

THE MARITIME SCHOOL OF SOCIAL WORK

THE PRE-SCHOOL CHILD

A study of 30 wards of the Children's Aid Society and Department of Public Welfare resident in child caring institutions in 1958.

A thesis submitted to the Maritime School of Social Work in Partial Fulfilment of the Requirements for a Master's Degree in Social Work.

by

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Saint Mary's University Library

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CHAPTER I

INTRODUCTION

The theory that the best place for a child is his own home, is today widely accepted. Should this not be a possible form of living for him, one similar to it is next best. This belief was not always held. In reviewing child welfare history the variation in the kind of care provided the dependent child is quite noticeable. The era of slavery, feudalism and indenture was followed by yet another, in which the vast shipment of children to farms was the recognized method of dealing with the problem of child dependency. Indeed, Charles Loring Brace, founder of the first Children's Aid Society in the United States in 1853, believed this to be so.¹ Then followed the period of orphanages and institutions until finally foster home care is considered the best type of care for the child deprived of a normal home life.

The theory that this is the ideal kind of care for dependent children, under ordinary circumstances, is substantiated by many who have carried out considerable research in connection with parental deprivation.² They

¹Henry W. Thurston, The Dependent Child, (New York: Columbia University Press, 1931), pp.139-160.

²John Bowlby, Child Care and the Growth of Love, (London: Published by Penguin Books, 1953), pp.18-32.

bring conclusive evidence that under ordinary circumstances no child under three years of age should be placed in an institution and that only rarely should the pre-school child be placed. The proper care of dependent children cannot be stressed too strongly. This conviction as well, is expressed by many authorities in the field.

The proper care of children deprived of a normal home life can now be seen to be not merely an act of common humanity, but to be essential for the mental and social welfare of a community. Deprived children whether in their own homes or out of them are the source of social infection as real and serious as are carriers of diphtheria and typhoid. And just as preventive measures have reduced these diseases to negligible proportions, so can determined action greatly reduce the number of deprived children in our midst and the growth of adults liable to produce more of them.¹

Agatha Bowley in her book Child Care, on making reference to the dependent child, expressed somewhat the same sentiments.

Such children are not just ordinary children. They have experienced more than their share of upheaval; they have suffered from warring parents, absent parents, harsh parents or from loss of their parents. They suffer most if they are very young or very adolescent. Very great care has to be taken if the best possible arrangements for their future upbringing are to be made so that children may make up for what they have lost and experience some sort of substitute family life.²

The proper care for the child deprived of a normal home life can thus be shown to be a matter

¹Ibid.

²Agatha Bowley, Child Care, (Edinburgh: E. and S. Livingstone Ltd., 1951), p.22.

meriting serious thought and consideration. It was with these thoughts and considerations in mind that the second year students at the Maritime School of Social Work undertook a study of children in institutions.

The damaging effects of mass institutionalization of children in the past are evident for all to see.¹ While there are still some institutions producing the same or similar damaging results on children, the place of the institution in the child welfare program must be acknowledged. Indeed, institutionalization is often the answer with children who have special needs.²

In the local area of Halifax for the past few years there has been some concern about whether the child caring institutions were meeting the needs of the children entrusted to their care. The Welfare Council of Halifax became interested in re-examining the child welfare services in this area and in April 1956 laid the foundations for a survey of these child caring institutions. The co-operating agencies and institutions included:

Children's Aid Society of Halifax
Halifax, District Office, Department of Public
Welfare

Halifax Infants' Home
Halifax Protestant Orphans' Home
Home of the Guardian Angel
Jost Mission
Saint Joseph's Orphanage
St. Paul's Home for Girls
Salvation Army Home for Girls

¹Cecelia McGovern, Services to Children in Institutions, (Washington: Ransdell, Inc. 1948), pp.1-48.

²Bowley, op. cit., pp.57-73.

The survey, sponsored by the Welfare Council of Halifax, was directed by Mr. Eric Smit, Executive Secretary of the Family and Child Welfare Division, of the Canadian Welfare Council. The report of his survey which was published in November, 1958 stimulated the second year students to undertake the present study.

Certain statements by Mr. Smit were indicative of the feeling that children in this area were in institutions due to a lack of foster homes. Moreover, one of his recommendations was that a foster home campaign should be undertaken jointly by the Children's Aid Society and the District Office of the Department of Welfare to secure enough homes of the right type to ensure that all children who needed foster home care receive such rather than remaining in the institutions.¹

The researchers as a group however, have taken the hypothesis that a proportion of the wards of the Children's Aid Society and the Department of Public Welfare who resided in institutions during some part of the year 1958 were placed in these settings as the plan of choice due to special needs which could be met more adequately in an institution than in a substitute home. It would be well to remember that in this study the researchers are not competing against Mr. Smit but merely

¹Eric Smit, Report of the Survey of Child Welfare Services Having Membership in the Welfare Council of Halifax (Ottawa: Canadian Welfare Council, November 1958), p.63.

complementing his report by partially implementing one of his recommendations which stated that "a study should be made of each child at present in the care of both the foster family agencies and the institution." To study both groups would be beyond the scope of a student research project due to the amount of time that would be required.

The researchers hope that by carrying out this study they will in some way be contributing to better services for the dependent child in Halifax in the future. The group also feels this study to be particularly appropriate at this time as some of these same institutions are now taking a second look at their role and function.¹ This writer in particular hopes to demonstrate that the institution has a different role from that of the foster home but that this is an important role in child care.

The question of adequate care for the dependent child is of the utmost concern to social workers. In an attempt to give a child what he needs every effort must be made to determine these needs and the ways to fill them. When these needs are not met the impact of disastrous results are felt in the community and it becomes of prime importance not only to social workers but to others concerned with social problems as well.

¹Note: Late in 1959 the Halifax Infants' Home closed down as the function of this institution was not in keeping with current child welfare needs and practice.

The scope for the total project is limited to a study of ninety wards of the Children's Aid Society and the Department of Public Welfare who were resident in child caring institutions during some part of the year 1958. For the student researchers an original universal sample of 97 wards of the Department of Public Welfare and Children's Aid Society was selected. A mortality rating of 7 left a completed sample of 90 wards. Data for nine individual theses were obtained from the study of these children.

The writer has selected for his particular focus in the study the reasons and factors which determined the placement of the pre-school child. For the purpose of this study the pre-school will be defined as the child who has not yet reached his sixth birthday. Under this the writer will discuss what part community resources, health and adoption policies played in institutional placement. The subject itself will be discussed from a social work point of view and the reasons for placement will be evaluated in the light of current child welfare theory and practice. The scope of this thesis will involve thirty pre-school children who were wards of the Department of Public Welfare and the Children's Aid Society who resided in child caring institutions during some part of the year 1958. In future when referring to these thirty pre-school children the researcher

will indicate them by the use of the term "sample". The boundary date for data for the total research project was December 31, 1958. Data available beyond that date were not used in the analysis of the children.

The researcher's hypothesis for his particular thesis is "adoption policies and community resources are controlling factors in the placement of the pre-school age child". In exploring these factors the researcher will cite cases in which they are evident. The researcher will also examine the policy and practice of the concerned agencies and their resources in relation to the question of adoption.

Limitations in this study are inherent in the circumstances surrounding the project. First of all, data were obtained by each researcher through the use of schedules which were drawn up in such a way as to secure material upon which nine individual theses were to be based. There is the further limitation that the case records of the wards of the Department of Public Welfare and the Children's Aid Society were not constructed for research purposes. Undoubtedly, a good deal of work done with the children was not recorded as large case loads did not permit a limited number of workers to perform at their best. Then too, the fact that many of the workers involved were untrained has some significance. An obvious limitation in this study existed by

the very fact that for the most part institutional records of these children were not available.

The data used by the writer were of two types, primary and secondary. Primary data were obtained from a study of the case records of 90 wards of the Children's Aid Society and the Department of Public Welfare. Secondary data were of two kinds: firstly information obtained from directors and casework supervisors of certain social agencies and institutions; secondly bibliographical data. Primary data were collected by the use of schedules¹; this collection was carried out by all the researchers. The schedules were designed to gather data for all members of the group and not limited to the researcher conducting this thesis. Secondary data which were obtained from the directors, casework supervisors of various social agencies and institutions were collected through the use of questionnaires² as well as by letter writing. Each member of the group had a degree of responsibility in preparing the questionnaire and in interviewing the persons concerned. In addition, each researcher again was responsible for writing to various sources for possible information in relation to the study. Bibliographical data were gathered from the reading of various social work books and articles. Biblio-

¹See Appendix A

²See Appendix B

graphical data from psychiatric and psychological sources were also used. Data obtained from this source were used to substantiate the thesis as well as to give the researcher a broader understanding and knowledge of the pre-school child.

In preparing the schedules, questionnaires and in drafting letters the student researchers were given careful preparation, but at the same time shared the responsibility in completing them.

In approaching the matter of reasons for placement the researcher will use both statistical and case analysis. Such things as age, race and sex can be recorded easily statistically and are much clearer and more meaningful than if done in any other way. Case analysis, however, lends itself to a study of both tangible and intangible factors and is appropriate to a thesis concerned with reasons and factors involved in placement. When this analysis is used it will refer to an individual child or a family situation.

This study will present an analysis of the pre-school child. To what extent age, race, sex and family background were factors in placement will be discussed and evaluated. This will be discussed in a rather general fashion. As the proportion of infants in this sample is quite heavy the writer will devote a special section to them and will review the circumstances and factors responsible for their placement.

Following this description the writer will consider the question of health and indicate to what extent this factor is a reason for a portion of the sample group being in institutions. The writer will include in this a study of the child's health during 1958 as well as his physical development during the year.

Another section will be devoted to what extent mental retardation in the history of the family and indications of it in the child were responsible for institutional placement. Here the writer will discuss the matter of policy and practice of the concerned agencies and will seek to demonstrate either their flexibility or rigidity.

Following this section another one dealing with other reasons for a portion of the sample group being in institutions will be discussed. Such matters as the lack of foster homes and adoption facilities will be surveyed. The scarcity of workers and sometimes the turnover of workers which may be detrimental to the making of a permanent plan for a child will be discussed. The significance of these matters will be evaluated.

In concluding, the researcher will summarize his findings as far as determining factors in placement are concerned and will make recommendations in relation to the types of children that require institutional care

and those most likely to benefit from it. In addition, the writer will attempt to determine whether these factors are taken into consideration in the child caring institutions in this area.

CHAPTER II

ANALYSIS OF THE PRE-SCHOOL CHILD

The weight of many of the factors which influence child placement may be considerably altered by the special character of the community itself. For example, in a community or among population groups where a low standard of living prevails, standards for all forms of child care may be threatened. Where institutional care is grossly inferior and certain to regiment children it should be avoided by arrangement for the use of a family home. Owing to the presence in every community of persons reasonably well qualified to give children the care and affection they need, even unorganized and unsupervised foster home care may lead though almost accidentally, to happy results for some children. But a society which values its children will tolerate neither the impoverished institution nor casual placement in foster homes.¹

In this chapter the researcher's concern will be with an analysis of the sample in order to determine to what extent if any, age, race, sex and family background were responsible for their institutional placement

¹Howard W. Hopkirk, Institutions Serving Children, (New York: J.J. Little and Ives Company, 1944), p.52.

of 1958. In the sample, children were distributed as Table 1 indicates.

Table 1 indicates that of the 30 pre-school children only 5 were resident in the Home of the Guardian Angel, 2 in St. Joseph's Orphanage whereas 14 were in the Halifax Infants' Home and the remaining 9 were in the Nova Scotia Home for Coloured Children.

In an attempt to understand the reasons for such a disproportionately large number of pre-school children residing in the Halifax Infants' Home and the Nova Scotia Home for Coloured Children, it is necessary to examine the policies and practices of the concerned institutions.

The Home of the Guardian Angel provides a temporary home for the Catholic unmarried mother and her child. Plans are made for the adoptable infants as early as possible.¹ In an interview with Sister Mary Clare, Superintendent at the Home, it was learned that the average length of stay for the infants in their care totalled 36 days in 1958. It was also explained that this figure would have been lowered some considerable extent had it not been for a few infants who due to extenuating circumstances were kept there several months.²

¹Address by Miss I. MacLellan, Casework Supervisor, Department of Public Welfare, to the second year students of the M.S.S.W. on October 23, 1959.

²Interview with Sister Mary Clare, Superintendent, Home of the Guardian Angel, February 2, 1960.

TABLE I
THE DISTRIBUTION OF 30 PRE-SCHOOL CHILDREN
ACCORDING TO PRESENT (1958)* AGE AND INSTITUTION

Age in Years	Home of Guardian Angel	St. Joseph's Orphanage	Halifax Infants' Home	Nova Scotia Home for Coloured Children	Total
Under 1	4		4		8
1 and under 2	1		7	2	10
2 and under 3			2	2	4
3 and under 4		1	1	3	5
4 and under 5				2	2
5 and under 6		1			1
	5	2	14	9	30

* Age given is highest age of each child during his institutional placement. i.e. for children who were discharged during 1958 age on day of discharge is taken. For children not discharged age on December 31, 1958 is taken.

The following cases are illustrative of the kind of situations which occasionally are factors in the prolonging of an infant's stay in the Home.

Norah V. was the child of an unmarried mother. She was placed in the Home of the Guardian Angel when 9 days old. There was in this family a history of mental deficiency. Norah's mother had an I.Q. of 67 and her grandparents were both tested psychologically and found to have I. Q.'s in the low 60's. Norah V. was also suspected of being mentally deficient and it was felt that she should remain at the Home until the age of six months or until it could be ascertained from her progress and development if she were suitable for adoption or not.

In the second case racial origin was the significant factor.

Oswald D.Q. was a child of an unmarried mother. He was placed in the Home of the Guardian Angel when he was six days old. Shortly after placement it was recognized that Oswald was partially negro although his mother was white. This presented a difficulty in finding an adoption home and he was at the Home for over six months before one was found.

Norah and Oswald are typical in practically all respects of the kind of child who is kept for an extended period at the Home of the Guardian Angel.

In examining the policy of the Halifax Infants' Home the reason for the high proportion of pre-school children in that institution is evident. Founded in 1876 its' purpose was to provide care and maintenance for unmarried mothers before and after the birth of their infants, and for children to the age of three unless in the opinion of the Board of Management,

a longer stay is necessary.¹ Sometimes the unmarried mother can go on staff and keep her baby.²

The policy of the Nova Scotia Home for Coloured Children was stated as that of giving custodial care to coloured children between the ages of 9 months and sixteen years.³ Because this is accepted by the coloured community there is not much decrease in the population of the institution.

The policy of St. Joseph's Orphanage is well defined. The institution offers temporary placement as it is not part of its philosophy that any institution offers the best living experience for the normal child.⁴ In practice the institution does not in general accept children under six years of age and only infrequently is a child of such years admitted as an exception. When admitted the placement is considered as a temporary phase in the treatment of the child.⁵

It can be concluded from these facts that the proportion of children in the institutions discussed in this chapter has a relation to the admission policies,

¹Smit, op. cit. p.44.

²MacLellan, loc. cit.

³Interview by a companion researcher with Mr. Kinney, Superintendent, Nova Scotia Home for Coloured Children, February 15, 1960.

⁴Smit, op. cit. p.33.

⁵Sister Mary Clare, loc. cit.

practices and functions of these institutions. It is also evident that the factor of age is a significant one in institutional policy as in some instances it is restrictive and in others is quite broad.

The distribution of the pre-school children according to institution has been demonstrated. In Table 2 the religion of the sample is illustrated.

TABLE 2

THE RELIGION OF 30 PRE-SCHOOL CHILDREN
ACCORDING TO AGE AS OF DECEMBER 31, 1958

Age in Years	Catholic	Protestant	Total
Under 1	5	1	6
1 and under 2	3	8	11
2 and under 3		5	5
3 and under 4		4	4
4 and under 5	1	2	3
5 and under 6	1		1
Total	10	20	30

It is evident from the sample that there were twice as many Protestant pre-school children in institutions as there were Catholics. The significance of this is difficult to evaluate in relation to the factor of religion alone but must be considered also in relation to race.

The proportion of the sample in terms of race is illustrated in Table 3.

Of the fifteen coloured children within the sample all but two were Protestant in religion.

TABLE 3

AGE AND RACE OF 30 PRE-SCHOOL CHILDREN

Age in Years	White	Negro	Total
Under 1	4	2	6
1 and under 2	6*	5	11
2 and under 3	2	3	5
3 and under 4	1	3	4
4 and under 5	1	2	3
5 and under 6	1		1
Total	15	15	30

* 1 English Cherokee Indian

Consequently the large number of Protestant negro children found in institutions could be attributed to the general lack of foster homes for the coloured child.¹

In order to clarify the situation of negro wards the practice and co-operation between two institutions should be noted. The Halifax Infants' Home will offer care to the negro child until he is 9 months old. At this age he is transferred to the Nova Scotia Home for Coloured Children.

Having examined the policies of the Halifax Infants' Home and the Nova Scotia Home for Coloured Children the writer believes the proportionately larger number of pre-school children within these two child caring institutions is not illogical.

In Table 4 the sex of the 30 pre-school children within the sample are illustrated.

¹Kinney, loc. cit.

TABLE 4

THE SEX OF 30 PRE-SCHOOL CHILDREN

Age in years	Male	Female	Total
Under 1	4	2	6
1 and under 2	4	7	11
2 and under 3	5		5
3 and under 4	2	2	4
4 and under 5	1	2	3
5 and under 6	1		1
Total	17	13	30

The question of sex did not appear to be an influencing factor in the placement of the thirty pre-school children as the concerned agencies did not restrict admission to either boys or girls. The influencing factors which had a bearing on placement were the age of the child and the child's religion.

The extent to which the family background of the child was responsible for his placement is seen by examining the circumstances which culminated in his apprehension and placement.

TABLE 5

THE FAMILY BACKGROUND OF 30 PRE-SCHOOL CHILDREN

	Negro	White	Other	Total
Children of Unmarried mother	15	10		25
Children of a common law union		2		2
Children of married parents		1	1*	2
Illegitimate child of married woman		1		1
Total	15	14	1	30

*English Cherokee Indian

It can be seen from Table 5 that of the 30 children within the sample the majority, 25, were children of unmarried mothers; one was an illegitimate child of a married woman; two were the children of parents who lived common law and the remaining two were children of married parents. It is noteworthy that 100% of the negro children within the sample were the children of unmarried mothers.

The fact that children of unmarried mothers contributed so heavily to this sample calls for an examination of the circumstances that were responsible for their institutionalization.

It is an established fact that the unmarried mother generally has little opportunity to care or make a permanent plan for her child as almost inevitably she is without financial resources. The following cases are illustrative of the kind of circumstances which compel the unmarried mother to give her child up.

Wanda F. F. is the child of a seventeen year old unmarried mother. The young mother at the time of her pregnancy was a student in grade 10. She was forced to give the child up as her mother who was supporting her as well as her sick father refused to keep the baby.

Dawn V. J. was placed by her mother with a Mrs. Ferguson on an adoption basis soon after her birth on May 6, 1954. The child remained there until February, 1955, when the mother removed the child due to drinking and neglect on Mrs. Ferguson's part. The mother herself was not able to provide for Dawn and she was soon apprehended after being in her care for only a very short time.

In both these cases it is evident that the unmarried mothers were lacking adequate financial resources.

In Table 6 the various reasons for the apprehension of the children within the sample are recorded. It should be noted in explanation of this table that legal reasons for apprehension were not used but that primary casework reasons were given.

The significant feature of this table would seem to be that the inability of the parents or the mother to care for the child occurred frequently and was the reason noted in 23 out of the 29 cases recorded. In connection with this it would be relevant to mention that in many cases the mother wanted to care for her child but did not have the resources. Of the 23 cases all but one, were the children of unmarried mothers.

Bruce V. I. was born June 1, 1955. Bruce's mother was fourteen years old at this time and planned to return to school in the hope that she might become a stenographer. Bruce's maternal grandfather was dead and his maternal grandmother was working by the day in order to support her family. As there was no one in the family to give the child a home he was apprehended and eventually made a ward.

This case is quite typical of the circumstances which made it impossible for the unmarried mother to keep her child.

It can be concluded from the foregoing analysis of the sample that age, race and family background and circumstances were important factors in their institutional placement. A local child psychiatrist familiar with

TABLE 6
THE REASONS FOR APPREHENSION OF 30 PRE-SCHOOL CHILDREN
ACCORDING TO AGE AT TIME OF APPREHENSION

Age in Years	Ill-Health of Parents	Inability to Care	Physical Neglect	Ill-Health of Child	Not Recorded	Total
Under 1	1	20	1	2	1	25
1 and under 2		2				2
2 and under 3		1				1
3 and under 4			1			1
4 and under 5			1			1
5 and under 6						
Total	1	23	3	2	1	30

institutions expressed the opinion that there was a pattern of poor mental health and personality in the family background of the children who became wards and were in need of institutional care.¹ The fact that there was such a high proportion of unmarried mothers within the sample is indicative of this.

Following examination of the effects of these factors in institutional placement within the sample it is logical to evaluate the policies of the concerned institutions by using the current philosophy and practice in child welfare as a criteria.

Indeed in 1937, the Child Welfare League of America, in its statements of principles made this declaration:

The most important limitation of institutional care imposed by age of the children to be admitted is that relating to little children. Babies of two and three years should not be cared for in institutions, except as a temporary measure, and then only if the quality of care given them equals the medical safeguards of a high-grade children's hospital. Even with the best medical set-up it is not possible for the institution to give the little child the vital experience of continuous loving care by one individual to whom the care of the child fills a need.²

A later declaration of the Child Welfare League of America, in referring to dependent and neglected children had this to say:

¹ Interview by a companion researcher with Dr. F. Dunsworth, Director, Mental Health Clinic for Children, Halifax, N. S., February 4, 1960.

² Hopkirk, op. cit. p.45.

Because of the social and emotional values of family life, foster family homes are the best substitute for their own homes for children who need and are capable of forming new family relationships. It is desirable that all children under six should be placed in foster homes, as well as children in need of permanent care, and those who require the individual attention which is possible in a family group.¹

In the researchers sample 17 children were under two years of age. This represented more than fifty percent. On first examination it would appear that these placements were inconsistent with modern methods of caring for the dependent child. Whether this is so or not can only be established by a further examination of these children in terms of their age at placement. The duration of their placement and other particular characteristics of these 30 pre-school wards.

¹ Ibid, p.46.

CHAPTER III

INFANCY

The conclusion seems inescapable that infants reared in institutions undergo an isolation type of experience with a resulting type of personality characterized by unsocial behaviour, hostile aggression, lack of pattern for giving and receiving affection, inability to understand and accept limitations, marked insecurity in adapting to environment.In children who have been in institutions for the first two or three years of their lives without a parent who visits frequently and takes an interest in them, we find the most severe type of deprived, asocial psychopathic personality deviation.¹

These serious implications of institutional placement of the young child indicate the importance of careful examination of the circumstances responsible for the placement of the infants within the sample group. For the purpose of this study the infant will be defined as the child who has not yet reached his second birthday. The infant's placement within the institution will be evaluated in the light of current child welfare theory and practice. Table 7 indicates the number of infants within the sample according to age and institution of placement.

¹Lauretta Bender, M. D., Infants Reared in Institutions, Reprinted from Bulletin, Child Welfare League of America, Inc. September, 1945.

TABLE 7

THE DISTRIBUTION OF 17 INFANTS
ACCORDING TO *AGE AND INSTITUTION

Age in Months	Home of Guardian Angel	Halifax Infants' Home	Nova Scotia Home for Coloured Children	Total
Under 6	2	1		3
6 and under 12	2	3		5
12 and under 18	1	4	1	6
18 and under 24		2	1	3
Total	5	10	2	17

*Age given is highest age of each infant during his institutional placement. i.e. for infants who were discharged during 1958 age on day of discharge is taken. For infants not discharged age on December 31, 1958 is taken.

Considerable research has been done by Anna Freud and Dorothy Burlingham in connection with infant institutionalization.¹ This has further been substantiated by John Bowlby.² The writer will use the accepted facts from these sources as criteria for evaluating infant placement within the sample. It has been demonstrated that between birth and five months of age infants develop better in their nursery than in the average proletarian household. It was also established that their gain in weight was more regular and intestinal disturbances less frequent. In the second half of the

¹ Anna Freud and Dorothy T. Burlingham, Infants Without Families, (New York: International University Press, 1944.).

²Bowlby, op. cit., pp.50-55.

first year the picture changed. Whenever babies from average homes were compared to the babies cared for in their nursery the greater liveliness and better social response of the family child was evident. The comparative backwardness of the residential baby at this stage was due in the opinion of Freud and Burlingham to the comparative unfulfilment of his emotional needs which at this stage equalled in importance the various needs of the body.

The relationship to the mother of the small newborn infant was based on the gratification of bodily needs and emotional interplay between child and grown-up occurs exclusively during feeding, bathing and changing, and was therefore no less frequent under nursery conditions than in the home. Between five and twelve months however emotional interplay and the intellectual stimulation which results from it are more or less distributed over all the waking hours of the child's day. Consequently, the nursery child who receives individual attention only when fed, bathed or changed, is at a disadvantage.

Similar views have been put forward by John Bowlby. He stated:

It may be recorded that deprivation occurring in the second half of the first year of life is agreed by all students of the subject to be of great significance and that many believe this to be also of deprivation occurring in the first half, especially from three to six months. The

balance of opinion is that considerable damage to mental health can be done by deprivation in these months, a view which is unquestionably supported by direct observations, already described of the immediately harmful effects on babies of this age.¹

In considering these theories which are well established scientific facts the researcher will undertake a study of the infants resident in institutions in 1958 with a view to understanding the reasons for their placement as well as to determine whether such placements were made in keeping with what is now considered the best care for the dependent child. In Table 8 the number of infants still resident in institutions as of December 31, 1958 is recorded.

It is evident from Table 8 that only one child was resident in an institution from the six to twelve month period, which is generally accepted as the most damaging time for a child to be separated from a mother or mother figure.²

This was the case of Violet I. V. the child of unmarried mother. Violet was abnormal and malformed at birth. She was born with two thumbs on one hand and one side of her face was less developed than the other. She appeared to be severely retarded and when tested psychologically her I. Q. was placed in the range of 50. It was recommended in 1958 that she be placed in the Halifax Infants' Home as she required constant medical care.

This is obviously a child that needs special care and would progress more favourably in an institut-

¹Bowlby, op. cit. p.53.

²Bowlby, op. cit. pp.50-56.

ion than in any other environment. It demonstrates that such a placement was not inconsistent with current child welfare practice.¹

TABLE 8

INFANTS STILL RESIDENT IN INSTITUTIONS
DECEMBER 31, 1958
ACCORDING TO AGE ON DECEMBER 31, 1958

Age in Months	No. of Children
Under 3	
3 and under 6	2
6 and under 9	
9 and under 12	1
12 and under 15	1
15 and under 18	1
18 and under 21	1
21 and under 24	1
Total	7

In Table 8 it is also to be noted that there were two children between three and six months of age still resident in an institution as of December 31, 1958. This period according to Bowlby might be as damaging as the period between six and twelve months.²

Norah V. was one of the infants over three and under six months still in an institution as of the boundary date. The child of an unmarried mother she was placed in the Home of the Guardian Angel soon after birth. As Norah appeared to be retarded and as there was a family history of retardation it was recommended that she remain at the Home until the age of six months or until it could be ascertained from her progress and development if she were suitable for adoption.

¹Edith M. H. Baylor and Elie D. Monachesi, The Rehabilitation of Children, (New York: Harper and Brothers Publishers, 1938) p.9.

²Bowlby, op. cit. pp.50-55.

The above reason for institutional placement would certainly seem an acceptable one. A psychologist who has made a particular study of mental deficiency indicated that the child with such pathology in its background needed further observation before adoption placement.¹

Stewart A. was the other infant over three months and under six still in an institution as of December 31, 1958. Stewart, the child of an unmarried mother was born with a congenital bladder condition called "ectopia". His condition made it difficult to find a suitable foster home for him and he was placed in the Halifax Infants' Home where he could be built up.

This placement would also appear to be consistent with modern theory and practice in child welfare. It is generally accepted that a child with certain special needs may progress more favourably in an institution than in a foster home.²

It is evident from these illustrations that the continued placement of these infants in institutions was not a serious breach of practice in caring for the dependent child. The researcher is able to arrive at this same conclusion for the other infants in the sample who had been in institutions during 1958 but who had for various reasons been discharged before December 31, 1958. In Table 9 this portion of this sample is indicated. It is to be noted in Table 9

¹Gertrude M. Reiman, 'Consideration About Mental Deficiency in Planning for Adoption', American Journal of Mental Deficiency, November, 1958. pp.469-472.

²Baylor and Monachesi, op. cit. p.9.

TABLE 9
LENGTH OF PLACEMENT OF 10 INFANTS DISCHARGED
FROM CHILD CARING INSTITUTIONS IN 1958

Age in Months at time of Admission	Length of Placement in Months						Total
	Under 3	3 and Under 6	6 and Under 9	9 and Under 12	12 and Under 15	15 and Under 18	
Under 3	1		2	1	2		6
3 and under 6		1				1	2
6 and under 9	1						1
9 and under 12							
12 and under 15	1						1
Total	3	1	2	1	2	1	10

that one child who was less than three months of age on admission was in the institution for a similar period of less than three months. Child welfare authorities agree that a short term placement for a child of this age may not be seriously damaging to its development. The Table also indicates that one child under six months of age on admission was in the institution between fifteen and eighteen months. Considering this one would think this placement to be at variance with the modern methods of caring for dependent children. It is generally accepted that institutionalization on the infant during the six to twelve month period has a serious detrimental effect on his future development.¹ The justification of the above mentioned placement is evident however on further examination.

John Z.M. was placed in an institution because the foster home in which he was placed was not able to cope with a health problem. John had eczema and would cry all night. The institution had something to offer the child which the foster home did not have.

This case illustrates the strong emotional as well as physical conditions in different diseases.

Oswald P.Q. when less than a week old was placed in the Home of the Guardian Angel and remained there for over six months. This too, at first appearance would seem to be unsound practice in caring for children. In examining the circumstances, however the

¹ Bowlby, op. cit. pp.50-55.

reason for the extended period within the Home was understandable. Oswald had a mixed racial background. The mother of the child was white and the father was mulatto.

Yvonne S.G. was placed in the Halifax Infants' Home when she was less than six months of age and remained there approximately three months. This too, would seem to be at variance with what is considered the best care for the child deprived of a normal home life. In looking into the circumstances around her placement it was revealed that she had pneumonia and needed close medical care. It was recommended that she remain at the Home where she would receive this regular medical care.

This case illustrates that while individual maternal care is important for infants of this age proper nursing care is equally important when it comes to these children with these very special needs.

It can be concluded from examining the placements of infants who were in institutions during some part of the year 1958, but who were not resident in them as of December 31, 1958, that such placements were compatible with modern methods of child welfare practice. This cannot be accepted as universally true as the researcher found instances where institutional placement was made on a negative basis.

Diana N.H. is a typical case. This negro child soon after her birth was made a ward and placed in the Halifax Infants' Home. She remained there from the time she was a week old until she was one year old. It was mentioned in the child's record that the agency worker made attempts to find her a foster home but did not meet with success.

The lack of a coloured foster home was recorded as the reason for the placement of one other child in the group which is now under consideration. This would lead the researcher to conclude that there is a general lack of coloured foster homes for the negro child in the community of Halifax and as a result the needs of a certain minority group are not being met. This feeling is substantiated by those closer to the scene such as the Superintendent at the Nova Scotia Home for Coloured Children, who stated that there would not be many children in care at the Home if there were enough foster homes available.¹ This recalls the suggestion in Mr. Smit's report that some children were placed in institutions through lack of foster homes.² He further stated that most of the children in the Home could benefit from foster home care. Similarly the Children's Aid Society of Halifax indicated that there was a problem in finding foster homes for the coloured child and felt the economic status of the coloured community was one of the factors responsible.³

¹Kinney, loc. cit.

²Smit, op. cit. p.63

³Address by Mr. T. Blue, Former Executive Director, Children's Aid Society, to the second year students of the M.S.S.W. on October 23, 1959.

Apart from the apparent lack of foster homes for the coloured child the conclusion can be drawn that institutionalization of infants within the sample was for the most part in keeping with what is generally conceded to be the best care for the dependent child. In the chapter immediately succeeding this one, the writer will discuss the matter of health and will attempt to demonstrate to what extent, if any, this was a factor in institutional placement within the sample.

CHAPTER IV

HEALTH AND DEVELOPMENT

The backbone of good work for children often is adequate health service. A community's neglected and dependent children usually arrive at institutions with greater accumulations of physical neglect than are common among children in the general population. Precautions are needed if we are to receive these underprivileged young people into common residence with others. Such children are likely to acquire and retain serious infections. Unless physical defects are discovered and treated while in remedial stages, all later medical care and our best efforts along the lines of nutrition, education, recreation and the building of personality and character may end in complete failure.¹

An author who has given considerable thought to the question of health and ill health expressed similar views to those mentioned above. It was his feeling that much of the suffering and disease which is constantly occurring is attributable to the ignorance of physical laws and the inattention to the physical wants, in the early years, which he considered the formative periods of life.²

The physical health and well being of children during the past three to four centuries has been uppermost in the minds of enlightened men. Improvements in the Elizabethan Poor Law of 1601 first took the form

¹Hepkirk, op. cit. p.146.

²Wilson G. Smillie, Preventive Medicine and Public Health, (New York: The MacMillan Company, 1948). p.324.

of preferential treatment for children.¹ Again in the seventeenth century the beginnings of social reform were directed against the employment of children in the labour market. Until this time the practice of permitting children to work for long hours at small wages was common. While the situation described is that of England's at the time of the reform movement, it must be said that such conditions did not persist in England alone. The movement did, however, bring about improvements. Children under six were removed from workhouses and eventually the salvaging of children under twelve was seen.²

It is evident from an examination of history that the health and well being of children has been held to be of some importance and concern for many generations. As a result of this concern and of the fact that ill health is a problem of society as well as an individual one, social workers have a responsibility in this area as well as doctors, nurses and educational leaders.

The researcher's concern in this chapter will be the health and development of the sample group. An attempt, will be made to evaluate the extent to which ill health was responsible for the placement of a

¹F.R.MacKinnon, Deputy Minister of Public Welfare, N.S., Lecture to second year students of the M.S.S.W. on March 9, 1959.

²Sister John Elizabeth, Casework Supervisor, Home of the Guardian Angel, Lecture to second year students of the M.S.S.W. on February 2, 1960.

portion of the sample within institutions in 1958. In addition the writer will attempt to evaluate the effects of institutional placement in terms of health on the children concerned.

Table 10 indicates the reason for placement of 30 pre-school children according to age at time of placement. All of the six children placed for reasons of ill health were under the age of one year at time of their placement. The researcher is of the opinion that such placements calls for a further and deeper examination as it has been scientifically demonstrated that institutional placement of infants under one year and particularly those between six months and a year has a detrimental effect on their physical and emotional development.¹ The writer also believes that, it would be interesting to ascertain the effect of institutionalization on the physical health and development of all the other children within the sample, in relation to the theory concerning the destructive results of placing a young child in an institution.²

In order to determine whether the placement of children in institutions for reasons of ill health was justifiable, it is necessary to study the case histories of the children concerned, at the same time

¹Bowlby, op. cit. pp.50-56.

²Ibid.

TABLE 10
 REASONS FOR PRESENT (1958) INSTITUTIONAL PLACEMENT OF 30 PRE-SCHOOL
 WARDS ACCORDING TO AGE AT TIME OF PLACEMENT

Age in Years	Ill-Health of Child	Relatives Cannot Give Care	Prior More Permanent Plan	Lack of Foster Home Coloured	Short Term Care Required	Total
Under 1	6	4	6	7		23
1 and under 2		2	2			4
2 and under 3			1			1
3 and under 4					1	1
4 and under 5					1	1
5 and under 6						
Total	6	6	9	7	2	30

keeping in mind modern theory and current child welfare practice,

Baylor and Monachesi had this to say with reference to the best kind of care that should be provided certain categories of children,

...., there is a general agreement that certain well-defined groups of children such as the following, will progress more favourably in an institution.the handicapped child who is blind, deaf, crippled or suffering from acute physical condition, from encephalitis or from other diseases.¹

The following case histories illustrate the severity of illness of some of the children whose placement was due to ill health. These were selected because they demonstrated the impossibility of giving adequate care and service under any other arrangement.

Violet I.V. is a child who falls within this category. Her severe health problems of malformation and sickness presented a need for nursing and medical care which was so great as to be considered in the consideration of plans for this child.²

A case in some respects similar to the above mentioned is that of Stewart A.

Stewart A. is the child of an unmarried mother. He was born with a congenital bladder condition, ectopia vesicae, which is a protrusion of the bladder through the abdominal wall. Prior to his institutional placement of 1958 he had been in two foster homes and an adoption home. His condition became such that it necessitated his placement in a hospital for a series of remedial operations. On his discharge his condition was described as not improved and that he was to be returned to

¹Baylor and Monachesi, op. cit. p.9.

²Supra, p.25.

hospital within two months. It was felt that he needed to be built up and required regular medical attention. At the age of three and a half months he was placed in the Halifax Infants' Home.

This case illustrates that the physical implications of certain diseases and disabilities of children may bring about such strong emotional reactions in foster parents and adoptive parents that for a period of time the neutral atmosphere of an institution may be the plan of choice for the care of the child.

Larry S.M. is the child of an unmarried mother. Prior to his institutional placement of 1958 he had previous placements in an institutional setting and an adoption home. Mrs. B. the adoptive mother called the agency at one point signifying her intentions of relinquishing Larry. Larry at this time was in the hospital undergoing examination and was found to have cataracts on his left eye as well as cerebral palsy. On his discharge he was placed in the Halifax Infants' Home and the hospital authorities recommended that he remain there where he would receive regular medical care. Larry at this time was three and one half months old. The justification for keeping Larry in the institutional setting for an extended period is all the more evident when it is realized that he had an I.Q. of 22 when tested at close to eight months of age.

It is to be observed that in all three cases there was a recommendation that there should be regular medical attention.

It is to be seen from a study of these three cases which are typical of the remaining three that were placed in institutions due to ill health, that the placements were justifiable, in the child's best interest

and in keeping with current child welfare practice,

The researcher will now examine the effects of institutionalization on the health and development of the sample.

TABLE 11

INSTITUTIONAL INFLUENCE ON THE HEALTH AND DEVELOPMENT OF 12 PRE-SCHOOL WARDS

Influence	No.
Beneficial	5
Detrimental.	7
Total	12

Table 11 calls for some interpretation. In this table the researcher selected cases where there was no doubt as to the effect of institutionalization on the child. The number of cases that fell within this scope numbered 12. In seven cases there were data recorded but the material was too vague to categorize. In the remaining eleven cases there was no material available in relation to the effects of institutionalization on the health and development of the children concerned. The twelve cases were chosen as they best demonstrate the fact that a child's development need not be retarded by institutionalization and that with adequate stimulation and attention there can even be progress.

Reggie F.S., the child of an unmarried mother, was eight months old when he was placed in the Halifax Infants' Home. Prior to this he had been in an institution and two foster homes. It was in Reggie's last foster home that evidence

of regression became noticeable. The foster mother reported that Reggie cried a great deal and seemed to be regressing. In addition she reported he had huge boils on the back of his neck. Reggie was admitted to hospital for this condition and was later returned to her. She finally made her intentions known that she could no longer keep him as he continued to behave in the same manner. Reggie was then admitted to the Infant's Home. In May of 1958 the Superintendent of the Home stated that they were all thrilled with Reggie's progress. The worker felt he was getting a great deal of attention and was benefiting from it.

This case illustrates that while individual maternal care is important for infants of this age proper nursing care is also important.

Another case similar to the forementioned one is that of John Z.M.

John was in the Halifax Infants' Home when less than four months old. Prior to this placement he had been in a foster home. The foster mother advised the agency that she could not keep him as he was bothered by eczema and cried day and night. As mentioned before John was placed in the Infants' Home when less than four months old. Five months later it was reported that John had grown tremendously and that the way his eczema had cleared up seemed to be miraculous. It was also recorded that at a year and three months he was developing very well and was able to say several words.

This case illustrates the strong emotional as well as physical implications in different diseases.

Percy W.R. was admitted to the Halifax Infants' Home soon after his birth, in April of 1958. In November of that year it was recorded that he had put on weight and had cut a tooth. It was further mentioned that he had made great progress in being able to sit up and to get around the floor and seemed to be quite normally developed for his age.

It is to be observed that Percy was in the

institution during a period which is not considered too damaging in relation to future personality development.

It would appear from this illustration that the child's physical condition and development was in no way retarded by institutional placement.

The negative aspects of institutionalization on the children under consideration were also evident in the researchers findings. The following case history illustrates quite clearly the detrimental aspects of institutional placement on some of the children under study. It was chosen as it best substantiates modern theory in connection with the adverse effect of institutionalization on the infant.

Richard Y.S. was placed in the Halifax Infants' Home when less than a week old. A year later when he was removed from the Home into a foster home it was recorded that while he was in the institution he seemed slow in development, made no attempt to talk and was content to have someone push him around in a stroller.

It is evident in this case that the lack of stimulation and individual attention which is so necessary for the young child was absent.¹

It can be seen from the case histories just cited that in some instances the institution provides an unhealthy, unstimulating environment wherein the development of the child is retarded.

While placement agencies are frequently aware

¹ Bowlby, op. cit.

of this they sometimes have to abandon what are usually considered important factors in placement in the light of a child's special need.

In review it can be seen that the factor of ill health was a significant one in the institutional placements of the writer's particular research sample. It has also been shown that these placements were consistent with modern child welfare practice. The good and evil effects which an institutional placement might have on a child were indicated but insufficient data made it impossible for the writer to draw any general conclusions as to the effect institutionalization was having on the sample.

CHAPTER V

MENTAL AND EMOTIONAL STATUS OF CHILD

In recent years we have seen the acceptance of adoption as a substitute for a natural family in our culture, with resulting pressure from the many families who want children.Increasingly, we have understood the importance of a permanent family as early in life as possible for infants and have made early placements our objective.¹

A psychologist who has made a particular study of mental deficiency had this to say concerning the early placements of infants into adoption homes.

The key factor in the situation is the judgment in regard to adoptability. Upon what can it be based and how sound can it be?²

In this chapter the researcher's concern will be directly related to the early placement of infants for adoption. The policy which is now common practice in the child welfare field grew out of the frequent reliability of infant intelligence testing.³ While psychologists had some reservations as to the reliability of infant testing, social workers, besieged by requests from parents to adopt young children and cognizant of many studies that showed the detrimental

¹Alice Y. Mae, "Reality Factors in Early Placements," Child Welfare, (June, 1958), pp.7-12.

²Reiman, op. cit. pp.469-472.

³Ibid.

effect of early emotional deprivation, seized upon this technique to promote more precise achievement in the practice of child care. There were undoubtedly advantages in this testing. The possibility of placing a defective child was lessened and it made for closer matching of child and adoptive parents.¹

Another viewpoint expressed in agreement with early infant placement centered around the theme that by early placement the hazards of emotional strain are decreased and the family is given a better chance to develop unity.²

In the early placement of infants for adoption there seems to be general agreement that certain information should be made available before making these placements. Reiman stated the criteria commonly used and it will be these that the researcher will bear in mind when evaluating such placements within the sample group. These criteria are:

1. a good background, determined by relatively full information concerning the biological parents and their families with an emphasis on health, intellectual and emotional histories free from gross deviation.
2. a medically uneventful pregnancy with the infant born at full term without complications.
3. an uneventful and medically negative early history of the infant in the hospital and/or home.³

¹Ibid.

²Kenneth Dick, "Toward Earlier Placement for Adoption," Journal of Social Casework, (Vol. 36-37, 1955-56)

³Reiman, op. cit. p.470.

It is obvious that the child who has a family history of mental retardation or who was brought to the agency with indications of being mentally deficient would not be the child singled out for an early adoption placement. This opinion is substantiated by authorities who have given serious consideration to the question.

Proper caution dictates that such children should be kept under observation for a period of several weeks at least, in order to acquire a body of information about them which can be added to what is already known.Granted that the care of a defective child may have positive value for all concerned, yet such placement still seems to be a hazardous procedure. Experience has shown that the natural parents who can truly accept such a child are few and far between and while adoptive parents do not carry the same burden of guilt it is easier for them to resort to rejection. Physical defects are bad enough but intellectual ones are worse and to jeopardize in this fashion the emotional stability of a family would appear to be highly questionable.¹

It is inadvisable to place children who are mentally retarded or who are suspected of being mentally deficient in an adoption home while they are infants and while little is known about their backgrounds. Various experiments completed in connection with the early adoption of infants suggest a period in an institution for these children.² A recently completed study concluded that such institutional placements were consistent with the child's best interests, and their findings brought

¹ Ibid.

² Dick, op. cit. p.26

out the dangers of indiscriminate early placement, particularly in private adoptions.

"More history of both parents rather than less, is necessary if an agency is to place children at a very early ageThe placement agency must know when it is taking a risk. It should proceed slowly when the available information raises questions.¹

The researcher will evaluate the extent to which mental retardation was a factor in placement by use of the foregoing criteria. After an examination of the 30 children under study the researcher found this factor to be a relatively minor one. Of the thirty children within the sample only one child was kept in an institution for an extended period for this purpose. This was Norah V.

Norah V. the child of an unmarried mother was placed in a local child caring institution shortly after birth. There was in the family a history of mental retardation dating back two previous generations. Norah herself was thought to be somewhat retarded. It was recommended that she remain in that institution six months or until it could be ascertained from her progress and development whether she were suitable for adoption. Plans were in progress for adoption at the boundary date.

This case illustrates the great value of institutional placement for pre-adoption study of the child about whose intelligence status there are serious questions. Skilled observation can facilitate accurate assessment of the child's potential and thereby ensure a valid permanent placement. That mental retardation was such an insignificant factor in placement is to be

¹ Ibid.

expected perhaps, as the incidence of it runs a ratio of 3 for every 100 of population.¹

The picture as presented calls for some clarification. As there was but one instance where mental retardation had a direct relation in placement there were two other cases in which mental deficiency while not the primary reason for placement was a contributing factor.

These were the cases of Larry S.M. and Violet I.V.

Larry S.M. and Violet I.V. were both discussed in the previous chapter on Health and Development. While their placements were due primarily to their physical condition it is highly probable that their respective I.Q.'s of 22 and 58 had some bearing on their placement.

While mental retardation had direct bearing in the placement of but one child and an indirect relation in two others there remain nevertheless areas associated with the problem which is the duty of social workers to explore. In this connection it would be relevant to examine the policies of the local child caring institutions with respect to their acceptance or non-acceptance of infants with presenting symptoms of mental retardation or with a family history of mental deficiency or of both.

Secondly, it would be in keeping with social

¹ Fred Poland, "Progress for the Retarded," Reprinted from a series of articles in The Montreal Star, (December, 1955), p.3.

work philosophy and practice to evaluate the effect of institutional placement on the mental development of the thirty children within the sample. The writer will first proceed with the question of policy.

It was learned in an interview at the Home of the Guardian Angel that indications of mental retardation in an infant constitutes one of the few extenuating factors which sometimes result in an extended period of stay for the child in that institution. It was also learned that two factors were at work in determining the length of placement of such a child. One was the progress of the child, the other the acceptance of the adopting couple. The Superintendent at the Home emphasized that some adopting couples were more accepting of such a disability than others. The policy of the institution, however was to offer a child for adoption as soon as it was felt, after a period of observation, the child was suitable and as soon as there was an adoptive couple that qualified. The Sister made mention of one child Norah V. discussed in this chapter who was kept in the Home for such an extended period for this reason. She explained however that cases of this nature were exceptions and that for the most part placements were of much shorter duration.¹

In this particular instance the effects of

¹Sister Mary Clare, loc. cit.

mental retardation can vividly be seen.

The policy of the Halifax Infants' Home with respect to their offering a child with a history of mental retardation for adoption was not obtainable.¹

The writer will now proceed to another area of the problem previously outlined and will attempt to evaluate the influence which institutional placement had on the mental development of the children in the sample. It is significant that of the 30 wards within the researcher's sample data were available in only nine cases. In the remaining 21 cases no information in relation to this question was recorded. The importance of knowing the mental status of a child cannot be stressed too strongly. It is a prime requisite in the proper and wise planning for a child. The need for remedial measures in this area would appear to be indicated. The significance of this omission will be discussed and evaluated in subsequent chapters.

Considerable research in connection with the effects of institutionalization on the young child has shown without exception that it has a damaging effect on the physical and mental development of the child. This fact is further substantiated by Arnold Gesell and Catherine Amatruda, two world famous child psychologists in their book Developmental Diagnosis,² in relation to

¹Supra, p.5.

²Arnold Gesell and Catherine S. Amatruda, Developmental Diagnosis, (New York: Harper and Brothers, 1947), pp.316-327.

this it should be noted that in the young child there is a close relationship between the child's physical and mental development and that a child's mental development is measured in early years to a considerable extent by physical achievement.

It will be with these principles in mind that the writer will examine the case histories of nine wards with a view to determining to what extent these factors came into play in the local child caring institutions.

In the nine cases under study there were four instances where the damaging effects of institutional placement were evident. In the remaining five cases there was positive evidence that each child had actually benefitted from his stay in the institution. These results which vary from the usual findings in similar completed research, could be due to the circumstances which permitted the researcher the use of slightly less than one-third the sample.

The following case histories represent the beneficial aspects of institutional placement from a mental development viewpoint.

Norah V. previously mentioned in this chapter was placed in the Home of the Guardian Angel shortly after birth. There was in this family a history of mental deficiency and as Norah herself did not appear too bright it was recommended that she remain at the Home for six months or until it could be ascertained from her progress and development whether she was suitable for adoption. Late

in 1958 it was recorded that Norah had developed beautifully and while not as bright as some children her age she had progressed.

This case illustrates the great value in being able to observe a child as a phase in future planning.

It is to be noted from this example that while Norah did not show remarkable improvement neither did she regress. The reason for this could be partially attributed to the fact that she was in the institution for the first six months of life, a period which is not considered to be particularly damaging. The fact that she was in an institution where the ratio of infants to staff was three to one might be equally significant as the chances for intellectual and physical stimulation would be enhanced.

The case of Percy W.R. is similar in some respects to the one mentioned.

Percy the child of an unmarried mother was placed in the Halifax Infants' Home shortly after birth in 1958. Late in 1958 when Percy was seven months old it was reported that he had made great progress in being able to sit up and get around the floor and he seemed to be quite normally developed for his age.

It would seem from this example that the institution hardly had an adverse effect on his physical or mental development.

A similar situation persisted in the case of Reggie F.S. discussed in the previous chapter. Reggie it will be recalled was admitted to the Halifax Infants' Home in February 1958, primarily due to his physical

condition which necessitated frequent attention and nursing care. There was indication moreover that he was regressing while in the foster home. Presumably, this could have been due to the fact that Reggie had three prior placements within eight months and did not have the benefit of a consistent relationship. Reggie did progress favourably in the Home which proved a stabilizing influence for him.

These cases were typical of the kind of developmental progress that was made by the two other children that fell within this category.

The researcher will now review the negative aspects of institutional placement on the sample. The total number of children that came under this scope numbered four.

Richard Y.S. referred to in the previous chapter was one ward that fell within this category. It should be noted however that in a child of such years mental development is measured by physical achievement.

Tim P.D. was a month old when placed in the Halifax Infants' Home. He was in the Home for over two years and in 1958 it was reported that while he was making average developmental progress he was still retarded in speech development. It was felt he did not have the opportunity that the average child in his own home has.

Another case which points up the adverse effects of institutional placement on the mental development of a child is that of Larry S.M.

Larry S.M. was placed in the Halifax Infants' Home when three and one half months old for reasons of ill health. It would appear that institutional placement had a definite adverse effect on his mental development as on examination in 1958 it was felt that his I.Q. of 22 was not a true indication of his potential ability as there appeared in his behaviour stereotypy due to institutionalization factors.

This case illustrates the need for re-evaluation in planning wisely for a child.

These cases are taken from the four which indicate the adverse effect of institutional placement on the young child.

In review it might be said that the adverse effect of institutional placement within the research area was a relatively minor one. In determining the reason for this it could conceivably be of advantage to examine the intelligent quotients of the pre-school wards within the sample. In Table 12 the intelligent quotient of 17 pre-school wards is demonstrated. Data for the other 13 wards were not available.

TABLE 12
DEMONSTRATING THE INTELLIGENT QUOTIENT
OF 17 PRE-SCHOOL WARDS

I. Q.	Frequency
Under 50	1
50 - 69	1
70 - 89	2
90 - 110	13

13 not recorded

It is to be noted from Table 12 that two wards were mentally defective, two were of borderline intelligence,

and the remaining 13 were within the average range of intelligence.¹ Whether this is truly representative of the sample is difficult to evaluate due to the lack of data in thirteen cases. It is suggestive however of the sample being average in intelligence.

In review it can be concluded that mental retardation was a relatively minor factor in placement. As well it can be concluded that the adverse effects of institutional placement on the mental development of the children within the sample was far from significant but this could be related to insufficient data in a number of cases within the research sample and could also be related to the length of placements of the children within the sample.

¹Wallace Wallin, Children with Mental and Physical Handicaps, (New York: Prentice - Hall, Inc. 1950). p.20.

CHAPTER VI

SIGNIFICANT FACTORS IN RELATION TO THE AGENCY AND COMMUNITY

In previous chapters the writer has discussed various factors which were determinants in the placement of thirty pre-school wards. It has been demonstrated that age, race and family background were important factors in the institutional placement of the sample group. The matter of ill health was equally significant. Mental retardation it will be recalled was of only slight importance in the placement of the research sample within institutions. While these factors constituted the majority of reasons for the children in the sample being in institutions the researcher found on further analysis of the sample that there were other reasons, in placement, some of which were most instrumental. One of the reasons which the writer will now consider will be the lack of foster homes for the coloured child. This reason was prominent throughout the sample area.

On reviewing the reasons for placement of the thirty wards within the sample it is interesting to note that seven of these wards were placed in institutions due to the lack of coloured foster homes. This fact would seem to bear out Mr. Smit's contention that some

children were in institutions because there were no foster homes available.¹ In the cases where the lack of a coloured foster home was given as the reason for placement it is interesting to note that there was material recorded in each case that indicated that foster homes were sought but could not be found. The following case histories indicate the problem.

Sydney Z.T. the child of an unmarried mother was placed in the Nova Scotia Home for Coloured Children in 1957. Prior to this numerous efforts had been made to secure a foster home for him. Other than the fact that Sydney was a coloured child there was nothing in the way of a disability which might make him unacceptable for foster home placement. The worker encouraged the mother to plan privately for her child but in the meantime he visited prospective foster homes in different areas. He did this but his efforts proved unsuccessful. In addition he went through all the old files in the hope that he would come up with something. Again his efforts were unsuccessful.

The above case is typical of the difficulties encountered in attempting to secure a foster home for the coloured child.

Forrest O.J. is yet another case which is illustrative of this.

Forrest is the child of an unmarried mother. Shortly after his birth in 1958 it was noticed that negro characteristics were apparent and that he had deeply pigmented skin. In further investigation it was discovered that the father of the child was coloured although the mother was white. This presented a difficulty in placement and Forrest remained in the institution for two and a half months despite the fact that physically he was in very good health and ready for a foster home placement.

¹Smit, op. cit., p.63.

At two and one half months an out of town adoption home was found.

The circumstances surrounding the placement of Dawn V.J. serve to emphasize the problem to a greater degree.

Dawn V.J., the child of an unmarried mother was born in May 1954. Soon after her birth she was placed in a private adoption home. She remained there until early in 1955 at which time the home broke down and the child's natural mother took her into care. Dawn did not remain long with her mother before she was apprehended and finally placed in the Nova Scotia Home for Coloured Children in February 1955. At that time it was recorded that she was ready for a foster home placement. Dawn has been at the home approximately four years and there is no evidence of such a placement.

These cases are typical in practically all respects of the other four pre-school children who were placed in institutions in 1958 due to the lack of coloured foster homes. It is interesting to observe that of the seven children placed for this reason all but two were still resident in institutions as of December 31, 1958.

This practice of child placement as here indicated would appear to be at variance with what is considered the best kind of care for the dependent child. This view is reinforced by Hepkirk in "Institutions Serving Children" when he commented to the effect that a society which values its children will not tolerate placements that are not in keeping with a child's

best interest.¹

The lack of foster homes for the coloured child has been the cause of concern over the years to the child welfare agencies in the Halifax area. The need for foster homes is not limited to coloured foster homes alone but embraces the total foster home program.

Early in 1960 a story published in the Halifax Mail-Star brought this problem into focus.² The article presented was in connection with the attempt to find suitable foster homes for thirteen children still remaining in the Halifax Infants' Home. The Home decided late in 1959 to discontinue its service as its role was not in keeping with current child welfare practice and needs. The writer later learned from a Department of Public Welfare official that there were four children from their agency waiting for coloured foster homes.³ She was unable to say whether there were any from other agencies. It can be concluded however that there is a lack of foster homes for the coloured child and that it is likely that there is a general lack of foster homes. The researcher's concern however is with the lack of foster homes for the coloured child as it was discovered that this factor resulted in seven wards being placed

¹Hopkirk, op. cit. p.52.

²The Mail-Star (Halifax), February 1, 1960. p.12.

³Interview with Miss I. MacLellan, Casework Supervisor, Department of Public Welfare, March 24, 1960.

in institutions within his research sample.

Great difficulty was expressed in placing the coloured child in a family group. One individual felt differently and these opinions will now be discussed and evaluated.

The Superintendent at the Nova Scotia Home for Coloured Children commenting on the number of children in care at the Home stated that there would not be many children at the Home if there were enough foster homes available.¹ He further expressed the view that there were few who could not benefit from this type of placement.

The magnitude of the problem is only understood when it is realized that the Home cares for approximately 50 children. There would seem to be within this community resources lacking to meet the needs of a certain minority group.

The general feeling that there is a lack of foster homes for the coloured child is further substantiated by an individual closely associated with the placement of children.² She too reiterated the difficulty which her agency had in finding foster homes for this particular group.

The former Executive Director of the local Children's Aid Society was of the opinion that the lack

¹Kinney, loc. cit.

²Interview by a companion researcher with I. MacLellan, Casework Supervisor, Department of Public Welfare, February 1960.

of coloured foster homes for the negro child was due to some extent to the matter of racial discrimination.¹ It was his feeling that in this community there was an attitude that white people were superior to coloured people. This viewpoint was expressed by the coloured community. At a meeting of the Nova Scotia Association for the Advancement of Coloured People in which racial discrimination was discussed one group expressed the view that negroes were "too self-conscious" and felt "inferior".² The former executive director continuing on with the theory that coloured people considered themselves inferior felt this feeling set up a barrier which prevented them from coming to the agency and working with white people, in offering their homes even though they had a good feeling towards coloured dependent children. He further felt that the economic position of the coloured population was another deterrent to their offering their homes to coloured children. It is an established fact that in this community the coloured population are in the lower socio-economic group. In his opinion it would be necessary in order to obtain more foster homes to accept the negro standard of living.

The writer now comes to the one dissenting voice in connection with the general feeling and now

¹Interview by a companion researcher with Mr. T. Blue, Former Executive Director of Halifax Children's Aid Society, March 2, 1960.

²The Mail-Star (Halifax), March 15, 1960, p.3.

established fact that there is a lack of coloured foster homes. The Superintendent of a local child caring institution felt that there was in fact no true lack of resources for providing foster home care.¹ She felt that foster homes were obtainable but that it often required extra work to develop potential resources. She based her view on the fact that the institution has been able to place all children, who have been in care, even the coloured children, into adoption homes or permanent foster homes. It had been her experience that where a worker had been appointed for the single purpose of finding suitable foster homes that the results were outstanding. It was for this reason that she felt a social worker should be appointed whose sole duty would be to find suitable foster homes.

On reviewing the opinions and views of those closely associated with the placement of children the obvious lack of foster homes for the coloured child is not surprising.

The writer will now undertake to ascertain the extent to which, if any, the turnover of workers and the scarcity of workers were responsible for institutional placement or continued institutional placement. The writer will complete this chapter by attempting to evaluate the extent to which the training and

¹Sister Mary Clare, loc. cit.

qualifications of the workers concerned were influential in placement,

It is generally acknowledged that the child deprived of a normal home life requires the constant attention and affection of one who is interested in him and cares for him if he is to develop normally from a physical as well as an emotional point of view.¹ A constant changing of workers would then have a tendency to upset this equilibrium, considered so essential for the well being of a child. It would be wise therefore to avoid such disrupting influences. In Table 13 the number of workers which 18 wards within the sample had are recorded. It is significant to bear in mind that in 12 cases the worker or workers who had some connection

TABLE 13

DEMONSTRATING THE NUMBER OF WORKERS
OF 18 PRE-SCHOOL WARDS

Age in years	Number of Workers				Total
	1	2	3	4	
Under 1	2		1		3
1 and under 2	2	5	1		8
2 and under 3	1	1		1	3
3 and under 4	3				3
4 and under 5					
5 and under 6		1			1
	8	7	2	1	18

Data as of December 31, 1958
Not Recorded: 12

¹Class Lectures in Child Welfare, September to December, 1958.

with the case were not identified. The significance of this will be discussed in the following chapter.

It is evident from Table 13 that ten of the eighteen wards had at least two workers. One child under a year had three workers as did one a year and under two. One child two and under three had four workers.

The conclusion can be drawn from this table that in over 50% of the cases recorded more than one worker was involved in the case. This fact does point up the difficulty in establishing a continuity of service. It is highly improbable that the situation will ever resolve itself as the turnover of workers is frequent and will probably continue in that manner.

The writer will now attempt to determine to what extent the limited number and scarcity of workers had to do with institutional placement within the sample.

In an interview with the Casework Supervisor of a local welfare agency it was learned that their Department was not carrying out any special program of foster home finding for the coloured child or for any children.¹ It was revealed that the agency had attempted this before but had not met with any degree of success. It was her opinion that they did not have adequate

¹Interview by a companion researcher with Miss I. MacLellan, Casework Supervisor, Department of Public Welfare, February, 1960.

time or staff to implement such a program successfully and to carry on with their other responsibilities. She felt that it was necessary to have one staff member to do nothing but find suitable foster homes. This she considered a great need in any agency. It is obvious from observing the policy and practice of this one agency that the shortage of staff and scarcity of workers proved a factor in institutional placement, as workers did not have sufficient time to devote themselves to adequate planning. Conceivably the number of wards within the sample in institutions would have been reduced had there been a sufficiently large amount of workers to permit one to do foster home finding.

The Executive Director of the local Children's Aid Society indicated that his agency was not carrying out any special program of foster home finding for wards, even the coloured children, because of the shortage of staff.¹

The scarcity of workers thus presents a barrier to better services for the dependent child. The significance of this will be evaluated in the succeeding chapter.

The concern of the researcher at this moment is directed towards the qualifications and training of

¹Interview by a companion researcher with Mr. C. Ellsworth, Executive Director, Children's Aid Society, Halifax, February 2, 1960.

the workers whose job it was to provide casework service to the children within the sample. In only six cases were the wards within the sample involved in a relationship with a fully qualified social worker. For the purpose of this study fully qualified represents a Master's degree from a recognized school of Social Work. Using this as a criterion there were 16 wards who were involved in relationships with workers who did not have the benefit of full training. This fact however does not take into account the valuable years of practical experience which some of these workers had and which could lead to parallel skills. It is significant to note that in 8 cases the name of the child's present social worker was not recorded.

The overall implications of these facts noted above are difficult to evaluate. They could conceivably be partially responsible for the insufficiency of data although it is realized that the heavy case loads of individual workers might be equally responsible.

In review it can be concluded that the lack of coloured foster homes was responsible for the placement of a certain proportion of the sample and for their remaining there for a long period. It can also be concluded that the shortage of staff and the lack of workers indirectly had an effect which was conducive to institutional placement. Finally it was evident that the

turnover of workers and qualifications of some was a factor, although less significant. The effect of these last two factors was more difficult to ascertain however as large case loads often did not permit workers to record the extent of casework service given.

CHAPTER VII

CONCLUSIONS

This study consisted of an analysis of 30 pre-school wards resident in child caring institutions in 1958. The study was directly related to a report¹ published in November 1958 by Mr. Eric Smit, Executive Secretary of the Family and Child Welfare Division of the Canadian Welfare Council. In that report he recommended that a study should be made of each ward who was in care, to ensure that every child who would benefit from a foster home should be placed in one rather than remain in an institution. Underlying this recommendation there was the implication that children were in institutions because there was no other place for them.

The researcher began with the hypothesis that adoption policies and community resources were controlling factors in the placement of these 30 wards. In an effort to determine the validity of this hypothesis the writer examined the policies and practices of the agencies concerned and in addition analyzed the reasons for placement within the sample group. An analysis of the sample revealed that for the most part the

¹Smit, op. cit.

institutional placements were consistent with what is considered the best care for the dependent child. In this respect the researcher's findings would seem to be at variance with Mr. Smit's contentions. Inasmuch as it was ascertained that some coloured children were in institutions for no other reason than the lack of foster homes, Mr. Smit's statements would appear to be justified.

In considering the extent to which the family background of the children was responsible for placement it was interesting to observe that 25 of the wards within this sample were the children of unmarried mothers. The reason for the existence of a high proportion of children from this group in institutions would appear logical as the unmarried mother in general has little opportunity to care or make a permanent plan for her child. Almost inevitably she is without financial resources and is compelled to surrender her child.

On examining the adoption policies and practices of the local agencies and institutions it was found that the factors of age and race weighed heavily in determining placement within the sample. The policy at the Home of the Guardian Angel was seen as providing a temporary home for the Catholic unmarried mother and for the newborn child pending the arrangement of a permanent plan. It was also learned that plans were made for adoptable infants as early as possible. The policy of this particular agency was found to be consistent with modern methods of

caring for infants and it is to be hoped that the high quality of service will be continued.

While the policy and practice of the Halifax Infants' Home was not in keeping with what is considered the best kind of care for the dependent child the officials of this institution showed their awareness of child welfare standard in examining their function and discontinuing service. The closure of this institution will undoubtedly leave a gap to be filled which other resources in the community should make an effort to ameliorate.

The role which the Nova Scotia Home for Coloured Children is playing in the child welfare field is controlled by the situation of the coloured community. While the policy is not in conformity with modern theory and practice it must be remembered that resources within the community are not conducive to a change in policy. The service which the institution is providing for the coloured dependent child is most essential. It appears necessary for the Nova Scotia Home for Coloured Children to continue this role until foster homes become available at which time more and more children will be absorbed into them. This latter type of care is considered the best for the child deprived of a normal home life and every effort should be made to see that he receives it.

Concerning ill health as a factor in placement the significant role of the institution, in caring for dependent children, was brought to light. Of the research sample six children were placed in institutions for reasons

of ill health. The majority of these children required regular medical care which would not have been possible in foster homes due to the severity of their physical condition. In each of these cases the child's physical handicap or illness had a strong influence on his total development and consequently had to be considered as a controlling factor in the plans for the child's care. This serves to illustrate once more that the institution has a very definite role in caring for children with special needs. The child caring institutions in this area should continue this very useful role which they are now fulfilling.

The effect of institutionalization on the physical health and development within the sample was difficult to evaluate as the case records did not lend themselves to this kind of information. As a social worker, the researcher feels that good recording and good casework are related and that good case records are conducive to wise planning. To enable this essential process to run smoothly workers should shoulder the burden in order to ensure that their records are up to date. This is a matter that must be given some serious consideration.

The writer, in considering the fact of mental retardation, found it to be of only minor consequence in relation to placement within the sample. In fact there was only one child who was placed in an institution for this basic reason. It did however have an indirect

relationship on the placement of two other wards. The role which the institution played for the child who was placed for this particular reason did, however, prove most useful as after a period of observation the possibility of an adoption home for the child was being considered.

The effect of institutionalization on the research sample from a mental development viewpoint was impossible to assess accurately. In some cases it seemed to have the expected detrimental effect while in others the reverse seemed to be true. Again the lack of data proved a hazard in accurate diagnosis and once more gives emphasis of the importance of good recording techniques. In mentioning this the writer is aware of the pressures of time under which individuals must work.

In connection with the large proportion of infants within the sample there is need for some clarification. They did, in fact, constitute over 50% of the writer's research sample. While at first appearance this seemed to be inconsistent with modern methods of caring for infants, on further examination it was discovered that the placements were for the most part temporary or short term and designed either to facilitate the child's later adjustment in a family group or to obtain a more accurate assessment of the infant to ensure a more valid permanent plan. The importance of taking every precaution to ensure the

permanency and validity of plans made for infants in the care of social agencies is considered to be one of the most significant principles of child welfare today.

Although the proportion of infants within the sample in institutions was high it is interesting to note that there was but one child between the age of six and twelve months still resident there as of the boundary date. This would seem to indicate that institutions are being used for pre-adoption placements and as but one step in the more permanent plan for the infant. The period from six to twelve months is considered by psychologists and child welfare experts to be the most damaging time for a child to be in an institution. In this particular case however the placement would be justified as the child was remaining there for reasons of ill health.

The lack of foster homes for the coloured child brings the writer to the focal point of this thesis. The fact that 7 wards within the researcher's sample of 30 were placed in institutions for this negative reason points up the lack of resources within this community for a certain minority group. It is a part of the researcher's philosophy, as a social worker, that every dependent child is entitled and should have the most adequate kind of care available. It is an established fact that the coloured dependent children are not receiving this in the local area. Various reasons have

been advanced for this and these have been dealt with previously. There does appear however to be a certain awareness of the problem on the part of those associated with the placement of children. The implementation of a foster home finding program wherein a professionally trained social worker would do nothing but find suitable foster homes would go far in resolving this situation. Every effort should be made by those who are in a position, to give direction to such a program and thus ameliorate an adverse social condition.

In the study of this pre-school sample the writer found their institutional placements in general to be in accord and consistent with modern techniques in child care. The one notable exception to this general conclusion stemmed from the lack of foster homes for the coloured child.

A wise decision concerning the care of any child....Depends upon knowledge of a number of factors in the community set up. He who chooses wisely will want to know whether the organization is equipped to meet the requirements of childhood and of this child in particular. Important among the factors special to the child himself are his age, the question of the temporary or permanent character of his dependency, his affectional needs and emotional problems. The appropriateness of a plan must be matched against these personal requirements. Efforts to allocate children to institutions or foster homes without regard to such considerations will almost certainly result in unhappy consequences to the child.¹

¹Hopkirk, op. cit. p.44.

APPENDIX A

SCHEDULE

For reading case records at the Department of Public Welfare and the Children's Aid Society of Halifax

Instructions

1. Do not leave a blank space after any question. If the data is not available give the reason. N/A (not applicable) N/R (not recorded)
2. The boundary date for data is December 31st 1958. Do not include any data applicable after that date.
3. "The Institution(s)" refers only to institution(s) in which the child was resident at some time during the calendar year 1958. The placement may have been made before 1958, provided it continued into that year.
4. "Social Worker" or "Worker" refers to the social worker of the Department of Public Welfare or the Children's Aid Society unless otherwise stated.
5. If a sibling of the child is also a subject of the study do not complete a sheet for him in Part V but include a blank sheet headed "John WHITE - see separate schedule".
6. If several siblings are included in the sample and were apprehended at the same time from the same family situation, complete the entire schedule only for the first child. For succeeding siblings, do not complete Parts II and III, but include blank sheets in your schedule, headed "Part II, FAMILY SITUATION. See Schedule for William White", etc.
7. If, under any section, there is additional information which cannot be included logically under any question, but would be useful to particular students in writing their theses, please make a note of this fact, under the appropriate section e.g. "PART III FAMILY HISTORY. Note This record contains much significant history of mental deficiency and anti-social behaviour in other members of Mrs. A's family".
8. As soon as you have completed a schedule for a child, place it in the box of the Director of Research, for editing.

November 24, 1959.

SCHEDULE

Researcher:

Agency:

Present Social Worker:

PART I

IDENTIFYING INFORMATION

A. Child.

- | | |
|-------------------------|-------------------|
| 1. Name | 2. Sex |
| 3. Date of Birth | 4. Place of birth |
| 5. Race | 6. Religion |
| 7. Date of apprehension | |
| 8. Date of wardship | |

B. Parents. (data as of date of apprehension)

- | | |
|------------|---------------|
| 1. Father | |
| a. Name | b. Age |
| c. Address | d. Occupation |
| 2. Mother | |
| a. Name | b. Age |
| c. Address | d. Occupation |

C. Siblings.

- | | | |
|---------|--------|---|
| 1. Name | 2. Sex | 3. Birth date
(If not available - age) |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PART II

FAMILY SITUATION
(Social, Economic, Health)

A. Social.

1. Living arrangements of family members at time of apprehension (give details including relatives and others living with primary family group, situation of child).
2. Housing of family
 - a. Neighbourhood (residential, industrial, rural etc.)
 - b. Adequacy of dwelling(s). (Describe)
 - c. Home ownership (owned, rented, free)
3. Degree of education received by:
 - a. Father
 - b. Mother
 - c. Siblings
4. Details of church attendance and participation in church social activities.
5. Family's participation in other community activities (give details).

B. Economic

1. Employment history of father (occupation, length of employment, reasons for leaving).
2. Employment history of mother (as in 1).
3. Employment history of other members of family unit (as in 1).
4. Earnings at time of apprehension.
 - a. Father
 - b. Mother
 - c. Siblings (list each separately, with amount of earnings).

PART II

5. Other sources of income at time of apprehension (state recipient).
 - a. Pensions
 - b. Public Assistance
 - c. Contributions from other members of family

6. Debts (list nature of debt and amount).

C. Health

1. Description of health habits of family (meals, sleep, personal hygiene etc.).

2. Description of ill health of parents and siblings with dates (illnesses, operations, accidents, handicaps).

3. Effects of ill health upon family adequacy (income, disintegration of family group, change of roles in family, school attendance etc.).

PART III

FAMILY HISTORY

A. Father

1. Marital history of father's parents including changes of status (married, common law, unmarried, separated etc.).
2. Education, occupation and other social history of father's parents.
3. Number of siblings.
4. Father's family relationships.
5. Personal history of father (give significant details).

B. Mother

1. Marital history of mother's parents including changes of status (as in A1).
2. Education, occupation and other social history of mother's parents.
3. Number of siblings.
4. Mother's family relationships.
5. Personal history of mother (give significant details).

C. Parents (marital history)

1. Marital status at time of birth of child.
2. Marital status at time of apprehension.
3. Later changes in marital status, with dates.
4. Other significant personal history of parents (following marriage, or if not married following birth of child).

PART IV

HISTORY OF PLACEMENTS OF CHILD

(Include agency and non-agency placements. Quote fully from record)

- A. Placements prior to Institutional Placements of 1958. (Exclude institutional placements made during 1958 or which were made prior to 1958 and continued into that year).

Chronological summary of placements, with details of type (institution, foster home, adoption home, etc.) dates of placement, or length of placement and child's age; reasons for each placement and discharge.

- B. Reasons for Apprehension. (physical neglect, emotional neglect, other).

- C. Institutional Placements of 1958. (Include placements made during 1958 and those made prior to 1958, which continued into that year. Arrange chronologically).

For each placement give:

1. Name of institution
2. Date of placement
3. Reasons for placement (observation prior to more permanent plan, need for group living, physical handicap, mental handicap, etc.)
4. Child's reaction to placement.
5. Date of discharge (if before Dec. 31, 1958).
6. Reasons for termination of placement (if before Dec. 31, 1958).
7. Indications whether or not purpose of placement had been fulfilled.

PART V

HISTORY OF PLACEMENT OF SIBLINGS

(Include both agency and non-agency placements. Fill in separate sheet for each sibling who has been placed outside of home).

A. Identifying Information

1. Name
2. Sex
3. Date of birth (if not available, give age)

B. Apprehension

Give date of and reasons for apprehension (physical neglect, emotional neglect, other).

C. History of Placements

List chronologically giving type of placement (with name if institution); date of admission; date of discharge; state whether an agency participated in placement and if so, give name.

D. History and Adjustment during Placement.

(Summarize for each placement adjustment, relationships, family contacts, progress in school etc.).

E. Present Status

1. Living arrangements (if placed give type of placement)
2. School or employment
3. Adjustment to present environment

PART VI

CHILD'S DEVELOPMENT

A. Physical Development

1. Prenatal care of mother.

- a. General state of mother's health (excellent, good, fair, poor, unknown).
- b. Did mother receive pre-natal medical care?
- c. Severe illnesses and hospitalizations during pregnancy (give date and details).

2. Birth record.

- a. Where was child born? (hospital, at home, not known).
- b. Was birth premature?
- c. Was delivery normal? (if not, give details).
- d. Was infant placed in incubator?
- e. Weight of child at birth.
- f. If child was born in hospital, how long did each remain?
 - (i) child
 - (ii) mother

3. Infancy

- a. General health of child in first year (excellent, good, fair, poor, not known).
- b. Severe illnesses or hospitalization during first year (state condition and date).
- c. Special problems related to sleep, eating, elimination, sight, hearing, crying.

4. Pre-school functioning

State age at which the following were accomplished, with details and problems.

- a. Walking
- b. Talking
- c. Toilet training
- d. Other indications of stage of development

PART VI

- 2 -

5. Health record (12 months of age to Dec. 31/58 or date of discharge from institution)
 - a. Severe illnesses, accidents, somatic complaints, hospitalizations. (Give details of condition, date, treatment and progress)
 - b. Physical disabilities (give details of condition, treatment and progress)
 - c. Most recent medical assessment at time of wardship (give details)
 - d. General state of health on Dec. 31st, 1958. (Or on date of discharge from institution if this preceded Dec. 31/58).

B. Intellectual Development

1. Give place, date and report of any assessment of intelligence.
2. If no assessment was done, into what general category (above average, average, low average, mentally deficient) would child seem to fall?
 - a. From observations of agency worker.
 - b. From observations of institutional staff.
3. From school record, into what general academic range does child fall? (top of class, average, slow, below standard).
4. Has child attended special classes: opportunity, auxiliary, day-training, vocational, manual training or other.

PART VII

CHILD'S ADJUSTMENT

(Give full details from record)

A. Pre-Institution

1. At home (or in previous placements)

- a. What was the child's relationship with members of his family or substitute family (healthy, unsatisfactory etc.).
- b. Describe the child's (i) eating habits
(ii) sleeping habits
(iii) nervous symptoms (eneuresis, nail biting, etc.)
(iv) behaviour problems (lying, stealing etc.)

2. In school

- a. Child's relationships (i) with his teacher
(ii) with peer group
(iii) with younger and older children
- b. Was the child classified as a "problem child" by his teacher? If so, describe the nature of this behaviour problem.
- c. Did the child show an interest in his school work and do his homework?
- d. What was his school standing? (Explain)

3. Social acceptance and development

- a. Describe the child's relationship with his peer group in his neighbourhood. Was he accepted or rejected by them?
- b. Describe the child's social relationships with other people (strangers, older people etc.).
- c. Did the child belong to groups and take part in group activities? If so, name them.

B. In Institution

1. Child's adjustment to institutional living and program of institution as shown in his relationships with staff members, peer group, older and younger groups.

PART VII

2. How has the child adjusted to changes in his living habits as necessitated by institutional placement?
3. What problems have been evident (regression, fears, enuresis etc.)? How have they been manifested?
4. Child's participation in group activities.
5. Child's educational progress since placement.
6. Child's play habits.
7. How has the institution fulfilled its role in the plan of treatment? Quote opinions expressed concerning the success of placement.

C. Post Institution

1. What attitudes has the child expressed about his stay in the institution?
2. Was there evidence that the child had benefitted from his stay in the institution?
3. Has separation from institutional life resulted in maladjustment to certain areas of family and social living?
4. Were there changes in the child's relationships to:
 - a. family
 - b. peer group
 - c. other people

If so, give details.

FAMILY RELATIONSHIPS
(Quote fully from record)

A. Parent-Child Relationships.

1. Relationship prior to separation.

- a. Length of time child resided with
 - (i) father
 - (ii) mother
 - (iii) both parents
- b. Quality of relationship
 - (i) father-child
 - (ii) mother-child
 - (iii) parental preferences among siblings

2. Effects of separation.

- a. Age of child at time of apprehension
- b. Reaction at time of apprehension and separation of
 - (i) child
 - (ii) parent(s)
- c. Parent(s)' preparation of child for separation. (Give details, including whether preparation was on parent(s)' initiative or at request of agency).

3. Relationship between parent(s) and child during period in institution.

- a. Describe the contact, if any, between parent(s) and child during institutionalization (frequency, nature, place, whether spontaneous or arranged by agency).
- b. Reaction of the child to the contact.

B. Child-Sibling Relationships.

1. Relationships prior to placement.

- a. Quality of relationships (note such things as marked jealousy, rivalry for affection, evidence of particular closeness between this child and a sibling or siblings).

PART VIII

2. Relationships while child in institution.

- a. What attempts were made by institutional and/or agency staff to maintain relationships between the child and siblings.
- b. Frequency and places of contacts between child and siblings.
- c. Quality of relationships between child and siblings.

PART IX

THE SOCIAL WORKER'S ACTIVITY WITH THE FAMILY
PRE-INSTITUTION, INSTITUTION, POST-INSTITUTION
(Give full details from record)

A. Initiation of Contact

1. Was the case self-referred (parent or parents approaching agency) or was it referred from outside (social agency, authoritative agency, clergy, school etc.)?
2. Social worker's assessment of parent reaction to initial contact.
3. Social worker's initial assessment of the situation.

B. Frequency of Pre-Apprehension Contact with the Family

1. Total number of interviews - with mother
- with father
- with parents together
Note period of time over which these interviews were held.
2. How many were home visits - initiated by worker
- initiated by parents
3. How many were office visits - initiated by worker
- initiated by parents
4. Note details of other contacts e.g. letters, telephone calls.
5. Were appointments set up by agency and broken by parents?
(Give details).

C. Services offered in Pre-Apprehension Contacts

1. Interpretation to parents of significance of referral.
2. Family counselling (by agency or by other community service).
3. Other family services (health care, housing, homemakers service, employment, finances etc.)

PART IX

- 2 -

D. Quality of Family Attitude and Degree of Participation in Pre-Apprehension Contacts. (responsive, accepting, rejecting etc.).

E. Frequency of Post-Apprehension Contact with the Family

1. Total number of interviews - with mother
- with father
- with both parents

Note period of time over which these interviews were held and how many took place while child was in institution.

2. How many were home visits - initiated by worker
- initiated by parents

3. How many were office visits - initiated by worker
- initiated by parents

4. Note details of other contacts e.g. letters, telephone calls.

5. Were appointments set up by agency and broken by parents?
(Give details).

F. Services Offered in Post-Apprehension Contacts

1. Interpretation to parents of significance of contact.

2. Family counselling (by agency or by other community service).

3. Other family services (health care, housing, homemakers service, employment, finances etc.).

G. Quality of Family Attitude and Degree of Participation in Post-Apprehension Contacts. (responsive, accepting, rejecting etc.).

H. Did social worker plan with parents for child's discharge from institution?
(Give details).

I. If contact has terminated, give date of termination, by whom terminated and reasons.

PART X

SOCIAL WORKER'S ACTIVITY WITH THE CHILD
(Quote fully from record)

A. Worker's Contact with the Child Prior to Apprehension

Total number of interviews with the child prior to apprehension. Note period of time over which these interviews took place. Give details of content.

B. Other Plans for Care of Child Prior to Present Institutionalization

If there is more than one placement, give a complete account of each placement in itself, stating whether before or after apprehension.

1. Number of contacts with child geared to preparation for placement. Note the details of this preparation.
2. Number of contacts with foster parent(s) or institutional personnel prior to placement of the child. Note details.
3. Number of contacts with foster parent(s) or institutional personnel during the placement. Give details of casework service.
4. Note details of other services deemed necessary and/or made available by the worker e.g. medical care, physical and emotional.
5. Describe the frequency and nature of visits by the worker to the child during the placement.
6. State number of changes of worker and length of contact of each worker.

C. Placement of Child in the Institution(s)

(This applies only to institution(s) in which the child was resident during 1958).

1. Preparation of the child for placement. Quote details from record. Note whether child was placed by apprehension worker.
2. Describe worker's contact with the child while in the institution. Note the number and nature of visits by each worker. Note the number of times the child was taken out of the institution by worker(s) and describe these visits.

PART X

- 2 -

3. Describe worker's efforts to encourage the child's contacts in the community.

D. Post-Institutional Plan for Child

Give details of the worker's preparation of the child for discharge. Note the number and nature of these contacts. Was it the same worker who placed the child in the institution?

PART XI

SOCIAL WORKER'S ACTIVITY WITH THE INSTITUTION(S)
(Give full details from record)

A. Name of Institution(s)

B. Admission of Child

1. How was first contact made with the institution concerning placement?
2. Was there a pre-placement conference? Who was present?
3. Was a social history sent to the institution?

C. During Child's Stay in Institution

1. How many contacts did the agency social worker have with the institution? (Divide into telephone contacts and visits).
2. Describe the nature of these contacts - whether they were related to the child's welfare, business arrangements or other.
3. With which staff or board members of the institution were these contacts held? (Name office of individuals).
4. Who initiated the contacts - the agency or the institution?
5. What were the final discharge plans?

APPENDIX B

Schedule for Interview with Sister Mary Clare, Superintendent, Home of the Guardian Angel.

1. Generally speaking, how long are these children kept in the Home?
2. Are there sometimes extenuating circumstances which make it necessary and advisable to prolong placement?
3. If so, what are the factors involved?
4. What are the more common ones?
5. What is the policy and practice of the Home in relation to offering a child for adoption who has a family history of mental retardation?
6. Are developmental records of children in the Home kept? If so, could an outline of the record be given?
7. For what duration of time are they charted?
8. If such records are kept what type of information is available?
9. Is a need seen for temporary shelter of infants while they are awaiting a more permanent plan?
10. If not, what do you see the needs of such children in the child welfare program to be?
11. What is being done in relation to finding foster homes for the Catholic child, particularly those of pre-school age?
12. What can you tell us about the movement seven years ago to get children out of institutions and into foster homes?

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