthermore, the conditions under which they live at Edenwald are such that they are not prepared for the social discrimination in the housework job. Also, the director does not regard them as dependable enough to care for young children in families, and crowded living produces moral hazards.

There is great freedom in the social life of the boys and girls at Edenwald, but there have been no difficulties about sexual matters. In general, girls are chosen for Edenwald who present inferior IQ's, who are retarded in their academic school work and who, it would appear, would benefit by the type of vocational training which Edenwald offers.

All the girls have regular house duties, those which serve the group being cared for on a rotating schedule. Heavy cleaning is done by a porter and all household laundry is sent out. They may visit parents on the week-end, and be visited afternoons or weekends.

All children, including day pupils, attend classes one-half of the school day, except the older ones, who concentrate on vocational training until placed.

There is a record of one boy graduating from high school and one girl attending evening high school and "doing exceedingly well."

There is a sewing department, for which all girls are scheduled. This has two divisions, an elementary and a power machine. All girls over 16 are trained in the latter, and the most efficient over 17 are specialized in this. There is a home economics department and a poultry class. There are many extracurricular activities.

In March, 1941, one girl had been there since 9/23/35 and one since 1/13/36. Five were admitted from December 1931 to October 1938; five in 1939; four in 1940 and one in 1941. IQ's ranged from 69 to 84 (1 unde r 70; 12 from 70-79; 4 from 80-84). Two day pupils had started there in 1939; the other 7 in 1941. IQ's of day pupils, 68 to 80. Two of the resident girls were over 18; the youngest 13; one was 16-4; 11 were born in 1925 and 1926; 2 in 1927. One of the day pupils was over 17; two (twins) were nearing that age; the youngest was 12; four were 13; and one was 14-4.

The Boys School was opened in April 1929 with a capacity of 60, and had 37 resident pupils on April 1, 1941. The Institution has handled 190 children during its existence. The boys have been taken in at an average age of 12. The IQ range has been about 60 to 85. They do not take boys with handicapping physical disabilities and the boys must be retarded two or more grades in school. The staff is composed of 2 full time supervisors, both college graduates; a caseworker assigned from the casework department, a practical nurse who acts as a seamstress, a c hef, engineer, gardener and a general shop man. There is a part-time painter, a WPA metal worker and a WPA art teacher. The academic teachers, provided by the New York Board of Education, function for both boys and girls. They have a high per cent of non-readers. It should also be noted that in both schools they have a high per cent of left-handedness. Of 17 girls, 3 were left-handed and one was ambidextrous, while 11 of 35 boys were definitely left-handed. It is thought that there were some who were early changed from left to right-handedness.

All of the above mentioned employees are vocational teachers. The chef, who teaches cooking and baking, also places boys in these jobs. The entire educational procedure is informal and revolves around their vocational training. The fundamental philosophy is to integrate vocational training and socialization. They give the child something concrete to work on to develop a sense of adequacy and security. The children are brought as much as possible into contact with the community. Club work is done in community centers. The children travel freely into the city. They go out into the neighborhood to play and neighborhood children come into the Institution. At one time they had all possible recreational facilities under WPA. That has been broken up and sending the children out to utilize community facilities is regarded as highly superior. They operate a summer play-ground for the community with a swimming pool, etc.

There are few disciplinary problems; the children have an opportunity to express themselves and are a definite part of the institutional community There are many coeducational parties and outings. The children do not run away.

The IQ distribution for 35 boys was: seven with IQ 60-69; fourteen, IQ 70-79; nine, 80-89; five 90-96. All the latter presented distinct educational and personality problems. Eleven of 36 boys, on whom information was available, had been reared in infant's homes. Only eight of these were admitted to Edenwald before 1938, the two of longest residence having entered in 1934. Two of the boys were born in 1922; 2 in 1923; 4 in 1924 and 9 in 1925, making 17 who will reach their 16th to 19th birthdays this year.

The whole staff, including the teachers, join in conferences about the children. These are held every two weeks after school hours. The psychiatrist visits each week, going alternately to the houses, and a physician visits each week.

With respect to the results of training, a question has been raised as to what the results of training are with reference to the types of job placements resulting. This is a debatable question, for which there is no immediate statistical answer. However, it has been stated that the boys do start at higher pay and are more readily employed because of the training. For the most part the jobs are comparatively simple - helpers in kitc hens and factories, handy men in auto repair shops and gas stations, and general handymen, delivery boys, poultry farmers, truck drivers, etc . A few hold

relatively important jobs, including one who is a partner in a gas station. Many of these boys go out into the nearby community and get their own jobs.

PLEASANTVILLE

There has been some change in the functioning of Pleasantville since the merger. The number of children under care has dropped only about 10 per cent (from 302 on 12/31/39 to 265 on 4/1/41), but there have been numerous staff changes and considerable discussion of the issue of having "normal" and "abnormal" children in the same institution.

The director (and head of the child guidance department) was replaced on January 1, 1941. The head social worker, appointed 2/4/29, went on leave of absence 4/1/41. One psychiatrist left October 1, 1940 and was not replaced. One social worker, appointed 11/18/40, has resigned, as has the psychological interne.

As of May, 1941, the child guidance department was made up of 2 men and 2 women workers, all having had psychiatric experience, appointed in July 1939, and in June, August and September, 1940. The resident psychiatrist was appointed 6/16/39. The visiting psychiatrist, who had been there many years, resigned as of February 1, 1941, and was replaced by a psychiatrist on a schedule of 4 hours per week.

Three workers from the ICWD rapidly made contact with the children not assigned to the child guidance department. Their supervisor has been also called on for supervision in the child guidance department, and now gives four and one-half days to Pleasantville. The assistant director of the ICWD also functions as a liaison officer with Intake regarding intake and transfers.

The school department at Pleasantville presents a real problem. Being provided by the New York Board of Education, the choice of teachers has not been happy and there is no real coordination with the work of the Institution as a whole. The seventeen teachers cannot be drawn into conferences about the children and cannot be used out of school hours. There is difficulty, too, about the vocational program. There is a woodworking shop, a machine shop, general opportunity class, a printing class, farm project and sewing. It has not been possible to use maintenance personnel for training purposes, as is true at Edenwald. There is no well defined vocational training. The farm project has been particularly interesting to many children.

There are nearly thirty buildings on the grounds. Of these 13 were in use for children at the time of this study. Including all departments, there were about 120 employees. The cottages were originally used for 30 children each, but of late the census has been much lower. There is no central gymnasium or recreational hall. Basements of the cottages are not used to any great extent; their use would be comparatively limited, but would be helpful.

In 1938, admissions and re-admissions numbered 128; discharges, 122; in 1939, there were 138 and 131 respectively; during 10 months of 1940, there were 86 admissions and 94 discharges.

At the end of 1938, the census was 298 (201 boys and 97 girls). The mean IQ was 104.9. Distribution was: under 70 IQ, 6; 70 to 89, 49; 90 to 109, 156; 110-159, 87. It will be noted that there were 87 children rating above average, including 21 highly superior, by comparison with 55 below average, including 6 who would be classed as feeble-minded.

In September, 1940, there were 52 children with IQ's below average, of whom at least 4 would be classed as feebleminded; 128 of average rating; and 89 above average, including 20 with IQ's of 130 and above.

Several tabulations from 1938 to 1940 show the average IQ to be 104-105. This is higher than that reported for the New York City public school population and the HOA population. This is a result of the selec-tive policy of the Institution and of the attitudes of other community agencies. That is to say, for at least 5 years, other agencies have thought of Pleasantville as providing a specific type of controlled environment, psychiatrically oriented, and offering psychotherapy for emotionally disturbed children with behavior problems.

In October, 1940, only one boy was 16; there were 30 of 15 years. The largest age group was 54 at 13 years. The group 10-14 years of age numbered 218, or 77.7 per cent of the 281 children then in residence. There were 2 children of 7 and 8 years of age. Half the group were 11, 12 and 13 years of age (141). Accepting 14 as the average age for entering high school, 71 were of high school age, or 25 per cent, while none were below school age.

A tabulation made in December, 1940 showed that 150 of 267 children were retarded in school; 101 were in their proper grade; 16 were accelerated.

One grade retarded	93
Two grades "	33
Three " "	12
Four " "	2
In Ungraded classes	10
	150

This retardation of 55 per cent of the children is in sharp contrast with the 80 per cent having average or superior intelligence (IQ 90 and up). It is perhaps another index of emotional disturbance, though o ther factors, especially irregularity of previous school experience, must be remembered.

4. Institution Case Work Division

For reasons of policy, this division was set up independent of the institutional division. The function is to do casework with the institutional children and their families. The division is independent of the child guidance set-up at Pleasantville. The aim was to have every child in the institution known to a caseworker, and this seems to have been accomplished. In December, 1940, the average caseload was 33 (plus after-care cases still being carried, not yet transferred to Youth Service). At that time the division was made up of a director, an assistant director, two supervisors, 12 caseworkers at the Academy, one at each of the Edenwald Schools and 3 at Pleasantville. The caseload at that time (12/16/40) was 340 at the Academy, 56 at Edenwald and 130 at Pleasantville, (the others at Pleasantville being assigned to child guidance workers). This division is also charged with the responsibility for after-care of those children discharged who will require only a short period of supervision in making the new adjustments.

As of April, 1941, there were 2 supervisors and 18 caseworkers, 3 of the latter listed as temporary. With the exception of one temporary worker, all are college graduates and 6 have advanced degrees. Fifteen, including both supervisors, are graduates of schools of social work and one will complete work this year. With two exceptions, graduations were within 10 years. No social work training is recorded for 4, of whom 1 is listed as temporary. Two are recent graduates of the Smith School, and five others, including one supervisor, have had psychiatric training. No specific psychiatric training or experience was noted for one supervisor and 12 caseworkers. However, the supervisor came from a long experience in a family agency which has made fairly extensive use of psychiatrists.

An important problem for this division was the group of children in care 16 years of age and over. A study was made as of February 1, 1940, of 156 residents of the Academy (108 boys, 48 girls). Tables are based on 143 children, 101 boys and 42 girls. At age 16 there were 62; at 17 there were 44; at 18 there were 28 (of whom 26 were boys); at 19 there were 7 boys; and at 20 there were 2 boys. Sixty-one had been in this institution from 5 to 10 years; 43 had been there 10 to 14 years. These figures refer to the present stay in the Institution only. Fifty-six children were known to have had previous placements. In 86 instances (80%), both parents were living. Inadequate income, rejection of the child and separation of the parents were the most frequently noted reasons for placement. At the time of study, only 25 families were known to have no economic problem. Regular contact had been maintained by 102 families. Fifty of the children presented physical handicaps of sufficient severity to require special planning; 97 were regarded as having normal personality adjustment. Seventy of the children had made normal school progress; 51 were retarded, and 4 were receiving higher education. Only 70 were known to caseworkers, half of them for less than a year. In only 36 cases did it seem possible for the child to return home, although there were 19 other families who could take their children if the latter could be either self-maintaining or receive a subsidy while continuing education.

In a number of cases, another plan than institutional placement had been indicated. Why it was not carried out was not clear to the investigators. The conclusions emphasize the need for "dynamic planning," pertinent knowledge concerning the child and his background, and consistent re-evaluation.

These children, who are kept under care so long, and past the usual age of discharge, present several special problems of much interest clinically. It should be noted that these 156 represented about 30% of the population at the Academy at that time, (the population was 607 on 12/31/39 and 494 on 4/30/40; exact number 2/1/40 not known). It might be surmised that there was an unusual degree of social or personal pathology involved and that case work had been insufficient to work out the plans necessary for discharge.

The complete list of reasons for placement offers some clue. For the individual child, the reasons were obviously multiple. (The average is 3 for the 143 children whose records were analyzed.)

Inadequate family income	91
Rejection of child by one or both parents	56
Separation of parents (including desertion)	53
Physical disorders, one or both parents	47
Marital incompatibility	43
Mental illness, one or both parents	42
Death of one or both parents	33
Low mentality of parents	33
Behavior of child	28
Mental retardation of child	2

Data on intelligence levels are not especially adequate. It is stated that the IQ was under 80 in 16 cases; 80 to 99 in 60 cases; 100 to 145 in 67 cases. With regard to the 46 cases showing personality difficulties of an extent requiring special planning or supervision, and the 97 classed as showing normal personality adjustment, it is noted that "lack of individualization of the child made it impossible to judge of the range or seriousness of personality adjustment within this group." A handicap to normal progress toward maturity on a realistic basis was the dependency "unavoidable fostered by the more protective environment of the institution."

Prior to the establishment of this division, casework with the institutional children had been confined to such work as the after-care division did, chiefly in anticipation of forth-coming discharge, with the child, and yearly visits to the family while the child was in care. In 1938, two case-workers were added to the staff for casework service to the children. How much a more active casework approach to the children and their homes would have yielded in the way of earlier return home, or the utilization of other forms of placement, is, of course, problematic, but experiences recorded in this study, as well as other data, indicate that this practical gain should be considerable. There should be much healthier personality growth and less of the institutionalization so frequently seen in these

children. It should be noted that, although the Academy children were reported to have great freedom of movement throughout the city, institutional dependency is nevertheless noted in these children. Thus it is recorded that, for these children over 16, "the weaning process is proving a difficult one and planning must be exceedingly careful lest we be faced with repercussions."

As the Academy population is moved, this division will also be shifted. Children are being and will be transferred to Foster Home Bureau, Pleasantville and perhaps to Edenwald. The regular workers of this division will replace temporary appointments or vacancies at Intake, Home Bureau and Pleasantville.

According to my latest information, two workers will be transferred to Pleasantville. One ICDW Supervisor now gives 4½ days per week to Pleasantville workers, both child guidance and ICWD. Eventually, two supervisors will be assigned there. Present assignments at Edenwald will continue, through replacement of one worker who is resigning.

Eventually, some sort of amalgamation of casework at Pleasantville seems to be indicated and this will be discussed further on.

Last year the psychologist at the Academy was transferred to this division. Since the resignation of the Fellow in psychology at Pleasantville, this psychologist has been visiting Pleasantville twice a week.

5. Youth Service

Orphanages have had "After-Care" services for many years, and this division is a direct outgrowth of those departments at Pleasantville and the Academy. Casework contacts with the children in the institution, formerly a function of after-care workers, has been transferred to the institution casework department, which also deals with after-care, if that bids fair to be a short process. If, however, "long term tutelage" will be required, the case is transferred to Youth Service which, therefore, has the responsibility for helping the adolescent make the series of adjustments necessitated in fitting into the community after a longer or shorter period of foster care. The age group is 16 to 21.

The present director was the director of Fellowship House, having been in the work since 1918. The present staff is small, composed of 3 men and 2 women. One woman, acting as assistant director, director of projects and in charge of intake, holds licenses to teach in elementary and high schools, is attending New York School of Social Work, and has had extensive contact with the child guidance department at Pleasantville as teacher and cottage mother there. One man, classed as "senior caseworker," does special work in vocational guidance. He has a Ph. D. in psychology and was a worker in the child guidance department at Pleasantville for 3 years. A woman worker, rated as supervisor and home-finder, with Fellowship House for 14 years, is attending the New York School. She has had extensive contact with the child guidance department at Pleasantville. A fourth male worker is also the camp director, and has been with the organization

for nearly 3 years. He had psychiatric field training as a social work student. The fifth worker, a man, came to the organization in October, 1940, and has special responsibility in Lavanburg Corner House and community group-work agencies. He has had psychiatric experience, including an analysis.

The ideal expressed by the director is to have a mixture of casework and group-work points of view. Opportunity or service homes are important for their planning. The group to be served included more boys than girls. In the latter part of November, these adolescents were on home relief, subsidized by NYA, in their own homes and - a small number - in Lavanburg Corner House. The group is quite heterogeneous, including children from the Academy, Edenwald, Pleasantville and Foster Home Bureau.

At the end of April, all employable boys were employed. The unemployed were those with interfering personality problems. About 40 of 270 children presented problems, 10 among girls. A workshop camp was to be opened about May 1 for the unemployed boys. A theatrical project had been set up for disturbed girls. Scholarship funds, derived from various sources, are to be granted through this division.

There is a psychiatric consultant for 2 hours per week. He has seen very few cases, the time being spent in conferences with the staff. The transfer of Miss Goldman from Pleasantville to the city, with office in the building which houses Intake and Youth Service, has increased the opportunity for dynamic review of the problems of the children. It is planned to have Miss Goldman see all the children at intake to the service.

General Considerations Regarding Dependent Children.

From all sources consulted, it is clear that the number of children being placed in foster care is decreasing in relation to the number of children under 16. For New York State, the rate per 10,000 has dropped from 181.6 in 1911 to 145.2 in 1939. The actual number under care in New York State was 48,797 in 1911 and 48,486 in 1939. The largest number was 52,344 in 1914.

Institutional care shows a marked decrease, from 33,901 in 1911 to 21,850 in 1939, (about 35 per cent). Free and wage homes show an even more marked decrease, from 11,113 in 1911 to 4,049 in 1939 (about 64 per cent). Boarding home care increased enormously in this same period. There were 3,783 children in such homes in 1911, and 22,587 in 1939 (increase nearly 600 per cent).

For New York City alone, the decline in the number of children in institutions between 1929 and June 30, 1939 has not been so great, from 11,936 to 11,793. The number in foster homes, however, more than doubled - from 5,051 to 10,871. The largest number under care, as reported by D. W., was 23,635 in 1933, when institutional care was also at a maximum. Also, the "cases" of the Board of Child Welfare increased from 11,921 in 1929 to

25,836 in 1939, the increase during 1939 alone being 4,372. It is not ascertainable how many children are involved in this figure.

Children in institutions reached a maximum of 14,058 in 1933. The number in foster homes declined slightly in 1933 and 1934, but has risen steadily since. The total number of children under public foster care increased by 5,677 from 1929 to 1939, the total in the latter year being 22,664. Commitments of dependent children in 1938 totalled 4,477; during the first half of 1939, 2,049. During the same periods, 4,498 and 2,209 children were discharged.

Public expenditures for children in foster homes and institutions increased from (approximations are used) 6.2 millions in 1929 to 8.9 millions in 1938; 4.4 millions for the first six months of 1939 (aside from administrative expenses). Board of Child Welfare expenditures increased from 6.5 millions in 1929 to 12.4 millions in 1938. There was a huge jump (over 30%) from 1937 to 1938. Total expenditures for children in foster care, ten and one-half years, 87.2 millions; B.C.W., 101 millions and 4.7 millions for a dministrative expense.

These figures bear out the frequent contention that the development of various types of public relief has operated to modify the need for foster care and the types of children being placed. Enormous figures for increased home relief, luncheons and milk for school children, work relief, etc., all bolster the contention that children are not removed from their own homes when any of several other forms of aid will serve to keep the home functioning. (For the 10½ years, 522 millions were spent for home relief; 11.7 millions for school lunches. Total expended on direct relief of all types, work relief, unemployment insurance, B.C.W., etc., including administrative expenses of 128 millions, amounted to 2,018 millions.)

The New York City Department of Welfare executives state definitely that removal of children from their own homes is a last resort. "Public aid to the family in the home has tended to reduce the number of children <u>who had to be taken away</u> and cared for in institutions or foster homes" (italics mine). There is some evidence of a present trend toward increased numbers taken for foster care, but the fluctuations are not very great. The main trend seems to be in the direction of slight diminution in the total number under care, with some tendency toward stabilizing at about 22,000.

The number of City children committed each year as dependent and neglected by both D.W. and Children's Court has been about 4,500. Since 1934, the number committed each year by D.W. has been about 3,500. While there was some variation from year to year, the Jewish children committed have numbered about 15 per cent of the total in the last years for which figures are available (to end of 1938).

The number of Jewish children in foster care by New York City agencies decreased from 5,357 on 3/31/38 to 4,608 on 3/31/40; the ratio (to all children in foster care) declined from 20.6 per cent to 18.2 per cent. (The ratio of Catholic children in care increased from 52 to 54.5 per cent in the same period, while the ratio for Protestant and non-sectarian remained stationary at 27.4 and 27.3 per cent respectively.) The actual number of Jewish children under ca re decreased by 749, or 14 per cent.

About 85 per cent of all children in foster care are public charges. Approximately 90 per cent are white, and 10 per cent negro and "others". The age distribution is also of importance.

December 31, 1939 - New York State

Age	Total		Institutions		Foster Homes (all types)		Per Cent in Foster Homes
	Number	Per Cent	Number	Per Cent	Number	Per Cent	
Under 2	2,797	5.8	937	4.3	1,860	7.0	67
2-5	4,965	10.2	1,257	5.7	3,708	13.9	74
5-10	11,658	24.1	4,486	20.5	7,172	26.9	61
10-14	13,446	27.7	7,007	32.1	6,439	24.2	48
14 & 15	7,766	16.0	4,593	21.1	3,173	11.9	41
16 & over	7,854	16.2	3,570	16.3	4,284	16.1	54
TOTAL	48,486		21,850 (45%)		26,636 (55%)		

Note: Of the 4,284 children 16 and over in foster homes, 2,197 were in "wage or work" and "free or adoptive" homes. The total number of children in "boarding homes" wa s 22,587.

It will be seen that approximately 72 per cent of the children under 5 years of age are in foster homes; the percentage of children under 10 in foster homes is approximately 66. Stated another way, 47.8 per cent of the foster home group (50.8 per cent for "boarding homes") were under 10, while only 30.5 per cent of the institution group were of that age. In "boarding homes", 22.1 per cent were 14 and over (28.0 per cent for all foster homes), by contrast with 32.2 per cent of the institution group in this age grouping.

From 10 years of age on, however, the situation changes somewhat. Approximately 60 per cent of the children were 10 and over (29,066). Of these, not quite 53 per cent were in institutional care and 47 per cent in all types of foster homes. The percentage of those in institutional care, according to age group, varies from a maximum of 59 per cent at 14-16; through 52 per cent at 10-14; and 45 per cent for those over 16. This last figure is due entirely to the large group at this age level in "wage or work" and "free or adoptive" homes. All but 3 of 1,452 children in "wage or work homes" are in this age group. Also, 748 of 2,597 children in "free or adoptive" homes were in this age group. There were 2,087 in boarding homes at 16 and over, or 48.7 per cent of 4,284 at this age level in all types of foster homes.

If the figures for institutions and boarding homes only are contrasted, the picture is somewhat altered. These groups total 44,437, of which 21,850, or 49.2 per cent, were in institutions and 22,587, or 50.8 per cent were in boarding homes. Children under 10 numbered 18,147, or 40.8 per cent, and those 10 and over were 26,290, or 59.2 per cent. Of the under 10 group, 36.7 per cent were in institutions and 63.3 per cent were in boarding homes. For the 10 and over group, 57.7 per cent were in institutions and 42.3 per cent were in boarding homes.

Of the 21,850 children in institutions, 6,680, or 30.5 per cent were under 10, while 15,170, or 69.5 per cent were 10 and over. Of the 22,587 children in boarding homes, 11,467, or 50.7 per cent, were under 10 and

11,120, or 49.3 per cent, were 10 and over. Further, of the 5,657 aged 16 and over, 3,570, or 63 per cent, were in institutions and 2,087, or 37 per cent, were in boarding homes.

It appears, therefore, that the trend toward the use of foster homes, which has been so conspicuous for the past 20 years, has so far largely been in terms of the younger child, while the institutions has continued to function for the older group. The use of "wage or work" homes also seems significant, accounting for 33.8 per cent of the 16 and over group in foster homes of all types. Coupled with the "free or adoptive homes," more than half the foster home care for this age group is accounted for. In fact, almost 28 per cent of this entire age group, as listed in this table, are so cared for. Even so, a considerable number are left for public or private charitable care.

Nothing is found to demonstrate conclusively why so many children (relatively) are in institutions at 16 and over. It is known that commitments for delinquency are related, as this provides a type of foster care, but no data were found to clear up the point completely. It was noted that of 7,511 children admitted to public care in 1939 (of a total of 9,288) 6,119 were destitute, neglected or abandoned, 1,359 were delinquent and 35 physically handicapped. Dr. Hexter says of this point, and I agree with him, "...the number is somewhat correlated with an absence of case work for children once they are committed to institutions". That comes out clearly in the HOA study previously cited.

Again, unless formally discharged, a child "remains in the custody of that agency until he becomes 21 years of age." It is shown that, of 10,915 children discharged from care in 1939, a total of 3,457 were 17 to 21 years of age, an additional 910 being discharged at 16. For those 17 and over, 41 per cent had been in care 5 to 10 years, and 30 per cent for more than 10 years. In fact, however this older group is examined, one can only conclude that a larger proportion of them were originally dependent and neglected, and not delinquent. For example, of 910 children discharged at age sixteen, 16 per cent had been under care over 10 years and 35 per cent between 5 and 10 years,.or more than half the group were cared for more than 5 years. The largest group of discharges was 1,771 aged "5 and under 10". Of these, 446, or 25 per cent, had been under care from 5-10 years and 553, or 31 per cent, for 2-5 years. It seems reasonable to suppose that the retention of the older children in care was primarily based upon the social situation, personality difficulties, or both.

A tabulation of 9,288 "first admissions to foster care" showed that 26.3 per cent were under 2 years of age; 12.4 per cent were 2-5; 22.1 per cent were 5-10; 33.2 per cent were 10-16; and 6 per cent were 16 and over. There were 56 per cent boys and 44 per cent girls. The ratio is more nearly even for those under 10, being 53 per cent boys and 47 per cent girls, but for those 10 and over, there is a sharp increase for the boys to 60 per cent. The difference is especially marked in the "10 years and under 14 group," and only less marked in those 14-16. There could be a relationship here to delinquency commitments. A n analysis of 43,493 children who were public charges 12/31/39, showed that 29 per cent had been under care 5-10 years and 10.4 per cent 10 years and over. Similar analysis of 22,996 New York City children showed 32 per cent under care 5-10 years and 10.8 per cent under care 10 years and more.

With reference to the prolonged care, which is evident throughout these figures, the family background might lend some insight. During a five year period, covering the admission of over 53,000 children (New York State), there were 2.3 per cent full orphans and 22.6 per cent with one or both parents dead; both parents living 55 per cent; one parent living, 20.2 per cent; born out of wedlock, 21.7 per cent.

For 9,288 admissions for the year 1939, there were 335 fathers and 1,800 mothers in institutions, a total of 2,135. Of these, 272 were in penal institutions, 44 mothers were in institutions for juvenile delinquents; 416, of whom 361 were mothers, in hospitals for mental diseases; 140 in homes for mentally defective; 420 mothers and 8 fathers in temporary a nd special homes, county homes, etc.; 200 in tuberculosis hospitals. Especially so far as these 1,800 mothers are concerned, the nature of the institutional care indicates a likelihood that the majority of these homes will not readily be reconstituted. The 20-25 per cent of children born out of wedlock present special problems in several ways, long time care being one.

For New York City, first commitments in 1939 totalled 4,628. Of these, 821, or 17 per cent, were under one year of age; 291 were 1-2 years and 564 were 2-5, making a total of those under 5 of 1,676, or 35 per cent; 1,047, or 22 per cent, were 5-10 years; 873, or 19 per cent were 10-14; 666, or 14 per cent were 14-16; and 266, or 5.8 per cent, were 16 and over. Probably a considerable proportion of the older children were delinquents, committed whither to State Training schools or to private agencies. In the City, over 90 per cent of commitments were to private agencies and institutions.

For City commitments, 97.1 per cent of the children were native born, 61 per cent of native parents, 12.9 per cent with one parent native and the other foreign born, and 21.2 per cent of foreign parentage. Approximately 20 per cent of those committed are Jewish.

A summary of all discharges, including those from one organization to another, for the 5 year period ending with 1939, shows approximately 20 per cent discharged to other child-care organizations; 55 per cent to "relatives within the second degree" and 5 per cent to other relatives; 4 per cent adopted; 10 per cent to own responsibility; 1 per cent to penal institutio 1.7 per cent to institutions for mental defectives; 0.3 per cent to mental hospitals; 1.5 per cent died.

If the discharges to other child-care agencies are excluded, there would seem to be 49,236 children involved in this tabulation. Of these, 856 were sent to penal institutions, 1,256 to institutions for mental defectives, 171 to state hospitals, and 1,085 died. This would mean that 4-5 per cent of those actually discharged were delinquent, defective or psychotic, which seems high but bears on the point of internal pathology among those under care.

For the year 1939, it is noted that discharges to "own responsibility" begin at age 15, increase to 387 at 18, decrease to 220 at 20 and increase sharply to 598 at 21, (the statistical legal age). Discharges to penal institutions also began at 15, the peak being at 18 (59 boys, 1 girl) and

decreasing to 5 boys at age 21. (There were 165 boys and 11 girls in this group.) Discharges to institutions for mental defectives began in the group "2 and under 5" with 16; increased to 65 in the "10 and under 14;" at 21, there were 5.

Discharges to state hospitals began with 4 in the "5 and under 10" group and scatter throughout the age groups to 20 (there were 17 boys and 8 girls in this group). (One-third of the deaths were under 1 year; one-half by the age of 2; there is a steady decrease in succeeding groups.)

There are no directly comparable data concerning experiences with Jewish children. It is known that the commitment rate of Jewish delinquents, both Juvenile and adult, has shown a substantial decline. The admission rate of Jewish patients to mental hospitals and institutions for mentally defectives has remained fairly constant since 1933. For the mental hospitals, this is 12 per cent $\pm$ 0.4 of first admissions; for the state schools for defectives it is 12 $\pm$ 1.8 per cent of first admissions.

It does not seem that Jewish children are kept longer in care, or in disproportionate numbers in the upper age groups; or that grossly pathological children are kept in large numbers. In fact, it is an impression, based upon a variety of experiences, that the more active clinical programs of the Jewish agencies has operated in the reverse direction. This point is further discussed below.

On one point some data are available. During the 4 years 1936-1939 inclusive, Foster Home Bureau reports that 64, 62, 60 and 56 per cent respectively of children discharged returned to their own homes or homes of near relatives. Pleasantville reports that, in 1939, 61.7 per cent of 131 children discharged returned to their own homes; in 1940, the per cent was 51 and in 1941 (to mid May), 50 per cent were so returned. In another agency, about 65 per cent have returned to relatives and about 10 per cent have remained in their boarding homes, often self-maintaining. It has already been noted that 70 per cent of discharges from Youth Service were to relatives.

The implication of this is that a surprising number return to their homes or near relatives, by comparison with the apparently overwhelming disorganization of the home at the time of commitment.

With respect to admission rates, the picture is confusing, in part because of the merger and the resulting shifts in emphasis, in part because of continuing changes in D. W. policies, probably, in part because of inherent variability.

The actual census of children under care, as reported by Dr. Hexter's office, has shown a decline for all divisions of the agency, due in part, it is believed, to some decline in admissions, but chiefly to discharges related to plans resulting from the merger.

The census figures are as follows.

	CENSUS			
	12/31/39	4/30/40	12/31/40	4/1/41
Foster Home Bureau	2,084	2,058	1,940	1,883
Academy	607	494	337	298
Pleasantville	302	296	274	265
Edenwald - boys	63	41	36	37
- girls	27	26	19	18
Totals	3,083	2,915	2,606	2,501

These figures do not include the 270 children under the tutelage of Youth Service and the 34 day pupils (17 boys, 17 girls) at Edenwald.

So far as admissions are concerned, only FHB and Pleasantville need be considered here, since the Academy is closing and Edenwald has usually received children only by transfer.

For 21½ years, excluding 1940, FHB averaged 173 admissions per year (minimum 139 in 1920; maximum 339 in 1930). For the five years 1936-1940, admissions averaged 213, the minimum, 151, in 1939 and the maximum, 251, in 1940 (excluding the transfers from the Academy). Discharges averaged 172 per year for 21½ years (minimum 105 in 1921-1922: maximum 262 in 1938: 1940 excluded). For the five years 1936-1940, discharges averaged 253 (minimum 182 in 1938: maximum 407 in 1940, a fter HOA transfers had been received).

It is impossible to say with any certainty whether admissions have reached their peak, since the Bureau will, it is assumed, absorb most of the children who would ordinarily have gone to the Academy. However, it may be noted that admissions were 246 to 270 from 1928-1937 inclusive, except for sharp increases (and equally sharp drops following) in 1930 and 1934. Admissions in 1938 and 1939 of 172 and 151 respectively were 30 and 40 per cent below those of the three preceding years. The sharp increase for 1940 can, therefore, be matched in preceding years. Furthermore, from 1922 to the end of 1937, the number under care at the end of each year increased over those at end of the preceding year. This was not true in 1938 and 1939. It seems reasonably probable that admissions will range from 200-300 for the next few years.

The situation at Intake does not clarify the picture. JCCB reported placements at HOA, HSGS and HHI of 1007 in 1931 and 876 in 1933. (Other figures show similar drops.) It has already been noted that applications in 1940 dealt with 844 children and that 343 were placed, including transfers between divisions of the agency. Actually, more children (346) were not placed than were.

Incidentally, it may be noted that, entirely aside from cases referred by Intake to other agencies, it is known from record reading that some of the children "withdrawn" or "defaulted" found placement in orphanages outside the Association.

At Pleasantville the admission for 1938 were 126, for 1939, 127 and For 11 months of 1940, there were 84. The smaller number of admissions

in 1940 was definitely related to policy, since 126 cases were referred during the period, of which 114 were acted on. A considerable number of cases were referred by organizations dealing with problem children.

The general conclusion is that, in thinking of clinical needs and facilities, a population of 2500-3000, of all ages from infancy to 21, of diverse types and needs, and an admission rate of 300-400 per year must be planned for.

Clinical Needs and Facilities

Concerning questions regarding the number of "problem" children, the types of problems they present and the indicated treatment procedures, data were derived from a number of sources. These included studies and reports made by workers in the agencies or departments, conferences with staff members, attendance at various types of staff conferences, discussion of cases, and analysis of case records selected at random to give a general picture of the nature of difficulties presented and steps taken to meet them.

At Edenwald, all children are, in the broad sense of the term, "problem" children. These children have been selected for the specialized program of the school because of the educational and social problems they present after psychological testing and psychiatric review. So far as ascertained, the IQ ranges established as criteria have been well observed. An occasional child has presented well defined symptoms of a neuro-psychiatric disorder for which Edenwald is not suited (epilepsy, encephalitis), but these instances seem to be rare.

However, it should be pointed out that there has been inadequate time from both social workers and psychiatrist for individualized treatment of children presenting rather urgent emotional problems. To at least one aspect, namely the possible relationships of left-handedness and confusion, learning disa bility, etc., no attention seems to have been given. It has seemed that, once a child was admitted to Edenwald, too much responsibility was thrown upon the resident staff for making the necessary adaptations and not enough emphasis la id upon continuing studies.

An instance may be cited. A girl, b. 4/18/25, was admitted to HHI 12/28/26. Referred to JCCB 2/14/30, mother being dead and father having disappeared. She was thin, undersized, bit her nails, cried easily, was generally submissive and "had been enuretic." FHB assumed care that summer. In September, 1932, FHB reported she had been in three homes and three schools and"she was unable to adjust in any one of them." She had been in Metropolitan Hospital and Bellevue reported she was not feebleminded. Committed to HOA 12/11/32. Boarded out 1/10/33: returned to institution 2/20/34. Poor learning ability, speech defect and IQ-76 recorded. Described as adjusting well with children: vivid imagination; talkative; destructive; busy-body; tried to get center of stage. Later notes indicate emotional disturbances; vengeful, wilful, greedy, unstable, untidy, silly, polite, temper tantrums, etc. Seen by psychiatrist; no treatment attempted. Transferred to Edenwald 2/21/38. Ambidextrous.

In June, 1939, when the girl was 14 and in 3A, tests at Vocational Adjustment Bureau revealed a specific reading disability. Tutoring has been helpful, but the unhappiness and seeking for attention and affection remain. Her father reappeared, but the contact was not constructive.

Unquestionably this girl would have benefitted by direct therapy. When the case was discussed (in November) this had never been tried, nor were facilities available for it at that time. The VAB report pointed out her needs for security, the emotional upheaval and defense mechanisms regarding need to excel. She had "average intelligence with special talent in art." Her need for encouragement, sympathy and mental hygiene treatment were stressed.

This case is a fair example of several which, in one or another way, stress the need for continuous evaluation and modification of program for even this presumably somewhat stereotyped group.

The Committee on Medical Affairs in 1937, in a report covering also HOA; total census at that time 2195, of whom 642 were after-care, leaving a main load of 1553, stressed the need for more psychiatric service, the long waiting list, and the need for psychiatric social workers (called a dvisors). It was recognized that even such a program as they recommended was inadequate. The needs of Edenwald were not specifically mentioned.

In the early part of 1940, a special study was made of the schools, when there were 67 children, of whom 10 were 18 and 10 were 17 years of age. Five boys were recorded as having IQ 90 and above, one having been sent there for special training in poultry raising while attending high school. Academic achievements extended from grade 2 to grade 7, the largest number (23) being in grade 5. Thirteen of the children were in their first year of residence; 13 in the second; 15 in the third; 7 in the fourth; 9 in the fifth; while 10 had been there 5-8 years. Thirteen children had been away from home less than 5 years; 24, from 5 to 10 years; 21 from 10 to 15 years, and 9 from 15-19 years. Of these, 12 had been under care of social agencies from the age of 6 months or less.

Twenty-four of the children had had only institutional care before Edenwald placement; 10 had only foster home care; while 23 had been in both institutions and foster homes. It was reported that 23 of the children spent their earliest years a t HHI. Five of the children were full orphans; 24 were half-orphans and both parents were living in the case of 38.

These facts alone are taken to indicate the size of the problems involved in planning for discharges. Casework was urgently needed, especially in the case of the 15 children ready for discharge under appropriate conditions as placeable in industry: 9 requiring supplemental service as well as job placement. One boy was in need of a made work job and four to be referred to mental hygiene clinics were also regarded as ready for discharge. These children had been at Edenwald from 3 to 7 years.

Four children were recommended for intensive service, two at the Academy, one at Bellevue and one direct treatment by the psychiatrist. Foster home placement was to be tried for three. These children, 12 to 16 years of age, had been at the schools for 1 to 3 years.

It was indicated that 4 needed intensive casework services; 10 needed "intensive casework service in consultation with the psychiatrist;" requiring casework and direct work with the psychiatrist, 3; vocational adjustment questioned because of poor eyesight, 1. In other words, there were 18 cases requiring intensive work of one or another sort, including 9 requiring psychiatric attention. These children had been in residence

from 2 months to 2 years; age range, 12 to 16 years.

Twenty-two children, all but one to continue attendance at Edenwald (5 from foster homes), were regarded as well adjusted and showing the best vocational possibilities. At Edenwald from 2 months to 4 years, the age range was 11 to 16 years.

Our analysis of the records would indicate as much or more need for intensive casework under psychiatric supervision or direct work with the psychiatrist (leaving aside the need for casework with families or contact with community resources in anticipation of discharge). That these children should present marked disturbances in behavior or personality development is to be expected. The inferior intelligence is, per se, only a contributing factor. Failure in school, family rejection and disintegration, and repeated placements all contribute to maladjustment. If the traumas are early and severe, they may operate to produce a false appearance of stupidity. Other internal factors may also contribute to difficulties in social acceptance, and so help in the evolution of problems. Finally, an institution such as this tends to become a place of last resort. Inevitably, then, the children are more likely to be disturbed and so not fit into the original conception of the institution, which seems to have been to provide definite vocational training for adjusted children who could accept it.

If the Edenwald program is to be continued, it should be with more adequate casework and psychiatric service to supplement the training program.

Pleasantville

Here, the situation is quite different. The institution was originally intended to assume "the parental function" for children of 7 to 16 - a matter of physical care, shelter and maintenance, education, discipline and moral training. But with the establishment of the child guidance department in 1925, the functioning of the institution inevitably underwent changes. So did the conception of its functioning in the view of the community, especially the agencies dealing with children.

As previously stated, effort was made, from the beginning of the department, to integrate all activities of the institution into a mental hygiene program. From the standpoint of other agencies, however, the most important point was that provision was made for direct psychotherapy, either by caseworkers under supervision, or by a psychiatrist.

Dr. Goldrich, then Director, thought of the program not so much in terms of clinical work as in terms of the "hygienic development of the emotions" of children. He noted that "nearly 50% of dependent children under custodial care" came from homes so seriously disorganized that removal was necessary "to save the child from dangerous disintegration of personality". He advocated hygienic care, treatment and re-education based upon fundamental needs and makeup of the child. In an article, he outlined a comprehensive program calling for, among other things, a great degree of technical competence in psychotherapy, psychoanalytically oriented.

To other agencies, especially mental hygiene clinics dealing with children's problems, this was especially important, since they frequently found it necessary to place a child away from home and welcomed a psychiatrically oriented, controlled environment in which a child might receive treatment, while the original clinic might or might not continue to work with the parent. That this conception might not necessarily agree with Pleasantville's interpretation of its functions did not alter the general interpretation. Other agencies were likely to turn to Pleasantville for placement of children who were not psychotic, not feebleminded, not epileptic and not neurotic, but presented behavior and personality problems beyond their facilities. As a result, for a number of years, Pleasantville has been viewed as a clinical resource. It is, in point of fact, a unique institution, either State or Private, in terms of its mental hygiene organization and emphasis on individual therapy in a group setting. That is, it is the only known set-up of its type for dependent, non-delinquent children. (Children's Village partakes of some of the characteristics.) It has, of course, shared in the general, often unthinking, revulsion against institutional care which has been especially characteristic of the last twenty years, as a result of which institutions are no longer considered fit and adequate to serve as substitute parent. Nor are they considered the most satisfactory means of providing shelter and food for children throughout childhood. Instead, they are "universally viewed as a part of a treatment process, of longer or shorter duration according to the needs of the child; a temporary home, pending family reconstruction; or a permanent home for certain types of chronic or permanent impairments." In fact, it would appear that, except for orphanages and certain types of institutions for chronic care (excluding penal and correctional institutions which have "sentences"), the aim of all institutions have been to return individuals to their proper place in the community as speedily as possible.

Pleasantville has continued to receive children in need of long time care and has been under community pressure to accept "problem" cases. It is an impression that the large majority of problem cases have been revealed as such in the course of the early study after admission, or later in residence, and that Pleasantville has set rather reasonable limitations as to the types of cases regarded as suitable for the treatment they are equipped to give. It has frequently occurred that the psychiatrist has examined doubtful cases prior to admission or rejection. As previously noted, several classes of children - the known psychotic, feebleminded, epileptic and severely neurotics - are excluded. To these may be added fire-setters, those with overt and aggressive sex problems, those who have been adjudged delinquent and those with organic disabilities. Furthermore, the ages have generally been, for admission 8 to 14. For younger or older children the school program is not adequate. The school carries only two years of the commercial course, and the local high school can be used for only a few very bright children who can easily adjust to a non-Jewish group. On the other hand, the institutional setting can be used for some adolescents who have difficulties in accepting another set of parents, though it is ordinarily difficult for an adolescent to adjust to a country institutional experience after continuous city life. As previously noted, the bulk of the children were 10-14 years of age (inclusive), with 31 over 14 and 32 under 10, the average falling in the 13th year (age 12).

The usual routine of admission has been that data submitted regarding the child were correlated by the head worker and considered by the Director and psychiatrist, other data and procedures, including conferences with referring agency, examination by psychiatrist, etc., being called for or used as the case required.

The child is kept in the reception house, also the infirmary, for a period during which a physical is done, behavior is observed and the psychiatrist sees the child. An "allocation conference" is held; child assigned to a cottage; decision reached as to need for immediate psychotherapy; assigned to worker or psychiatrist, as the case may be. Until last year, if the case was not assigned to caseworker or psychiatrist, the only casework with the child would be that done by Fellowship House workers incidental to their work with families.

If the child was assigned to a child guidance worker, a program of interviews was carried out, under more or less close supervision of a resident psychiatrist. There were regular opportunities for consultation with the visiting psychiatrist, who sometimes saw the child, if that seemed necessary. Workers and resident psychiatrists saw a great deal of the children outside of their office appointments, etc.

As previously noted, there was a marked staff turnover during 1940-1941, such that by May, 1941, the resident psychiatrist having been there almost two years, was senior in Pleasantville service to all engaged in therapeutic work and supervision, the Director and the visiting psychiatrist. Accordingly, the experiences of the past six months are typical neither of the Pleasantville of the past nor of the future. The following figures are, therefore presented for what they are - a cross section.

1. As of the end of April, 1941, the situation was judged by the staff. There were 16 unassigned cases. Of those assigned, 55 per cent were to child guidance workers and 45 per cent to institution caseworkers. Among those assigned, there was insufficient information on some (about 14 per cent) to determine whether they were in need of treatment. Excluding these, 50 per cent of the cases were grouped as needing intensive psychotherapy; 80 per cent by workers, 20 per cent by psychiatrist (total number, 112). Of the cases assigned to child guidance workers, 81 per cent were noted as requiring intensive treatment by the workers; 19 per cent requiring psychiatrist. It is of particular interest that, where sufficient information was available regarding cases assigned to ICD workers to make the determination, intensive therapy was thought necessary in 37.5 per cent of the cases (80), in 77 per cent by the caseworker and 23 per cent by psychiatrist. In 10 per cent of the cases, direct treatment by the psychiatrist was indicated; of these 74 per cent were assigned to child guidance workers.

Stated another way, of 262 cases, 56 per cent were assigned to child guidance and 44 per cent to institution caseworkers. Where sufficient information was available (223 cases), 57 per cent of the child guidance and 37.5 per cent of the institution casework cases were deemed in need of intensive treatment by caseworker or psychiatrist; in about 80 per cent of the cases, by the caseworker. It therefore appears that problems are about as frequent and about as severe without respect to departmental assignment.

2. The Assistant Director has had long contact with the children. He submitted a list of 105 names (40% of the population) of "children so disturbed emotionally as to require either greater intensification of treatment by a psychiatric social worker under direction of a psychiatrist or treatment directly by the psychiatrist." This list has not been checked with the workers' lists to ascertain if they are mutually inclusive. For present purposes this is not particularly important. What is striking regarding this list, aside from the number involved, is that more intensive treatment is required, whereas it is only specified regarding the other 112 cases that they need intensive treatment; in other words, these 105 cases are, at least in the eyes of one informed person, the most disturbed children.

3. The resident psychiatrist submitted his diagnoses in the first 25 admissions of 1941. Four, or 16 per cent, were regarded as non-psychiatric; 10, or 40 per cent were diagnosed "primary behavior disorder," 9 with conduct disturbances, which presumably indicates a fairly severe process, and 1 with neurotic traits; 5, or 20 per cent, were cases of "neurotic personality;" 6, or 24 per cent, were classified as neurotic. Cases of this series read by us showed considerable disturbance, definitely requiring treatment.

Another group of 39 cases was listed as requiring consultation with and supervision from the psychiatrist. Diagnostic groupings were: primary behavior disorder, 23 (with conduct disturbances, 16; with habit and conduct disturbances, 4; with other combinations, 3); neurotic personality, 11; neurotic, 3; schizoid personality, 2. (The diagnostic categories used are those set up by the visiting psychiatrist.)

4. Analysis of lists submitted and our own reading of cases indicates that there are relatively few children for whom a specialized psychiatric setting, such as a state hospital or school, would be required.

There were a few children with IQ's sufficiently low that arrangement for transfer to training schools for the feebleminded were under way. There was one boy, in his second admission to Pleasantville, who presented a picture of such disturbance that transfer to Rockland State Hospital was under consideration. A nother neurotic boy developed an acutely disturbed state in which commitment to a State hospital seemed advisable. However, this cleared very quickly to a condition which it is feasible to continue to treat in the Institution. However, such cases, that is those in which transfer to specific psychiatric institutions should be considered, were rare. One child was in the process of being transferred to Edenwald at the point where his case came up for study.

In general it may be said that our case reading, attendance at conferences, etc., indicate that about one-half of the institution population is in need of individual psycho-therapy.

A study of reasons for rejecting cases referred to Pleasantville indicates that they have usually refused to accept cases in which overt delinquent behavior represents a special symptom of aggression against th community; those in which, by reasons of age and school placement, no

adequate school program is available at Pleasantville; those in which there is a definite history of specific symtomatology, such as fire-setting, which would present a definite threat to the entire group under the conditions which obtain at the Institution; those in which the intrapsychic disturbance had reached a point such that suicidal threats or attempts had been made; those in which evidences of anxiety with neurotic symptoms formation were so marked that care in a mental hospital might be indicated; those in which behavior symtomatology emerged chiefly in terms of group relations, where foster home placement was thought more suitable; those where inferiority in intelligence indicated either or both difficulties in adapting to the school routine and limitations in possible benefits from treatment; those with physical difficulties, including asthma; some in which, in the judgment of the psychiatrist and the workers concerned, institutional placement would be too severe a threat, whereas foster home placement, if acceptable to the parent, would far more nearly meet the child's requirements.

A record may be very briefly abstracted because of the light it throws on certain confusions in community thinking regarding the use of Pleasantville. In this instance, a boy of 13 was sent to Bellevue for observation in November, 1939. He had been truanting for a year, for which he was taken to court. He had shown temper tantrums, stubborness and quarrelsome behavior at home. He had been an unwanted child, and a confused mother was upset because "he makes trouble for me and my husband". There had been treatment at two child guidance clinics and JBG. Bellevue found his IQ 99, that he was immature, boastful, had little insight but got on fairly well with children. He fitted into the ward routine. Pleasantville was recommended. Taken home by the mother, there was further truanting, stubborness, defiance and staying out late. The JBG psychiatrist felt that the case could not be dealt with by out patient treatment. In April, 1940, the court remanded the child to the SPCC for psychiatric study. The mother at this time was unwilling to accept placement.

The case was referred to Pleasantville where it was rejected and Hawthorne was suggested. The reasons for rejection were age, the type of emotional problem and aggressive response and the pattern of running away, all of which would make adjustment at Pleasantville dubious. Bellevue physicians felt that because the boy had adjusted to their ward routine, he should do well at Pleasantville (whereas there is, of course, no comparison between the two situations). One reading the Intake record would conclude that workers in other agencies thought the Pleasantville staff had committed a heinous offense by refusing to accept this boy, whereas, as a matter of fact, he does not seem to be at all suitable for Pleasantville residence. The upshot was that the boy was taken home on probation by his aunt at her suggestion.

Regarding the clinical work at Pleasantville, certain points stand out. In the first place, if we are to judge by the records, Pleasantville is inadequately staffed to provide the intensive work needed by the children known to present problems requiring individual treatment. Superficially viewed, the caseload in the child guidance department may not seem high by comparison with caseloads in some other departments of work, running from 28 to 34. Presumably, some of these children would require more than one treatment period per week and others might require considerably less. However, to strike an average of one treatment contact per

week, would about fit with the general experience. It is regarded as essential that a worker in the child guidance department should not only have office contact with the children, but should enter in various ways into the life of the Institution. Furthermore, it is customary and proper for these workers, in addition to their therapeutic role with the children, to maintain contact with the families, with special reference to the problem of the return home of these children.

Another issue of considerable importance has to do with the experience of the workers. It is an expressed point of view at Pleasantville that a precise type of technical training and background is perhaps less importan than the interest of the worker and the ability to establish and maintain contacts with children, which shall have a definite therapeutic value. The general tendency has been to take young workers just graduating from school and put them into this therapeutic relationship. It was noted that students had been assigned to Pleasantville from the New York School and from Grasslands Hospital. Without a great deal more adequate provision for supervision and orientation in both the group work and the individual work of the institution, it would be undesirable to have students from the standpoint of the students, the schools, the institution, and more particularly the children who may be under treatment.

Whatever criticisms might have been offered regarding social service supervision in the therapeutic program, are now being met by the introduction of adequate supervision from supervisors originally appointed to the institutional casework staff.

More serious, however, is the situation with respect to the psychiatric work. There is no question that the amount of psychiatric time now available at Pleasantville is absolutely inadequate to the needs of the situation. The duties of the resident psychiatrist involve participation in Intake, that is to say, discussing the problems of certain children or even seeing the children prior to admission, when there is a question as to the suitability of the child. The psychiatrist also functions in admission and allocation, seeing the child at the reception house and participating in the allocation conference, at which time the cottage is chosen, advice for the school is prepared and so forth. The third function is that of observation and treatment of children involving both diagnostic studies and direct treatment of individual children. In addition to this, there are necessary conferences with the workers of the Institution, with various members of the staff and the visiting psychiatrist, and an educational program for the staff which has several sections and seems quite important.

The most important functions of the psychiatrist in this setting fall into three groups, all of which overlap. The first is diagnosis. By virtue of training and experience, the psychiatrist must be able to offer the social worker and others in contact with the children, a broader and more exact diagnostic survey of the child's needs and progress than the workers can make for themselves. The second is direct treatment work which should be reserved for the more difficult problems requiring a greater ingenuity and adaptability of technique; and the third is supervision of the workers' therapy, a supervision which, in general, no one else is equipped to give. There are two other major functions of the psychiatrist which are clinically somewhat less important, namely, advisory to the administration

regarding personnel and program, and educational work with and for the staff in terms of the mental hygiene aspects of problems presented.

A log kept for 2 weeks by the present psychiatrist indicates a considerable scattering of time, primarily, it seems, because of the unsettled state of the routine. Shifts in personnel and in organization set-up have required a great deal of planning and conferencing in order to keep things going. For many reasons which will be gone into later, it seems urgently necessary to have two resident psychiatrists at Pleasantville. It also seems urgent to have more time from a visiting psychiatrist.

The present state of psychometric testing is such that it seems feasible for the present not to increase the amount of psychological time, though this state of affairs will presumably not obtain for long.

There is a definite need here, as it seems there is at Foster Home Bureau, for a better correlation of the use of medical and psychiatric services, especially with reference to accessibility of medical records and freedom of consultation in special cases.

FOSTER HOME BUREAU

There are difference in the problems presented in foster home placement, as compared with institutional placement, primarily related to the setting and differences in control. In an institution, the major features of the environment are stable; even with considerable turnover in personnel, there is continuity of practice and control; the "atmosphere" remains reasonably constant. These are among the features objected to in institutions, especially when they become crystallized into a rigid system often maintained at the expense of the children. Foster homes also have their rigidities and frequently make heavy emotional demands on the foster child. However, there is no such standardization as in an institution.

Something of the size of this problem may be seen in the fact that FHB reports 1782 children in 1270 homes, of which 107 were outside New York City. In 875 of these homes there was one child. In an additional 218 homes there were 463 children in family groups of 2 to 4. That is, a total of 1338 children were boarded alone or with 1 to 3 siblings in 1093 homes. In 308 homes there were 2 children in each; in 64 homes, 3; in 16 homes, 4; and in 7 homes there were 5 children. In 152 homes there were children from 2 families; in 22, children from 3; in 2 homes children from 4; in 1 home, children from 5 families. This distribution presents no small problem in terms of ordinary supervision and supportive relationship. Further, as previously noted (p. 12) these children are of all ages, from under 1 year to 19 years of age, approximately one-fourth being 14, 15, and 16 years, and another quarter, 7 and under. There are, therefore, great variations in the settings to be supervised, including rather marked differences in available schools, as well as in levels of development, physical, mental and social, of the children.

With respect to clinical needs, data are available from several sources.

Early in April, one psychiatrist completed a study of 100 children consecutively referred for behavior or personality problems, 90 from workers and 10 from the Medical Department. On April 21, there was a list of 74 additional children referred, but not yet seen. The following results were obtained on the 100 studied. Twenty-one were classed as presenting "severe personality problems." These "include psychotic, psychopathic, severely neurotic (borderline) personalities, who have not succeeded in making any appreciable progress toward an adequate social adaptation." Twenty-six were grouped as "severe behavior problems, with less marked personality deviation," making a total of 47 with "severe" disturbances. Thirty were classed as having "moderately severe problems," including "distorted personalities who have managed to work out a fairly effective life adaptation; milder neurotics; moderately severe behavior problems." Two were classed as "very mild behavior problems," and none were rated as presenting "no psychiatric problem."

One would expect, of course, that all of these children would present some type of psychiatric problem because of the method of selection. Each case was studied with reference to "the psychiatric diagnosis; an evaluation of the presenting problem and its relation to the child's developmental history and current situation (including the role of the natural parents); an evaluation of the child's security in his foster home; an evaluation of the child's capacity to make an adjustment with proper foster home placement and supportive casework help."

In view of the emphasis in the latter part of this statement of procedure, it is possibly not surprising that "no psychiatric recommendations" were made in 56 cases, since the orientation of the study lays emphasis on environmental manipulation, a standard procedure in psychiatric-social treatment. "Further psychiatric interviews" were recommended for 26; "direct psychiatric treatment" for 18.

In the group for whom no psychiatric recommendations were made, the following situations were said to obtain.

1. Child making adequate adjustment despite the presence of problem behavior; it "seemed likely that suitable foster home placement together with supportive casework would meet the child's needs."

2. Children unable to accept psychiatric help.

3. Children too newly in a foster home to determine the effectiveness of placement.

4. Children with a problem of replacement, or where casework with foster parents or natural parents was needed.

Naturally enough, such analyses and recommendations could not have been without thorough study.

The reasons for further psychiatric interviews in the 26 cases for whom this procedure was recommended were: 1) diagnosis and behavior difficult to evaluate; 2) a disturbance was seen, but further development could not be predicted; 3) the problem was so severe "that an occasional check-up seemed a reasonable precaution. Where direct treatment was considered

advisable, the problem was well defined, recognized by the child, not directly related to an unfavorable environment, the foster home was adequate and the child felt secure in the affections of foster parents. It seemed important "to maintain the distinction between casework and psychiatric treatment."

A second study under way is planned to cover 100 consecutive Intake cases. By May 8, 40 such cases had been studied. Of these 14, or 35 per cent, presented "severe problems;" another 35 per cent presented "moderate problems;" 12, or 30 per cent, were classed as "normal". The psychiatrist regards these percentages of problem cases as too high, and estimates that, with a larger series, the percentage may drop to 50.

It would appear that, from October to April, about 10 per cent of the Bureau caseload has been referred for psychiatric study (the Intake study is entirely separate as a routine survey). We know from case reading that many other children have had psychiatric studies, either during FHB care or before. It seems reasonably probable that, including these cases, a quarter to a third of FHB cases have already been studied psychiatrically. The fact that 70 per cent of recent admissions psychiatrically studied present moderate to severe problems must also be given considerable weight, even though the series is small.

The other psychiatrist at FHB has been there for nearly three years, for one year on a schedule of 3 periods per week, and during the past two years, 4 periods per week. During the first two years, cases were discussed with workers, though comparatively few were actually seen, to the number of 300-325. A small series of cases - perhaps 35 - were directly treated, chiefly for demonstration purposes. During the second year, much time was devoted to educational effort with the workers in groups. During the past year, attention has been centered on supervision of therapy by 8 workers.

Our case reading also indicates a considerable proportion of problem situations requiring, at least, careful evaluation of all factors entering into the life of the child, with planning accordingly. This is true in approximately 45 per cent of those cases read which had neither been referred to a psychiatrist, nor had the worker consulted the psychiatrist. It was of great clinical interest to find that a small sample of feeble-minded children showed good adjustment in foster homes of a simple type, where the children were well accepted.

The cases read indicate a need for therapeutic approach, as well as diagnosis. The type of therapeutic approach might vary in accordance with availability of personnel in many cases; in some, only highly specialized therapy or even placement would be effective. It is impossible to be entirely sure why these cases, so obviously in need of study and treatment were not referred. In part, it was due to lack of facilities; in part, apparently to reluctance on the part of the workers; in some cases frequent changes of workers was certainly a factor; in some cases the protectiveness of the foster mother blocked either early recognition or referral or both.

In all cases referred to the psychiatrist, or where the worker consulted with the psychiatrist, there was ample evidence in the record of

need for such study for long periods before these steps were taken. Similarly in the sample of cases transferred to Pleasantville. In most cases the record does not show why these measures were not carried out before.

This emphasizes a most important point regarding clinical facilities and their utilization; i. e., that the determination of when and under what conditions to consult the psychiatrist is left to the discretion of the social worker. In effect, therefore, she makes the most important diagnosis of all. To this there can be no objection, if she has a proper background of training and experience, a proper perspective on her cases and her own work, and a willingness to accept assistance, but these desiderata are not always in evidence.

Many of these children have many replacements in homes, and many changes of worker. In many instances, problems only became focussed at the pubertal period, or when discharge plans must be made and the question of retention in the boarding home after cessation of payment must be settled.

From the mental hygiene standpoint, frequent changes in workers may be questioned, even though it is stated that the ideal placement situation is one in which the child is so effectively accepted that he finds the needed security and emotional interrelationships with the foster family. Problems arise when this does not occur, as is frequently the case. Foster homes are certainly as variable and more flexible in all factors, including the human, as are institutions, are much less easily supervised and controlled in the interests of the child and a series of homes presents a much more complicated picture. The major functions of the social worker, who is the key person in the work of the agency, are subsumed under the designation "casework" rather than "therapy." (Variations in role, from time to time necessary, present an interesting technical issue not germane to this discussion.) Inadequacy, from the child's point of view, in these supportive and supervisory functions, as well as in the relationship afforded, may be contributory to the evolution of problem behavior.

It would appear that FHB has not had as much psychiatric time, nor as much integration of psychiatric and casework thinking, as could be used. Only in the instance of some cases carried in play therapy under supervision was there evidence of real integration.

Psychological service seems to have been more adequate in quantity, with a full time psychologist since October, 1937. The psychologist has recently reported a follow-up study of 128 cases examined between October, 1937 and October, 1938, primarily for educational and vocational reasons. Evaluating the outcome of the specific psychological recommendations, it is noted that in 19 per cent of the cases recommendations were not carried out (where it was not blocked by extraneous circumstances). Reasons were, lack of cooperation from the school, resistance of the child, interference by parents, other casework plans and "in several cases ..... lack of interest on the part of the caseworker was suggested." It was concluded "that, in the main, psychological recommendations were carried through by the caseworkers" and, among others, "the psychologist was able to give the caseworker diagnostic aid in the realm of personality analysis which she found important in her own work."

One point is good evidence of the need for better mental hygiene interpretations, i.e., the expectation by the workers of a maturity at different age levels entirely out of line with reality (enuresis a problem at 18 months; timidity and shyness at 4 regarded as infantilism, etc.).

From all the fact available, it appears that FHB requires a full time psychiatrist, or equivalent.

INTAKE AND YOUTH SERVICE

As previously noted, Intake has no regular psychiatric or psychological service of its own and Youth Service has had two hours per week. The latter should have consultation time available, preferably spent chiefly in advising the workers, since data from previous studies are available in many cases.

The situation at Intake, however, is such that some plan must be evolved to provide more effective assistance in meeting the problems of allocation. Institutions are, at present, too frequently used as a last resort even in AJC, though Intake endeavors to avoid this rather destructive procedure. With more effective diagnostic measures at Intake, much difficulty should be avoidable.

Lowrey thinks 40% to 60% of all children require psychiatric service. (Scherer-Shrout)

RECOMMENDATIONS

One of the points which has had serious consideration throughout this study is the possibility of so arranging matters that all clinical work for dependent, problem and delinquent children under care by the Federation agencies might be concentrated in one agency, so that, for example, if the present set-up of two agencies were continued, all clinical service for children under care by Federation agencies might be provided through JBG. Or an independent clinical or guidance division might be established. Also the question has been considered as to what would happen in terms of clinical work should the two agencies be united. It has, however, seemed that the purposes of the two agencies were sufficiently distinct and the clientele sufficiently numerous that the clinical set-up required would be unwieldy and not as effective as might be wished. The following recommendations regarding the clinical set-up for AJC are therefore presupposed upon a continuation of the present division of agency function. It should be added that inquiry at the JSSA revealed only 44 cases out of their entire caseload of 1400 families, involving a large number of children, in which the workers thought there was need for psychiatric help.

As previously pointed out in various connections, the most serious need in A JC, as in any child caring organization, is for adequate diagnostic service. By this is meant a service which will take into account the entire equipment and personality of the child, together with an estimate of the effects of past experience upon personality development and behavior, in the effort to determine which the best possible plans may be to fit the needs of the individual child. So far as the psychiatric aspects are concerned, this is not thought of as an administrative service, which shall have responsibility for the ultimate decision as to allocation, but rather an integrated advisory service which will assist executives and social workers in the planning and placement, for which they must assume the ultimate responsibility.

It seems unfortunate that so much time and effort must be expended in reaching a decision as to whether or not a given child is to be placed. However, no way is seen to avoid this, since neither the Courts nor the Department of Welfare are properly equipped to make the necessary casework decisions in more than a small proportion of cases.

It has been previously indicated that all divisions of AJC, where clinical service is required, have an inadequate amount of psychiatric time and are generally understaffed with social workers adequately trained to carry out all required diagnostic and treatment functions of a mental hygiene clinic, nor, for their major functions, should they be.

While they have not been particularly discussed in this report, it should be noted that plans have been evolved and presented by others for meeting all psychiatric needs. These have been carefully studied.

With respect to the moot question of institutional or foster home placement, these recommendations are written in the light of the following viewpoint. The point of view that the institution is not an adequate substitute for a home is accepted and, for the great majority of children

Lowey Thinks Pupils
Edlewald should merge
(Scheuer - Shoots)

L. dey merger - hopefully worked
out wd not hurt Pupils wonders
wd help Edlewn. children

All final pages 13-14

coming into care, foster home placement is the preferred method of care. Institutional set-ups, however, should not be abandoned. They should be carefully planned with reference to the types of children to be served and the conditions under which such service is to be rendered. Institutional care should be available for at least the following groups of dependent children.

1. Where there is definite objection on the part of the parent to foster home placement, particularly if there is expectation that the home will be reconstituted in a reasonably short space of time.

2. Where, for any reason, it is evident that the child will not be able to accept foster home placement.

3. For those children presenting problem behavior requiring intensive treatment in a comparatively closed and controlled environment for a limited period of time.

4. For those children presenting specialized educational problems, complicated by problems in social adjustment, where adequate provision is not available in the public schools, or where the problem behavior has led to exclusion from, or a serious difficulty in, school.

5. Where specific vocational training is needed and either cannot be secured in the public schools or behavior so complicates the situation in public schools that training cannot be effectively carried out there.

6. For adolescents who have reached an impasse in foster home placement and cannot easily take on another such placement.

Some of these types could be well-handled in small groups living in homes where the foster parents had a semi-professional attitude toward the problems presented by the children. However, in most instances, what is visualized is an institution so arranged that adequate grouping of children is possible and where treatment and vocational training would be available. At the present it does not seem feasible to abandon either the Pleasantville or the Edenwald idea, though these institutions as such are not necessarily the best plants in which to carry out the work. It may be added that in a properly set up institution where individualized attention, school programs and vocational training were effectively provided, a separate institution such as Edenwald would not be necessary to provide for that particular group. But the present group of Edenwald pupils would not, in my opinion, be able to fit into a group such as those at Pleasantville.

So far as clinical set-up for AJC is concerned, the following is recommended.

There should be a central department called the Guidance Department of the Mental Hygiene Clinic or by some other title which will adequately express its function as an advisory and treatment service with respect to any type of problem arising that involves the personal or social adjustment of children under care, and without overstressing the abnormal. This

department should be staffed with psychiatrists, psychologists and psychiatric social workers, all adequately trained in work with children's problems and, at least so far as the senior members are concerned, having had ample experience with children's agencies, their problems and procedures. For purposes of this discussion, this organization may conveniently be called a clinic. It should be flexible, and every effort should be made to meet the needs and requests of the different divisions of the agency. Titles should be carefully thought out to avoid, so far as possible, a conflict of authority and interdepartmental jealousies.

The clinic should be under the direction of a psychiatrist-in-chief, preferably on a full time basis, or on a minimum of three-quarters time. The psychiatric staff should include a junior and senior resident at Pleasantville and a minimum of 3 psychiatrists on one-half to three-quarters time in the city, whose services should be available to Edenwald, Intake, Foster Home Bureau and Youth Service. A minimum of 2 full time psychologists with the possibility of having added service through one or more fellowships would be required. Three psychiatric social workers of supervisory grade, whose work is limited to the objectives of the clinic itself, would be required. This is less than the number which would ordinarily be suggested for a clinical set-up of this size because it is believed that, so far as possible, the summarizing of cases for study should be done by the workers already in contact with them and that, wherever fea sible, as would apparently be true in the majority of cases studies, therapeutic work should be carried out by these same workers under supervision.

It is suggested that, for cases in Intake where it seems acceptance for placement is likely, there should routinely be a conference between Intake workers and the Clinic Staff, with individual studies on these when needed and on any other cases in which Intake requests such a study, such a s cases in which psychiatric study may be necessary to determine suitability for ca re.

It is suggested also that a unit of the clinic composed of personnel acceptable to the Bureau be stationed at FHB. It is suggested further that all children requiring replacement by reason of difficult behavior be reviewed by the Clinic in conference with the workers and individual studies be made in accordance with the needs of the case.

In addition to these situations for which review is suggested as a routine, the Clinic would be available for diagnostic or treatment service on all cases referred by workers in the different divisions of the organization.

Psychological testing would be carried out in accordance with indicated needs, rather than as a routine procedure.

The use of panel psychiatrists, according to the plan already functioning, should be encouraged, particularly in those cases where the geographical location is such that attendance at a centralized clinic would be difficult. However, such service should be utilized only on recommendation of the clinic.

The clinical work at Pleasantville would be under the supervision of the psychiatrist-in-chief, a designated social worker and psychologist.

Only through an integrated plan of this kind, with a clinic working closely and effectively with all divisions of the agency, does it seem possible to meet the varied needs of the agency clientele.

I N D E X

II. JEWISH BOARD OF GUARDIANS

	Page
Historical	1
Organization	3
Functions and Services	5
"Special Services"	6
"Intensive Services"	7
Child Guidance	7
Hawthorne-Cedar Knolls	9
General Considerations regarding Delinquent Jewish Children	13
Volunteer Department	15
Unmarried Mother Department	15
Group Therapy	16
Other Departments	
Adult	17
Camps	17
Children's Court	18
Lavenburg Corner House	18
Other Services	18
Clinical Needs and Facilities	18
Recommendations	22

II. JEWISH BOARD OF GUARDIANS

Historical. The remote forerunner of the present organization, the Jewish Prisoner's Aid Society, was founded in 1893. Its function was to work with men in prison and assist them in rehabilitation after discharge. In 1902 the Jewish Protectory and Aid Society was established to provide a correctional school for boys brought into Children's Court. Hawthorne School, a "model cottage institution," was opened in 1906 for boys under 16 committed by the Court. Although regarded as a radical innovation at the time, this was merely a variation of simple custodial care, by comparison with present individualized treatment. In 1907 these organizations merged and, to give service to Hawthorne parolees, the Jewish Big Brothers were organized.

In 1905, Lakeview Home for Unmarried Mothers was opened by the N.Y. Section of the National Council of Jewish Women. In 1911, this group sponsored a Committee on Correctional Institutions, to visit girls in institutions and supervise them on parole, expanding this service to cover penal institutions in 1915. Prior to these moves, in 1908, a probation committee to assist Jewish girls arraigned in Night Court had been organized. Then, in relation to children appearing in Court, Jewish Big Sisters were organized in 1911. Under their auspices Cedar Knolls School was opened in Bronxville in 1914, removing to a new building at Hawthorne in 1917. The Big Sisters arranged for a volunteer probation officer in Children's Court and then in 1913 engaged a paid executive secretary to supervise 70 volunteers. Through a succession of mergers of committees for boys and girls, the Jewish Board of Guardians finally emerged in 1921, at about the time when the shift from sociology to psychiatry was especially marked in social work. Delinquency was being viewed, not as a sociological phenomenon, but "as one of the manifold ways in which human beings manifest inner difficulties."

In the court work with girls, mental hygiene problems and preventive work were early stressed. A series of lectures on the unadjusted child (by Healy and Bronner) was given in 1916. A full time psychologist was employed in 1917. Courses and seminars on child psychology and psychoanalysis and study groups were organized. The first psychiatric social worker was engaged in 1920. All available clinics were used for diagnosis and recommendations. Staff psychiatrists were appointed, and by 1923 they had 50 hours of psychiatric time per month, in addition to the medical and dental clinics and a special endocrine department. The latter was later given up because of some minor difficulties. It was decided to use the clinic for all divisions as well as the preventive work, and from "1924 on the clinic was the hub of the organization," though to some extent resisted by the staff, by that time made up of at least 8 social workers and 2 psychologists. That year 326 cases were referred to psychiatrists.

In September 1925, using a special grant, the Seward Park Guidance Bureau was opened and continued until December 1935. In October, 1925, the Hunts' Point Bureau was opened. The plan here was to study a Kindergarten

class and follow through several years of elementary school. A "control" group was to have the same original examinations, but no further study or treatment. The two groups were to be checked against each other later to ascertain, if possible, what effects mental hygiene treatment had on school progress and social adjustment. The plan had to be abandoned, primarily, it is said, because of the instability of registers. The Crotona Park unit of this School Guidance Bureau was opened in February, 1928. These services were designed for 1) mentally superior children, 2) mentally defective children, 3) physically handicapped and 4) maladjusted, with problems for which preventive work is essential. JBG mental hygiene clinic was described in an announcement, with 3 psychiatrists (part time).

In passing it may be noted that Vocational Adjustment Bureau was developed out of experience with JBG employment service.

In 1926, the Child Guidance Department was formed, 3 children's camps, a recreational department and employment service were added. Regular representatives were assigned to Children's Court. Later, some services were curtailed. Parole services were transferred to the State Parole Commission in 1931, one worker being retained; the recreational department was discontinued and the employment service was transferred to Federation in 1934; Big Brothers and Big Sisters were merged into the Volunteer Department in 1936; Brooklyn Jewish Social Service Bureau was merged in 1933; an adult department was added; Group Therapy Department was added in 1934; clinical facilities were provided at Hawthorne-Cedar Knolls in 1936.

The Board is now operating under a charter amended May 21, 1936 to include the following statement of objects and functions.

2. The objects of the corporation are: To provide for the care, maintenance and support of the persons mentioned in section three, who may be received by it; to afford them the means of moral, religious, intellectual and industrial education; to promote their moral, religious and physical welfare; to promote their mental health; to study and treat any of such persons who may be maladjusted or who may present problems in personality and behavior disorders; to study and treat any of such persons who may be delinquents or criminals; to cooperate with courts of criminal jurisdiction and probation officers assigned to them, in order to promote the physical, moral mental and religious welfare of any Jewish persons who shall be brought before them; to minister to the moral, religious and mental needs of Jewish prisoners confined in state prisons, penitentiaries, jails, reformatories and correctional institutions in the state of New York; to provide for Jewish visiting chaplains therein; to procure employment for, and otherwise ameliorate the conditions of, such Jewish prisoners upon their parole or discharge from confinement; to cooperate with private, quasi-public and public educational and social agencies having to do with the promotion of the welfare of children and with the general and specific purposes of this corporation; to formulate principles, and to stimulate, develop and conduct activities, pertaining to crime prevention; and to make studies and surveys with special references to the courses of treatment of individual maladjustments, personality disorders, delinquency and mental health generally. To provide training facilities

and to maintain and operate such clinical, institutional and other facilities as may be required to fulfill the functions and advance the general and specific purposes of the corporation and to maintain and operate any other agencies or institutions having for their object the promotion of the physical, moral, mental or religious welfare of persons received by it. Provided, however, that no charitable, benevolent or educational institution or agency which, if incorporated separately under a general law would require the approval of a state board, body or officer, shall hereafter be established and maintained in the state of New York unless the written approval of such state board, body or officer shall first have been obtained.

3. The corporation may receive and take under its care and management: (1) Jewish children who, by consent in writing of their parents or guardians, shall be surrendered or entrusted to it; (2) Jewish children who shall be surrendered, entrusted or committed to it by duly authorized local officers or boards; (3) Jewish children surrendered, entrusted or committed to it by any court or magistrate having jurisdiction; (4) Jewish children surrendered, entrusted or committed to it by any other competent person, organization or authority; (5) unmarried Jewish mothers, or expectant mothers; (6) Jewish prisoners on parole, or after discharge from confinement; and (7) any other Jewish persons who shall come to it, or who shall be brought to it, for any of the purposes mentioned in section two.

ORGANIZATION

At the time of this study, JBG was operating three district offices - in Manhattan, Bronx and Brooklyn - the institution (school) at Hawthorne and the Lakeview Home for unmarried mothers. Its work was carried out through six departments: child guidance, volunteer, unmarried mother, Hawthorne-Cedar Knolls, adult and group therapy. These departments gave "intensive service" in 1939 to 1,884 cases and in 1940 to 1965. The largest number in any of the past 6 years was 2155 in 1937. Approvimately 60 per cent of the cases are assigned to the child guidance department and 16.5-17.5 per cent are Hawthorne-Cedar Knolls cases, both in and out of the institution. Unmarried mother cases have run 200-250 per year. The adult department, after reaching a peak of 139 cases in 1937, was finally closed out in 1940. Group therapy had 48 cases in 1939 and 42 in 1940, in addition to cases being carried jointly with other departments. The volunteer department has carried 170-300 cases per year, in addition to cooperative cases with other departments. In addition to these intensive services, "special service" was given to 4465 cases in 1940 and 4482 in 1939. The grand total of cases was 6428 for 1940 and 6366 for 1939. The load was substantially heavier in 1935 and 1937; otherwise one would feel safe in assuming a need to provide for about 6500 cases per year, of which roughly one-third would be intensive service cases.

To handle this volume of work, the agency had in its employ in December, 1940, a total of 186 people. Of these, 117 were allocated to the administrative staff, including 35 clerical workers, 34 maintenance workers, 22 cottage parents, 3 teachers, 3 dietitiens and 9 doctors, dentists and nurses. Twenty of the staff, including 5 who functioned also in other offices, were located at the Manhattan office, 8 in the Bronx, 5 in Brooklyn, 71 at Hawthorne-Cedar Knolls and 13 at Lakeview.

Five psychiatrists, giving a total of 68 hours per week, were employed in the 3 city offices. Three of these men gave 17 3/4 hours per week at Hawthorne-Cedar Knolls, where there is also a resident psychiatrist on full time. There is a full time psychologist for the city offices and a part time psychologist at Hawthorne-Cedar Knolls. The social work staff, as reported in March, totals 54 and of these 40 had definite psychiatric field training experience, ten being graduates of the Smith School, while thirteen had not and one was at that time on leave of absence to complete a thesis at the New York School. The supervisor of casework, 2 of the 4 supervisors in charge of district offices and at Hawthorne-Cedar Knolls, 1 of the 2 supervisors, 4 of the six associate supervisors, 12 of the 15 senior workers and 20 of the 26 caseworkers had all had psychiatric training.* This group of workers includes the secretary of the adult department and a supervisor and 3 workers of the volunteer department. Five of those listed on the social work staff, including the secretary of the adult department, are not graduates of schools of social work, though two have completed all the academic work and lack only the thesis.

Classification within the staff has varied somewhat in past years. Up until 1940, for example, there were 5 educational workers at Hawthorne-Cedar Knolls and Lakeview. The number of those listed as caseworkers reached the present total of 43 in 1939. The number of psychiatrists was increased in 1939 and again in 1940 to the present number, although in 1937 there was a total of 7 psychiatrists, decreased to 3 in 1938. Also in 1937, the position of "child analyst" was listed but does not appear in subsequent years.

In the fall of 1940, the amount of psychiatric time available in the district offices was increased to 68 hours per week and functions of the psychiatrists were modified. Since October, 1940, the psychiatrists have not taken on cases for direct treatment. Instead, they have devoted their time to consultations with the workers, to initial conferences and to diagnostic studies. The chief psychiatrist has a weekly seminar of 1½ hours in each of the district offices, with the exception of 2 periods a month which are devoted to a meeting with the supervisors and a meeting with psychiatrists. One of the psychiatrists, who gives 9 hours per week to the city offices, spends 1 day a month at Hawthorne-Cedar Knolls and also has a bi-weekly evening seminar in the city for the Hawthorne-Cedar Knolls group and a seminar on the treatment of young children. Two other psychiatrists, who give 15 hours a week each to the city offices, also give 8 hours per week each at the Institution.

Prior to the inauguration of the plan of initial conferences, the psychiatric staff was in contact only with those cases referred by workers, and there appears to have been no provision for routine examination or review of cases by the psychiatrist. According to the initial conference plan, as soon as decision has been reached that the case will be accepted for service, the date is also assigned for initial conference. For this initial conference the worker prepares a summary of the material available up to date. This is discussed with the psychiatrist and the supervisor, and the psychiatrist dictates a note giving his interpretation of the situation. The psychiatrist may already have seen the child either during Intake or during the preliminary six weeks of study. In other cases, however, the child or parent may not be seen by the psychiatrist and his interpretations are based upon an evaluation of the record material comprising the worker's contacts. A study of the caseload made in December, 1940, shows that exactly one-half of the 638 cases then on

Footnote: *See note regarding training experience in section on AJC. All JBG workers secure both psychiatric training and experience as members of the staff.

the active caseload of the child guidance department had been opened during 1940; 184 or 28.7% were opened during 1939, 81 or 12.7% were opened during 1938, 34 or 5.4% were opened during 1937, 14 or 2.2% were opened during 1936 and 6 or 0.9% were opened prior to 1936. Altogether, 168 cases had been opened for less than 6 months. Since the intake of cases into the Child Guidance Department has been fairly uniform for the last several years, it seems a fair assumption that the duration of contact in approximately 80% of the cases will be less than 2 years, and that it is comparatively rare, involving less than 10 per cent of the cases, for a case to be open longer than 3 years. The caseloads of the staff average approximately 32. The number of cases with which contact is had in any given month is likely to be less than this and the average is stated to be about 23 or 25. The number of contacts with cases is stated to average about 65 per month chiefly in the office. A small, apparently not a typical random sampling of the tally sheets for March, 1941, showed an average caseload of 28 and the average number of cases with which contact was made <u>in the office</u> during the month was 17. The number of contacts varied considerably but in general was above the averageof 65 previously noted. Variations in the types of cases entering into a worker's load are important factors in determining differences in the number of contacts with the client, the family and others, the number of telephone calls, the visits to schools, interagency conferences and conferences with other staff members within the agency.

One of the stated problems at JBG has been that of staff turnover. Resignations average about 15% in the city offices, involving the administrative, clinical, supervisory and casework staff. At the same time the organization has students in training numbering, during the first quarter of this year, 10. There were also students at Hawthorne-Cedar Knolls. This adds to the problems of supervision but does give opportunity for replacement. However, it should be pointed out that a continuous drain of younger staff members presents a serious problem to an organization whose primary function is that of the treatment of behavior problems.

FUNCTIONS AND SERVICES

In a memorandum presented last year, the functions of the JBG were stated as follows.

"1. <u>In relation to children</u>: <u>Study and treatment</u> of children presenting problems of behavior which may express themselves in difficulties within themselves or in relation to their social environment.

1. Behavior disorders which do not appear to have become part of the personality structure but require the treatment of the parent-child relationship.

2. Behavior disorders which appear to be part of the personality structure and which, therefore, require direct individual treatment for their resolution.

3. Psychoneuroses and pre-psychotic conditions.

"2. Unmarried mothers: Administratively unmarried mothers fall within the function of the JBG. This function has been exercised by the JBG since its inception. The JBG is responsible during the pregnancy and handling of problems which center around the baby and its disposition. The married mother with an illegitimate child is excluded.

"In the area of the unattached boy and girl up to 18, the JBG does not differentiate between them and adolescents in their own home. The above definition of function applies to all ages up to 18."

As previously noted, two types of service are defined, "intensive" and "special." The former includes the work done through the six departments listed, while the latter are carried out by the registration desk, the intake worker, children's court worker, adult worker, vacation (camp) service, to children of unmarried mothers, etc. Each type will be separately discussed.

Special Services

This category includes a variety of services which are only briefly discussed because, while time consuming and important in relation to the choice of cases for intensive work, they are not primarily clinical.

During 1939 these cases totalled 4,432, divided as shown in the following table.

Category		Number
1. Children of Unmarried Mothers		110
2. Court cases, children		1345
3. Adult cases, Prisoners interviewed		713
4. Intake		1771
a) advice and short term service	1558	
b) pending at end of year	213	
5. Closed cases		200
6. Vacation service (not JBG cases)		330
7. Lakeview Home, not JBG		13
Total		4432

New applicants for service are first seen by the receptionist. In many cases a steering service referred to as "desk service" may be given and the case closed. No folder is made or number assigned to such cases. Requests for services involving relief, physical health, mental deficiency, psychosis, non-residence, non-Jewish, special requests (schools, etc.), another agency active, family problems, camp information, over-age, employment and the like are customarily handled in this way. Such applicants are referred to the proper agencies, or information is given, etc. When special problems appear, or when the case seems suitable for the JBG, it is referred to the Intake worker, who interviews the applicant and may, 1) render slight

service and close the case or 2) carry out further studies to determine suitability for treatment. A ny indicated examinations, physical, psychological or psychiatric, may be called for during this period. Until decision is reached, the information regarding these cases is kept in a "pending" file.

During 1939, there were 2149 new applications in the city offices, of which one-third were handled as "desk service" cases and two-thirds were disposed of by intake. Approximately 91 per cent of the cases were disposed of, and 9 per cent were pending at the end of the year. Of the 1951 cases disposed of, 596 or 30.5 per cent were accepted for intensive service and 1355, or 69.5 per cent were closed, i.e., were given "special services." Of these, 53 per cent were given desk service only. Of the 1435 handled in intake, 198 were pending at the end of the year. Of the 1237 disposed of, 48 per cent were accepted for treatment service and 52 per cent were rejected. (There were variations in the figures for the district offices, but these do not seem germane to this discussion.)

There were other types of special services, given as long as the situation required the kind of attention the special department could render, such as babies of unmarried mothers, children in court, etc., which need not be further discussed.

Intensive Services

These are "treatment" services for clients "for whom some continuous planned service is undertaken, including institutional cases." Of the several departments (already listed) giving intensive service, child guidance and Hawthorne-Cedar Knolls School are the largest in terms of number of cases and present the most complicated problems in treatment and in the organization and utilization of clinical facilities. These are accordingly discussed first.

Child Guidance. Total cases treated in this department in 1940, 1142; in 1939, 1144.

The treatment approach "represents a selection of all that has gone before - an eclectic approach, evolved rather than copied. Direct treatment responsibility is delegated almost exclusively to the caseworker. This demands of the practitioner not merely an eclectic attitude but also psychiatric orientation." Facilities for the usual fourfold child guidance study are available to be used singly or in combination as needed. The keynote of both study and treatment is flexibility of approach and variation of technique according to the needs of the case.

In common with many, perhaps most, agencies working with behavior and personality problems, JBG has passed through various waves of enthusiasm for a particular technique or a special set of interpretations. Such waves have usually been due to the interest of some particularly strong staff member, or small group. Great progress has been made in the direction of safeguarding diagnoses and treatment effort, and it may fairly be said that when this study was made, "eclecticism of viewpoint" really obtained. A major problem has been the adequacy of clinical diagnosis and of psychiatric supervision of treatment, when needed. The increase in amount of psychiatric time available has been helpful, but these problems are not yet completely met.

Diagnostic classifications have varied in detail, though not so much in general outline, in common with progressive refinements in psychiatric concepts in general and wider experience and understanding of the role of the dynamics of emotional development in the production of behavior disorders. The great majority of cases now being seen are classified, using the terminology of the official classification of psychiatric disorders, as "Primary Behavior Disorders." This group, with its sub-groups of "conduct disturbances," habit disturbances" and "neurotic traits," accounts for about 80 per cent of cases.

A survey made in 1937 showed the following distribution of diagnoses (there were minor variations in the several offices) in new, accepted child guidance cases.

	Number	Per cent
I.		
A. Psychoses	26	4.9
B. Psychoneuroses	22	4.1
C. Psychopatic Personality	17	3.2
Total.....	65	12.3
II. Mental Defectives	7	1.3
III. Behavior Disorders		
A. with conduct disturbances	261	49.5
B. with habit disturbances	57	10.8
C. with neurotic traits	91	17.2
Total.....	409	77.7
IV. Special disabilities, speech defects, school maladjustments and essentially normal	46	8.7
Total cases.....	527	

This distribution is an adequate sample of the types of cases met with, though the percentage of psychoses is perhaps somewhat high. It is evident that the outstanding problems are the "conduct disturbances," constituting half the group. In these cases a combination of environmental manipulation and direct therapy is frequently, perhaps usually indicated. A sharp issue in the great majority of these primary behavior disorders is that of parent-child relationships. Treatment effort with the parent therefore becomes necessary (technically included under environmental manipulation). Parent and child are treated by different workers, where both present special need for treatment. About 14 per cent of open child guidance cases were receiving such "divided" treatment at the end of 1940.

The techniques most used in the cases read are those of play, with the younger children, and relationship, with older children and parents. These have been quite effectively developed by the staff. Theoretical orientation is psychoanalytic, with particular reference to the family drama and its influence in the development of behavior and personality patterns.

Our study was not intended to survey the results of treatment, which would have required much more time in any case. However, a study of treatment results was consulted. This is an elaborate analysis of 73 cases closed in 1927,1932, 1934 and 1936. The "severe psychiatric problems" included three groups - the severe personality disorders (psychopath, pre-psychotic), 14; neurotic personality 6; severe neuroses, 5. In the first group, there were no completely successful cases; half the second group made some progress or were successful; all of the last group improved or were successful. This evidence, therefore, indicated that with neurotic problems and primary behavior disorders, for which the JBG set-up is planned, the results are fair to excellent in 90% of the cases, with "successful" results in 66%. The largest group of failures was in the "severe personality disorders", 86%. In the groups of "severe neuroses" (5 cases) and primary behavior disorders (48 cases), 53 cases in all, there were only three failures, or slightly under 6%. In the group of cases called severe personality disorders, treatment in a closed environment seems essential. The research worker found that the work stood up very well, and that adequate factual material and good differential diagnosis at the beginning are valuable in every way. His findings, when made available, should be helpful in the early determination of the prognosis for treatment according to the available set-up.*

Psychological service was available as required. In 1939, a total of 195 children were examined, an increase from 153 of 1938. Also, in 1939, the psychologist conferred with workers in 115 cases. Medical services were also available and were used as needed.

Hawthorne-Cedar Knolls. Total cases treated in this department in 1940, 345; in 1939, 311. Number of children in institution at the beginning of 1940, 149; at the end of year, 148; admitted during the year, 89; discharged, 92.

The number in the institution on the first day of the year has gradually increased from 131 on January 1, 1936 to the present number. Admissions for the 5 years 1936-1940 inclusive totalled 441, an average of 88. Of these, 262, or 59% were committed and 97, or 22% were remanded. A total of 57 cases were private admissions and Department of Welfare commitments. Also 25 cases were returned for violation of parole, 10 during 1940. Discharges for the 5 years totalled 426, an average of 85.

The Institution has a rated capacity of 140 boys and 50 girls (the population is reported to have been over 300 at one time). There are 8 cottages for boys and 2 for girls. During the past 5 years there have been 108 to 119 boys, with 52 to 74 admissions per year, total 320 admissions. There has been a gradual increase from 22 girls at the beginning of 1936 to 42 at the end of 1940, with 16 to 31 admissions per year totalling 121. There is a reception house for boys. The school offers a controlled environment with a flexible program designed to meet the individual needs of children presenting personality or conduct disorders, as well as for delinquents and maladjusted children who cannot be treated in their own homes or in the community.

Footnote: *This study has not yet been officially reported to JBG. It was consulted, and is here briefly cited, through the courtesy of Dr. Slawson.

The school, formerly under the New York Board of Education, has been reorganized as "Union Free School District No. 3," a state school district coextensive with JBG property and under the supervision of the State Department of Education. The staff consists of 14 resident teachers providing grammar and high school education along academic, commerical and vocational lines. This reorganization has made the school much more effective and has permitted much better integration of school and living programs. Maintenance operations, including the farm, are utilized in vocational training. Both "work details" and courses in school are designed to give the youngsters a good vocational training for their age and experience.

General living is under the supervision of the cottage parents, headed by a general supervisor. Questions of discipline and special requests from the children are handled by a committee on which administration, school and clinic are represented.

There is a "mental hygiene unit," including three visiting and one resident psychiatrists, a visiting part-time psychologist, one supervisor and five case-workers. There are visiting physicians, a visiting dentist, two resident nurses and a rabbi. There are two social service students.

Intake and questions of relationship between the school and city offices are channelized through the head court worker. As previously noted, some 86 per cent of new admissions during the past five years were admitted on court order, including both "commitments" and "remands." Any child arraigned in Children's Court for delinquency or neglect is eligible for admission. In the last 4 years about 4 per cent of admissions have been on D.P.W. commitments and, during 5 years, 9.6 per cent were admitted on private arrangement. Cases under active treatment in the city offices are admitted on DPW commitment.

Mentally defective children, epileptics, psychotics and pre-psychotics whose behavior makes group living impossible, serious physical problems, and children whose behavior, such as incendiarism, makes them a menace to the group, are not accepted for admission. Psychiatric recommendation is held desirable. In doubtful cases the school psychiatrist and supervisor of case-work are consulted.

The median age of 83 children admitted in 1939 was 15-3. At 11 and 12 years there were 3 cases; at 13 there were 10; at 17 and over, 6. There were 20 at 14 years; 27 at 15, and 17 at 16 years. Discharges of court cases for the four years 1937-1940 inclusive totalled 326. Of these, 11.7 per cent were in the Institution less than 6 months; 10.1 per cent from 6 months to 1 year; 18 per cent, 12 to 18 months; 23.3 per cent, 18 to 24 months; 18.4 per cent, 24 to 30 months; 18.4 per cent over 30 months. The median length of stay varied from 19 to 23 months.

It would appear, therefore, that the median age of the resident population at any given time is comparatively high, being about 16. The median age of girls on admission is slightly higher than for boys; the median length of stay during the past 3 years has been substantially lower for girls (15 and 16 months) by comparison with the boys (22 and 23 months). Two-thirds of the boys

were in the Institution over 18 months, 23 per cent for longer than 30 months; whereas among the girls, 60 per cent were discharged before 18 months and only 4 per cent were in the Institution over 30 months. The significance is unknown, but there appears a definite trend toward shortening the stay of the girls. Thus, in the past 3 years, no girls were discharged after 30 months; and in 1940, none after 24 months. In the last year, 76 per cent (of 25 girls) were discharged within 18 months of admission and all within 24 months. No such trend appears for the boys.*

Of 404 children discharged in the 5 year period 1935-1939, including all types of cases, 64.6 per cent were paroled; 19.5 per cent were returned to court; and 7.1 per cent were transferred; the balance (9 per cent) being returned home, dropped from rolls, etc. It is significant that less than 6 per cent of admissions and discharges are returned for violation of parole.

The age at admission, length of stay, and conditions of discharge are all of importance with reference to the problems of educational and recreational program, discipline and clinical work. These latter are all conditioned by age, sex, behavior, intelligence and psychiatric diagnosis.

A tabulation of intelligence ratings as of September 30, 1940 showed no children with IQ under 70 or over 125. Inferior intelligence (IQ 70-89) was present in 37 per cent of cases; average intelligence (IQ 90-109) occurred in 48.6 per cent, while 14.2 per cent were rated as superior (IQ 110-125)3.4 per cent being above 120 IQ. The mode for boys is in the 90-99 range; for girls in the 80-89; in both groups there is a larger proportion below 90 than above 110, but the girls show a higher proportion of inferior and superior (and, therefore, a lower ratio of average) ratings than do the boys. The difference is especially marked in the groups with IQ 80-89 and IQ 110-119. However, the groups are small and the most that can be said is that educational provisions to meet the mental health needs of this group must be weighted for slow moving pupils and vocational training.

The school program "is a flexible one for each child." Assignment of all duties is made on the basis of the individual needs and interests of the child, arrived at by constant consultation between the various departments of the Institution, including cottage parents, school, vocational departments and the clinic. In addition to regular academic and commercial courses, there is a vocational program including courses in beauty culture, homemaking, printing, woodwork, auto mechanics and general metals. Farming and gardening are also available.

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* Analysis of the age on admission of 358 children during the past 4 years does not reveal any specific trend with reference to age. The largest number of admissions of both boys and girls in all 4 years occurred at age 15, amounting to 36.6 per cent of the total. Proportionately twice as many boys as girls were under 13, the total in this group amounting to 8.7 per cent. Two boys and no girls of 18 were admitted and proportionately approximately twice as many girls of 17 and over were admitted, the total at these ages amounting to 4 per cent. Among the boys, 50.6 per cent were 14 and under, whereas among the girls, the percentage at the same age levels is 36.2 per cent. This represents a difference in community attitudes concerning delinquent behavior of boys and girls.

There is a full sports and athletic program. There are also dramatics, individual instruction in music, journalism and religious education. Movies and parties provide other recreations. There are widely varied club activities organized in 12 clubs.

The majority of cases apparently fall into the general group of "psychopathetic personality",* although there are some cases of primary behavior disorder and some of neurosis. The types of delinquent behavior vary a great deal. A few cases had previously been in other institutions, for instance, 7 had previously been at Pleasantville and a considerable group had previously been treated by the JBG staff at the district offices. In general, these children present a rather marked degree of internalized pathology. A fairly large proportion of cases present a mixed symptomatology, such that there are symptoms both of personality deviation and of neurosis. As is well known, such children require a closed and controlled environment, as well as intensive individualized treatment and effort.

Most of the direct treatment work, as differentiated from the general set-up of the institution itself, is carried out by the caseworkers with supervision from psychiatrists. All cases are psychiatrically examined. The psychological examinations are quite complete and include estimates of performance skills and vocational guidance needs, as well as the formal tests of intelligence. In 1939 a total of 75 children were so tested.

About two weeks after the child is admitted to the school, a conference is held at which the child's problems, capacities and interests are reviewed. Cottage placement is determined and school, vocational and recreational programs are planned. Psychiatric and social treatment are outlined. About two months after admission, a "classification conference" is held. By that time the diagnostic studies are complete and evaluation of preliminary treatment and plans is possible. Progress conferences are held as need arises.

At any time during the first sixty days of the child's residence on court commitment the child may be returned to court if placement is deemed inappropriate. When a child is considered ready for parole, the case is referred to the appropriate city district office for assignment to a worker. During approximately the last two months of the child's stay in the institution, the casework plan is developed for the approval of the parole committee prior to release. The responsibility for official parole action rests with the Hawthorne and Cedar Knolls Committees of the Board, each of which meets once a month. The city caseworker is responsible for the casework on parolees and also for meeting the official parole requirements. A special allotment is made by the city for such parole supervision.

In DPW cases the commitment is vacated sixty days after parole. Within that period the child may be returned to the Institution at the discretion of the agency, but after that time a new application must be made to the DW if return of the child is desired. The period of parole in court cases is three years and during that period nu further court procedure is necessary to return the child to the institution. However, cases are closed at the discretion of the staff when the child is making satisfactory adjustment and does not appear to need

Footnote: *The meaning of the term "psychopathic personality" as used in the second paragraph on this page has been questioned. This term has quite varied application and in this instance was not strictly limited to cases in which the etiology is constitutional. The statement regarding the cases at H-CK is based on the diagnostic groupings of the staff at the institution and on our case reading.

supervision, or when treatment appears to be of no avail and return to the institution for parole violation is not indicated. Should the child be making an unsatisfactory adjustment, a conference is held and decisions reached as to recommending to the Hawthorne or the Cedar Knolls Committee either the return of the child to the school as a parole violator or discharge from parole. It is a general rule to report promptly any evidence of parole violation to the court worker so that decision may be reached concerning the necessity for return to the institution.

When cases are sent by Children's Court on remand, they remain at the institution until the date set for return to court, at which time a report with recommendations is made to the court.

In reading the records of these youngsters, attending conferences, etc., the outstanding point to the observer is the extent of the hostile, aggressive behavior shown and the extent of the evidence of rejection of the children, at home and elsewhere, as a factor in the evolution of their attitudes and behavior. The evidence seems to be overwhelming of the need in these cases for the type of environment which permits self-expression and the evolution of creative activity, while at the same time setting definite limits against scattering of activity in forms which may be dangerous for the individual or for the group. Many children present neurotic traits, with guilt, anxiety and symptom formation, to complicate the picture of anti-social behavior.

It is obvious to the observor, therefore, that these problems can only be met in their entirety by individualized programs, including psychotherapy, involving the totality of the child's living experience. To carry out all this requires that the Institution as a whole, from maintenance workers throughout the staff, shall be imbued with an understanding of the meanings of behavior shown and that there shall be a recognition of the rights and needs of the group. In other words there must be a system of checks and balances. This is particularly true for those presenting personality difficulties.

The program at the school has been deliberately shaped with both of these major ends in view, namely, the development and treatment of the individual and the protection of the group. The Institution has been through a trying period and at the time of this study was under the direction of the General Supervisor serving as Acting Director, with close personal supervision of the Director of JBG.

General Considerations Regarding Delinquent Jewish Children

As noted in a previous section of the report, there has been a sharp decline in the number of Jewish children appearing before the New York City Children's Court during the 11 year period from 1929 to 1939 inclusive, for which figures are available. There has also been a decrease in the total number of children appearing before the courts for delinquency. The largest number was 7278 in 1930. This was also the year with the largest number of Jewish children, the total being 1503, or 20.6 per cent of the total. The smallest number to appear was 4402 in 1938 with a rise in 1939 to 4935, a difference of approximately 32 per cent from the 1930 figure. In the period from 1930 to 1939, the number of Jewish children appearing before the courts as delinquents dropped to 401, a difference of

approximately 73 per cent. In 1939, the Jewish children accounted for 8.1 per cent of the total children appearing in court. It is evident, therefore, that both actual numbers and proportions of Jewish children appearing in court for delinquency have fallen off sharply, this despite an increase in the actual number of children of Children's Court age. These figures also indicate that at no time has the proportion of Jewish children being brought into court approximated the population of Jews in the city and for 1939, according to the most reliable estimate available, the rate of Jewish children was only between one-quarter and one-third as large as the proportion of Jews in the population.

Commitments to city and state reformatories of males show a similar decline both in absolute number and in percentages for Jews. The largest number of Jews committed was in 1930, when 202 Jewish males represented 10.6 per cent of the total number. In 1939, however, there were only 43 Jews, constituting 2.5 per cent of the total number committed.

Commitments of men to state prison were most numerous in 1933, with a second peak in 1938 and a drop of 25 cases to 2388 in 1939. The largest number of Jewish men were committed in 1936, with almost as many in 1933. The number had declined to 171 in 1939, constituting 7.2 of the total. The highest percentage of Jews committed during these 11 years was 9.6 in 1934.

It should also be noted that for the 11 year period, 1928 to 1938 inclusive, there was a marked increase, approximately 81 per cent, in the number of Jewish first admissions to st te hospitals for mental diseases, the actual number in 1938 being 1539, representing 12.1 per cent of the total number of first admissions. From 1932 on the percentage of Jews among first admissions has been within at most 0.4 up or down from 12 per cent. The total of first admissions during this same period increased from 8614 to 12,635 or 46.7 per cent.

The number of Jewish children in protective and correctional agencies, as reported by the Welfare Council increased slightly from 143 on 3/31/38 to 152 on 3/31/40. The percentage of Jewish children in care was artificially increased from 5.6 to 10.5. This was due to the closing of the Catholic Protectory in 1938, which reduced the number of children in the care of protective and correctional agencies by 1072. Children's Village, the New York State Training School for Girls and the New York State Training School for Boys each report one or two Jewish children, the total in these institutions being 4.

It is evident that the Jewish delinquent children are almost invariably committed to the Jewish institutions. There are questions as to the soundness of this policy, but, on the whole, the Jewish community has obviously preferred to deal with its delinquent children in its own way and many good reasons for this also can be seen. The recommendations later made in this report are based upon the belief that this represents a sound procedure.

Volunteer Department. Total number dealt with in 1939, 241; the largest volume handled, in 1937, totaled 378, excluding "cooperatives", which numbered 75 in 1937 and 167 in 1939.

This department has a supervisor and three caseworkers, one in each of the district offices. Volunteers usually work directly with the child and usually on a basis of weekly contacts. They may also give financial assistance limited to that implied in the contact, such as subway fares, trips and outings. Under supervision, volunteers give direct service to clients, in some instances in cooperation with the work of other departments. Also to other departments they contribute other types of work such as research, clerical work, group, court, committee work, etc. They also aid in the interpretation of the work of JBG to the community and serve in terms of experimental phases of the JBG program. They must be 21 and over and are selected on the basis of educational background, experience and personality. A training course is provided. They receive cases directly from the Intake Department or on transfer from other departments. They do not, as a rule, work with parents or others.

So far as direct work with children is concerned, it is noted that a Big Brother or Big Sister is assigned only when there is a definite service that the volunteer can render to the child. The role is regarded as a supportive one, offering the youngster the opportunity of having a sympathetic, understanding friend and only children with capacity to respond to this type of approach are considered.

Contact with this work was necessarily somewhat limited in the period of the study, but so far as ascertained and indicated in records read, this department functions admirably within the limitations set forth above.

Unmarried Mother Department. Total volume in 1939, 203. Largest volume during 5 years, 244 in 1935.

In connection with this work, JBG operates the Lakeview Home at Staten Island, which has accommodations for 30 mothers and 30 babies. Acceptance for admission is decided by the worker, the supervisor of the unmarried mother department and the director of Lakeview Home. If the applicant is venereally infected, she is referred to Inwood House. Mentally defective girls are steered to City Hospital, though JBG will assume responsibility if City Hospital does not. The Department of Welfare assumes payments for a girl at Lakeview when she is six months or more pregnant.

The length of stay is indefinite, based on casework planning. Girls are assigned to caseworkers in the city offices before admission to the Home. Psychological and psychiatric services are utilized whenever necessary. While resident at the Home, theoretical and practical training in child-care and home-making is given by the resident staff.

These girls tend to present a good deal of conflict about their situation and a considerable need for constructive, skillful casework assistance. Some of them present evidence of more serious personality disturbance, either existing prior to the pregnancy or emerging as a result of it. It is estimated that about one-third of the cases require fairly intensive individual treatment over

a longer or shorter period, chiefly in relation to behavior and personality difficulties other than the pregnancy. Such clinical facilities are available for them.

In a short reported study of the casework treatment of unmarried mothers, it was noted that these clients tend to be older than the clients in other divisions in JBG and there was a greater variability with respect to underlying motivations of the behavior. For purposes of this report it does not seem necessary to enter into further discussion of the psychopathological problem involved. The point should be stressed that careful individual diagnosis of motivation and any existing psychopathology is quite essential early in the contact with the unmarried mother, as it is in the case of any other individual whose behavior is such as to lead them definitely into conflict with the social group, or produce guilt and anxiety internally. The situation is complicated and to some extent clarified by the fact that a large reality problem must be faced. It is explicitly stated and seems to be adequately supported that many of the cases can be successfully dealt with through indirect treatment designed to achieve limited goals.

Two points of view are possible. First, that illegitimate pregnancies are an expression of underlying psychopathology, in which case the presumption would be that all cases should be approached from the psychotherapeutic angle. The more realistic point of view is that illegitimate pregnancies are sometimes outstanding symptoms of underlying psychopathology and sometimes are not. As a matter of sound practice, it seems desirable to approach individuals presenting such behavior from the standpoint of the simplest formulation, rather than with the most complex possible explanation and therapeutic approach.

Group Therapy. Total cases handled in this department, 48 in 1939 and 42 in 1940, exclusive of cases carried simultaneously in other departments. Cooperative cases in 1939 numbered 149; in 1940, there were 123.

In the 7 years that Group Therapy has been in operation as a specific department, there have been about 75 groups. During the past 4 years individual as well as group records have been kept and are available on about 200 individual children. For an additional approximately 250 cases from the first years, the growth and development of the children can be traced through group records. In addition it is noted that there are records in the Child Guidance Department on about 75 per cent of the group therapy cases.

Group therapy has been made available for children unable to participate in the ordinary recreational activities of neighborhood centers or when treatment reveals a need for group activity and group treatment. Through this form of therapy, it is aimed to provide a source from which the child may derive a sense of security which he does not receive from his home environment; receive recognition of constructive efforts with the endeavor to build up his self regard; provide activities of genuine interest; and provide opportunity for a significant experience in group relations out of which a stable pattern of behavior of value in all his social relationships may emerge.

The groups meet weekly in the neighborhood where the members live and two or three hours are devoted to each meeting. Notes are kept in detail regarding the activities of each individual and of the group. Progress summaries are worked out and a monthly conference is held of all workers. The group is viewed

as a dynamic unit presenting in modified form many of the elements of the family drama, all elements entering into the activities. Participation of the leader, etc., is carefully weighed with relation to effects in the alteration of behavior and attitudes. Psychiatrists are consulted and some cases referred from the department for individual rather than group therapy. The orientation is definitely psychoanalytic.

The workers in this department are competent and well versed not only in leading groups in activities but in analyzing motivations and evolving plans for dealing with resultant behavior. The pattern of this work as therapy is comparatively unfamiliar, since only one other piece of work is known in which the general tenets of "relationship therapy" form the essential basis of the approach to problems of the group.

So far as the present study goes, it indicates that this approach is of great value, has been more thoroughly worked out at JBG than by any group known, including the conventional types of clubs, recreational groups, etc. How results are obtained and their final meaning was not considered a subject for this study. A critical evaluation of techniques and results would be of value, since there is urgent need for the development of effective psychotherapuetic methods applicable to groups. Conditions or situations to which such group techniques might be applied need also to be known. The paucity of psychiatric time both for supervision and direct therapy, the small number of cases that may be carried by workers with any type of training, and the length of time required for treatment, are all factors indicating the importance of a group approach whenever and wherever feasible.

It seems fair to say that the ineffectiveness of available general group methods in achieving lasting results in determining attitudes and behavior is related to the inadequate orientation in the motivations of human behavior and the dynamics of human personality possessed by the average group leader, recreation worker and teacher.

Other Departments

Adult Department. Individuals interviewed in 1939 numbered 713.

This department gives social services to Jewish men, who have been or are in penal institutions, and to their families. The worker visits all New York City or State penal institutions and interviews Jewish inmates. The services are usually short term services and records are not formally opened and closed. Such services as employment, reconcilliation of family situations, medical attention, relief, temporary aid, assistance in securing pardons, etc., are the types of assistance usually rendered.

Camps. Service given to 330 cases not JBG in 1939; total number served in these camps, 728. JBG children in other camps, 29.

The JBG makes extensive use of 3 camps, one for boys and two for girls. The Boys' camp and one of the girls' camps are governed by committees in cooperation with JBG. Only the boys' camp is used as a treatment facility for JBG clients. All have educational, recreational and craft facilities. At the boys' camp the director, head counselor and a caseworker are drawn from the

JBG staff. Other camps are used and other agencies also use these camps, with the exception of the camp for boys, which receives only JBG clients and their siblings. No study was made of the camps and their programs.

Children's Court. Services to 1345 cases in 1939.

There are two caseworkers assigned to cover the Manhattan, Bronx and Brooklyn Children's Court to represent all Jewish persons coming into the Court. The work entails the development of plans with clients and agencies and acting in an advisory capacity to the Court personnel. The head court worker is the liaison worker for Hawthorne-Cedar Knolls and the city offices and all applicants for admission to the School are referred to her.

Lavenburg Corner House

At this residence club for adolescent boys JBG has one case worker. Hawthorne School boys who cannot return home at the time of discharge are referred there. The House is also used for school boys or adolescents who cannot be treated in their own home.

Other Services.

Girls of 16 to 21, living in Bronx and Manhattan, may appear in the Wayward Minor Court from which commitment can be made to Cedar Knolls and other correctional institutions, or the girls may be placed on probation and JBG asked to cooperate in treatment, provided they are not over 18 years of age.

The Adolescent Court is for older boys only. From it commitments may be made to Hawthorne, or JBG may be asked to cooperate in treatment. There is no JBG worker in either court.

It will be noted that in 1939 there were more court cases of children than there were applicants for child guidance service. Further, that only a small number of the court cases eventuated in a commitment or utilization of JBG services beyond those involved in the court situation. However, the total picture is of a very heterogenous group of behavior and personality problems being presented to the agency for some form of service which, though perhaps "slight" in terms of the agency, may have been crucial for the individual or family concerned.

CLINICAL NEEDS AND FACILITIES

Almost the entire "intensive service" caseload of JBG is in need of clinical study, interpretation and direct and indirect treatment. Exceptions might be made only in those cases, relatively few in number, handled independently of other departments by group therapy and volunteers. Even these require diagnosis, and are receiving a specialized type of therapy. Even though close psychiatric supervision is not required, the treatment procedures are nevertheless specialized and utilized for specific purposes.

A check of the caseload as of December 31, 1940, showed a total of 1209 "cases" in the"intensive service" load, of which 91 were "divided," i. e.,

there were two workers, each carrying a separate part of the case. The number of "cases" gives no necessary idea of the number of individuals who may be involved in the treatment of the parent-child relationship. The 1118 cases (net number after deducting 91 for the divided cases) were distributed among the departments as follows.

Child Guidance	656
Volunteer	104*
Unmarried Mothers	95
Hawthorne-Cedar Knolls	240
Resident .. 145	
Parolees .. 95	
Group Therapy	23*

* Cooperatives excluded

In addition there were 181 cases "pending intake" carried over.

The only "special service" cases carried over were 21 babies of unmarried mothers.

This, of course, is only a cross-section of the load and is not representative of the work throughout the year. The turnover in JBG is much more rapid than in AJC, even including Hawthorne-Cedar Knolls. It follows that the work of JBG is more exigent than that of child placement; that the clinical needs are more obvious and that the clinical staff should be larger and more effectively trained for therapy.

In JBG, the chief functions of the social workers are therapeutic and specifically so. Thus, as already noted, direct psychotherapy of child and, if need be parent, is carried out by the worker under more or less close and effective supervision of the psychiatrist. In child placement, on the other hand, the caseworker assumes responsibility, as an agent of the agency, for <u>general</u> <u>care</u> of the child over a long period of time. Her general role is not that of a therapist. When necessity arises for some one to step into that role, it is a nice question whether it should be the worker whose usual role is quite different. The two roles are actually quite distinct, and there is always the risk that they will become confused to the detriment of the effectiveness of both.

JBG has passed through phases typical of the general social attitudes toward delinquency and the delinquents and more particularly, organized effort to deal with the problems involved in a more constructive way than by punishment after the fact. The early developments were in line with developing social consciousness, especially with reference to children. We seem prone to forget that children have not always enjoyed a protected status. Such discrimination as was practised was against them, rather than for them. The early extensive development of orphanages and of mass placement was in reaction to the neglectful and brutal policies of the day. Children must have been pretty openly viewed as nuisances, according to pictures of earlier times presented by such agencies as HOA, Children's Aid Society and Children's Village. The introduction of psychiatry and psychology into the study of the problems of the individual delinquent occurred a little over 30 years ago, though the concepts of "moral insanity" and "moral imbecility" date back many years.

All earlier concepts of dealing with the juvenile delinquent seem to have been adapted directly from adult penology - punishment, protection of society, deterring others and discipline seem to have been the keynotes. These concepts may be loosely called sociological - they were mass concepts applied to groups and certainly they were not individual. The humanizing of social attitudes brought about an emphasis on work, education and classification, the latter in terms of age and extent of delinquent career. So "reformatories" and"industrial schools" were developed, especially in the 80's. Even then the first purpose of institutional care was "to contribute toward the security of the community." As late as 1930, the White House Conference could point out that this was only slowly changing, when it was said of institutional care "gradually it is being recognized that the fundamental purpose of such cases is the adjustment of those children who, for any cause or many causes, cannot secure through any other agency the needed opportunity for development during the formative period of youth. The institution aims to prepare the child for return to the community as soon as there is assurance that he can adjust there satisfactorily."

Recent surveys of institutions for juvenile delinquents particularly stress the points that they are schools, and that their pupils are "maladjusted, unhappy youths instilled with a sense of social insecurity and failure," and that the institution "is essentially a clinic for the analysis and solution of problems of maladjustment," in which the services of "physician, psychologist and psychiatrist in the educational program are essential to individual planning." Further emphasis is laid upon individualization, "child centering," specialized experimentation and vocational training, as well as the ordinary phases of living.

As a part of this individualizing, specific emphasis is laid in these reports upon the "professional individualizing services represented by psychiatry, psychology and social work," without which "there can be no real individualization, nor can there be true understanding of cause and effect relationship in the behavior of children." It may be added that the psychiatrist's function as defined in these reports, compiled by non-psychiatrists, is that of dynamic participation in the activities of the institution as well as direct study and treatment. The same is true of the participation of psychology and social work; much more than classification of intellectual level and supervision on parole are required.

Many social workers exhibit a particular kind of horror of institutions. In some cases this seems to be based upon a peculiarly personal rejection of their own experiences as staff members of institutions; in most cases, it seems to be a matter of rejection of the assumed rigidities and regimentation. It is certain that institutions tend to become crystallized and complacement, but intelligent oversight and criticism can go far to check such tendencies. Many social workers have an intelligent appreciation of the point that institutions serve a useful purpose; that there are individuals for whom, in the light of such knowledge as we possess, the institution is the placement of choice; that institutional care should be used when indicated and not only as a last resort. Further, institutions do change, not infrequently for the better.

The above points are stressed, because there is so much misunderstanding of the functions of schools such as Hawthorne-Cedar Knolls, and so much unnecessary rejection of the idea of using an institution, even in such a supposedly informed group as the staff of JBG. Analysis and utilization of this school should not be approached from the standpoint of the reformatory turned school in name only, but as representing a well organized, individualized program, psychiatrically oriented, for "the rehabilitation of maladjusted youngsters." This has not, of course, always been true, nor can it be said that all problems have been solved. It can fairly be said, however, that these schools would rank in the forefront of all schools, public and private, for delinquents, so far as one can judge by published reports. Furthermore, it is an impression that the present program at the school is superior to that at comparable institutions in New York State. Concerning the latter, however, data are not as complete as they are for Hawthorne-Cedar Knolls.

The psychiatric staff at JBG is made up of men on part time, all of whom have excellent backgrounds, adequate experience with children's problems, and psychoanalytic experience. The psychologist is adequately trained. All social workers engaged in actual treatment work are adequately trained from the psychiatric standpoint, though naturally varying in length and amount of experience.

The chief criticisms to be made concern the amount of psychiatric time available and the extent of psychiatric study of cases and supervision of the worker's treatment. These are points concerning which there are often wide differences of opinion. For reasons already stated, it seems unwise to depend solely on the worker to determine when psychiatric, psychological or other special diagnostic services should be called for.

The "initial conference" procedure now in use is helpful in overcoming some of these difficulties, but it does not seem to be enough.

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RECOMMENDATIONS

As previously noted, it is not recommended that there be a further merger of A.J.C. and J.B.G. clinical facilities, nor is it recommended that a separate clinical department (Mental Hygiene or Guidance) be set up under Federation to serve all its operating agencies. The following recommendations, therefore, apply to the clinical set-up in J.B.G. alone.

With reference to Hawthorne-Cedar Knolls, it is recommended that the present program in the school be continued and further integrated and enlarged as needs demand. However desirable it might be to move toward the union of Pleasantville and Hawthorne-Cedar Knolls (hinted at as a possibility by several during the study) this would be clinically indefensible and definitely injurious.

Possibilities for the greater use of specialized types of foster home placements for delinquent children should be further investigated.

For the city offices, an increase in psychiatric time is recommended to an extent such that every child is actually examined prior to acceptance for child guidance service; every case under treatment may be periodically reviewed with a psychiatrist; and ample time shall be available for study and treatment of all cases in other departments as required.

Expressed opinions to the contrary notwithstanding, it is definitely recommended that psychiatric participation in the program be increased to the point where the psychiatrist is consulted to the extent of personal examination when he feels it necessary, in all intake cases.

These results might conceivably be best achieved by having a full-time psychiatrist as chief-of-staff of the child guidance department, with time from part-time men to fill in the time required, approximately that of three full-time psychiatrists.

I N D E X

III. SPECIFIC QUESTIONS AND IDEAL RECOMMENDATIONS

	Page
General	1
Services rendered by AJC	3
Services of JBG	4
Selection of Agency	5
State and Municipal Agencies	5
Treatment in Own Homes	6
If Nothing Were Done	6
Proportion Requiring Treatment	7
Children Not Now Problems	7
Difficulty of Problems	7
Erroneous Classification	8
"Most Effective and Practical Plan"	9
A Practical Compromise	13

BIBLIOGRAPHY

III. SPECIFIC QUESTIONS AND IDEAL RECOMMENDATIONS

This study has high-lighted the point that no one formula of procedure is applicable to, or sufficient for, all children. It is impossible, in other words, to deny the doctrine of individual differences, some of which are ingrained to a point where they either cannot be eradicated or require a long time application of skillful techniques. During recent years there has been a justifiable revolt against institutional care, but it has been carried to unjustifiable extremes.

It is easy for institutions to become routinized, static and complacent. The very pride of physical plant operates to produce this. Isolated from the community as a whole, as they easily may be and usually are, there is inevitably a strong tendency to develop a feeling of being self-sufficient and omnipotent and place the interests of the institution first, rather than the best good of the child. There are, however, reasons readily to be seen why complete rejection of institutions is neither logical nor valid.

Not only do institutions tend to become "crystallized and complacent," but this is true of any type of work, more particularly of organizations in which the size of the organization and the nature of the problems to be met tends to crystallize both procedure and formulae of interpretation and action. Thus non-institutional agencies are beset by the same problems, and only intelligent supervision and continuous critical evaluation, especially from within with courageous alteration of formulae and procedure as indicated, will avoid crystallized complacency.

The same may be said of general social philosophies and formulae of procedure based theron. The general philosophy of the present sets up foster home care as the ideal, a formula to which everyone subscribes. But when a formula reaches "all or none" proportions, one may justly suspect that it is more emotional than intelligent, more rationalized than rational. So to believe that <u>all</u> children requiring foster care are better off in foster homes than in institutions requires the acceptance of basic assumptions which are just simply not true, even though they may apply to a substantial majority of children under care. There is a marked tendency, however, to regard institutional care as a "last resort," and to expose the child to failure, often repetitive, in placement, with resulting damage to his sense of security and of his own ability to achieve. There are repercussions also in the foster homes.

The foster home contains all the difficulty-producing factors to be found in any home, plus the factor that it is not the own home, or the own child. Granted that homes presenting gross pathology are eliminated in the process of selection, and that skill in choosing homes and matching the needs of children and of homes has been highly developed, the fact remains that homes are human, fallible, variable and often unpredictable. Simple formulae are not especially applicable to the complex emotional relationships of a home, be it natural or foster.

The most serious complication is the lack of comprehensive diagnostic facilities at the time of intake when, in the opinion of most competent

observers, it is exceedingly important to decide on the type of care (institution or foster home) which will best fit the needs of the child. Of course, adequate diagnosis is not enough. The recommendations which emerge from such a study must be carried out and followed up for evaluation and re-evaluation.

It seems to be universally accepted that the chief factors in a successful foster home are in terms of emotional integration, reactions and needs, and attitudes toward children. Consistently less stress seems to be laid on intellectual standards, "knowledge" of child study and child training (especially that acquired from books and courses) and like matters. Not that these are not considered valuable and welcome, but they have all too frequently been found to interfere with other attitudes more important in the parent-child relationship.

A difficult problem arises concerning the relationship of worker and agency to the child in placement and to the foster home. One fails to see that home placement is a constructive, personality developing experience when there have been five to ten such homes, or ten or more workers, or when problems are minimized or over-emphasized, or when difficulties are concealed until the child is nearing 16 and then some of the fundamental anxieties of foster parent and child emerge clearly for the first time.

There are entirely too many social workers who have a ritualistic concept of their technical ability, who either see no need for psychiatric help, or visualize such assistance as performing only the function of verifying the existence of a suspected psychosis, feeblemindedness or epilepsy, or relief from responsibility by finding the case otherwise untreatable by social casework methods. There are many psychiatrists who visualize their role in much the same diagnostic terms, or, conversely feel that all the problems and decisions are psychiatric, all treatment procedures must be carried out by the psychiatrist, etc. Such people spend much time and energy in competing for status, instead of considering their relative functional contributions to the welfare of the children.

Repeatedly both in this study and in other contacts the "function of the agency" is mentioned as <u>the</u> factor determining whether or not service is to be given. This is an entirely reasonable point of view; in fact, much damage is frequently done if an agency undertakes to give services for which it is not equipped either in personnel or experience. But it does lead to jealousy and a waste of energy in striving for status. What is needed here is (1) greater mutual knowledge of functional capacities and limitations between agencies, (2) greater diffusion of knowledge into the community of the divisions of agency functioning. Mutual understanding of objectives, techniques and equipment should go far in the direction of producing effective "child centered" cooperation, instead of over-emphasis on the validity of a particular agency's program.

Complaint is often heard regarding the quality of institutional personnel. Specifically, it was stated that "there is a dearth of interest on the part of younger Jewish people in institutional work as a carrer". If true, this can only mean that the potential rewards of such a career are inadequate, in that the institutions have crystallized too much into what seems to be an ineffective, stale, static program and initiative and interest are stifled.

It is taken as basic that children should not be sent away from home for treatment in institutions or foster homes merely because of neurotic symptoms or problem behavior, including delinquency, just as it is regarded as basic that no child should be put into foster care merely because of economic difficulties in the home. Fundamentally, therefore, children now come into foster care because of (1) pathology in the home, (2) internalized pathology or (3) perhaps most commonly, combinations of (1) and (2). With any of these background factors, there may result symptomatic behavior, including delinquency, requiring specialized placement or treatment.

The time when a child was accepted for placement merely because presented, and the institution has vacant beds, or the agency has a home, has long since passed. That there are normal, legitimate questions regarding motives for seeking placement and concerning the real needs of the child is clearly shown by the long-adopted method of case study to determine (a) the validity of placement and (b) the type of placement which will best meet the needs of the individual child for whom foster care is sought. The decision that placement should be made is one entirely for the agency to make from the standpoint of social findings. To determine the <u>type</u> of placement, however, requires adequate diagnostic study and incorporation of findings in the final plan. Equally important is to determine the need for and availability of treatment if placement is not to be made.

The present programs have developed in line with demands and social conscience. Lacking unified interests and control and a steady underlying research program, individual units have developed and now claim supremacy or, at least, an unlimited place. The fact remains that there are several types of problems to be provided for and that no one type of program can meet them all. While the Federation is not an operating agency, there is need for coordinating the programs for child care far beyond what has been done. This is said in the interests of the children only, in terms of the need for provision for the whole child, which can only be done through accurate and complete diagnosis and diligent follow-up.

The specific questions raised at the beginning of the study (see Introduction) may be answered in summary form, with the above statements as a general background.

The essential services of AJC are subsumed under the general category of "foster care" for Jewish children. Both foster home and institutional care are provided, as well as "tutelage" for those discharged who require continued supervision and assistance in adapting to the community (Youth Service). Intake has other functions in relation to a large number of applications which do not materialize in placement. The most recent figures included in the report showed 2501 children under care, approximately 75 per cent in foster homes. This represented a decrease of 578 in 15 months, or 18 per cent. Comparison of figures as of 3/31/40 shows that at that time AJC cared for 63 per cent of Jewish children in foster care in the city. Commitments into care of AJC are at the rate of about 300 per year, ranging up to perhaps 400. For commitments in general, only about 3 per cent are full orphans; in approximately 75 per cent one or both parents are living, while both parents are living in about 55 per cent; 20-25 per cent were born out of wedlock. Data were analyzed which support the thesis that placement

is not solely or, as a rule, chiefly dependent on economic need, but is related to a complex of factors such as physical or mental illness, delinquency of parents, extreme marital disharmony, rejection of the child or behavior and personality problems in the child with which the parent feels unable to cope.

Approximately half the children at Pleasantville present behavior and personality problems requiring individualized socio-psychiatric treatment. All the children at Edenwald present special problems in educational, social and vocational adjustment, and are in continuous need of psychiatric supervision and follow-up. Practically all, at some point, require individual treatment for some period, and for a diversity of symptoms. From one-third to one-half of Foster Home Bureau children present behavior and personality problems requiring individual study and treatment.

Provision to meet these problems included: a consultant psychiatrist; a director of child guidance, located in the city offices and available to all divisions of the agency; 3, later 4, visiting or part-time psychiatrists, providing some 30 hours of time weekly; and 2 full-time psychologists. Of 111 supervisors and caseworkers (not including executives and heads of district offices), 62 had psychiatric field work while in training or further experience. Direct therapy with children is regarded as a specific and major function of only 4 workers, those in the child guidance department of Pleasantville. In addition, 8 workers were treating one case each at Foster Home Bureau under psychiatric supervision.

The great bulk of children receive adequate casework, with special examinations when, in the judgement of the caseworker, they are indicated. Medical and dental services are provided routinely and as they may be needed.

The J.B.G. provides treatment service for children presenting problems in personality and behavior, including delinquents and unmarried mothers. Provision is made for institutional care of delinquent boys and girls and the unmarried mothers and their babies. The great bulk of the work is, however, carried out with the children in their own homes. Foster home placement is occasionally recommended and such placement is then requested of A.J.C. or other placement agencies. Occasionally, also placement at Pleasantville or Edenwald will be requested; in the latter case, for children presenting the limitations of intelligence, educability and social adjustment which are requisites for admission. Children recommended for Pleasantville are usually younger children, not delinquent, for whom a closed environment seems indicated and Hawthorne-Cedar Knolls School is regarded as unsuitable.

The "intensive services" are carried out through six departments - child guidance, volunteer, unmarried mother, Hawthorne-Cedar Knolls, adult and group therapy. About 2000 cases per year are treated in these departments, approximately 60 per cent in the child guidance department. The open caseload at any given time numbers about 1200. Hawthorne-Cedar Knolls has 140-150 children, mostly of adolescent age, in residence, admitting and discharging about 90 cases each year. These children are, on the average, older on admission than is true of those admitted to Pleasantville and other "orphanages." They also present,

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on the average, more serious psychopathology, the most frequent diagnosis being "psychopathic personality." In general, also, the behavior leading to commitment has been more serious in terms of social maladjustment. Taken together, these points indicate the need for definite and effective individual treatment, as well as adequate organization of the institution as a whole.

"Special services" of several types, including court work and adult prisoners, are given to about 4500 cases per year. Many of these situations are given "desk service" only, but approximately 1500 cases per year have a differentiating type of intake service.

There were 5 psychiatrist, giving 68 hours per week to the 3 city offices. Three of these gave 17-3/4 hours per week at Hawthorne-Cedar Knolls, where there is also a resident psychiatrist. Of 54 social workers on the staff, 40 had definite psychiatric field experience in training.

According to the present plan of procedure, the psychiatrists do not treat cases, and all treatment is carried out by the workers (using "relationship" therapy, with variations). All cases are reviewed with the psychiatrist at least once, about 6 weeks after acceptance. Cases are also seen for diagnostic or follow-up study. Children admitted to Hawthorne-Cedar Knolls are all examined by the psychiatrist, who also carries some in treatment. The bulk of the treatment, however, is carried out by the social workers, and through coordination of personnel and activities of the institution.

It will, therefore, be seen that there is no actual duplication of general services, i.e., those paramount services for which the agency was established. However, extra-institutional <u>treatment</u> of a child with problems does not differ in many fundamentals whether the child is in a foster home or in the own home. The problem is, how to provide sufficient technical services to meet the needs of all groups. Basically, the functions of the two agencies seem sharply defined.

The differential selection of the agency for service depends primarily upon delimitations of situations in which each functions, set up in the first place by the agencies themselves and carried into effect by intake departments. In general, people may and do apply to the wrong agency and must be steered right. A.J.C. does not accept cases which can remain at home; J.B.G. does not accept cases in which the chief problem is placement, except for specialized care at Hawthorne-Cedar Knolls and Lakeview. There seems, therefore, to be no conflict in this area.

With regard to the possibility of utilizing existing state or municipal facilities, very few children were discovered in this study who presented conditions, such as mental deficiency, psychoses or epilepsy, for which the state provides special facilities. A small number of mental defectives are under care in foster homes, making reasonably good adjustments. In a few cases in institutions, steps were being taken to transfer the children to appropriate state institutions. In addition to other points indicating that there are feebleminded children who do not absolutely need care in a state training school, it should be noted that these schools are seriously overcrowded and there are

official waiting lists of known defectives in New York City alone sufficient to more than fill the number of beds being provided in the new institution now building.

The Children's Division at Rockland State Hospital accepts children under 12 for treatment of neuroses and behavior problems. Organic disorders, psychoses and mental defectives are not accepted. The service is usually at capacity and has a waiting list. No relief could be accepted in that direction for the type of "problem" cases now treated at Pleasantville.

The major question, therefore, would be with regard to the use of Warwick State School for Boys and the Hudson State School for Girls for children now committed to Hawthorne-Cedar Knolls. This is a possibility, but in my judgment it is not feasible at present. Warwick has a rated capacity of 448 and at the time of inquiry was not filled, though the population was reported to be increasing rapidly. The institution could not easily absorb the Hawthorne boys unless the Catholic group should embark on a substantial building program. The same is believed to be true regarding the Girls' Training School which however, has a much smaller Catholic group. It may also be doubted whether the programs in these schools are as adequate, or as well adapted to Jewish children, as is true at H.C.K. This statement is based on some knowledge of the programs and viewpoint of practice expressed by staff members.

The categorical answer therefore is that there are very few children who could be served by existing state or municipal facilities.

With respect to whether some children now in foster care could have been treated more successfully in their own homes if a therapeutic program were provided there, one might answer that this would be true for many children if the home could have been maintained, but since it could not, then no treatment program could have been applied. In general the answer is that many of these children would not have presented so much problem behavior if they had been removed from their homes earlier than was actually the case, because the pathological home contributed much to their difficulties. Despite the fact that such a large proportion (about 60 per cent) are eventually discharged to their own families or to near relatives, it remains true that the extent and proportion of family disorganization were extreme. Basic rejection of the child, often concealed under a mask of solicitude, was a definite factor in many of these situations. As a further point, a number of children had been treated at home without success and placement away from home, with therapy, became a necessary part of the treatment plan.

One question was raised to which no positive answer is available. That is with reference to whether there are children who would be better if nothing had been done. Records were read in which the children presented problems which disappeared without special study or treatment, but in some cases they were replaced by other problems, or recurred at some later crisis in the child's life situation. This is a common experience with children at home or in placement. Temporary exacerbation of aggressive behavior was not uncommon during treatment, but this is a part of the therapeutic process. Cases were read in which the situation was allowed to develop too long, or inadequate treatment was instituted on a basis of inadequate diagnosis, and an occasional case was encountered in which diagnosis and therapeutic approach seemed to proceed for a time on erroneous interpretations, usually related to inadequate diagnostic

studies. It is concluded that there are instances in which damage is done by doing nothing, or doing the wrong thing. Many children suffer what appears to be permanent damage to personality structure from their social settings, in which all too commonly there is no treatment, or even sound appreciation of the facts of developmental psychology.

It is estimated based on case reading, analysis of functions and of reports, that 40-50 per cent of A.J.C. children present problems requiring diagnostic study and social psychiatric therapy, with a direct approach for a longer or shorter time. The proportion of such cases presented to Intake is probably higher than this, as the grossly abnormal are steered elsewhere. The determination of the type of care (foster home, institution or specialized) is made by Intake, in consultation, when indicated or when possible, with psychiatrists and others connected with other divisions of the agency, or with clinics. The general standards are for foster home placement. The tendency is to use an institution for specific types of problems (placement at Edenwald, for example), when the parent will not accept foster home placement; when there is reason to expect early reconstitution of the home; when the child can not accept foster home placement or when there is problem behavior requiring treatment in a closed environment. In general, there is a tendency, regarded as somewhat short-sighted, to try to place all types of children in foster homes. It is believed that more adequate psychiatric social interpretation of the data before placement would result in institutional placement as a matter of first choice for the good of the child in about 20 per cent of the children presented (the figure was actually higher in 1940). In some instances, keeping the child in foster homes seems detrimental to his best interests, just as many children are kept in institutions for too long a period, or at the wrong stage of development, etc. This whole problem of foster care is fraught with many complexities and it would seem the part of wisdom to base decisionsas to allocation on adequate information and interpretation in the individual case.

Concerning children not now problems who have been or may become problems, evidence was found in the records of problems that had disappeared and also situations which indicated that problems would sooner or later emerge. One point that stood out was that in many cases the record indicated that everything was going smoothly over a long period and then suddenly there would be an eruption of complaints about the child's behavior. Not infrequently it was then found there had been problems all along, but they had been minimized. In other cases, this seemed to be more of a long deferred rebellion. It is clear that children can be "lost", or submerged, in both institutions and foster homes.

The problems are not always clear cut and are frequently not as difficult as they at first appear, or as they appear to a foster mother, cottage parent or even the social worker. For example, any of these may have an erroneous idea of the behavior to be expected at given ages, the common error being to expect more mature behavior than is compatible with the stage of development. However, no tendency has been found to exaggerate either the severity or the extent of problems. Instead, the tendency is to regard manifestations and children as normal until evidence proves otherwise. The emotional problems, while very real, are often masked in various ways and may emerge only after some time and in symptoms rather difficult of treatment.

No children were found who were erroneously classified as "problem" children. As previously stated, there were children whose problems had been inadequately studied with resulting relatively ineffectual treatment. More serious were some cases in which reasonably adequate interpretations had been used as a basis for sound recommendations which, however, had not been carried out. These cases often presented typical "circular" records, with periodic recognition of needs and recommendations about which little or nothing was done.

In some instances it was judged that the psychiatrist had underestimated the gravity of the situation and the resulting treatment plans were inadequate. Sometimes, also, it was obvious that pressure of work on the psychiatrist had led to the adoption of compromise recommendations which were at times effective, at times not.

One comment may be pertinent here. There is need, recognized throughout both agencies, for a continuing process of refining records in the interests of achieving a concise, yet complete record, which shall avoid unnecessary repetitions and give adequate cross-sections from time to time in the form of summaries.

"MOST EFFECTIVE AND PRACTICAL PLAN FOR THE PRIVATE CARE OF JEWISH CHILDREN."

The plan presented is based on an estimated load of 2750-3000 children in foster care, in both foster homes and institutions with some 800-900 applications to be investigated each year and some 300-350 actual placements made; approximately 3000 cases per year receiving intensive service because of behavior and personality problems, including delinquency, with an active caseload at any given time of about 1800, cases being derived directly from the community as well as from the children in foster care; and some 5000 cases per year of slighter services. The clinical set-up is postulated on the premise that services provided by state and municipality for the treatment of the psychoses, mental deficiency, epileptics in need of institutional care and major neuroses will not be duplicated, though they may be complemented by diagnostic or follow-up work in the case of individual children for whom such facilities are utilized. The major purpose of the clinical division is, aside from fundamental diagnostic studies, the treatment of behavior and personality problems with "therapeutic prevention" the ultimate goal. Hence, an important part of the work is treatment of the parent-child relationship, with all that this implies.

The general types of situations to be provided for are: children presenting problems in behavior, living in their own homes; children presenting problems, living in foster homes or institutions; delinquents, both in their own and foster homes; unmarried mothers; youths in need of vocational advice and supervision while adjusting in the community; and, of course, foster care, including and independent of clinical problems.

Despite the number of children to be served, and the variety of types of service required, and the variety of interests of board members and donors, the ideal organization would seem to be a unified Division of Child Welfare, or Children's Service Bureau, operating in close cooperation with other Federation agencies. Operating through district offices and individual institutions, there would be close central supervision and coordination. The Bureau would function through divisions of: Intake, Foster Homes, Institutions, Youth Service, Unmarried Mothers, Recreation and Guidance.

1. The Intake Division would consider all applications for all types of service to children, except strictly medical and educational problems; referring suitable cases to the appropriate service division. This division would be made up of particularly skilled representatives from each of the other divisions.

2. Foster Home Bureau would be charged with the major responsibilities for the care of children removed from their homes. All infants and young children, unless grossly pathological, and all other children who present no obvious contrindications, would be so placed. A reservation is made regarding adolescents coming into care, for whom some modification of the usual foster home procedure seems desirable.

This bureau would be expected to develop specialized homes, specially subsidized, for temporary placements and for the placement of small groups having specialized needs. Such special placements could serve the needs

of some adolescents, as well as those of inferior intelligence requiring special programs, some of the more disturbed children who do not function well either in individualized foster home or in a large group, etc.

3. Four institutional units, to provide for a population of approximately 500, are visualized as necessary. Two of these, one for unmarried mothers, the other for delinquent boys and girls, should be entirely separate. A third small unit should be available for temporary study and adjustment and might be housed with the largest unit, the fourth, which would be a <u>school</u> designed for care over a longer period of time (1-2 years) for children of school age whose families refuse foster home care and where there is reason to believe the period of care will not exceed this limit; for those children presenting problems in adjustment which require treatment in a relatively closed environment; for children presenting a need for vocational training and some difficulties in social adjustment; for adolescents requiring a short period of intensive training effort and opportunity to find themselves outside their usual setting. This institution must lay stress on the educational aspect, especially intramural vocational and prevocational training. It is not thought of as a substitute home, though there is a group of children who can accept no other substitute home and might, therefore require a longer period of institutional care (to be avoided if possible).

All these institutions, except the study home, should be thought of as <u>schools</u> and all activities, including the processes of living, should be integrated in the interests of personality growth and development. Even the study home should participate in an educational program. They should <u>not</u> be regarded as homes, to be used over a long period, the child attending public school, etc. Theessential purpose would be to prepare the child for speedy resumption of full community life, in own or foster home.

The educational set-up should provide especially for the type of child now sent to Edenwald. These children can be cared for and trained in such an institution as here proposed, provided sufficient individualized attention is given.

The institutions would have complete clinical service, including social work, integrated into the entire life of the child.

4. Youth services should be provided for those coming out of foster care and facing problems of readjustment. In connection with this, development of further facilities for living in groups where individualized attention, as well as vocational guidance, would be available, is strongly indicated. Probably the personnel of this service should be few, and its functions chiefly consultative to the social workers in direct contact with the child.

5. Service to unmarried mothers would include institutional care, and social service from workers attached to the Guidance unit.

6. Recreational and camp services would require special attention to make them available to all Bureau clients.

7. The Guidance unit would be staffed with psychiatrists, psychologists and psychiatric social workers, and offer psychiatric-social diagnosis and treatment facilities, and vocational guidance and adjustment to all divisions of the Bureau and to children and their families not otherwise clients of the Bureau.

It would provide such units of psychiatric, psychological and psychiatric social service as might be required in the placement divisions, including specialized advisory and diagnostic service to Intake. Such units would serve the divisions on an individual basis, with central supervision andcoordination. It would be advisory only with respect to acceptance and allocation of cases, such determinations being strictly social service functions. It would carry the responsibility for determining which cases required therapy, the type of therapy, and where and by whom it should be carried out. Workers and others doing therapy in any setting would be a part of its organization.

Court workers would be a part of this division. It is not practical to assign psychiatrists to the courts, because they have their own psychiatric service which is used as prescribed by law. The prison worker could be attached to this unit.

Treatment services would include psychiatric, psychological, psychotherapy by the social worker, group therapy, volunteer department services, and other types now available.

Vocational adjustment and advisory services would provide for the large group of children requiring testing, etc., as a part of educational and vocational planning.

This division would serve as a central coordinating, cooperating division operating in the interests of better mental hygiene for children in or out of their homes.

Such a plan permits the flexible use of all community resources in the interests of the whole child. It presents difficulties in organization and early operation, but it is feasible and presents an advanced conception of the possibilities of serving the whole child in the interests of his future personal and social adjustment.

An alternative plan would be to have a coordinating, supervising Bureau in the Federation, which would, through its central staff, provide the Intake, Youth, Recreational and Unmarried Mother Services mentioned above and coordinate the activities of two independently functioning units. One of these would operate all foster care, including foster homes and the institutions outlined above. There would be two divisions of this, one foster home and one institutional.

The second unit would be the Guidance unit, organized and functioning substantially as outlined above, and serving both the clients of the first unit and those coming directly from the community.

This plan presents rather more difficulties in the way of effecting cooperation and becomes topheavy on the executive side. For that reason the first plan is preferred.

Details as to personnel and costs are not presented, though it is clear that there would have to be an increase in psychiatric time available, and some

increase in supervisory units. However, as chief emphasis is laid on foster home care and treatment at home, the cost should not be much increased over what is now being spent.

A PRACTICAL COMPROMISE

The "ideal" plan presented is obviously quite different than the recommendations set forth in the individual sections on AJC and JBG. To implement the plan as outlined would require an amalgamation of the two agencies, and for reasons set forth in the recommendations, this would seem to require an unwieldy set-up from the standpoint of clinical organization and effectiveness. From this viewpoint, smaller units are preferable.

The general recommendations, therefore, were for the continuance of the two organizations, with independent institutional and clinical organizations. Experimentation with special types of foster home placement for difficult children, including adolescents and delinquents, should be encouraged. It was specifically recommended that institutional provision of the Pleasantville and Edenwald type be continued, that is to say, to provide institutional treatment, educational and social work facilities for problem children of the types now received there.

However, it is recommended that separate provision for children regarded as suitable for Edenwald be given up as the children now there graduate. Instead, the procedures and facilities developed there should be incorporated in the main institution of AJC, so that incoming children of this type may be effectively dealt with there.

Edenwald could be converted into the small observation station suggested; or, if it should serve as a nucleus for developing a new institution, provision for the observation station might be made at some detached place on the grounds. It would be preferable, however, to have such a study home more centrally located. There are some cogent objections to this idea: if located away from a larger institution, the costs of operation are likely to be very high; there is a tendency for cases to be retained for longer periods than the 3 to 6 weeks regarded as desirable; cases difficult of placement, or suitable for state or municipal care, may not be acceptable elsewhere, and so the service may be clogged, etc. Nevertheless, these difficulties do not seem insuperable and the functions to be subserved are extremely important. Specially subsidized homes, conveniently located so that special medical and other studies could be carried out, would serve the same purpose, but would be difficult to find and maintain.

The Pleasantville school is desirably located to function as a school primarily intended for the sort of care outlined. For children who, it is intended, will remain 1 to 2 years and participate in a general and specific adjustment program, the country location is an advantage, rather than the reverse. It could be distinctly disadvantageous for long time care.

As this writer sees it, what should be worked toward is an amalgamation of the Edenwald and Pleasantville ideas and procedures, providing for the groups outlined as requiring institutional care and providing for a small group - not to exceed 25 - for temporary care and study. The clinical set-up would be essentially as outlined in AJC recommendations.

Recommendations for JBG would stand as given. For the time being, at least, it would seem best to continue differentiation between the Pleasantville and Hawthorne-Cedar Knolls groups. Use of Pleasantville by JBG, with follow-up therapy by JBG, is a logical procedure which might be further developed. Perhaps also cooperation in the use of foster homes for the problem children could be further, and effectively, developed.

Cases read and analyzed, 1940-41 Study

According to categories established 1/18/41

New York Association for Jewish Children

1. Intake

Records of those placed read only in connection with actual placement.

Not accepted for placement, defaulted or withdrawn 18

2. Foster Home Bureau

A. Cases rejected prior to merger. Too difficult to get at -
B. Referred to psychiatrist, especially during 1940 . . . 18
C. Worker consulted with psychiatrist 9
D. Transferred to Pleasantville. That record also read . 8
E. Cases discharged for age. 7
F. Difficult cases, not referred to psychiatrist 3
G. Having 10 or more placements. Not separated out. . . . -
H. Transfers from Academy, chiefly 1940 discharges 8
I. Sample of cases admitted in 1939, aside from above. . . 7
J. U nder care 11 or more years 16
K. Transferred from Pleasantville
   1. Pleasantville record also read 8
   2. HB record only 7
L. Miscellaneous and special cases. 6

3. Pleasantville

A. Not accepted 28
B. 1. Low IQ group 4
   2. High IQ group. 9
C. 1. Children of 7 in May 1940. 4
   2. Children of 16 and over in May 1940. 5
D. Transfers to F HB, 1940 (FHB record also read) 8
E. Transfers from FHB . . . . . .
   1. FHB record also read 8
   2. Pleasantville record only. 3
F. To Hawthorne 2
G. Not treated 15
H. Former JBG cases not specifically separated. . . . . .
I. Unselected series of admissions. 10
J. Psychiatrist treating. 1 2
K. Transfers from other organizations, not AJC 9
L. Readmission 1

4. HOA and Edenwald

A. Edenwald
boys 37
girls. 18
B. Academy
1. 16 years and over 8
2. Seen by psychiatrist. 3
3. Low IQ. 2
4. High IQ 2

5. Youth Service

Cases only from discharge groups listed above.

JEWISH BOARD OF GUARDIANS

1. "Special service" cases. Too heterogeneous
2. Intake, rejected cases 32
3. Child Guidance
   - Initial conferences. 13
   - Seen by psychiatrist 6
   - Not seen by psychiatrist (1 also group therapy). 2
   - Periodic review with psychiatrist. 12
   - Cases open since before 1936 6
   - Cases closed during 1940 13
   - Cases carried by worker only (1 also group therapy). . . . 4
4. Volunteer 4
5. Unmarried mothers 3
6. Hawthorne-Cedar Knolls
   - a. Random sample (3 also c; 1 also b) 16
   - b. Pleasantville cases (plus 1 from a) 2
   - c. Previously treated by JBG. 3
   - d. Rejected cases 21
   - e. Cases for state institutions 2
   - f. Transferred to state institutions. 0
   - g. Discharged to JBG treatment. 3
   - h. From foster homes. 3
   - i. From foster homes and Pleasantville. 1
7. Adult. No cases open.
8. Group therapy (plus cases noted) also 1 group 2
9. Not specifically separated out.

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