A STUDY OF FACTORS WHICH TEND TO CAUSE THE RETENTION OF CHILDREN IN SHELTER FACILITIES FOR LONG PERIODS OF TIME

A thesis

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by

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TABLE OF CONTENTS

LIST OF TABLES

Chapter

I. INTRODUCTION ........................................... 1
   Purpose of the Study ................................ 3
   Significance of the Study ............................. 4
   Method, Scope and Limitations of Study .............. 4
   Sources of Data .......................................... 6

II. BACKGROUND OF THE STUDY .............................. 7
   The Early Years ........................................ 7
   Later Developments .................................... 12
   Types of Shelter Care Facilities .................... 14
   Shelter Care By Public Agencies In Franklin County .. 17

III. AGENCY SETTING - DESCRIPTION AND FUNCTION ....... 19

IV. FINDINGS .............................................. 27
   Characteristics of the Children ....................... 27
   Whereabouts of Children Prior to Placement in the
   Receiving Center ....................................... 29
   Referral Sources ....................................... 31
   Reasons for Admission ................................ 33
   Type of Agency Custody on Admittance to the Receiving
   Center .................................................... 35
   Mental Health .......................................... 35
   The Families .......................................... 36
   Marital Status ......................................... 36
   Parents Together and Not Together ................... 36
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children in the Home</td>
<td>37</td>
</tr>
<tr>
<td>Factors Contributing to Problems in Family Functioning</td>
<td>38</td>
</tr>
<tr>
<td>Placement Planning</td>
<td>41</td>
</tr>
<tr>
<td>Reasons Preventing Placement of Children From the Receiving Center</td>
<td>43</td>
</tr>
<tr>
<td>Destination of Children on Release From the Receiving Center</td>
<td>44</td>
</tr>
<tr>
<td>V. SUMMARY AND CONCLUSIONS</td>
<td>46</td>
</tr>
<tr>
<td>Summary</td>
<td>46</td>
</tr>
<tr>
<td>Conclusions</td>
<td>47</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>50</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>54</td>
</tr>
</tbody>
</table>
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Whereabouts of Children Served by the F.C.C.W.B., on June 30, 1960 and June 30, 1961</td>
<td>25</td>
</tr>
<tr>
<td>2.</td>
<td>Distribution of Sixty Children Entering The Receiving Center Between January 1, and July 1, 1961, by Age and Sex</td>
<td>28</td>
</tr>
<tr>
<td>3.</td>
<td>Whereabouts of Sixty Children Prior to Placement In the Receiving Center</td>
<td>29</td>
</tr>
<tr>
<td>4.</td>
<td>Length of Continuous Placement of Children In the Receiving Center and Whereabouts Prior to Admission</td>
<td>30</td>
</tr>
<tr>
<td>5.</td>
<td>Whereabouts of Sixty Children On Admission to the receiving Center</td>
<td>31</td>
</tr>
<tr>
<td>7.</td>
<td>Reasons for Admission of Sixty Children to the Receiving Center, Franklin County Child Welfare Board</td>
<td>34</td>
</tr>
<tr>
<td>8.</td>
<td>Parents Together and Not Together</td>
<td>37</td>
</tr>
<tr>
<td>9.</td>
<td>Problems In Family Functioning At Time Children Were Placed On Emergency Care In the Receiving Center</td>
<td>39</td>
</tr>
<tr>
<td>10.</td>
<td>Reasons Preventing Placement of Children From the Receiving Center</td>
<td>44</td>
</tr>
<tr>
<td>11.</td>
<td>Destination of Children on Release From the Receiving Center, F.C.C.W.B.</td>
<td>45</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

Each year thousands of children in need of emergency care outside of their own home, come to the attention of public child welfare agencies. Some are referred by the courts and law enforcement officers. Many others are referred by schools, friends, neighbors, relatives and other individuals. The need for emergency care may stem from a variety of reasons. To quote Sherwood Norman:

Emergency service in child welfare is called for when a social agency has information that children are in immediate physical or moral danger. There are three broad though often interlocking types of emergency situations: (1) accidental situations such as when sudden illness or death leaves children stranded, (2) culture conflict situations, such as when a family moves from one setting where its way of living was accepted to another setting where it is not, (3) personal problem situations, such as when the parent's or guardians frustration over personal problems lead to neglect, abuse, or desertion of his children.¹

Other authors in the child welfare field have defined and amplified the term, "emergency care"² in similar language. Leon Richman has said:

There are two types of temporary placement, emergency and interim. Emergency placement is defined as temporary care of children who are not known to a children's agency and who must be removed from their homes.


²The terms, emergency care and emergency service, are used synonymously throughout the literature to denote shelter care for neglected and dependent children. The same meaning is ascribed to these terms wherever they appear in this study.
Interim placement is temporary care of children who are known to a children's agency and are awaiting placement or replacement. Sudden catastrophies in the family may require temporary care of children. In cases of serious neglect, children may require immediate protection until long-time placement plans are formulated. Conflict with the law or anti-social behavior may call for emergency placement. Similarly, children in placement may require interim care in the course of re-placement when foster homes are not available.\(^3\)

In the emergency situations discussed above children are oftentimes placed in what is known as a Shelter Care facility. Shelter care is temporary care of children in physically unrestricted facilities while plans are explored for their return to their own homes or to foster homes. In former years, much confusion existed concerning this type of placement, and many children were held in detention facilities mistakenly used for shelter care. Detention care involves placement in a "secure" facility. It is administered exclusively for the court and the child remains in this setting while investigation and disposition of the case is decided. According to Sherwood Norman, "even when detained and sheltered children are kept in separate wings in the same building or in adjoining buildings, the stigma attached to the detained group, however fine their program, pervades and is felt keenly by the sheltered group."\(^4\)

Removal of a child from his own home or from a foster home in emergency situations is extremely upsetting to him. He is, as one author puts it, "deeply affected by the sudden change in living arrangements and by the state of suspension inherent in temporary


\(^4\)Norman, op. cit., p. 358.
care. Anxiety about his ties with the past and with the unknown is acute."5

The Children's Bureau, United States Department of Health, Education and Welfare, has recommended a maximum of twenty-four hours in shelter care for any child.6 Sherwood Norman recommended that a "thirty day maximum limit of stay should be established and priority given by the caseworker to children in shelter."7 The Child Welfare League of America suggests that "the period of emergency care should be sufficiently long to make suitable plans for the child and should not extend beyond that point."8

While in field placement at the Franklin County Child Welfare Board, (hereinafter referred to as the F.C.C.W.B.), the writer had the experience of working with children in the agency's shelter care facility and can readily agree that prompt placement into more permanent settings is highly desirable. Despite administrative and staff concern however, some children remain in the institution for long periods. This thesis is concerned with these children and what we can do for them.

**Purpose of the Study**

This study was guided by questions about children in shelter care and curiosity about what prevents such children from being placed in more permanent settings within the time limits established by the agency.

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5Richman, op. cit., p. 354.
6U.S. Children's Bureau, Child Welfare Services, No. 359, 1957, p. 60.
7Norman, op. cit., p. 360.
The research aim was therefore to describe and understand what factors prevented the early removal of children from the Receiving Center, F.C.C.W.B., and to learn whether there were significant differences in the cases of those children who remained for long periods.

**Significance of the Study**

Both the administration and staff of the F.C.C.W.B., are concerned about the length of time children spend in the Receiving Center. Staff has been instructed to move children as promptly as is consistent with good planning and ninety days has been set as the maximum time any child should remain in the institution. The Director of Casework Services keeps a close check on the number of children in the Receiving Center and their time in this placement.

The concern of the administration and staff can well be understood when it is realized that the Receiving Center has been consistently overcrowded since it was first opened in 1949. This facility was designed to house forty-eight children. However, during the first six months of 1961, the daily average occupancy was seventy children. Earlier placements from the Receiving Center would not only be beneficial to the children but, would enable the institution to render more adequate service to children under its care. This study was an effort to explore the problems in relation to the hard-to-place child in the institution with the hope of ascertaining basic data which would assist caseworkers in planning toward the alleviation of this situation.

**Method, Scope and Limitations of Study**

The design for this exploratory study involved the selection of two groups of thirty children each from among those who entered the Receiving
Center between January 1, 1961 and July 1, 1961. October 1, 1961, was selected as the end of the evaluative period, giving a minimum of one and one-half months and a maximum of ten months residence opportunity for all children. The date of initial entry in the Receiving Center during this period was the date utilized for the study.

A three part schedule was prepared for use in gathering data for the study. Part I of the schedule was concerned with the legal status of the child on admittance to the Receiving Center; reason for admission; whereabouts when admitted; present grade if in school; quality of work and adjustment in school. Part II was concerned with background characteristics, e.g., whereabouts of parents; siblings; mental and physical health of parents and other questions of a similar nature. Part III concerned placement planning for the child and the problems encountered by caseworkers in consumating these plans.

For the purpose of this study, brief periods of absences - ten days or less in duration - because of running away, placement in detention home, Medical Center, hospital or home visits, were not considered as discharged from the Receiving Center.

Preliminary research of agency statistical records had revealed that 185 children entered the Receiving Center during the period covered by the study. The average length of stay of these children was forty-five days. Based on this, the children were stratified into two groups hereafter designated as "Short Term" and "Long Term". The Short Term Group consisted of those children who remained in the institution under forty-five days. The Long Term Group was made up
of those who remained in placement ninety days or more. Seventy-five of the 185 children met the criteria for the Short Term Group and forty-eight for the Long Term Group.

Thirty cases were selected from each group by means of a table of random numbers and all cases selected were then evaluated by means of the schedule. Wherever possible, interviews with caseworkers were used to supplement material in case records.

The writer is aware that the statistically small size of the sample, as well as, the limited scope of the study makes it imperative that generalized conclusions not be drawn from the findings. Another limiting factor in the study is the fact that in some instances basic material was not available from case records and could not be obtained from caseworkers as they were no longer with the agency.

Sources of Data

Material for the study was obtained from records of the Franklin County Child Welfare Board; interviews with Supervisors and caseworkers of the agency; interviews with Mr. Buckley Carlin, Director of the Receiving Center and, Mrs. Jean Kreinschmidt, Consultant, Children's Services, Ohio State Department of Public Welfare, Division of Social Administration. Among the secondary sources of information were: the Laws of Ohio and readings of pertinent literature from the library of the School of Social Work, Ohio State University and the library of the Ohio State Department of Public Welfare.
CHAPTER II
BACKGROUND OF THE STUDY

The Early Years

During the early period of its history, Ohio had very little of its present day services and laws for the protection of children. Early laws were patterned on the Elizabethan Poor Law of 1601, and resources for the care of dependent and neglected children were limited to the indenture, the almshouse or infirmary, and to a limited extent, outdoor relief.

When Ohio was admitted to the Union in 1803, the territorial poor laws of 1795 and 1799 were not repealed and became the poor laws of the state. The 1795 statute provided for indenture of poor children and read in part as follows:

It shall and may be lawful for the overseers of the poor of the township, aforesaid, by the approvation and consent of two justices of the peace of the county, to put out, as apprentices, all such poor children, whose parents are dead, or shall be by the said justices found unable to maintain them, males till the age of twenty-one, and females until the age of eighteen years.9

Indentured children were usually the poor, the illegitimate or orphans. These children were little more than chattels of the state. The family responsible for their care would agree to provide food, shelter, clothing, limited education and teach them a trade.

Upon termination of the contract they were to pay them a small sum of money and furnish them with a bible. In return for these things, the child would serve the family in the capacity of apprentice or servant. Public disclosure of terrible conditions under which many indentured children were living brought about much agitation for change. Little was actually done however, and the system of indenture continued for many more years.

One result of the dissatisfaction with the system of indenture was an act passed in 1816 which permitted counties to construct almshouses or infirmaries to house children of the poor as well as other indigents. It was felt by the proponents of this bill, that children would receive better care in these institutions than they were receiving when indentured. Other people saw these institutions as places where "physical cleansing, educational and moral teaching of children in preparation for indenture" could be done.

Children placed in almshouses were usually "commingled not only with the economically deprived, but also with the most neurotic, psychotic, degenerate and socially maladjusted elements of the population." Conditions in the almshouses were deplorable according to reports by historians. The following excerpt from the report of a committee which visited some of these institutions could probably have been applicable to most of them:

The great mass of the poorhouses . . . are the most disgraceful memorials of the public charity . . . The evidence taken by the committee exhibits such filth, nakedness, licentiousness, general bad morals and disregard of religion and the

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common religious observances, as well as of gross neglect of
the most ordinary comforts and decencies of life, as if
published in detail would disgrace the State and shock humanity.
.. With respect to children, the case is far worse .. . They
are for the young .. . the worst possible nurseries.13

This graphic description of life in an almshouse clearly points
up the fact that these institutions did not live up to the dreams of
providing wholesome environments for children. To make matters worse,
dependent and neglected children were taken away from such homes as
they had and confined in these institutions in the belief that this
was better for them.

A brief mention of outdoor relief is now in order. Outdoor relief
was relief given in their own homes, to indigent persons who were too
ill to be taken to an almshouse. This type of relief was limited in
scope and soon gave way to other methods.

Ohio did not succeed in getting children out of the poorhouses
for a long time. In the meantime citizens interested in the plight
of the children began to band together and open orphanages. In 1829,
Ohio established a specialized service for children with the building
of the Ohio School for the Deaf and later, in 1837, the Ohio School
for the Blind.

The dismal picture began to change with the passage of the
Children's Home Law of Ohio, in 1866. Under this law, counties were
authorized to construct and maintain separate institutions for the care
of needy children.14 The first children's home established under this
law was built at Marietta, Ohio, in 1866.15

15Esther McClain, Child Placing In Ohio, Ohio Department of Public
Welfare (Columbus, 1928), p. 6.
The development of county homes proceeded slowly, and children continued to languish in poorhouses. Attempts to reform the almshouses were not abandoned however, and had their most significant impetus following the appointment of a Board of State Charities in 1867. This Board had the authority to investigate the whole system of public charitable and correctional institutions of the state and recommend changes and improvements. Essentially, the Board of State Charities was concerned with the management of all state and municipal institutions caring for dependent, delinquent and the physically and mentally handicapped child. The Board became concerned over lack of provisions for dependent children and encouraged development of county children's institutions.

Between 1875 and 1885, state boards became very active in trying to get children's homes to find foster homes for children. A law passed in 1884 made it "unlawful to house in the county infirmary children who were eligible for admission to a county children's home or other charitable institution."\(^{16}\) This law spurred the building of county homes and the next decade saw the erection of many of these facilities.

Dr. A. G. Byers, State Secretary of the Ohio Board of State Charities in 1888, showed great foresight in discussing the role of the county home in the care of children. He wrote as follows:

The public homes are not homes in the sense of supplying the endearments of kindred common interest, family affection or that indefinable influence which underlies the best of early

life. These institutions . . . are to be used simply as paving upon which the child may step safely from the condition of homelessness into affection and training of a trustworthy family.  

The emphasis on the "placing out" of children from children's homes had some unfortunate results in some respects. For example, despite the fact that provision had been made in the law for the superintendents of the institutions to visit children placed in foster homes, little actual visiting was done. County Visitors and Township Trustees also had the responsibility of visiting placed children, and they too, failed to live up to this responsibility. As a result of this neglect by county authorities, many child placements often resulted in children being placed and completely forgotten. When the infrequent visits were made, many children were found to have been kept out of school, brutalized and scantily fed.

By 1889, great pressure was being placed on the legislature by the Board of State Charities to pass legislation enabling county children's homes to appoint "placing agents" to properly place and supervise children in private homes. In 1891, the "Act to Facilitate the Placing of Children From County Children's Homes in Private Families" was amended to allow township trustees to appoint placing agents. These agents were required by law to visit each child in placement twice a year. Their responsibilities also included home-finding and placement of children. This development ushered in the era of gradual development of modern public children's services.

Later Developments

By the enactment of the Children's Code in 1913, the state of Ohio assumed responsibility for placing children in homes and inspecting these homes on a regular basis. The Code established a juvenile court in each county and gave them jurisdiction over delinquent, neglected and crippled children. The Board of State Charities, later known as the Department of Public Welfare, was made responsible for examining and certifying agencies and institutions providing care for children or placing them outside of their own homes.\textsuperscript{19}

In 1921, following a reorganization of state government in Ohio, eight new administrative departments were created. Each department had a director appointed by the governor with the consent of the legislature. One of these departments was the Department of Public Welfare. This department was given the responsibility for planning all welfare services of the state. Provision was also made to allow the setting up of child welfare boards in order to carry out the Department's child welfare programs. Brown, Morgan and Ross Counties were among the first to establish child welfare boards following the creation of the Department of Public Welfare.

The 1921 law also established a Mother's Pension program. This program furnished limited monthly payments to any mother whose children were without support because of the death of their father, his continued absence or incapacity.\textsuperscript{20} The program served to keep children in their own home with a remaining parent or relative. It was later superseded by the Aid to Dependent Children Program.

\textsuperscript{19}Ohio Department of Public Welfare, \textit{Children Receiving Child Welfare Services}, 1960, p. 2. \textsuperscript{20}Ibid.
In the years that followed, many changes occurred in the pattern of child welfare services and various facets of the problems were emphasized at different times. During the thirties, long term institutional care was the rule rather than the exception. A gradual shifting, away from this type of care developed however and by the late forties, the trend was toward planned placements with casework supervision. The great emphasis on foster home placements had been noted in the late thirties by Frank J. Bruno, who voiced a warning over the tendency to see this as a panacea for the needs of children. Bruno said:

If one tenth of the money which has been spent in taking children from their homes and trying to fit them into new and better ones had been diverted toward keeping together the homes in which they were born, some real advances in social welfare might have been recorded.\(^{21}\)

In the fifties, protective services to children in their own homes began to receive increased emphasis. As a result, more children were remaining in their own homes despite increasing caseloads. Data published by the Ohio Welfare Department illustrates this point.

From 1946 to 1959, the number of children served by county child welfare boards doubled, increasing from 12,100 to 24,200. The number served while living with parents or relatives quadrupled, increasing from 2,400 to 9,700.\(^{22}\) By June 30, 1961, the number being served was 28,818. Of this number, 11,545, were living in their own homes.\(^{23}\)

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\(^{22}\) Ohio Department of Public Welfare, *Children Receiving Child Welfare Services*, June 1960, p. 3.

Many children receiving service in their own homes come to the attention of child welfare boards on an emergency basis. In some cases, shelter care was a necessity for varying periods of time until a child could be returned home.

The California Study of Children In Detention and Shelter Care mentions two types of shelter care placements for children: (1) emergency and (2), planned. Emergency shelter placement is utilized when a child is found to be in need of immediate care because of such factors as hospitalization or incarceration of his parents; being lost or abandoned or being physically or morally endangered.

Planned shelter placements are those placements made by arrangements with a caseworker and individuals responsible for the care of a child. Illustrative of the use of planned shelter care is the planned placement of a child while a parent is hospitalized for a brief period.

Types of Shelter Care Facilities

Foster family or boarding homes, subsidized foster family homes, receiving homes and temporary care institutions, are some of the facilities most recommended for shelter care of children.

Foster Family or Boarding Home

The foster family or boarding home is usually a private home licensed by the state to provide care for children. A monthly payment is usually made by the state for this care. Occasionally, arrangements are made with these homes to specialize in shelter care, and they are paid a special rate for this purpose. Strictly speaking, the foster family or boarding home, is more often used for planned placements of children.

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2California Committee on Temporary Child Care, Children in Detention and Shelter Care (Los Angeles: Wolfer Printing Company, 1954), p. 74.
Subsidized Foster Family Home

The subsidized foster family home is a home in which the foster parents are paid a monthly subsidy for keeping their home available for emergency placements. The daily rate paid per child is usually higher in these homes than in regular foster homes. The nature of the task warrants this however. Foster parents in these homes must stand ready at all times to accept children (within the limitations set forth by their license), and have the emotional stability to help the upset child. This type of shelter is perhaps the most difficult to arrange because of the severe demands on the foster parents. Children placed in these homes on an emergency basis are usually quite upset. In many cases, they are also difficult to handle. The fact that placements may be made at any hour of the day or night is another factor which makes it difficult to recruit shelter homes of this type.

Receiving Homes

The Receiving Home is usually a facility leased or owned and operated by the county. Most of these homes are operated by a couple who live in the facility. Compensation is paid either on a per diem rate for each child, a fixed salary, or both. The capacity of these homes is usually small, ranging from about ten to fifteen children.

Temporary Care Institutions

Temporary care institutions are, in the main, enlarged receiving homes. They are usually county owned and have a staff which may or
may not be resident. Facilities are provided for receiving children at any hour of the day or night, and casework services are available to the children on a frequent basis. The temporary care institution is most often operated by the public child welfare agency and has the advantage of providing a central place where social workers and law enforcement officers may place children in emergencies. Unfortunately, the availability of a temporary care institution may work to the disadvantage of the child. At times children may be placed in the institution merely because that is the easiest recourse.

Length of placement in these facilities is usually dependent upon the availability of suitable foster homes when replacement in the child's own home is not contemplated. In this respect, special effort has to be exerted to prevent children from being placed in the institution and forgotten merely because foster homes are scarce. Clark W. Blackburn, former Executive Secretary, Family and Children's Services of Minnesota spoke meaningfully when he said "a child not placed at all is a child who can't get into a long time placement situation."25

Temporary Home

The temporary home, much used in the late thirties and early forties, was not, strictly speaking, a shelter care facility. It was usually a place where a child could be housed for a limited time in order to see whether he would adjust to living in a foster home. Placement workers felt that this interim period was necessary to help the child get used to placement away from home. If he made a good adjustment in this home, it was felt he would probably make a satisfactory

adjustment in a foster home.

In preparing the child for foster home placement he would be placed for a period of two to six months in the temporary home. During this time, the social worker as well as the foster mother in the temporary home, would work with the child to get him accustomed to the idea that he would not be returning to his own home.

Shelter Care by Public Agencies in Franklin County

Prior to the establishment of the F.C.C.W.B., shelter care placements were sometimes made in the County Children's Home. However, the primary resource utilized for this purpose appears to have been the detention center of the Juvenile Court. Paul Beisser noted this in his 1945 study of child welfare services in Franklin County, and recommended that:

The Child Welfare Division should attempt to negotiate with the City Council to make the Hare Orphan Asylum available to it as a shelter and temporary care home ... for emergency cases, stranded or runaway children, and temporary care until study of the case makes possible a permanent plan. Such a clearing station would eliminate some of the use of the detention home for these purposes.

One reason for this recommendation was Beisser's belief that:

The Juvenile Police Division ... tended to see itself too much as an instrument for getting children to Juvenile Court and has been a factor in the excessive and unwarranted use of the detention home.

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While Beisser was making his study, Ohio's concern for the welfare of its needy children was reflected in the passage of legislation authorizing the creation of child welfare boards to replace the archaic boards of trustees of county children's homes. As a result of this legislation, the Franklin County Child Welfare Board was established in 1946. This agency is the primary public agency in the county for the care of dependent and neglected children and will be discussed further in Chapter III.
CHAPTER III
AGENCY SETTING - DESCRIPTION AND FUNCTION

Description

The F.C.C.W.B., is a public, tax supported agency, serving dependent and neglected children of Franklin County, Ohio. It is located at Grove City, Ohio, about six miles from downtown Columbus.

The Board was created in 1946, following passage of enabling legislation in 1945. Under this legislation, the old Board of Trustees of the Franklin County Children's Home was dissolved, and the newly created Child Welfare Board took its place.

In discussing the development of the F.C.C.W.B., during this period, cognizance must be taken of the study of "Child Welfare Services in Columbus and Franklin County" by Paul T. Beisser, which was briefly mentioned in the previous chapter. This study contained many recommendations which were utilized by the new F.C.C.W.B., in developing its services to children in the community.

Perhaps the significance of this study and its relationship to later developments in child welfare services in Franklin County can best be seen by looking at the following excerpts from it and then following the developmental trends in county child welfare services. For example, one of Beisser's findings was that there was "no public child welfare casework service to perform a protective function and to act administratively to provide care for dependent children instead of channeling them through the Juvenile Court."\(^{29}\) As a result he

\(^{29}\)Ibid.

19
recommended that:

The basic, first-in-importance . . . is that there be created a county welfare department under which should be assembled all the functions of . . . public child care. Under this department . . . there should be a child welfare division.

The division should have a foster home program to replace the work now carried on under the Franklin County Children's Home. The Franklin County Children's Home should be incorporated into the division. Post-war building plans for Franklin County should contemplate rebuilding the Home on a larger and more desirable site. A cottage-type plant should be built to permit of proper classification for types and ages of children.30

Many of the recommendations contained in Beisser's reports were put into practice. Steps were taken by county commissioners to procure a suitable site for a cottage type institution to house children under care of the F.C.C.W.B. A suitable site was found, and eighty-five acres of land were purchased. In November of 1946, the passage of a bond issue raised $1,250,000 for the construction of the new plant.31 By October of 1951, construction of nine one-story cottages was completed on the grounds of the F.C.C.W.B.32 Each cottage provided ample room for sixteen children and two cottage parents. A Medical Center was also completed at this time to take care of the health needs of the children under care. The entire complex of buildings was called

30Ibid., p. 10.


Franklin Village, and became the new home of the Child Welfare Board.

Operational control of the Board is vested in an Executive Secretary who is a professional social worker. A five member administrative board composed of the judge of the Juvenile Court and four other members appointed by the county commissioners is the governing body of the agency.

At the time the F.C.C.W.B., was established county child welfare resources for emergency care of dependent and neglected children were limited. More often than not, these children were placed in the Juvenile Court detention home. Beisser noted this in 1945 and wrote that "every effort should be made to keep out of the detention home, children who are not delinquent and all those for whom any other plan is at all practicable."\(^{33}\)

In January of 1956, the Juvenile Court took a step toward implementing Beisser's recommendation when it ruled that dependent and neglected children would no longer be placed in the detention home in emergencies. This development gave rise to an increase in the use of facilities of the F.C.C.W.B., for the emergency care of children.

Children brought to the F.C.C.W.B., for emergency care were first housed in the Medical Center. This arrangement soon proved unsatisfactory as the Medical Center was too small to accommodate the ever increasing number of children needing care. In addition, it was difficult for the Medical Center to perform the dual functions of a medical facility and shelter care facility.

\(^{33}\)Beisser, op. cit., p. 11
During the last half of 1955, the population of the Medical Center was down to an average of 7.5 children per month. This figure rose steadily, and reached a high of 69 during the first six months of 1959. 34

Continued overcrowding in the Medical Center resulted in the decision to construct a shelter care facility for children, on the grounds of the F.C.C.W.B. Construction was started in 1958, and completed by May of 1959. The completed facility, named the Receiving Center, was designed to house forty-eight children. It also contained quarters for staff, a large cafeteria and recreation rooms. With the completion of the Receiving Center, children five years of age and older, were removed from the Medical Center and placed in the new facility provided they were not in need of medical care.

Care of children in the Receiving Center is provided under the direction of a director who is a professional social worker. Supporting staff include a recreation supervisor, child care workers, food preparation personnel and custodial workers. Recreational and religious activities are available under the guidance of staff and volunteer personnel. Children in the first through the tenth grades may attend classes on the premises. They are taught by two licensed teachers from the Southwestern School District.

The Receiving Center serves children between the ages of five and eighteen. Children under five years of age who needs shelter care are placed in the Medical Center. Medical care for all children under the care of the Board is available at the Medical Center.

34Shelly, op. cit., p. 13.
An administration building provides office space for the Director of Franklin Village, members of his staff and Group Services. Also located in this building are a clothing room, small cafeteria, laundry and additional office space.

A new building has recently been built to house the offices of the casework staff. Construction of this edifice was started in the early part of 1961, and the building was occupied by the end of the same year.

Functions

The F.C.C.W.B., is responsible for providing services to children found to be dependent or neglected. Specific duties of the Board are set forth in Section 3070-17G.C. of Ohio which requires the Board to:

- Make investigation concerning any child reported to be in need of care, protection or service, accept custody of children committed to the Board by a court exercising juvenile jurisdiction; and provide temporary, emergency care for any child deemed by the Board to be in need thereof, without agreement or commitment.\(^\text{35}\)

In carrying out its responsibilities, the F.C.C.W.B., has developed a wide program which includes: operation of a shelter care facility for emergency care of dependent and neglected children; operation of the Franklin County Children's Home (Franklin Village); an extensive foster home program for placement of children in state certified foster homes; operation of a crippled children's program; administrative responsibility for special educational classes for retarded children; placement and supervision of children in work/wage homes; group work services for the children in Franklin Village; services to unwed mothers; medical and

dental services for children committed to the care of the Board; protective services to children in their own homes; supervision of Hare Orphans Home (a small privately endowed institution bequeathed to the city of Columbus, for the care of needy children up to twelve years of age); psychological testing services for children under care of the Board; psychiatric consultation to help caseworkers handle problem cases; adoption services; evaluations and recommendations for the issuance of licenses to independent boarding homes; close cooperation with other agencies in matters related to children under care and a volunteer program for children in Franklin Village and the Receiving and Medical Centers.

The protective service rendered by the Child Welfare Board has become, by far, the most important of the many services rendered by the agency. It is essentially preventive in nature, and is a service rendered to parents on behalf of a child when a complaint has been received concerning the care of the child. It is a service which is rendered, most of the time, without parental request. As Vincent DeFrancis aptly said, "parents who neglect their children do not ask for these services; if they did their children would not be neglected." 36

In offering protective service, the agency attempts to help families alleviate the situations which brought about the complaints to the Board. The primary intent of caseworkers in these cases is the maintenance of the child in his own home. By utilizing their casework skills and the knowledge that neglect, abuse and desertion of children

often results from parental frustration over personal problems, case-
workers are helping more and more children to remain in their own homes.

In a recently completed study of children who entered the re-
ception care program of the F.C.C.W.B., Alton Shelly described an
important development in the protective service program as follows:

A tremendous step forward was taken in the Summer of 1960 when,
after much consultation and planning with the judge of the Juven-
ile Court, court officials and other social agencies, the Board
began assuming the responsibility for investigating all complaints
on dependent and neglected children in Franklin County. Social
welfare agencies, the police department, and the Juvenile Court
were directed to refer all complaints on neglected and dependent
children to the Intake Department of the F.C.C.W.B.

By gaining control over its own intake, the Intake staff is
in a position to use its own professional judgment and competence
in determining when a family is most appropriately accepted by
the agency or referred to another agency or when legal action
from the court is deemed necessary in the best interest of the
child.37

Table 1 gives a good indication of the effectiveness of protective
services in maintaining children in their own homes.

<table>
<thead>
<tr>
<th>TABLE 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHEREABOUTS OF CHILDREN SERVED BY THE F.C.C.W.B.</td>
</tr>
<tr>
<td>ON JUNE 30, 1960 AND JUNE 30, 1961</td>
</tr>
<tr>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Whereabouts of Children</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>With parents</td>
</tr>
<tr>
<td>With relatives</td>
</tr>
<tr>
<td>In boarding home</td>
</tr>
<tr>
<td>In adoptive home</td>
</tr>
<tr>
<td>In free, work, or wage home</td>
</tr>
<tr>
<td>In institution</td>
</tr>
<tr>
<td>Elsewhere</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
<tr>
<td>Inactive cases</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Source: Ohio Department of Public Welfare, Child Welfare Services, April
We can see from Table 1, that the total caseload increased by 937, or 44.5 percent during the one year period. However, of this number, 767, or 74.5 percent, remained in their own homes. The remainder were maintained outside of the institution in other settings.

In order to make maximum use of protective services, the F.C.C.W.B. requested federal funds to establish and staff a twenty-four hour protective service unit. As a result of this request, the agency was awarded a grant of $16,123.00, late in 1960.  

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CHAPTER IV

FINDINGS

Many of the children entering the Receiving Center remain there a relatively short time while their problems are studied and arrangements made for more permanent placement and supervision. A number of children remain for protracted periods of time however and these children were the primary concern of this study.

As mentioned previously, the study group consisted of sixty children. These children were selected from the group of 185 who entered the Receiving Center between January 1, and July 1, 1961, and were divided into a Long Term and Short Term Group. The Long Term Group consisted of those children who remained in the Receiving Center for ninety days or more; the Short Term Group was made up of those who remained forty-five days or less. Each group was composed of thirty children.

Characteristics of the Children

Males slightly outnumbered females among the sixty children studied. There were thirty-three males and twenty-seven females in the total sample. The distribution by sex between the two groups was close. There were sixteen males and fourteen females in the Short Term Group, and seventeen males and thirteen females in the Long Term Group.

The number of Negro children in both groups was small. There were five Negro girls and one boy in the Short Term Group and, one Negro girl and three boys in the Long Term Group. In view of the limited number of Negroes in the sample and their wide scatter throughout the two groups, no attempt will be made to consider them separately.
The distribution of the sixty children, by age, is shown in Table 2.

**TABLE 2**

**DISTRIBUTION OF SIXTY CHILDREN ENTERING THE RECEIVING CENTER BETWEEN JANUARY 1, AND JULY 1, 1961, BY AGE AND SEX**

<table>
<thead>
<tr>
<th>Years</th>
<th>Short Term</th>
<th>Long Term</th>
<th>Both Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>5 - 9</td>
<td>11</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>10 - 14</td>
<td>3</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>15 - 19</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>14</td>
<td>17</td>
</tr>
</tbody>
</table>

The largest number of children were to be found in the five to nine year age range. This category accounted for almost half of the sixty children. Females slightly outnumbered males in the ten to fourteen year category while the distribution was fairly even in the fifteen to nineteen year group. In general, the children in the Long Term Group were older than those in the Short Term Group. Mean age of children in the Long Term Group was 10.9 as compared to 9.9 years for the Short Term Group.

It is notable that eleven children in the five to nine year category remained in the Receiving Center for ninety days or more. Somewhat similar findings were also noted by Shelly. He found that ten children, five years of age or younger remained in the Receiving Center more than three months.\(^{39}\) Early placement of these children has long been recognized as being of utmost importance for healthy emotional growth. Evaluation of data collected for this study showed

\(^{39}\) Shelly, op. cit., p. 54.
that eleven (18.3%), of the sixty children were under school age.

Whereabouts of Children Prior to Placement in the Receiving Center

The schedule provided a list of eight different living arrangements in which a child could have been living at the time he was placed in the Receiving Center. For ease of analysis, these have been grouped in six classifications: (1) with parents; (2) with relatives; (3) in free home; (4) in foster home; (5) in detention home and (6) in other settings. Table 3, shows the living arrangements of the sixty children, prior to entry into the Receiving Center.

**TABLE 3**

<table>
<thead>
<tr>
<th>Whereabouts</th>
<th>Short Term</th>
<th>Long Term</th>
<th>Both Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>With parents</td>
<td>14</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>With relatives</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>In free home</td>
<td>-</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>In foster home</td>
<td>-</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>In detention home</td>
<td>-</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other settings*</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>14</td>
<td>17</td>
</tr>
</tbody>
</table>

*One child was received from Girls Town and another from the State School.

Children coming into placement from the home of parents constituted the largest category in the table. There were thirty-five children (58.3%) of the total sample, in this category. Twenty-one of these were in the Short Term Group and fourteen in the Long Term Group. In the foster home group, all but one of the children were in the Long Term Group. Only five children were placed from the detention home, and
these were closely distributed between the two groups. Length of
time in the Receiving Center in relation to the whereabouts of the
child prior to admission, is indicated in Table 4, below.

**TABLE 4**

LENGTH OF CONTINUOUS PLACEMENT OF CHILDREN IN THE RECEIVING CENTER AND WHEREABOUTS PRIOR TO ADMISSION

<table>
<thead>
<tr>
<th>Time in days</th>
<th>Whereabouts</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With Parents</td>
<td>With Relatives</td>
<td>Foster Home</td>
<td>Other*</td>
</tr>
<tr>
<td>Short Term Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 15 days</td>
<td>9</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>15 - 29</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>30 - 45</td>
<td>7</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Long Term Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90 - 119</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>120 - 149</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>150 - 179</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>180 - 209</td>
<td>3</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>210 - 239</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>240 - 269</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>270 - 299</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>9</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

*Includes free homes; detention home; hospitals and other child caring institutions.

Table 4 shows that children going into placement from their own homes were removed sooner from the Receiving Center than those who were received from other settings. This assumption was further tested
by placing all sixty children into two classifications, with respect to their whereabouts on admission, and testing for significance between length of stay and whereabouts on admission. The results of this are shown in Table 5.

**TABLE 5**

WHEREABOUTS OF SIXTY CHILDREN ON ADMISSION TO THE RECEIVING CENTER

<table>
<thead>
<tr>
<th>Whereabouts</th>
<th>Short Term</th>
<th>Long Term</th>
<th>Both Groups*</th>
</tr>
</thead>
<tbody>
<tr>
<td>With parents</td>
<td>21</td>
<td>14</td>
<td>35</td>
</tr>
<tr>
<td>Elsewhere</td>
<td>9</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>30</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

* The chi-square test was applied to this tabulation with the following results: $x^2 = 3.36; df = 1; .10 > P > .05$. The chi-square value of 3.36 falls short of the required .05 level of confidence but is high enough to indicate that a study involving a larger sample might show significant relationship between length of residence in the Receiving Center and whereabouts prior to admission.

There were three children in the Long Term Group who were still in the Receiving Center at the conclusion of the study. All three were previously known to the agency, and had been in placements in other child caring institutions while temporarily or permanently committed to the F.C.C.W.B. Another child, also in the LongTerm Group, was permanently committed to the agency from infancy. He too was still in the Receiving Center at the end of the study period. All four of these children were in the "elsewhere" category of Table 5.

**Referral Sources.**

A tabulation of the sources of referrals was made to ascertain how the children being studied came under emergency care. This data
is presented in Table 6.

**TABLE 6**

**SOURCE OF REFERRAL OF 60 CHILDREN TO THE FRANKLIN COUNTY CHILD WELFARE BOARD FOR EMERGENCY PLACEMENT**

<table>
<thead>
<tr>
<th>Source of Referral</th>
<th>Short Term</th>
<th>Long Term</th>
<th>Both Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile Court</td>
<td>3</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Police</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Parents and relatives</td>
<td>17</td>
<td>13</td>
<td>30</td>
</tr>
<tr>
<td>Other interested persons</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Caseworker's decision</td>
<td>3</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Other agencies</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>30</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

The classification, parents and relatives, includes foster parents and step-parents as well as natural parents. Other interested persons included any person other than those included with parents and relatives.

Table 6 shows that most of the referrals were from parents or relatives. Referrals from law authorities constituted the next larger category. There were twice as many referrals from law authorities, (probation officers, police and Juvenile Court), for children in the Long Term Group as for those in the Short Term Group. Referrals from law authorities accounted for thirty percent of all referrals.

Referrals from other agencies were few, amounting only to three. It should not be concluded from this however, that the families of the children in the sample were not known to social agencies in the community. On the contrary, forty-four of the sixty cases were
previously known to the Child Welfare Board. Forty of the sixty families were also known to the courts and to social agencies in the community.

Reasons for Admission

Emergency admissions to the Receiving Center were made for a variety of reasons. It should be recognized however, that the reasons given by individuals making referrals were only one manifestation of difficulties in the psycho-social functioning of the family or the child.

The reasons for admission most frequently shown in the records were tabulated in Table 7. The classification Serious Marital Conflict, included such problems as frequent serious quarrels, separations and infidelity; "Other" included such situations as children returned to the agency from hospitals and those in need of replacement because of failure of a foster home.

Although Table 7 gives the primary reasons for admission to the Receiving Center, a multiplicity of problems existed in the majority of cases. Typical of these problems were excessive drinking on the part of parents; parent-child problems; frequent incarceration; prolonged economic dependency and, in some instances, incestual relationships. Problems in child behavior included inability to get along in home or school, stealing, truancy and sex problems. In her study of family disorganization which was done at the F.C.C.W.B., Vera Rea\(^1\) found many of the problems in child behavior just mentioned.

Turning now to Table 7, we can better observe the incidence of the problems discussed.

**TABLE 7**

**REASONS FOR ADMISSION OF SIXTY CHILDREN TO THE RECEIVING CENTER FRANKLIN COUNTY CHILD WELFARE BOARD**

<table>
<thead>
<tr>
<th>Reasons for Admission</th>
<th>Short Term</th>
<th>Long Term</th>
<th>Both Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse, neglect or abandonment</td>
<td>11</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Illness of parent:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Mental</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Incarceration</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Serious marital conflict</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Behavior problems of child</td>
<td>3</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>30</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

Examination of Table 7 shows two factors of note. While the Short Term Group included eleven children placed because of abuse, neglect or abandonment, only four children in the Long Term Group were admitted because of these reasons. On the other hand, the situation was reversed with respect to the child admitted because of behavior problems. The Long Term Group included twelve children admitted for emergency care because of behavior problems, as compared to three in the Short Term Group.
Type of Agency Custody on Admission to the Receiving Center

In the Short Term Group there were five children temporarily committed to the agency; four were admitted on emergency court order; ten on an agency emergency basis, and eleven on voluntary agreement with parents.

There were twelve children temporarily committed, in the Long Term Group; seven on an emergency (agency) basis; five on emergency court order, and six on voluntary agreement with parents.

Mental Health

The schedule was designed to elicit material on the mental health of the child as suspected or diagnosed. Information of this nature was also secured for the parents, and will be presented in a later section of this chapter.

Three classifications were used to describe the incidence of mental health problems as they affected children in the sample. These classifications, derived from the frequency of their use in case records, were: (1) mental illness; (2) severe emotional problems and; (3) mental retardation. No attempt was made to define these terms and they are presented in the same context as used in case records.

The Short Term Group included: (1) three children suspected of being mentally ill; (2) three diagnosed as having severe emotional problems and; (3) two diagnosed as being mentally retarded.

In the Long Term Group it was found that: (1) two children were suspected of being mentally ill; (2) two were diagnosed as being mentally ill; (3) one child was suspected of having severe emotional
problems; (4) three children were suspected as being mentally retarded and three were diagnosed mentally retarded.

There were seventeen children in the total sample of sixty, who were suspected or diagnosed as suffering from some form of mental illness or, were mentally retarded. Of this number, eleven were in the Long Term Group.

The Families

In gathering data on the families of the children in the study, emphasis was placed on ascertaining factors which could be considered as contributing directly to an understanding of the reasons behind the need for emergency placement of the child.

Marital Status

For the purpose of this study, marital status was considered as the marital relationship between a parent and, his or her companion at the time the child was placed in the Receiving Center. Information contained in case records was used without any attempt at verification.

No significant differences were found in the number of recorded marriages among families of both groups of children. In the Short Term Group, twenty-four families were married; four were unmarried and the status of two was unknown. There were twenty-seven married families in the Long Term Group; one unmarried family and three whose marital status was unknown or not recorded.

Parents Together and Not Together

The term, parents, as used in this study, refers to natural or step-parents residing in the same household at the time the child
was brought under emergency care. Parents were considered as not being together whenever one or the other was out of the home due to such factors as desertion; death; separation; abandonment; incarceration; prolonged hospitalization, or divorce. Table 8 below, shows that children in the Short Term Group had an equal number of families with both parents in the home and out of the home. In the Long Term Group, eleven families had both parents in the home and nineteen had only one parent present.

TABLE 8
PARENTS TOGETHER AND NOT TOGETHER

<table>
<thead>
<tr>
<th></th>
<th>Short Term</th>
<th>Long Term</th>
<th>Both Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents together</td>
<td>15</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
<td>Parents not together</td>
<td>15</td>
<td>19</td>
<td>34</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>30</td>
<td>60</td>
</tr>
</tbody>
</table>

Only twenty-six, 43.3% of all families had both parents living in the home. The remaining thirty-four had only one parent present. This finding is somewhat similar to that of the New York City Youth Board which found in a study of 150 multi-problem families, that forty-five percent of the families had two parents living in the home. Despite the fact that the families in this study have not been termed "multi-problem" families, it is clear from the many problems involved in each case that the term might be applicable to them also.

Number of Children in the Home
There was little difference in family size between the two groups.
There was an average of 4.2 children per family in the Short Term Group and 3.9 in the Long Term Group.

Factors Contributing to Problems in Family Functioning

In presenting findings on problems in family functioning, it is recognized that a mere statistical summarization does not truly reflect the effects of the factors involved. It does not, for example, show how these factors tend to reinforce and compound each other until serious family disorganization develops.

The families involved in the study were all affected in varying degrees by a combination of problems. For ease of analysis, these problems have been classified and shown in Table 9, in accordance with the number of times they were mentioned in case records. It should be remembered that these classifications are not all inclusive, and are those found in case records. In view of this, the writer has made no attempt to define the classifications. Clarification of some terms is necessary however, and these explanations follow.

As used in Table 9, the term "multiple problems" includes: problem drinking; emotional immaturity; mental retardation; poor homemaking; poor work record and similar problems. The classification "Other" includes: infidelity; abuse of parent or child; frequent quarrels or fights; court appearances because of domestic troubles and unemployment.

Consideration of the factors contributing to problems in family functioning is important from the standpoint of rehabilitation. The rehabilitation of these families is definitely a function of casework and is an essential part of a foster care program for children.
TABLE 9
PROBLEMS IN FAMILY FUNCTIONING AT TIME CHILDREN WERE PLACED ON EMERGENCY CARE IN THE RECEIVING CENTER

<table>
<thead>
<tr>
<th>Problems</th>
<th>Short Term</th>
<th>Long Term</th>
<th>Both Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incarceration</td>
<td>7</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Desertion or abandonment</td>
<td>5</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Physical illness</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Mental illness</td>
<td>11</td>
<td>17</td>
<td>28</td>
</tr>
<tr>
<td>Divorce or separation</td>
<td>15</td>
<td>22</td>
<td>37</td>
</tr>
<tr>
<td>Multiple problems</td>
<td>13</td>
<td>14</td>
<td>27</td>
</tr>
<tr>
<td>Financial deprivation</td>
<td>10</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>96</strong></td>
<td><strong>176</strong></td>
</tr>
</tbody>
</table>

The following summary of the findings presented in Table 9 will serve to give a little more detailed information about these families:

**Incarceration:** Most of the parents were male; six were in the Short Term Group and five in the Long Term. There were two females in the Short Term Group and three in the Long Term. The primary reasons for imprisonment were, contributing to neglect of a child, non-support, stealing and in two instances, incest.

**Desertion or abandonment:** There were eleven instances of mothers deserting or abandoning the home. Only two of these were from families in the Short Term Group. The remaining nine were all from the Long Term Group. Desertion among fathers was small. Only three fathers in both groups abandoned or deserted the home.
**Physical illness:** Physical illness accounted for a small number of admissions to the Receiving Center and was noted as a problem in only nine cases.

**Mental illness:** Mental illness was a problem in twenty-eight cases; twenty were diagnosed and eight were listed as suspected. There were twenty females with mental problems, suspected or diagnosed, as compared to eight males. The Long Term Group contained twelve of the twenty females and six males. There were 8 females and two males in the Short Term Group.

**Divorce or separation:** This problem occurred thirty-seven times in the two groups. The largest proportion was in the Long Term Group which had twenty-two instances of it. This category accounted for twenty-one percent of the problems noted. Most of the children in homes affected by this problem continued living with the remaining parent until placed in the Receiving Center.

**Multiple problems:** Problems in this category were noted in twenty-seven cases and were spread almost evenly between both groups of families. It was notable that excessive consumption of alcohol was a problem in only nine of the twenty-seven cases.

**Financial Deprivation:** Financial deprivation was noted as a problem in sixteen families of both groups. However, only nine families were receiving public assistance.

**Other:** There were twenty-eight instances of problems in this category. Of this number, thirteen were mentioned in families of the Short Term Group. Infidelity, abuse and frequent serious quarrels were most frequently mentioned in these cases.
**Significant Differences:** Although there were many areas of similarity with respect to problems noted for both groups of families, the problems of desertion and abandonment; divorce and separation, and mental illness, were much greater in families of children in the Long Term Group. The three categories of problems just mentioned were noted a total of fifty times in the sample, and accounted for fifty-two percent of all problems mentioned for families in the Long Term Group.

In families of the Short Term Group, these problems were noted thirty-one times and accounted for thirty-eight percent of all problems mentioned for the group. The incidence of these three categories of problems (desertion and abandonment; divorce and separation, and mental illness), was 13.2% higher in families of the Long Term Group. The seriousness of these problems is reflected in the number of children needing emergency care. With respect to the Long Term Group, this is painfully apparent when it is recalled that children in this category are usually from families in which such problems are paramount. It is thus apparent, that there is a great need to extend and strengthen casework services to these families as soon as they become known to social agencies.

**Placement Planning**

Section III of the schedule provided for the collection of data on casework planning toward the removal of the children from the Receiving Center. Information was sought about such factors as: casework contacts with parents; relatives; the child; other agencies and institutions, and the problems faced by caseworkers in trying to
carry out casework plans. Categorical answers to the preceding lines of inquiry were seldom available as case material usually did not indicate the casework plans. In general, case recordings tended to show the end results of casework efforts rather than activities engaged in, and problems encountered by, caseworkers.

The lack of recorded information proved a limiting factor particularly in those instances where there was no indication of case activity for some time. Examples of this were: one case in which a child had been placed in the Receiving Center for several days but no indication of this was found in the case record; in another case, there was little dictation in the record despite the fact that the child had been in the Receiving Center for several months.

At this point, consideration of certain factors is necessary in order to ensure a balanced perspective with respect to the findings above, and those to follow. During the period covered by the study, January 1 to July 1, 1961, the average monthly caseload in the agency approximated ninety cases, not including parents. The average monthly caseload was approximately three times the number recommended as a desirable maximum by the Child Welfare League of America, and twice the national average of forty-five, in similar type institutions across the nation.

The writer does not intend, by any means, to infer through the previously mentioned findings, that casework activity in the cases studied, was haphazard. It was felt however that caseworkers did not have enough time to devote to proper recording of their many
activities. The basis for this statement is the fact that many case records contain a voluminous correspondence section from which can be inferred, to some extent, the direction or focus of casework activity on behalf of the child.

Reasons Preventing Placement of Children From the Receiving Center

In general, the reasons most often seen in the records which prevented early placement could be classified as follows: (1) suitable institution not available: Many instances were found where a worker had been trying over a period of many months to secure placement for a child in a variety of settings without success. It was found that in one case, a child in the Long Term Group had been on the waiting list for admittance to the State School for several months. In another Long Term case, the caseworker had made many contacts over a period of five months with several institutions within, as well as, outside of the state, in an effort to place a child. These efforts were unsuccessful, and the child was still in the Receiving Center at the conclusion of the study; (2) suitable boarding home not available: Many children needing placement had been in several different boarding homes in the past, and it was difficult to find one most suitable to their needs. The scarcity of boarding homes for teenagers was also a factor contributing to long stay in the Receiving Center; (3) plan pending: In most cases, it could be ascertained, from the record that some efforts were being made to place the child. Where placement had been made without detailed recording appearing in the record, it was assumed that this had been the plan toward which the worker had been working.
Table 10 summarizes the reasons given above as factors which tend to prevent placement from the Receiving Center.

**TABLE 10**

**REASONS PREVENTING PLACEMENT OF CHILDREN FROM THE RECEIVING CENTER**

<table>
<thead>
<tr>
<th>Reasons preventing placement</th>
<th>Short Term</th>
<th>Long Term</th>
<th>Both Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suitable institution not available</td>
<td>3</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Suitable boarding home not available</td>
<td>5</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Plan pending</td>
<td>20</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>Other*</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>30</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

*It was not possible to ascertain placement plans in these cases.

Table 10 shows a high rate of plans pending in the Short Term Group. To some extent, this appears to be a reflection of the greater number of parents in this group who continue to show interest in the child in placement. In general however, it is an indication that caseworkers do not have as much difficulty in planning for children in the Short Term Group.

Although not specifically mentioned previously, the problem of the runaway child creates further difficulties for the caseworker. Running away was frequent among children in the Long Term Group and infrequent among those in the Short Term Group.

**Destination of Children on Release From the Receiving Center**

In spite of the many difficulties encountered, caseworkers succeed
in making placements of children in both groups. Table II gives some indication of the settings into which children are released.

### TABLE II

**DESTINATION OF CHILDREN ON RELEASE FROM THE RECEIVING CENTER, F.C.C.W.B.**

<table>
<thead>
<tr>
<th>Released to</th>
<th>Short Term</th>
<th>Long Term</th>
<th>Both Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relatives</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Parents</td>
<td>18</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Other institutions</td>
<td>-</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Franklin Village</td>
<td>1</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Boarding home</td>
<td>6</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Still in Receiving Center</td>
<td>-</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Detention home</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>AWOL</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>30</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

Table II shows the relatively greater proportion of problems encountered by caseworkers in trying to place the child from the Long Term Group. As noted previously, there is a high incidence of divorce and separation among parents of children in this group. It is notable, in view of this, that only three children in the Long Term Group were returned to the home of their parents. Removal from the Receiving Center of the child in the Long Term Group was usually for the purpose of placement in Franklin Village, other institutions or in boarding homes.
CHAPTER V
SUMMARY AND CONCLUSIONS

Summary

Emotional disturbances and mental retardation were almost twice as frequent among children in the Long Term Group.

Admittances to the Receiving Center because of behavior problems were three times greater among children in the Long Term Group.

Children in the Long Term Group were, on the average, only one year older than those in the Short Term Group. However, three children from the Long Term Group still in the Receiving Center at the conclusion of the study had an average age of sixteen years.

Of the thirty children in the Long Term Group, eighteen were awaiting placement either in a boarding home or child care institution. Only eight children in the Short Term Group were awaiting similar placements.

The children in both groups who needed institutional placement were those who had difficulty establishing effective and satisfying relationships with parents, persons in authority and their peers.

Family pathology was greater in the Long Term Group than in the Short Term Group. Such problems as divorce and separation, mental illness and, desertion and abandonment were 13.2% greater among families in the Long Term Group.

Mental illness was more often a problem in the home of children in the Long Term Group. In both groups the mother was the parent most frequently affected.
The primary referral source for both groups of children was their parents.

Almost half of the sixty children in the sample were between the ages of five to nine, and eleven of them remained in the institution for more than ninety days.

Some children under care seemed to need a more controlled setting than was available to them in the Receiving Center.

It was not evident whether information concerning the child's needs, progress and plans for him was shared between members of the casework and institutional staff.

There was no indication that information available in the files of the Receiving Center was being utilized in developing better understanding of the child's needs.

In many cases there was no indication that the possibility of placement with relatives had been explored. The serious lack of dictated evaluations and plans in the majority of caserecords made it impossible, to ascertain the focus of case work efforts or the problems encountered.

Conclusions

The findings, as summarized above, give rise to the following conclusions:

1. The child who remains in the Receiving Center for a prolonged stay is most likely to be: (1) a child previously known to the agency; (2) mentally retarded or with serious emotional problems; (3) a behavior problem and, the product of a broken home.
2. There is a continuing need to remove the younger child as quickly as possible from the institution.

3. The lack of suitable foster homes or institutions for the large proportion of children in the sample who exhibited serious behavior or adjustment problems is a primary factor in preventing early placement from the institution. This indicates that some change in, or additions to child placement resources available to the agency is necessary in order to adequately meet the needs of these children. In these cases there is also a question as to whether some of these children should have been placed in the Receiving Center. The lack of space in the institution, the resultant overcrowding and the cost of care, as well as the problems presented by these children, indicate a need for setting up more careful controls in order to ensure proper utilization of the institution.

4. Thorough diagnostic evaluation of the child's placement needs and casework activity aimed at meeting these needs is of utmost value and should be dictated in case records. This would enable the present worker, as well as any continuing worker, to move consistently toward effectuating placement.

5. Methods of sharing information about the child's needs, plans for him and progress in this area with institution staff, should be explored. Such sharing of knowledge would help to adapt the period of stay in the institution to the needs of the child, and might be particularly important for children who are behavior problems.

6. The average length of stay in the Receiving Center for the
Long Term Group, was 4.7 months. For the Short Term Group the average length of stay was twenty-one days. This wide disparity in duration of stay is significant not merely because of the increased cost to the agency but also for its effect on the children involved. The writer feels that Ronald Herring's¹¹ suggestion that "two or three caseworkers could be assigned the specific task of placing these children along with a campaign or 'push' for a number of emergency short term foster homes" is an excellent one and proposes that the practicality of this should be explored.

7. The findings in this study also suggest that a follow-up study to evaluate the agency experience in operating the Receiving Center since its initial opening, might provide more specific information with respect to the problem under study at this time.

8. Finally, the increasing number of children coming under care of the agency requires new approaches to better understanding of family problems. This would result in caseworkers developing their ability to be most helpful to the people who need their help most - the children.

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Polier, Justin W. Everyone's Children Nobody's Child, New York: Charles Scribner's Sons, 1941.

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Beisser, Paul T. Child Welfare Study of Columbus and Franklin County, Council of Social Agencies of Columbus and Franklin County, May, 1945.


ARTICLES AND PERIODICALS


UNPUBLISHED MATERIAL


OTHER SOURCES

. Personal interview with Mr. Buckley Carlin, Director of the Receiving Center, Franklin County Child Welfare Board. December 1, 1961.

APPENDIX

I. Identifying Information

Case No._____

Name of child____________________Age____Race:W____N_____

Sex: M____F____Date admitted to the Receiving Center:____________

Date released from the Receiving Center:_____________________

II. Status of Child on Admittance to the Receiving Center

Temporary Commitment_______Permanent Commitment_______

Permanent Surrender_________Protective Service__________

Voluntary Agreement_________Emergency: (Agency)________

Court Order__________________

Source of Referral:

Parent____Child____Police____Juvenile Court____School____

Neighbor____Friend_______Other (specify)___________________

Reason for Admission:

Death of Parent____Incarceration of Parent____Abuse________

Neglect____Desertion or abandonment____Illness of Parent:

Physical____Mental____Financial Problems in Home__________

Incest____Other (specify)________________________________

Problems in Child Functioning: Home Truancy_____School truancy

_____Legal Involvement (specify)____________________________

Parent Child Conflict (specify)________________________________

__________________________________________________________

Promiscuous Sex Activity____Other (specify)___________________

Whereabouts When Admitted to the Receiving Center: With parents_

With foster parents____With Relatives____Detention Home_______
Other Institution (specify)_________________________________________

With Friends____ In Hospital____ Other (specify)_____________________

On admittance to Receiving Center, child was: in___out___of school

If in school: grade____ School Adjustment____________________________

Quality of school work: Good____ Average____ Poor______________

III. Background Characteristics

Marital Status of Natural or Current Parents:

Never married to each other____ Married____________________________

Married but Divorced____ Married but separated_____________________

If divorced or separated, home broken by: Desertion of mother____

Desertion of father____ Death of: mother____ father____

Common law couple_______________________________________________

Natural parent in current home: M____ F____ None____ N/A________

Age of mother____ father____ Number of siblings_____________________

Number of siblings in current home____ N/A____ Number of siblings

with parents____ Number under care of F.C.C.W.B___________________

Legal status of those under care of F.C.C.W.B._____________________

Current parents own____ rent____ their home.

Mental health: Mother Father Child

Mentally deficient

Mentally ill

Other

No indication in case record

IV. Placement Planning

Child brought to Receiving Center by worker already on case?____
Placement plans indicated in record:

Own home ____ Boarding home (date application made) _________
Institutional placement (date of application) ____________
With relatives ____ In Franklin Village (date of application for admittance) __________________________ Other __________________________
No plan specified __________________________________________
Were parents interested in child? Yes ____ No ____ (caseworker's opinion). Were parents accepting of casework plans? Yes ____ No ____
If no, did this delay placement? Yes ____ No ____ If yes, approximately how long? ________________________________
Major problems encountered by workers in finalizing placement plans:
____________________________________________________________________________________________________

Placement from Receiving Center made to: Own home ____ Bo. Home ____
Free home ____ Relatives ____ Med. Center ____ Franklin Village ____
Detention home ____ AWOL ____ Other institutions (specify) ____
____________________________________________________________________________________________________
In Receiving Center at end of study period: Yes ____ No ________
Legal status on release: Temp. commitment ____ Perm. commitment ____
Perm. surrender ____ Voluntary agreement ____ Prot. service ____
Emergency: Court order ____ Agency ____ Adoption ____ Other ________
____________________________________________________________________________________________________
Comments: 