

CHAPTER IX

THE FULL MEASURE OF RESPONSIBILITY IN CHILD-HELPING WORK

By WILLIAM H. PEAR*
Manager of the Provident Society, Boston, Mass.

GENUINE help can be rendered to those in need only when full responsibility is realized and accepted, and when scientific inquiry—*i. e.*, diagnosis of the need—is followed by assistance which aims to remove the cause of the need, or by relief that is adequate, so far as that is possible. The fact that one has it in his power to offer a certain kind of assistance is no reason why he should address himself simply to the question of giving or withholding that assistance: considering merely whether he can take the child as asked, instead of that vastly important consideration, should the child be taken from its family at all.

Many years ago a long advance step was taken in removing the dependent child from the almshouse, and the hospitable asylum rose to supply the need. Then the development of the placing-out system came in some instances to replace, and quite generally to supplement and modify, the work of the asylum. During the past twenty years we have focussed our attention on the question how best to care for the children; the relative merits of the placing-out and the institution methods have been discussed. We now turn our attention to this other very important phase of our work, the need of what may be called case diagnosis and its attendant responsibilities.

Here is an obligation not to be shirked. It rests upon every agency at the moment when the individual child seeks admission to its care, for there is always a chance that there may be no other human agency to intervene between that child and want or even calamity. The responsibility at this point is yours and you must

*As an introduction to the study of the work of child-helping societies, we here insert a paper on The Full Measure of Responsibility in Child-helping Work which was presented at the National Conference of Charities and Correction in 1906, and which, in the judgment of the author, embodies the essential principles which should govern the work of child-helping societies.

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face it. These applicants are seldom far-sighted. They are in distress, and they do not know what they really need. One of two things, therefore, must be done: you must either deal with the situation yourself or put the applicants in touch with the best service that your community affords. In any case there can be no such thing as proper and adequate assistance without careful diagnosis of the need; and if we regard the occasion as one in which we have merely to decide whether or not to receive the child into our institution, we have not struck the pace which present day standards require.

Consider the situation for a moment from the point of view of the community. It must be admitted that the social forces of any community are very inadequately organized if there is not some place where the needs of a child in want can be analyzed, and a remedy suggested and applied. If a child is ill, it is possible to have the case diagnosed speedily and prescribed for in a dispensary, or treated in a hospital clinic, by an individual physician skilled in the work he is called upon to do. But if a child is in need, or if, as is often the case, family need is thought by relatives and friends to be child need, in how many places can the same skilful treatment be assured?

It may perhaps be conceded that the most scientific and economically sound plan, in theory, would be to have a central bureau of inquiry and advice, where all cases of child need might be diagnosed, and to which all helping agencies might refer all applicants. With such a single bureau duplication of effort would be avoided at the outset. But it is obvious that such a plan only needs to be stated to reveal any number of practical difficulties. The very size of a city like New York, for example, as well as the definite classification of its organizations, no doubt makes the single bureau at once impracticable. Nevertheless the two main features of such a plan are apparent and well worth noting for the purpose of seeing how far it may be possible to approximate them. These are: (1) the elimination of waste effort, and (2) the thoroughness and skill with which the work is done.

Whether or not the first object is attained by the plan of a single bureau need not matter, provided there is effective co-operation between agencies in their work. But the second and more important consideration, the thoroughness and skill with which the work is done, demands our earnest consideration. Such a bureau as I have referred to would be a sort of clearing house, officered



BROTHER AND SISTERS RESCUED BY THE WESTERN VIRGINIA CHILDREN'S HOME SOCIETY

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by experts, whose experience would constantly grow more valuable through the large number of cases with which they would deal. The agents should be shrewd and trained observers, with some clear understanding of the symptoms of mental and physical, as well as moral, defects or disorder, and they should be in close touch with consulting physicians. They should be men and women of character and trained intelligence; sympathetic, constructively imaginative, wise; with an understanding of human nature, and a wide knowledge of the community's resources for help. And besides these qualities they should have this keen sense of their responsibility for the maintenance and development of the highest possible standards. Here we would have an agency which would resemble, in its function, a combination of dispensary and hospital; ready to diagnose and to refer, as the need required, to special agencies for expert work in special lines.

For the purpose of outlining the various stages through which the work of such a bureau should proceed, I wish to call attention to eight essential principles:

(1) Co-operation: Keeping in close touch with all agencies to prevent duplication of effort at the outset (an end best attained through a central registration bureau), or uniting effectively with another agency in working out a plan agreed upon.

(2) Diagnosis of the need: The work of an expert investigator with constructive imagination to determine the underlying, not the apparent, cause of the need.

(3) Decision as to the remedy: The plan for attacking and, so far as possible, removing the cause; involving, besides a keen analysis of all the features of the case, the determination as to the precise conditions to be required of all concerned; what measure of financial responsibility should be borne by relatives, etc.

(4) Application of the remedy: Making effective the decision. One of the most important considerations, its employment or its absence marking the distinction between effective effort and cheap advice.

(5) Responsibility, direct and indirect, upon admission: That is to say, the direct responsibility for the proper care of the child, and the indirect responsibility for observation, and, if necessary, for definite action, to enforce or assist in carrying out the conditions prescribed. This latter may involve some definite action, quite apart from the care of the child.

(6) Investigation before discharge: In cases where the child

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has been taken, the necessary assurance that discharge is justified and proper; that conditions have been complied with; or it may be the discovery that further extension of care is imperative, if all that has been done is not to go for naught.

(7) Subsequent inquiry to learn results: That very necessary step by which to test the real value of our work, and, in many instances, the one instrument with which to make our work effective.

(8) Tabulation of results: The necessary statistical work by means of which the valuable record of our experience is made serviceable for study and for future guidance, and of the character of the work done by other agencies with whom we may have co-operated.

A true story will illustrate the working of these principles. Some years ago Mrs. Blank, a widow, asked the Boston Children's Aid Society to take, for a few weeks, her two children, aged four and a half and three. She said that she was tired, and thought a few weeks' freedom from the care of the little ones would be a great relief. Admitting the premise, which was evident, her conclusion was, after seeing the children, easy to reach. The woman was working in a shop for \$4.50 per week, and living with her aged parents in one of the suburbs, the man not strong, but working some, and the old woman just able to do the housework. It was easy to see that all was not well with the mother physically.

Inquiry at the registration bureau of the Associated Charities showed that they had no record of the family, nor had any inquiry concerning the woman or children been made by any other agency. Note here the first step in *co-operation*. Investigation at the home confirmed the mother's story, and also revealed the fact that she had a serious illness, for which a physician had long before advised an operation. It was clear, therefore, that simply to take the children for a few weeks, at first sight a kindly thing to do, would be no real help.

She was at length persuaded, though only after repeated interviews, to allow our agent to accompany her to one of our consulting physicians, a woman, who confirmed the finding of the other physician. *Diagnosis of the need*: the mother's health should be restored, if possible, so that she can stand some chance of continuing to support her children. *Decision as to the remedy*: she should be sent to a hospital for the operation, which will be performed by our physician, and in the meantime the children must be cared for without expense to her. This definite decision is therefore given and

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recorded: "John and Sarah are to be boarded in a family at the expense of the society. Case to be reconsidered in four weeks."

Now comes the *application of the remedy*. The appointed time for mother and children to come to the office arrived, but they did not come. She had decided that she "can't do it, after all." This our investigating agent discovered on going to look them up. Further argument followed, and at length prevailed, and the little family reached the office in charge of the agent, who had not dared to leave the woman for fear she would not hold to her purpose.

We now enter the fifth stage: *Direct responsibility* for the good care of the children, and *indirect responsibility* for the mother. She must be conducted to the very door of the hospital by the investigating agent, while the placing-out visitor takes the children to the family that she had carefully chosen. A slight suspicion regarding their physical condition, however, caused her to take them first to the Eye and Ear Infirmary, where adenoids were removed and an ear treated.

As the case is to be reconsidered in four weeks, the investigating agent makes an entry on her daily calendar, and when the day arrives she learns from the doctor the mother's condition; in other words, here is *investigation before discharge*. The doctor reports that the woman has made a good recovery, but needs at least three weeks' rest in the country before going to work. It is accordingly decided to extend the time and arrange for the woman to go to a convalescent home. Again the agent makes a note on the calendar, and again, when the day arrives, she learns the mother's condition. This time it is found to be excellent, and accordingly they all return home.

At the time of giving the decision to discharge the children, we decided on a definite plan for *subsequent inquiry*, to learn results: an inquiry in two weeks to be sure that the woman's strength is proving sufficient to enable her to work. Another inquiry, made a year later, resulted in the woman's calling to tell how she was getting on, and bringing with her a friend who was in trouble. "I have brought her," she said, "because you make people do things that are good for them, whether they want to or not."

As to the eighth principle, the *tabulation of results*: the reason that this case is available for illustration is because there is a card in our "topical index" headed, "Parents, work for—case of John and Sarah Blank."

Two kinds of cases especially require the most careful and

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scientific dealing, and together they form a very large proportion of all that are received. First, those in which the separation of the children from their parents should be permitted only upon certain conditions which aim at reconstruction. The case just described is an example of this very large class. Simply to remove the children from the family as requested would have been as purposeless and ineffectual as for a physician to treat symptoms instead of the disease. It was proper and necessary here to take the children, but the separation was only justified by the effort made to restore the mother's health.

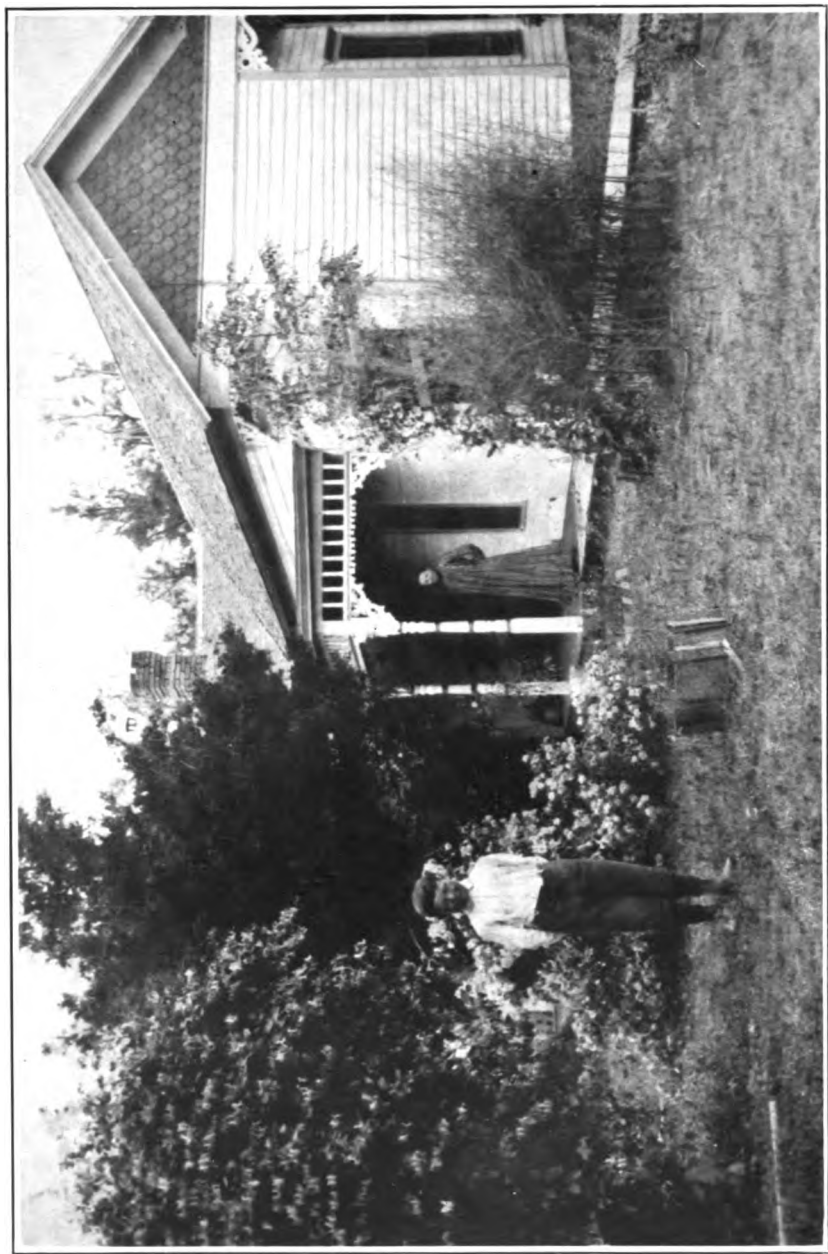
Then there is another kind of case which comes in a great variety of forms and which may safely be said to include more than half of all that are presented to a children's aid society: the case in which the separation of the child from the family is quite unnecessary and therefore improper. Take for example the case of a young Swedish couple, who recently asked to have their baby taken so that the woman could go out to work and add to the income. The man was earning \$11 per week and nearly all went for food and rent. Here was a case for a friendly visitor who would go into the home and teach the young wife ordinary household economies, how to provide, how to cook, etc. To take a child away under such circumstances would be distinctly wrong; instead, the case was placed in the hands of the Associated Charities for visiting the home.

Work is conducted along the lines here indicated by the Boston Children's Aid Society and other Boston societies and by the children's aid societies of New York, Brooklyn, Philadelphia, and Baltimore, by the Illinois Children's Home and Aid Society and, on a smaller scale, by other child-helping societies.

But the practical question arises: What are the smaller independent societies to do, with no such equipment possible as is possessed by the large agency? A brief description of one or two ways in which different societies in and near Boston have sought to solve the problem may be suggestive.

First, as to the day nurseries. Some years ago, several of the day nurseries entered into an agreement with the Children's Aid Society by which they reported to the society's bureau of information every case in which they refused admission to the nurseries for any cause whatever. Thus they discharged their responsibility toward all who came to them.

Later came the formation of a new admission committee in one of the nurseries. After requesting the Children's Aid Society



A WARD OF THE NEW YORK CHILDREN'S AID SOCIETY IN A TEXAS FOSTER HOME

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to do for them all work of investigation and admission, the managers finally adopted this plan: Besides employing a trained investigator, they formed a committee on admission, made up of the chairman and one other member of their board, their matron, a member of the executive staff of the Associated Charities, and one from the Children's Aid Society. Here you have a distinct and very suggestive effort to meet this responsibility on which I have laid such stress. A still further development along this line is the experiment now being made, a joint case committee, representing in similar fashion several nurseries instead of one, and including in its membership representatives of the paid staffs of the Children's Mission, Children's Friend Society, and the Society for the Prevention of Cruelty to Children.

Again, a children's home in Cambridge has adopted the plan of seeking the advice of the Associated Charities on questions of admission. This is very suggestive of possibilities in other communities.

Other interesting developments may be seen in the reorganization of the Boston Children's Friend Society in 1900, and the Worcester Children's Friend Society in 1903, where, besides changing from the institution to the placing-out method, consultation bureaus were established by means of which questions of admission should be decided and other valuable assistance given when needed; and a similar instance is that of the Children's Mission, where a trained agent has been for several years employed for this work of admission and advice. In all of these instances the agents had worked with the Boston Children's Aid Society.

We add, in closing, a few cautions:

(1) Do not have rules that will set limits to your work. Even general principles you must always hold subject to exception.

(2) No application should be considered without inquiry to secure all the information about the case which the co-operative schemes of your community afford.

(3) An application to take a child may call for action as far removed as possible from that asked for.

(4) It rarely happens that the simple act of taking and caring for a child, even when such action is desirable, is alone adequate to the need.

(5) If you take children in an emergency, it is your duty to see them through that emergency. Have no rules that will make your methods so inelastic as to prevent this.

(6) When children are taken, relatives should be required to contribute towards their support as far as possible.

We have been taught to believe that two things were necessary in social work; namely, warm sympathy and sound judgment in happy combination. A third essential is this professional sense already mentioned; the sense of responsibility, which will give our work wise direction, definite standards and general effectiveness.

This will require of us all, if we wish to be tolerated, progressive, constructive work; the constant measuring up to the highest standards. The quack, the unprofessional doctor, is no greater menace to the community than the unprofessional, paid charity worker, and the sooner we cease to tolerate the latter, the better it will be for the community. Now the pity of it is that the community does not yet require of us certain standards of excellence, as it does of the lawyer and physician; but will anyone say that there is less need of it; that the work which Dr. Cabot dignifies by the name of Social Psychology, is of less vital import than that of the lawyer or doctor? We tinker with the affairs, the very lives of people; take a child out of its home, perhaps change the whole plan of life of an entire family; and what about the wisdom of it all? One of our great teachers of the present day has recently said that the beginning of wisdom is the desire for discipline. Now neither sympathy with our client, nor the soundest judgment of the need that we have at the time, will bring us this discipline. What we must have is the willingness of the man of science to subject his methods and his thoughts to the test of comparison with the largest discoveries of the laboratory; the feeling of responsibility which will cause us to pursue our daily work with vigor and courage, but yet with serious concern and humility, keeping our minds receptive to the newest truth and being ever ready for the next forward step.