

TABLE OF CONTENTSPART A

<u>Summary Statement on Needs and Recommendations</u>	<u>Page</u>
1. Introduction.....	1
2. General Approach.....	2
3. Methods of Procedure.....	3
4. Services to Children and Their Families.....	5
5. Services to Families and Children in Their Own Homes Through Agencies	6
6. Major Needs Revealed by Case Finding Efforts.....	7
a. Mental Health Needs.....	12
b. Additional Case Work Needs.....	13
c. Group Care Facilities.....	14
d. Health Care.....	14
e. Need for Foster Care Facilities.....	15
f. Residential Treatment.....	16
7. Recommendations Accorded First Priority.....	16
a. Expansion of Counselling Services to Families.....	17
b. Integrated Psychiatric Services at Montefiore Hospital....	17
c. Child Guidance Unit in the Jewish Family & Children's Serv.	18
d. Comprehensive Program of Child Study and Child Treatment Services.....	19
8. Implementation of the Above Program.....	21
a. Mental Hygiene Committee.....	22
9. Recommendations Accorded Second Priority.....	22
a. Residential Treatment and Group Care Facilities.....	22
b. Group Work Center in the East End.....	23
10. Preliminary Estimate of Cost of Recommended Projects.....	24
a. Projects Accorded First Priority.....	24
b. Projects Accorded Second Priority.....	25

PART BFindings, Evaluation of Resources and Recommendations

1. Jewish Population.....	26
2. Casework Services to Children in Their Own Families.....	28
a. Public Programs.....	28
b. The Jewish Family & Children's Service, particularly the Family Service Division.....	29
3. Casework Services to Children Requiring Placement.....	38
a. The Juvenile Court.....	38
b. Child Placement Unit of the Jewish Family & Children's Service.....	39
c. Group Care Facility.....	42
d. The Jewish Home for Babies and Children.....	47

R. C Krause 6-22-91 1921-185

PART B (cont'd)

	Page
4. Mental Health Facilities.....	52
a. The University of Pittsburgh's New Program.....	54
b. The Montefiore Hospital Proposal for a Pediatric Psychosomatic Unit.....	55
c. The Educational Clinic of the Board of Education.....	57
d. The Child Guidance Center.....	58
e. Psychiatric Services in the Jewish Family and Children's Service.....	59
f. The Polk State School.....	59
5. Physical Health Facilities.....	59
a. The Survey Report.....	59
b. Convalescent Care.....	60
c. The Montefiore Hospital Social Service Department.....	61
6. Vocational Counselling and Placement.....	62
a. Educational Scholarships.....	64
7. Day Care Service.....	64
8. Summer Day Camp Facilities.....	66
9. Summer Camp Facilities.....	68
10. Group Work Services.....	70
a. The YM & WHA.....	70
b. The Irene Kaufmann Settlement.....	70
11. To What Extent Are the Agencies' Services Known?.....	74
a. Summary of Answers to Questionnaires on Jewish Children Known to Health and Welfare Agencies.....	74

\* \* \* \* \*

PART C

Appendices

I. Letter and Questionnaire on Jewish Children Known to Health and Welfare Agencies.....	80, 81, 82, 83
<u>Table 1</u> , Replies - Pittsburgh Public Schools - Div. of Guidance and Child Accounting.....	84, 85, 86, 87, 88, 89, 90, 91, 92
<u>Table 2</u> , Replies - Pittsburgh Child Guidance Center....	93, 94, 95, 96
	..... 97, 98, 99, 100
<u>Table 3</u> , Replies - Emma Kaufmann Camp - Problems of Children Requiring Use of Other Agencies.....	101, 102
<u>Table 4</u> , Replies - Montefiore Hospital.....	103, 104, 105, 106, 107, 108
<u>Table 5</u> , Replies - United Vocational and Employment Service.	109, 110
<u>Table 6</u> , Replies - Young Men and Women's Hebrew Association....	111
	..... 112, 113, 114, 115, 116
II. Letter and Questionnaire for Physicians.....	117, 118, 119, 120
<u>Table 7</u> , Replies - By Physicians.....	121, 122, 123
III. Letter and Questionnaire to Professionals Other Than Physicians.	124, 125
<u>Table 8</u> , Replies - By Professionals Other Than Physicians..	126, 127
	128, 129, 130
IV. Statement on Services Available Through the Jewish Family and Children's Services.....	131, 132, 133, 134, 135, 136, 137
V. Study of Applications Involving Children in 1950: Jewish Family and Children's Service.....	138, 139, 140, 141
VI. <u>Table 9</u> . Casework and Staff Statistics.....	142, 143
VII. Bibliography.....	144

SURVEY OF CHILD WELFARE NEEDS IN THE  
JEWISH COMMUNITY OF PITTSBURGH, PA.\*

PART A.

Summary Statement on Needs and Recommendations

1. Introduction

This study was conducted at the request of the Boards of Trustees of the J. M. Gusky Orphanage and the Federation of Jewish Philanthropies of Pittsburgh through its Social Planning Committee.

Immediate circumstance which led to the study was the interest of the Trustees of the Gusky Orphanage in sponsoring a program which might in whole or part be supported by the Orphanage. The Home had given up its child care program some years ago and more recently had sold its property with the result that it had at its disposal a sum of money which could be devoted to the support of a needed child welfare service.

It should be said at the outset that the interest of the sponsors of the study was broad and that we were requested to appraise the child welfare services now being offered, to identify additional services needed, to establish priority among these. The interest of the group suggested a broad approach to child welfare needs, one that would take into account not only remedial but also preventive aspects of services to children. It was also made clear from the beginning that our survey was not to be limited to such projects only which might be supported by the Gusky Home.

---

\* The survey staff consisted of Maurice Bernstein, Associate on Community Organization Studies of the Training Bureau for Jewish Communal Service, who conducted the detailed field work; Dr. Jules V. Coleman, Professor of Psychiatry at Yale University and the New York School of Social Work, who served as psychiatric consultant and Herschel Alt, Executive Director of the Jewish Board of Guardians of New York City, who served as general consultant.

It was our responsibility to determine what were the most important gaps in present provisions and leave to the sponsoring group and to the community in general the evaluation and practical compromises involved in the decision to establish particular programs.

2. General Approach

In accordance with the interest of the sponsoring group we were first concerned in discovering what, if any, specific services for children were lacking. This included services normally given by family, children, health and recreational agencies, i.e., child care, child protection, child guidance, recreation, remedial and preventive health services, vocational guidance, etc.

From determination of the need for certain specific services we moved on to the question as to the kinds of additional services or improvement of present services which would make the greatest possible impact on the total social services now offered by Jewish agencies. Thus, for example, the addition of psychiatric services might serve not only to provide some needed specific services for children and families but also raise the level of skill of many workers in the agency. They yield a levelling upwards of a wide range of services.

Because the interest of the Jewish community extends to the well-being of all members of the total community and because Jewish families and children are served by non-sectarian and governmental agencies as well as by Jewish agencies, we were also influenced by the consideration as to the kind of changes in the Jewish social service program which would have the greatest value not only to the Jewish community but to the total community as well.

There was still one other consideration which influenced our study of the problem. Since the personal services of social agencies are increasingly utilized by persons from all economic and social levels in the community and since moreover these inter-personal services carry with them a widening educational

influence, they have a meaning for the community over and above the specific help which they provide to the actual clients who are in difficulty. These considerations were given due weight in arriving at our recommendations.

As the recommendations clearly indicate, the broader considerations we have outlined coincided with the specific gaps in the child welfare program which were revealed by the survey of the field. Thus the major needs which were uncovered call for an increase in personal and mental health services. These are provided through the media of person-to-person relationships which yield increased understanding on the part of the sponsoring group and the general community.

### 3. Methods of Procedure

In our efforts to establish the gaps in the present child welfare services for Jewish children we followed many lines of inquiry. We interviewed the heads of the most important governmental and voluntary social service and health agencies which serve the total Pittsburgh community as well as those serving primarily Jewish clientele. In doing so, we were interested in getting a picture of the needs of Jewish families and children as seen through the experience of these agencies and general community needs as well.

We analyzed in some detail the work of the Jewish Family and Children's Service as well as some of the smaller Jewish agencies, not only to get a picture of additional needs but also some impression of the qualitative level of the service provided.

In addition we requested 84 health and welfare agencies to furnish us with information about the Jewish children known to them during the year 1950, who were in need of services beyond which the agency itself was able to provide. We received replies from 44 such agencies and detailed case-descriptive statements on Jewish families and children known to them from two important non-sectarian child guidance agencies, and three Jewish group work and one Jewish

health agency. Details of these replies are to be found in Part B, Section 11 and in Tables 1 and 2 in the Appendix, Pages 84-92; 93-100.

In addition, we sent a questionnaire to representative members of certain professions including physicians, principals and teachers of public schools, lawyers and dentists. We also secured comparative figures on the volume of services carried by Jewish families and children's agencies in a number of representative communities. See Table 9 in Appendix VI, Pages 142, 143.

The surveyors interviewed many of the professional personnel of the local social agencies as follows: Isabel Kennedy, Verna Smith, Elbert Hooker, Friendly Ford, James McCracken, Helen Brunot of the Health and Welfare Federation; George P. Mills, Myrtle Badertscher of the Allegheny County Department of Public Assistance; George H. Black, Wayne H. Prather, Helen Biddison, Helen Behal of the Bureau of Children's Services, Pennsylvania State Department of Welfare; Judge Gustav L. Schramm, Joseph Homer of the Juvenile Court of Allegheny County; Perry Hall of the Family and Children's Service; Evan Ingram, Jane Wille, Jack Birch of the Pittsburgh Board of Public Education; Dr. Edward Alson Tyler, Margaret Brennan of the Child Guidance Center; Helen Tyson of the Pennsylvania Citizens Association; Marcel Kovarsky, Dorothy Brand, Joseph Toll, Ann Rock of the Jewish Family and Children's Service; Leon H. Richman of the Bellefaire Regional Child Care Service; Miss Sally Mazer (President), Mrs. Rosen (Matron) of the Jewish Home for Babies and Children; Sidney J. Lindenberg of the Irene Kaufmann Settlement; Herman Passamaneck, Albert Dobrof of the Y.M. and Y.M.H.A.; Sidney Bergman, Dr. Y. D. Koskoff, Mrs. Celia Moss of the Montefiore Hospital; Arthur Waldman of the United Vocational and Employment Service; Ralph Astro of the Jewish Home for Aged; Dr. Henry Brosin of the Western Psychiatric Institute; Dr. James T. McLaughlin of the Staunton Clinic; Dr. Edward Carroll; Louis Lehrman of the University of Pittsburgh School of Social Work; Dr. Maurice Taylor, Meyer Schwartz, James D. Bronner of the Federation of Jewish Philanthropies.

Morris Zelditch, Robert Morris, David Turteltaub of the Council of Jewish Federations and Welfare Funds; Mrs. Henrietta Gordon of the Child Welfare League; and Miss Ruth Smalley of the Pennsylvania School of Social Work were generous in discussing the subject of the study and made helpful suggestions.

In addition, there were two meetings with the members of the Board of the J. M. Gusky Orphanage, a meeting with the Social Planning Committee of the Federation of Jewish Philanthropies, and a meeting held with the Technical Advisory Committee, composed of the executives and some supervisory staff members of most of the agencies referred to above.

#### 4. Services to Children and Their Families

In our present level of social organization a metropolitan community like Pittsburgh and Allegheny County offers a variety of services to children and their families. These fall into various categories both from the point of view of auspices and support as well as type of help provided. Some are governmentally sponsored and administered and supported out of tax funds; others are the product of the interest of voluntary agencies operating on a sectarian or community wide basis; a few represent a combination of both private and public support.

We are particularly concerned with a variety of casework services to children in their homes which are available to the Jewish group. These include basic social provisions such as social insurances and public assistance, health and recreational services and in the main represent minimum provisions of health and well-being to insure family stability and healthy child growth.

There are a number of other services smaller in volume and perhaps to a greater extent offered through both private and public agencies which are intended to help families threatened with break-down. These include the kind of services offered by the Juvenile Court, child protection and child treatment agencies.

From our standpoint we were concerned with a brief review of the total services in the first category to see how far they are adequate and also how far their administration insured not only the protection to all children served, but also how far their administration was sufficiently skilled to identify and refer children who need special help. With respect to the second group we were more particularly concerned with the adequacy of such services and the role of the Jewish agencies. There is still a third group of services which are increasingly the responsibility of voluntary agencies. These are services available to people who on their own initiative seek professional help to improve their life situation. These fall very closely to professional services provided by individual practitioners on a fee basis. We are referring to counselling services to families and child guidance services to children.

##### 5. Services to Families and Children in Their Own Homes Through Agencies

The most important public program is General Public Assistance and Aid to Dependent Children. These services reach a great many children in the area, with ADC serving about 20,000 children. Here, we get a picture of large case loads and primarily emphasis on public assistance. Studies show that relatively few children have been referred to the Jewish Family and Children's Service, Montefiore Hospital or other Jewish agencies.

The Juvenile Court of Allegheny County is probably the most important specialized public service for children in the County. Here, too, probation officers are overburdened with large case loads and this militates against qualitative services. Few Jewish children come before the Juvenile Court. It is believed they constitute less than 1% of those who appear in the Court. It is the policy of the Court to refer Jewish children in need of placement or other special services to Jewish agencies. While official Jewish delinquency seems minimal, nonetheless we were informed that two girls have recently been treated at the Gumbert School. It is noteworthy that *by the Juvenile Court* there were 24 Jewish children served during 1950 and 23 reported under care on the last day of that year: '9 in foster homes, 13 at home on probation or under supervision. This adds further support to the recommendations of this study.

It will also be seen from the schedules submitted by the Child Guidance Center and the Educational Division of the Public Schools that a number of Jewish children known to them present problems involving aggressive behavior.

Because of the relatively higher level of social, economic and cultural standards of Jewish communities in this country, the amount of overt delinquency sharply declined during the last decades. Problems of child maladjustment more often now appear in the form of neurotic behavior. Those who present aggressive behavior are usually referred by their parents for treatment and for this and other reasons do not appear in the case loads of children's courts.

With respect to the ADC and the Juvenile Court it would seem to be the responsibility of the Jewish community to work with others to raise the general level of service so that all children would be more effectively served. An immediate and pressing concern is the need to make sure that public agencies understand the services offered by the Jewish agencies and make the fullest use of them.

Use of the Jewish agencies will depend not only on the understanding of their function but on the respect other agencies have for their professional standards and their responsiveness to children's needs.

#### 6. Major Needs Revealed by Case Finding Efforts

The comparison of the volume of family and child care services provided through Jewish agencies in Pittsburgh as compared with that provided by Jewish agencies in other cities, reveals the following: The number of counseling cases provided by Jewish family agencies is proportionally lower in Pittsburgh than in Baltimore, Boston and St. Louis, and the difference in our opinion is sufficient to merit attention and action by the Pittsburgh community; See Table 9 in Appendix VI, Pages 142, 143.

As indicated above any consideration of child welfare service necessarily

requires some analysis and appraisal of the activities of the Jewish Family and Children's Service. Our study of the agency, while admittedly not thorough, nevertheless convinced us that it is making an attempt to develop its program in such a manner as to meet the need for services required by parents and children. There have been serious obstacles to the achievement of this objective. Among them have been the lack of sufficient funds, turnover related to some extent to that lack, the lack of a sufficient number of case workers with greater experience and skill, the dominant concern of the agency with the adjustment of new Americans to the community, the location of the office and the reputation of the agency as a relief giving organization serving the underprivileged.

The major focus of the best case work agencies is nowadays on the offering of counseling services. The Jewish Family and Children's Service served less than ten such cases in November, 1950, although in May, 1951 there were sixteen such cases on the waiting list. In November, 1950 the total case load of the Family Service Department was 225 including about 75 local cases of which 50 were of the old age group.

At our request, three of the staff members studied the agency's 1950 applications for services involving children. They found 148 such cases and 76 were chosen for more detailed study. The study is included in Appendix W, Pages 138 - 141.

In the cases studied there were various kind of breakdowns in family life affecting children and indicating the need for highly skilled case work service. The study states:

"In 29 situations we feel we were helpful to the families. In 3 situations we feel that we did not help. In 38 situations we were unable to determine accurately whether we were of any help. Three situations did not fall within our function and 3 were referred to other resources. We feel that some of the factors involved in our not being able to accurately evaluate this group of 38 were: skill of caseworker which may have

made a difference in terms of quality and degree of help; conditions under which help was offered, such as location, lack of fee scale, pressures within agency, community attitudes toward relief giving agency (long standing association in the minds of people that this is a relief agency), clients' lack of readiness to use help."

This study is further support of our recommendation for an intensified counseling program and the creation of a child guidance unit described below. It is significant that in 38 situations it was not possible, on the basis of the records, for the staff "to determine accurately whether (we) were of any help."

In an analysis of the cases known to the six agencies which provided detailed schedules, Pittsburgh Child Guidance Center, Pittsburgh Public Schools - Division of Guidance and Child Accounting, Montefiore Hospital Social Service Department, United Vocational and Employment Service, Young Men and Women's Hebrew Association and Emma Kaufmann Camp, the need for additional service which appears most often is that for child guidance which may embrace counseling as well. This is particularly brought out in the schedules prepared by the guidance division of the Pittsburgh Public Schools, the Montefiore Hospital Social Service as well as the United Vocational and Employment Service.

Following are some cases referred for child guidance treatment. Through Montefiore Hospital:

"Boy, eight years old. Following surgery for congenital heart disability, patient's mother was so over-protective that child was not permitted to resume physical activities of which he was now capable. Referral to school and interpretation of child's capacities helped mother since no guidance clinic was available to her."

Through Pittsburgh Public School:

"Boy, ten years old. Deeper exploration of boy's anxieties regarding pain which first recurred at father's death several years ago and recurred at time of uncle's death interfered with boy's school adjustment because he would become panicky and have to telephone mother repeatedly during day. Helping

mother to understand child's needs so that she could accept boy as a child rather than an adult and understand his hostile feelings towards his younger brother. (Active only until accepted by Child Guidance Center, placed on emergency list).

A second and closely related need, separately reported, is that for long-term rehabilitative services for families.

The third need, separately reported in the cases of the Child Guidance Center, is for residential treatment facilities. Following are two such cases:

"Boy, eight years old. Bizarre behavior, somatic expression of emotional conflicts, deep-seated fears, all requiring a protected living arrangement for acute diagnostic observation and later treatment. Conflict with mother and her problems retarded treatment response."

"Boy, sixteen years old. This child with problems of school maladjustment and stealing was living in a very rejecting home situation with well-meaning but neurotic parents. He could have profited by a period of study and treatment in a treatment school setting. He would have done well in the type of school program which emphasized trades, needed skilled tutoring in some of academic subjects."

Another very important need and one which is based on our own appraisal of existing facilities is that for group care for dependent homeless children.

The answers to questions on Jewish children known to professional workers in the main substantiate the needs revealed by the replies of the agencies. Thus, the school principals plead for additional child guidance services. Second in importance is the need for a general professionalized service to help families and children. Third is for expanded recreational services in the Squirrel Hill District. A plea is also made for summer camp placements and vocational guidance.

Two of the statements of the school principals might be quoted:

"We need agencies to give guidance in parent-child

relationships on a direct case-work and therapeutic basis. This is true for Jewish children, but there is even a more pressing need for this service for Negro children.

A logical additional need is a residential home for intensive treatment. I cannot over-emphasize the need for well-qualified professionals to do the direct casework, whether they be medical, psychological, education or social work.

The excellent work of the United Vocational and Employment Service should be expanded to give counseling service for parent and child where the child has no physical impairment, but where there is marked disparity between the child's capacity and the parent's level of aspiration.

We notice that about one fourth of our educational clinic referrals are Jewish children. This is a markedly high proportion compared to the general school population. Most frequently these referrals are at the request of the parent because the child is not getting high enough marks to suit the parent, or at the request of the school because of undue pressure to achieve in school. This occurs with great frequency in children of average intelligence or intelligence a little above average who are being pressed to achieve as though they had a superior or very superior intelligence. The vocational potentials of these children are usually sub-professional and their parents' aspirations are professional. The resolution of this conflict often requires counseling beyond the school's area of function.

I surveyed the school population and see where about eight Jewish children had behavior problems sufficiently severe to warrant the help of a child guidance, child care or family service agency. Because the Child Guidance Center has such a waiting list these cases were not sent there, also because they were not extreme cases. Several were over-protected, over-emotional children for whom no restraints had been established in the home. One warranted child guidance help but the family failed to do their part and he is not receiving any help beyond that of the Home and School Visitor.

My request would be for more child guidance type of service with a strong family counseling service. I know a number of Jewish children whose parents have come to me asking my help in establishing controls where none had existed from babyhood."

A number of important facts about the work of the Jewish Family and Children's Service are revealed through the replies to these questionnaires. Thus it is fair to infer that insufficient responsibility for case finding

seemed to be accepted by the agency. Much work needs to be done to make its work known to the community in general. There appeared a lack of reliance on the agency by other agencies and professional persons who might act as referral sources. Clients also seemed to be lacking an understanding of the character of the agency with the result that many of them are unwilling to accept referral for help. It is difficult to tell how much this is due to insufficient interpretation on the part of the referral agency or the general ignorance of what the agency stands for which may prevail in the community.

Then, too, the need for a more effective relationship between the agency and the children who needed its services is revealed in the cases submitted by the Child Guidance Center.

a. Mental Health Needs

The Public Health Service of the Federal Security Agency studied the Department of Public Health in the City of Pittsburgh and published a report on its findings and recommendations in September, 1948. The chapter on Mental Health reviewed the inadequacy of mental health facilities; prorating the estimated number of psychiatrists needed to satisfactorily handle the current nationwide load of mental illness indicates that approximately 150 specialists could be used in the Pittsburgh area. This represents approximately three times the present number. Seventy of this extended number would be required to staff the necessary institutional facilities in the area, were these brought up to required capacity and adequately staffed.

The following table, entitled "Provisional Estimated Deficits in Different Categories of Professional Psychiatric Personnel in the Pittsburgh Area," lists the needs as follows:

Categories	Presently Employed	Estimated Need	Per Cent Deficit
Psychiatrists	55	150	63
Clinical Psychologists	7	30	63
Psychiatric Social Workers	18	150	88
Psychiatric Nurses	94	180	48
Psychiatric Attendants	800	1000	20

The University of Pittsburgh's new program for the development of psychiatric training and treatment facilities constitutes an important step forward toward meeting that deficit, but at the same time the Health Survey contributes evidence for the need of developing additional child guidance and psychiatric treatment services.

Furthermore, the fact that 22% of the referrals to the Educational Clinic of the Board of Education are Jewish adds further evidence of this need.

The Child Guidance Center constitutes the only agency specializing in clinical, psycho-therapeutic services for children. The agency operates with frequent periods of closed intake and long waiting lists. About one-third of the children in active treatment and about one-fifth of those on the waiting list were Jewish. Undoubtedly, the number of those seeking such treatment would be greater if there were the possibility of their actually securing the service.

b. Additional Case Work Needs

In the course of our review of the programs of the United Vocational and Employment Service, the two summer camps, the two group work agencies, and the Montefiore Hospital Social Service Department, we found further evidence of the need for additional case work service. The Executive of the United Vocational and Employment Service stated that many of

those seeking vocational guidance had a greater need for case work help. Similarly, the directors of both camps found that many of the children required such service. Montefiore Hospital also found it necessary to refer many parents to the Jewish Family and Children's Service.

c. Group Care Facilities

We reviewed the various studies, recently conducted, of the program of the Irene Kaufmann Settlement and its branches and found need for greater services in the Squirrel Hill and East End areas. Since our study was completed, we learned that approval has been secured for the future development of the program in the East End while the Squirrel Hill project will continue its growth. There was some evidence of need for nursery school facilities in both these areas. The provision for additional camp scholarships would undoubtedly make it possible for more children to have camp experience but some efforts are made to provide such opportunity for those unable to pay camp fees.

We reviewed the need for educational scholarships but did not find this a pressing problem.

d. Health Care

Health as such was not included in the purview of this study. Our concern was limited to health problems as they are a reflection of social and psychological needs, and we were concerned only with the social services involved in such situations. It was our general feeling that the medical social service at Montefiore Hospital represented a program of good quality and this would be strengthened by our recommendations providing for the expansion of psychiatric facilities.

A study conducted in 1944 revealed some need for additional facilities for the convalescent care for children but the evidence

seems insufficient to justify embarking on such a program at this time. The Health Division of the Health and Welfare Federation has been engaged in a concerted effort to improve existing convalescent facilities and to secure greater use of them. Leaders in the Jewish agencies are participating in this effort and further activity along this line would seem to be of greater importance than the creation of a specialized Jewish children's convalescent agency.

e. Need for Foster Care Facilities

One of our major concerns was to discover whether or not Jewish children in need of substitute home care, either in foster homes or child care institutions, were receiving the help they needed. We found two major resources providing such care, the Child Placement Department of the Jewish Family and Children's Service and the Jewish Home for Babies. When the total number of children cared for by the two agencies is compared with Jewish agencies in other cities, such as St. Louis, Baltimore and Boston, the Pittsburgh group seems proportionally smaller in population. However, the difference was not extreme and we felt in some respect it might be correlated to the adequacy of the counseling and general family and children's program.

We reviewed the practices of the Jewish Family and Children's Service to determine whether the relatively small number of children placed was in any way due to restrictive attitudes on the part of the staff requirements which might force parents to seek service elsewhere. We did not find any such factors. In our conferences with many professional people and in the questionnaires filled in by various agencies on Jewish children, we did not find reports of unmet needs for placement. We assume, therefore, that at the moment the need for placement is being met even though the volume for such need might

increase with better case finding and with improved institutional facilities. We know that some children in need of placement and treatment are sent to institutions in other cities such as Bellefaire. We also know that there are a few such children who continue to live in Pittsburgh without service.

f. Residential Treatment

Among the cases known to the agencies in a number of instances the need of the child was for residential treatment. It is true that such treatment is not available in Pittsburgh and placement in treatment centers in other communities is necessary. In some of these instances the Jewish Family and Children's Service helped to arrange for residential treatment and paid towards cost of care; but placement was not effected in others either because of lack of cooperation on the part of the family or because of limited financial resources. It is not clear why the Child Guidance Center felt the agency was able to accept responsibility in some and not in others. There is little question that a need for residential treatment exists for Jewish and non-Jewish children. The appropriateness and practicability of Jewish agencies undertaking to establish this facility is touched on in recommendations in the section of report evaluating present resources.

7. Recommendations Accorded First Priority

To recapitulate, the most important gaps in services to families and children uncovered in our study, are counseling services to families, child guidance services to children and psychiatric services to families and children, integrated with medical care. Taking into account these gaps in the program, they give weight to the kind of services which would make the greatest impact on the Jewish social service program of the community as

well as on the community as a whole. We are proposing a program which merits first priority. The proposal we recommend includes four different projects, and we feel that these should be seen as part of a unified plan which the Jewish community should seek to achieve with as little delay as possible.

We see this proposal as bringing into the Jewish field a dynamic element which would make itself felt in a levelling upwards of many of the services. It is our conviction that if the Jewish community is justified in maintaining its own program of professional services, the present proposal provides a minimal interrelated program, as anything less than this program would not substantially achieve the objectives the community has set itself. The program includes:

a. Expansion of Counselling Services to Families

We recommend that the Jewish Family and Children's Service be strengthened in many aspects of its structure and program so as to provide an extended and improved service of counselling to families and children. This would include the expansion of its professional casework services to families and would call for a number of measures which will be detailed further in this report, including additional skilled staff, psychiatric consultation, establishment of offices closer to the community to be served, the introduction of a fee schedule for services rendered, and a program of interpretation within its own Board and broader community.

b. Integrated Psychiatric Services at Montefiore Hospital

The services of a psychiatrist should be provided who would be responsible for integrating psychiatric knowledge within the various divisions of the Hospital's in-patient as well as out-patient departments, and should provide:

1. Consultation on hospital patients in all services;
2. Teaching psychiatric concepts and their integration into medical service in general for resident and visiting staff and for auxiliary personnel, particularly nurses and social workers;
3. Helping to promote and develop a greater degree of participation in community health activities;
4. Developing and maintaining relations with the Department of Psychiatry at the Medical School, particularly in the interest of making the best possible use of the Hospital for teaching and training;
5. Development of an out-patient psychiatric service for children and adults in close collaboration with the social service department, particularly for the care of psychosomatic problems, i.e. with an orientation to the patient problems of the Hospital.

When an integrated psychiatric service at Montefiore has been established, we would want to see a close working relation between the social service department of the Hospital and the Jewish Family and Children's Service. The Family Agency can play an important part in the continued treatment of families with health problems.

As will be developed later in this report we are recommending that a psychiatrist be employed who will be qualified to serve both the Hospital and the Jewish Family and Children's Service.

c. Child Guidance Unit in the Jewish Family and Children's Service

As soon as steps 1. and 2. have been taken, which would provide for a psychiatric service within the Jewish Family and Children's Service

and the Hospital, the former agency should establish a child guidance unit which would provide a diagnostic and therapeutic service for emotionally disturbed children.

In the Pittsburgh community Jewish children as a group seem to be living under relatively high conditions of tension. The referrals to the Child Guidance Center may testify to the alertness of Jewish parents, but this factor did not account for the referrals to the Educational Clinic of the Board of Education. The Jewish Family and Children's Service is in a position to make an important contribution to the study and amelioration of this problem.

We are recommending the establishment of a child guidance service within the Jewish Federation orbit because we believe that for a number of years ahead the child guidance services offered through the Department of Psychiatry of the Medical School as well as through the other psychiatric clinics will not begin to approach from the quantitative standpoint, either the needs of the total community or of Jewish children. Furthermore, the Jewish Family and Children's Service must represent the first line of defense in prevention and early treatment.

There are many values in an integrated service for both families and children in the same agency. The services to families and children are both enriched thereby.

We would see the development within the Family and Children's Service of a therapeutic service for children with milder behavior disorders, leaving to the other clinics the treatment of the more seriously disturbed children.

d. Comprehensive Program of Child Study and Child Treatment Services

After the integrated psychiatric unit has been established at Montefiore and has achieved an acceptable level of functioning, thought

should be given to the development of a unified service program of child study and child treatment which would incorporate the pediatric unit at Montefiore, the nursery school at the Irene Kaufmann Settlement, and child guidance unit within the Jewish Family and Children's Service as well as the group care facility.

We do not believe that the plans for psychosomatic research within its pediatric program, for which Montefiore has asked assistance in establishing, should be undertaken until after the overall psychiatric program in the hospital has been established. The usefulness of psychiatry needs to be accepted throughout the Hospital before the specialized program can be safely launched.

The unified child development program we have in mind would be rooted in the pediatric service in the Hospital, including the maternity service and would thereby provide an opportunity for the study of preventive techniques with very young children as well as some of the psychosomatic disorders.

Mental hygiene consultation, integrated into the Irene Kaufmann Settlement Nursery School would provide opportunities for the study of problems of personality growth in the pre-school child and could be closely integrated with the counseling services of the Jewish Family and Children's Service.

The integrated mental hygiene service which we have sketched would yield to the Jewish community and to professional workers in Jewish agencies a store of knowledge about family life, child behavior and the treatment of psychological problems. It would nurture the kind of human relations and personality conservation program which, we believe, the Jewish community needs to maintain in its own best interests. This program does not, in our opinion, in any way conflict with the psy-

chiatic services to be established by the Medical School. In general outline, the proposal has been discussed with members of the Department of Psychiatry, and we have reason to believe that they would welcome this kind of development and would cooperate in arrangements through which these professional services could be coordinated with those of the department.

#### 6. Implementation of the Above Program

As a first step in carrying out the above program we see the employment of a well qualified psychiatrist with psychoanalytic training who would serve as director of psychiatry of Montefiore Hospital and as consultant to the Jewish Family and Children's Service. He should immediately be provided with an assistant who would be a psychiatric case worker with general competence in the field of psychiatric social work and with some special training as psychotherapist with children. It would be her responsibility to help the psychiatrist develop the program for the enrichment of the psychiatric content of professional services to families and children and help train workers in the integration of psychiatric methods into their professional functions. She would be a member of the staff of the Jewish Family and Children's Service and would have as her immediate responsibility collaboration with the psychiatrist in developing the child guidance unit of the Agency.

We believe that the service of the psychiatric social work coordinator should be made available on a flexible basis to assist the psychiatrist as needed in the establishment of the children's mental health services in the Hospital.

In the second, more comprehensive phase of this mental hygiene program the child study aspect should be developed and as soon as practicable the

child guidance unit might begin to provide essential consultative services to camps, group work agencies and nursery schools.

a. Mental Hygiene Committee

As a medium for bringing together all the agencies and key professional workers who should participate in the development of this mental hygiene program, the Jewish Federation should establish a Mental Hygiene Committee. This committee should include representatives of the Hospital, Jewish Family and Children's Service, group work agencies, etc. The function of this committee would be to study the needs of the mental health agencies and assure the fullest integration of mental hygiene concepts and techniques. This group, too, should guide the development of a more comprehensive program recommended here.

9. Recommendations Accorded Second Priority

a. Residential Treatment and Group Care Facilities

Perhaps the need most frequently attested by professional workers interviewed in the course of the study was for a residential treatment home for emotionally disturbed children. There is little question that the Pittsburgh community does need such a facility.

We hesitate to recommend it within this first priority group because we believe it is a kind of service which should only be established if the adequate community services for diagnosis and treatment and group care service of a high order are available. In other words, residential treatment represents primarily a therapeutic tool for those children who cannot be effectively treated while living in their own homes. So long as there is a dearth of child guidance treatment on an extramural basis there is a likelihood that a residential treatment facility would be used for children who do not need it and might be denied children who can best be treated in this way.

There is also lacking in Pittsburgh at the present time, both within and outside the Jewish community agencies, group care or institutional facilities of high standards for children who need this care.

In another part of the report we discuss fully the limitations of the present program offered by the Jewish Home for Babies.

A review of the present placement program, taken together with the needs for residential treatment, as well as the use of group care facilities outside Pittsburgh for some Jewish children, leads us to the conclusion that a facility for 12-15 children under Jewish auspices would be a desirable addition to the Jewish community. Such a facility, when established, would not only meet the needs of some homeless children in need of substitute home care, but also of some of the children within the emotionally disturbed group who could also be treated there. While this is not to be considered as a substitute for a residential treatment unit, it might very well meet the needs of some children who are in need of both treatment and resident care.

We have placed this need within the second priority group, and we are not recommending any immediate move towards establishing it because we do not believe it is sound to proceed with the establishment of this kind of resource until every effort has been made to transform the present program of the Jewish Home for Babies into a more professional child welfare service.

b. Group Work Center in the East End

Our review of the survey recently made of the need for additional group work facilities in this neighborhood convinced us of the desirability of a center as recommended in the study made by the group work division of the Health and Welfare Federation last year. After the

completion of our own survey of child welfare needs, we have been advised that plans for the establishment of this resource are likely to materialize within the immediate future.

10. Preliminary Estimate of Cost of Recommended Projects

a. Projects Accorded First Priority

1. Resources Required for Development of Counseling Services in Jewish Family and Children's Service.

Establishment of an appropriately located fee charging office in the Squirrel Hill District. Rental of office, etc.	\$3,000
Two professional workers (one case worker)	10,000
One Clerk	3,000
Psychiatric Consultation (to be provided out of 2 and 3 below)	
	<u>\$16,000</u>

We feel that these costs should be met out of the budget of the Jewish Family and Children's Service without special subsidy.

2. Integrated Psychiatric Service at Montefiore Hospital Including Psychiatric Consultation to Jewish Family and Children's Service.

Psychiatrist employed by Montefiore and Jewish Family and Children's Service serving as a member of the staff of the new psychiatric unit at Western State 30 hours per week;	\$15,000
Psychiatric Social Work Consultant	6,500
Incidentals	1,500
Total per annum	<u>\$23,000</u>

3. Child Guidance Unit at Jewish Family and Children's Service

Psychiatrist and psychiatric casework consultant as under 2.

Psychologist half-time	\$3,000
Two child guidance case workers	8,000
One clerk	2,500
Total per annum	<u>\$13,500</u>

1/24. 13,500  
7500  
\$21,000

4. Comprehensive Child Study Program to be established after 1, 2 and 3 have been fully implemented.

This will require additional time of psychiatrist and additional psychiatric case work staff but no specific budget provision is needed at this time. Some of the cost should come out of the agencies serviced.

b. Projects Accorded Second Priority

1. Group Care Facility

The group care facility envisioned would require personnel and budget somewhat as follows:

Director	\$6,000
A Couple as Cottage Parents	4,000
Relief Cottage Parents (2 on half-time)	3,000
Other Professional Services	2,400
Cook, Maid and Janitor	6,600
Case Work and Psychiatry	6,000
Maintenance Cost	<u>12,000</u>
Total Budget	<u>\$40,000</u>

For a Home with a capacity for 12 to 15 children, it might be necessary to secure a 15-room house requiring a capital investment.

PART B.

Findings, Evaluation of Resources and Recommendations

1. Jewish Population

The last detailed study of the Jewish population of Pittsburgh, conducted in 1938 by Dr. Maurice Taylor, Executive Director of the Jewish Federation, is the basis for the statement that there are 54,000 Jewish people in Pittsburgh. However, Dr. Israel Abrams of the Hebrew Institute has, each year, been collecting data on the enrollment of Jewish children in the public, elementary and secondary schools of the city, drawn from reports by public school teachers on the number of Jewish children in each of their classes.\* Obviously, this method does not give complete coverage, and probably represents an underestimate. Nevertheless, his figures for 1949 indicate a total of 6,207 Jewish children of school age, divided as follows: 4,666 in elementary schools, 1,541 in high schools. We have no figures on pre-school children, nor on older children and young people who may not be in high schools.\* In connection with the study made by the Health and Welfare Federation of Allegheny County on the Irene Kaufmann Settlement, some figures were given on the Jewish population of the districts served by the Settlement itself on Center Avenue, and its branches in Squirrel Hill and East End. (See Health and Welfare Federation's The Population of the Hill District.)

The most usual definition of the Hill District includes all of Wards 3 and 5; none of the most recent definitions excludes Census Tract J in Ward 5, known as Schenley Heights. The area includes approximately 3½ Ward 3, and the Schenley tract, Ward 5, plus approximately 1½

\* Dr. Taylor is planning a sample study of the Jewish population of Pittsburgh which is expected to check on the accuracy of the school reports of Jewish children. The city of Pittsburgh has a population of

of the total city land area, and about 9% of the total city population. The figures of the Bureau of Social Research of the Health and Welfare Federation indicate that the population in the neighborhood is now 23% White and 77% Negro. The Jewish population has declined markedly and is estimated as between 1800 and 2000, as of February, 1950. The 1940 Census figures indicated a total of 63,666 people living in the area. The fact is that the Jewish people constitute a minority in the Hill district.

#### The Population of Squirrel Hill

Squirrel Hill is divided into 2 wards, Ward 14 and 15. Ward 14 includes most of the Squirrel Hill section and has a total population of 43,846 people, with Greenfield and Hazelwood combined having a total population of 30,419. The total for the two areas is listed as 74,265, with the Jewish population comprising approximately 30 percent of the population. The 1940 school census showed a total of 9,875 children between the ages of 10 to 17 in these two areas, with the Jewish children comprising 3,248 of that figure.

#### The Population of East End

In its broadest definition, East End includes most of Wards 7, 11 and 12, and parts of Wards 8 and 10. The total 1940 population in the area is estimated to approximate 50,000. Using the Yom Kippur Method on a modified basis, there are said to be 1,388 Jewish children of school age in the district in 1949. There is no doubt that this is an underestimate.\*

\* See the Special Study Committee Report of the Health and Welfare Federation of Allegheny County on the Irene Kaufmann Settlement, 1950.

2. Casework Services to Children in Their Own Families

The children with whom we are concerned benefit from the constellation of agencies, public and private, which serve all children in Pittsburgh.

a. Public Programs

The largest child welfare program in the state of Pennsylvania and in the Pittsburgh area is that within the Allegheny County Department of Public Assistance. In the Pittsburgh area, the Department of Public Assistance makes its contribution to the preservation of family life for hundreds of children, who would otherwise require the care of private social agencies, including, in some instances, care away from their own homes.

The Aid to Dependent Children case load in October, 1950 was about 7,900, including approximately 27,900 different individuals, of whom about 20,000 were children. Eighty percent of the children served, live with their mothers. The average case load is 120 per worker, with the range being from 100 to 150. As much case work is done as is consistent with the skill of the workers and the volume of work; the emphasis, however, being on financial assistance. Few of the workers at the case visitor level, but most of the supervisors, have professional social work training. Where serious emotional and social problems are encountered, visitors are expected to make use of other social agencies. Studies show that some, relatively few, families have been referred to the Jewish Family and Children's Service, Montefiore Hospital, United Vocational and Employment Service. There is recognition within the Department of the fact that the skill with which the assistance is rendered can mean the difference between a constructive or destructive experience to the persons with whom the workers deal directly, and for their families.

There has been an increase in the Aid to Dependent Children case load since the end of the war. The officials of the Department of Public Assistance were unable to estimate the number of Jewish children served, either in the

ADC or the General Assistance Divisions.

Jewish families are also served by the Home Service Division of the American Red Cross and the Veterans Administration. Here, too, we have no indication as to the number of such individuals.

b. The Jewish Family and Children's Service, particularly the Family Service Division

It is the Jewish Family and Children's Service which offers case work services to Jewish persons in need of help with problems of family and individual adjustment. The agency's family division program is reviewed in some detail since it is the resource to which parents who have problems with their children do or could come for service. The agency has had a long history of service in Pittsburgh. In its present form it was organized in 1937, as a merger of 5 existing organizations -- rendering family service, child placement, youth guidance and immigration service.

The objectives of the agency are stated in the By-Laws as follows:

"To initiate and carry out a unified program of social casework among Jews in Allegheny County;

To aid and assist Jewish families, children, young men and women, and immigrants who may be in need of material or other assistance or advice with a view of promoting and conserving wholesome individual and family life and improving standards of living."

There have been changes in program and practices in line with changing community needs and professional developments; the basic purpose is to help persons deal better with problems that are disturbing to them, with which they have not been able to deal satisfactorily alone, and on which they wish agency help. The agency serves Jewish families and individuals in Pittsburgh and Allegheny County, though limitation of funds has confined the work primarily to the Pittsburgh area. There are three principal departments; Family Service, Child Placement, and Service to Foreign Born (Immigration).

The agency, (in a statement dated November 15, 1950), describes the total services available. The description is typical of most family agencies under Jewish and other auspices. It is included as Appendix IV, Pages 131 to 137, incl.

In discussions with the Executive Director, the case consultant and members of the staff; in attending one meeting of a special committee of the Board of the Agency; in reading some records, and examination of various agency self-studies one is impressed with the strong effort being made to render service of high professional quality. However, it is obvious that a series of circumstances have resulted in interference with the quality of service and certainly with the quantity as well.

The staff is obviously eager to correct the situation. Some of the obstacles to good service and increased usefulness of the agency have been as follows:

Staff Turnover

During most of the period from 1946 to date, the case work positions have been filled only to the extent of 70% or less. In February 1949, when the present Executive Director was appointed, the case work staff consisted of two and a half trained workers, plus four case aides, although all of the supervisory positions were filled. The Executive Director states:

"Between March and the end of 1949, the 4 case aides were dropped and there were engaged 5 beginning workers, 1 second year worker, 1 third year worker, and 1 with about 7 years of experience, which for the first time in a number of years provided a full staff. In the Spring, Summer and early Fall of 1950 we lost 3 supervisors and 6 caseworkers; in their place we were able to engage 1 supervisor, 2 experienced workers, one of whom has been promoted to a supervisory position, and 2 beginning workers. This leaves the agency currently 4 persons short - 1 supervisor and 3 caseworkers. Of the 7 caseworkers now on the staff, only 1 is considered highly skilled and experienced, 2 others have extensive experience but still need considerable supervisory help to work their problems through in practice, this applies more so to other workers and to our first year workers. The budget provides for 10 caseworker positions, 1 special worker, and 5 on the supervisory level.

Contrast this with 1940 when 16 caseworkers were allowed, 4 special workers and 4 supervisors." (December, 1950).

Some of the explanations given for the staff turnover relate to the disturbance within the agency in the Spring of 1950, and the difficulty the agency has had in competing with the salary scales offered by Jewish agencies in other cities. While the disturbance mentioned above seems no longer to be a factor, the salaries paid professional members of the staff are still not adequate to assure the availability of workers. The new salary scale, to become effective January 1st, may serve to correct this situation if funds are made available for the engagement of more experienced workers.

#### Dominance of New Americans in case loads

Much of the effort of the professional staff has been concentrated upon services to New Americans. Since July, 1949, about 20 New American families a month have been receiving service. During the year 1950, 214 families, involving 336 children, were served. Of these, 117 families, including 150 children, were New Americans, while 97 families, involving 186 children, constituted the remainder. As for specific services to children, 18 families, including 23 children, were New Americans, while 42 families, including 76 children, were "local". In November, 1950, the total case load of the Family Service Department was 225 including about 75 local cases, of which 50 were in the old age group. There were less than 10 counselling cases.

Preoccupation with the New Americans case load has meant that the efforts of the staff have largely been concentrated on tangible services towards effecting as careful adjustment as possible of those coming into the community. This has meant, however, a limitation on the time and energy available for concentration on the continuing program of the agency. Thus the agency has neither expanded its services for local families, nor has it

carried on the kind of effective public relations program which would attract persons in the community to request service for problems with which the staff could help.

Agency is considered as offering only relief; factor of office location

This inevitable concentration on the emergency needs of New Americans in Pittsburgh has served as one of the factors which has prolonged the identification of the agency in the public's mind as a relief-giving agency. This is so, despite repeated attempts, certainly since 1937, to define the service of the agency as that of offering skilled case work, counselling, guidance, etc. Repeatedly, our attention was called to the fact that the location of the agency, in what is known as the old Jewish Ghetto on the Hill, has reinforced the concept of the agency as one for the under-privileged and maladjusted. There seems great validity to the contention that a change of location of the office would improve the possibilities of successfully interpreting the agency's function.

Counselling Services are Needed

The agency is now ready to move into a counselling program for individuals and families. A Board Committee was already examining the program of the agency when this study got under way. At its meeting on November 9, 1950, the Board considered a report by the case work supervisor entitled, "A Look Inside" which described the program of help to New Americans, the Counselling Service, Child Placement, and Adoption, and the role of the Board and the Staff in each of these phases. Certainly it may be expected that in a year or two there will be a drop in the New Americans case load, creating new opportunities for service to the entire community. In considering the function of the agency, clarity as to the meaning of programmatic terms is essential. It is useful in this connection to consider the dis-

tinctions between case work, counselling and psychotherapy. The most useful definitions immediately available are those of Herbert H. Aptekar in an article entitled, "Case Work, Counselling and Psychotherapy: Their Likeness and Difference", which appeared in the December, 1950 issue of the Jewish Social Service Quarterly:

"Case work, if one attempts to find its essence, must be regarded as a sphere of helping in which tangible service is predominant. Emphasis must be placed on the tangible character of the service, since there is a great deal of difference, between the administration of a tangible service, such as relief, homemaker service, placement, etc. -- services which the client thinks of in concrete terms -- and to my way of thinking, a less tangible one, such as child guidance.....

Implicit in this kind of definition of case work is the assumption that the case work method of administering the service is different from other methods in that it is psychologically oriented..... The difference between the case worker's administration of a social service and the administration of the same service by an untrained person is the degree of psychological understanding which goes into the administrative activity of the case worker.

Counselling, as I see it, is a form of helping which does not derive from, nor is it necessarily attached to, the concrete social service. What it is dependent upon, however, is a problem with a distinct social cast. Case work attempts to meet such problems through the administration of social services with psychological understanding. Counselling requires little or no direct administering activity on the part of the worker. In case work, as we have defined it, there is always a large element of doing, with responsibility for the doing vested in the worker. In counselling as contrasted with case work, the client seeks a solution to the problem less through what the counselor himself might do and more through what he might contribute by virtue of his understanding of the problem. In saying this, I, of course, do not mean to imply that there is no element of service at all in counselling or of understanding of problem in case work. It is a question of which is predominant. As I see it, it is the service which is predominant in case work and the problem which is the core of counselling.

Having distinguished between case work and counselling, let us now turn to the field of psychotherapy. Here too we find many factors in common with the other two forms of helping. There are two areas, however, which psychotherapy may justly claim as its own, namely, psychosomatics and pathology..... It should be recognized that the case worker and counselor provide help which is therapeutic in nature, that is, help which frees the individual for living experience, and in this respect they are indeed like the psychotherapist. The implications of the term psychotherapy, however, as far as

internalized difficulty is concerned are such that a logical distinction may be made between psychotherapy and case work or counselling. There is no implication in this that the activities of the psychiatrist or psychotherapist should be limited to internalized difficulties, that they should have nothing at all to do with problems or behavior, or that the psychiatrist cannot do what we have called counselling. The psychotherapist's center of interest, however, is the person, and not a service, or what we have called a social problem."

The strengthening of the Family Service Department will have a tremendous impact on children, and therefore, the work of the agency in this area has a specific bearing on the subject of this study. Immediately, perhaps, the greatest step forward might be taken through the establishment of a demonstration project to enable the community to experience the nature of a counselling service. This requires highly specialized staff, operating from a headquarters which disassociates the service from the common understanding of the program at 15 Fernando Street. Something of this quality of service is already being offered at that location, but not sufficiently recognized as such. An office operated in the Squirrel Hill district, appropriately publicized and limited largely to the offering of counselling service, may give this phase of the agency's program the shot in the arm it requires. Successful counselling service to individuals and successful advertising of this success story may make possible increased demand for the service and thereby make a valuable contribution to the welfare of Jewish children in their own families. The project thus would serve as a training center for the other staff members and would afford opportunity for continuous growth in specialized skill.

Indispensable to such a counselling service is the establishment of a program of payment for services by clients in accordance with their capacity to assume this responsibility. Experience indicates that the payment of the fee itself not only makes the service more acceptable to those able to pay for it, and thereby eliminates the stigma associated with the

reputation of the agency as a relief-giving organization, but has psychological meaning which enables the service to become more effective.

If and when the project has proved its value, the staff could be increased so that eventually counselling can become an additional major focus of the agency's program. This suggestion of a demonstration project in Squirrel Hill, as an initial action, is posited on the assumption that it is not likely that the agency could move in toto away from its present location; therefore, no time should now be lost in taking this immediate step.

If the agency wishes to meet the demands made upon it, it should also correct the salary situation, so that it may be in a stronger competitive relation with Jewish agencies in other communities.\*

#### Case Work Philosophy

The fact that the staff members are of the functional orientation, while the other Pittsburgh agencies adhere to diagnostic concepts creates another problem. This problem is complicated further by the fact that both schools of social work in Pittsburgh are diagnostically oriented. The conflict within one school which did have instructors following the functional as well as the diagnostic approach, resolved by the elimination of the former and the determination to concentrate on the latter, has also been a disturbing factor in the work of the agency. The agency will have to determine for itself whether it wishes to continue and develop its program along functional lines, attempt a diagnostic approach, or attempt to achieve an approach of its own, different from the other two. While some agencies have attempted to create a new approach, which does not rely exclusively

\* Action has recently been taken toward correcting this situation.

on either functional or diagnostic concepts, it is generally considered difficult to reconcile the two. The agency is more likely to progress if it will hold to a consistently clear philosophy so that confusion in practice can be minimized.

Intake Study

Three of the staff members studied the applications of the agency, for services involving children, during the year 1950. Limiting themselves to those cases in which specific mention was made of children on the application form, they found 148 such. Of this group, 76 cases were chosen for more detailed study. For the study itself, see Appendix V, Pages 138-141, incl. Of the 76, 33 came on their own application, 12 came through relatives or friends, and 31 were referred by agencies. Seventy percent of the group lived in Squirrel Hill, East End and Oakland sections. The distribution by the nature of the request for help was stated as follows:

"In the 76 cases studied, we found various kinds of breakdowns in family life that have effect on child welfare. In these situations the family brought to us, in many instances, more than one indication of breakdown. For example, a family might have asked for help with a marital difficulty that had its effect directly or indirectly on a child, in which finances or illness or both, might have been in the picture. These are the different varieties of breakdown and the frequency with which they occurred in the 76 cases:

1. Request for help with family relationships	68
a. Marital difficulty	16
b. Parent-child relationships	27
c. Unmarried parenthood	3
d. Indirect relation to children (under 13)	18
e. Indirect relation to children (13 to 21)	4
2. Directly related to help with children	52
a. Children under 13	38
b. Children 13 to 21	14
3. Planning for substitute care of children	11
4. Physical illness or handicap	5

5. Mental illness	2
a. Diagnosed	1
b. Suspected	1
6. Intellectual retardation	3
a. Diagnosed	3
b. Suspected	0
7. Economic	16
8. Employment	2
9. Educational and vocational adjustment	10
10. Housing	4
11. Homemaker	12
12. Adoption	1

In 29 situations we feel we were helpful to the families. In 3 situations we feel that we did not help. In 38 situations we were unable to determine accurately whether we were of any help. Three situations did not fall within our function and 3 were referred to other resources. We feel that some of the factors involved in our not being able to accurately evaluate this group of 38 were: skill of caseworker which may have made a difference in terms of quality and degree of help; conditions under which help was offered, such as location, lack of fee scale, pressures within agency, community attitudes toward relief giving agency (long standing association in the minds of people that this is a relief agency), clients' lack of readiness to use help."

Between February, 1942 and June, 1943, a Family and Marriage Counselling Service was established by the agency as a demonstration project in the Medical Arts Building in Oakland. It was offered with 2 workers and for the first 4 months most of its activity consisted of educational work through lecture and discussion groups with some individual counselling in a member of cases. There were 18 cases served in 8 months; which is not too far behind the record of service offered by similar projects in other cities. Other agencies found that a thorough educational job over a period of time was necessary to bring status to the program and confidence in it by the community. The service was discontinued when the workers left and it was

not found possible to replace their services. We know much more about counselling service now and, therefore, it should be easier to establish the project successfully. Comparison of the load of work carried by the agency's family service department in Pittsburgh with other cities indicates that proportionately, Pittsburgh is not serving as many counselling cases as Baltimore, Boston and St. Louis. However, Pittsburgh is not unique in its preoccupation with tangible services. See Table 9, in the Appendix VI, Pages 142, 143.

### 3. Case Work Services to Children Requiring Placement

#### a. The Juvenile Court

The largest single child placement agency in Pittsburgh is the Juvenile Court. The placement of children for reasons growing out of dependency, neglect or delinquency is the responsibility of the Juvenile Court. Investigations and hearings are conducted by the Juvenile Court before placement, with public subsidy, can be arranged. The Court supervises some 1600 children in foster homes and about 1000 in institutions. (Dec. 1950). The staff includes 165-170 workers, including 70 counselling supervisors, serving as probation officers. The average case load for each worker is about 100, including new investigations. The private agencies still serve voluntary neglect cases, but the Juvenile Court remains active in complaint neglect cases. Jewish children requiring placement are referred by the Juvenile Court to the Child Placement Department of the Jewish Family and Children's Service after a Court hearing and decision. Nine such children were in foster homes in December 1950: One was in an institution, 13 were at home on probation or under supervision. Though relatively speaking, few children came before the Juvenile Court because of delinquency and neglect, (they constitute less than one per cent of those under care of the Juvenile Court), nevertheless, there were 24 Jewish children served during 1950. The fact that there are this many children whose problems lead them to contact with the Juvenile Court buttresses the case for the recommendations regarding the strengthening of counselling and psychiatric services to families and children.

A

While the Judge of Juvenile Court is proud of the humane and sensitive manner in which children in the Court are handled, it is nevertheless, true

that appearance before the Juvenile Court can be a traumatic experience, which it would be better to spare children. Regardless of the nature of the experience of the individual child, there is still too much of a punitive factor associated with a court appearance, and it would be desirable for the community to work towards arrangements which would eliminate the possibility of this additional hurt when family troubles themselves are sufficiently and unavoidably damaging to the personality of the child. Other communities throughout the country have found it possible to arrange for public subsidy without the involvement of a children's court, except in cases where the authority of the court is itself essential to the treatment of children coming within the category of protective and neglect cases.

It is also unfortunate that the case loads within the Juvenile Court are excessively high and the Court has had difficulty in retaining a skilled professional staff. Certainly the lay and professional Jewish leaders of the community would wish to join with others in changing the role of the Court in child placement and improving the quality of case work offered. The latter fits in with the objectives of the Court itself.

b. Child Placement Unit of the Jewish Family and Children's Service

The Child Placement Department of the Jewish Family and Children's Service is limited to foster home and adoption service. It is to be noted that for many years the J. M. Gusky Orphanage offered institutional service, but closed its doors on a recommendation resulting from a study by the Child Welfare League in 1943.

The number of local (not New American) children in foster homes is unusually small for a community of approximately 54,000 Jews. For the year 1950 the story is as follows:

	<u>Local</u>	<u>New Americans</u>	<u>Total</u>
Under care beginning of the year	18	17	35
Taken under care during the year	5	1	6
Total under care during the year	23	18	41
Discharged from care during the year			14
Under care at the end of the year	16	11	27

The figures from 1940 to 1950 are also significant in their indication of some decline since 1940:

	<u>Under care at begin- ning of the year</u>	<u>Taken under care dur- ing year</u>	<u>Total under care during year</u>	<u>Discharged from care during year</u>	<u>Under care at end of the year</u>
1940	67	24	91 (12)	32	59
1941	59	22	(15) 81	36	45
1942	45	15	60 (14)	19	41
1943	41	23	64 (19)	17	47
1944	47	16	63 (20)	19	44
1945	44	13	57 (16)	18	39
1946	39	11	50 (13)	14	36
1947	36	26	62 (26)	18	44
1948	44	16	60 (31)	16	44
1949	44	11	55 (26)	20	35
1950	35 (17)	6 (1)	41 (18)	14	27 (11)

NOTE: Figures in parentheses represent number of New American cases.

The figures, comparing Pittsburgh with other Jewish communities and allowing for the difference in size and population bear out the contention that the local case load is surprisingly small. It is proportionally lower than Boston, Cleveland and St. Louis, even taking into account the number of children in the Jewish Home for Babies and Children. See Table 9 in the Appendix VI, pages 142, 143.

It may be that some children are in unsupervised foster homes and not known to the agency; figures are not available but such children do most likely require professional case work service.

The last study made of the work of the Child Placement Department by an outside source was that made by the Child Welfare League in October 1943 in connection with a visit to determine eligibility of the agency for membership in the CWL. This study was in reality a follow-up visit, since a more extensive study had been conducted in July 1942. The agency's professional standards and the quality of the service to clients were considered sufficiently satisfactory to justify admission to the League. There was some concern with the fact that the responsibility for protective service was not clearly allocated as between the function of the Juvenile Court and that of the agency. Reference was made to the fact that the Child Guidance Center was used for psychiatric service although this psychiatric service was too limited. The quality of foster homes was considered good.

From a brief examination of case records, and discussion with the staff, there is reason to believe that these judgments regarding the quality of the work of the Child Placement Department are still valid. However, there remains some question as to whether the leadership of the Child Placement Department is sufficiently aggressive in interpreting its program and function to the community, so that children who require placement may be spotted earlier, and parents encouraged to seek service at a time of optimum benefit.

The study in 1943 was made during the period when plans were already under way for the discontinuance of the Gusky Orphanage. This institution, with a capacity of 100 children, had by 1942 been reduced to a population of 34 children, many of whom had spent long numbers of years in the institution, and, together with some who should not have been placed there,

were ready for discharge. Later, most of the children were discharged to families and relatives, some were placed in foster homes; only 3 children needed continued institutional care and these were sent to Bellefaire in Cleveland. The study noted: "There is general recognition that a Jewish community of the size of that in Pittsburgh would naturally have a number of children who would need institutional care for some period of time." Cognizance was taken of the existence of the Jewish Home for Babies and Children, about which more later.

The Subsidized Foster Home

Since August 1946, the agency has used a subsidized foster home for temporary placement of children either in preparation for the use of foster homes or because of the difficulty, in emergencies, of finding suitable foster homes quickly enough.

During the first 21 months of the subsidized home's existence, the foster parents gave temporary care to 17 children, including infants, for periods from 3 weeks to 9 months. The capacity of the home at any one time was 7 children. This is a valuable part of the agency's placement program but does not meet the need for a group care facility.

c. Group Care Facility

A Jewish community of Pittsburgh's size requires a good group care facility, as well as foster homes, for children requiring placement. A group care facility would round out the agency's services. At the moment when the problems of children indicate that they cannot use a foster home, or when parents are unable to accept foster home care, the parents are left with the choice of rejecting placement altogether, making their own arrangements with the Jewish Home for Babies and Children, or, when the children are extremely disturbed, placing a child hundreds of miles away from

Pittsburgh, either in Bellefaire, at Cleveland, or the Hawthorne-Cedar Knolls Schools. The agency at the moment has 3 children in these institutions. Incidentally, the records of the children so placed were ready and in each case there was some evidence that the children might, in an earlier period in their lives, have benefited from placement in a group care facility for so-called normally dependent children.

In the 1930s and 1940s, some communities swung away completely from institutional care and began to limit their services largely to that of offering foster home programs exclusively. The Council of Jewish Federation and Welfare Funds has been conducting a study of present trends. They state, "while the number of children reported in Hawthorne, Pleasantville and Bellefaire from out-of-town cities is quite small, it may be suggestive that Detroit and Baltimore, which do not maintain local Jewish institutions, have the largest number of children so placed."

The Jewish Children's Bureau of Chicago has, after some years of study, come to the conclusion that certain children could not be served successfully in the usual foster home. They were also aware that the large congregate institution did not seem to meet this need. They "came to the conclusion that the majority of children under care were in need of intensive treatment, so that out of necessity in planning our new program, the focus does not belong on group living and the benefits derived from it, but on the total treatment. Loosely, our figures would indicate that in about one-fifth of our population we would need group facilities rather than individual foster homes." In a letter to the surveyors dated December 5, 1950, the Assistant Director of the Jewish Children's Bureau in Chicago, goes on to describe the new program as follows:

"We feel that our program at this time is pointed totally toward treatment of the individual child; some of our most difficult children who require treatment are in, and will continue to stay, in foster homes. We have out of our experience, however, found

that there are certain children who cannot use the close relationship of foster homes who need group living as a living situation, if their treatment is to be successful. For others, properly planned group living is the only successful therapy. In other words, our new program is seen not as substitute for, but a supplement to, our foster home program. We contemplated that many of our children in the units would come from foster homes, and hopefully be able to move back to foster homes after a period of treatment in the group. Some children, we think, will have to start in the group and then move into foster homes. On the whole, our program is experimental and flexible. The program is expensive - as is all good child care - but the program is much more expensive than care in foster homes.

At the present time we have seven (7) units, housed in three buildings. One building we constructed. This is a small institution which can house 17 boys. It is located (as are all our units) in a middle-class Jewish residential area. The six other units are housed in two three-apartment buildings which we purchased. Each apartment occupies one whole floor and is set up for one special group. We have two such units for pre-school children (one houses 4 children, one 5). A unit for 6 adolescent girls and one for 6 latency girls. We have a unit for 4 early adolescent boys and an emergency temporary diagnostic unit for 4 children. Each unit has houseparents in charge. Since there are few people trained for this work, we try to secure people whose background and experience indicate an ability to cope with disturbed children, and to work with us as a team. Eisenberg, the largest unit, has three sets of houseparents. Briefly, the houseparents also have a worker (one of our supervisors), and there is a consulting psychiatrist for each unit. One method of integration used is to have frequent meetings at which are present the unit worker, the child's worker, the houseparents, and the consulting psychiatrist. At these meetings total treatment planning for the specific children is discussed."

The Jewish Child Care Association of Essex County is planning to substitute 4 group residences for its inadequate congregate building. Their feeling is that these smaller units "will provide a more intimate relationship between the resident staff and the children, make possible greater individualization of service to the children and make possible the establishing of differential service to various age groups and types of children. These group residences are planned for adolescent children, two for boys and one for girls; for six children in each residence. The fourth residence is a larger unit for 12 children of both sexes, ranging in age from 8 to 14 years."

The Association for Jewish Children in Philadelphia similarly has substituted a small group facility for its large congregate home. The facility which they are building will provide a home for a maximum of 20 children so that the agency may continue to offer group care and foster home care in accordance with the needs of the individual children whom they are serving.

Detroit gave up its institution some years ago but as a result of a study conducted in 1946 and 1947 has come to the conclusion that the absence of a residential center represents a considerable gap in their program of service. They are thinking of a treatment center for disturbed children. While this has a focus different from the group care facility we are recommending for Pittsburgh, the fact is that some children, who might eventually have no service available to them but a residential treatment center, could benefit from institutional placement before problems become too aggravated.

From these few communities cited and others it is apparent that there is a growing interest in providing group care as well as foster home facilities.

Repeatedly, in discussions with professional leaders in Pittsburgh, both Jewish and non-Jewish, reference was made to the need for a residential treatment center for emotionally disturbed children. The need for such a facility was also appreciated by staff members of the Juvenile Court, the public schools, and the Child Guidance Center as well as the Health and Welfare Federation, and by some of the Jewish agencies' personnel. We have given careful thought to this question. We have been impressed in general with the tremendous need for increased psychiatric services. A residential treatment center would necessarily, most often, be used only after other means of care have not proven effective. Psychiatric services are a necessary part of these other services. They perform a diagnostic as well as treatment function. It would seem to us that the psychiatric services in the Child

Guidance Center, some of the hospitals, and experienced counselling services in the Jewish Family and Children Services, are a necessary prerequisite before a residential treatment center can be established and used wisely. In a sense, the residential treatment center is a facility to be used on a terminal care basis, available only to those children who cannot be helped by therapeutic services offered to them while in their own families or through some other form of foster care.

However, we do believe that the Pittsburgh Jewish community could profitably and wisely add to its existing facilities a group care facility available for children requiring placement who for one reason or another are unable to use foster homes. Some of the children who might use such a facility are those who are not ready to relate to foster parents as parent substitutes and can profit from this form of care, in which less demands for a personal relationship to adults are made. Other children may find such a facility better able to meet their needs because of lack of training and experience in orderly and routine living. The parents of others may be so opposed to foster home placement as to necessitate group care placement until such time as some of the major problems are worked through. Some children who have had to be separated from their parents will find it possible to use a group experience rather than a foster home as a means of relating to such loss. In most cases, the stay in the group care facility may be for relatively short periods of 6 months to 2 or 3 years, until the program of the facility has enabled them either to return to their own homes or to use a foster home.

Such a group care facility logically belongs in the services administered by the Jewish Family and Children's Service, so that it may become part of a well rounded agency program, offering treatment to children in their own homes, in foster homes, or in the group care home.

It is difficult to estimate the capacity of such a group care facility. It might be well to plan for 12 to 15 children.

d. The Jewish Home for Babies and Children

Pittsburgh already has an institution for dependent and neglected children which, if it were professionally operated, could become the group care facility referred to above. This is the Jewish Home for Babies and Children.

Some extended discussion of the Jewish Home for Babies and Children seems in order, in spite of the fact that it is not in any way connected with the Jewish Federation, since, quantitatively, it plays the major role in the Jewish Child placement picture.

In December 1950, this institution was offering care to 32 children, ranging in age from less than 6 months to 19 years.

There is a long history of hostility on the part of the effective leadership of this institution to the Jewish Federation as such, to the Jewish Family and Children's Service (to which the President of the Jewish Home for Babies and Children frequently referred as if it were the Jewish Federation itself) and to professional social work and workers.

The president seems tireless in her activities on behalf of the institution; in fact, she gives the impression of operating as the executive. She is proud of the support she has enlisted in the form of free or low-cost medical and dental services and other contributions of services or in kind.

The leaders of the Home were reluctant to cooperate in the study. They did, however, arrange for us to make a visit to the premises and to discuss the management of the Home with the Matron in charge.

The Matron impresses one as being extremely conscientious and hardworking and genuinely interested in the children. She talks warmly of them. It is quite possible that, despite her complete lack of any professional train-

ing for the responsibility she carries, the children receive reasonably good physical care, and that the children find degrees of satisfaction in their relationship with her. She did seem limited in her understanding of their individual needs.

She is assisted by 2 nurses, a cook, a maid, a laundress, a bookkeeper and a janitor. There are no staff members who have any professional training in child care.

It is inconceivable that the 32 children receive the kind of individualized and thoughtful treatment which they require, in spite of the conscientious efforts of what may be a devoted and interested staff, aided and directed by the President of the Board, who, similarly, has no specific training for the responsibility she carries.

Over and over again, both the Matron and the President of the Board alluded to what they considered the "bad backgrounds" of the children; mentioning, more specifically, parental difficulties, such as alcoholism, sexual promiscuity, desertion, financial irresponsibility, etc. Since such judgments represent descriptions of disturbed parents, it is hard to believe that the children have not been severely hurt before admission and therefore require the most sensitive and skilled professional help. Unfortunately, although the officers of the Home maintain that they have complete records of the children and families, they refused to permit their examination, despite the guarantee of confidentiality. It may be that the records kept are grossly inadequate, and do not reflect the quality of disturbance presented by either children or parents nor the methods of treatment.

The Jewish Home for Babies and Children violates several accepted principles of child care, which might be summarized as follows:

1. Children should not be separated from their families without thorough exploration of the possibilities of treatment within the

the family setting and consideration of alternative forms of care, e.g., visiting housekeeper service, foster home care, case work or psychiatric aid.

When the child is referred for placement to the Jewish Home for Babies and Children, the President of the Board and/or the Chairman of the Admission Committee visit the home or interview the parent or parents of the child and very quickly arrange placement.

2. The process by which the child is admitted to a group care facility should in itself set the stage for work with both parents and children towards the end that child-parent relationships may constructively be fostered or compensated for if there are no such possibilities. Both parent and child should know something of what they may expect from the experience and thus have an opportunity to come quickly to terms with it. Some consideration should be given to the probable length of stay and the probable plan for the future, even though they may be subject to change in the light of the agency's treatment program.

To quote from one of the Mid-Century White House Conference reports:

"Among the difficulties of family life, the ones that are likely to rank higher for children are those that require that they go live with strangers.....

To all these children it is most important what kind of home they go to or what the 'school' or other institution is like to which they are sent. They want to have a clear understanding of why they have to go away, how long they will have to stay, what conditions, if any, are attached to their return. Children's sense of well-being is very much linked up with these matters, as well as with the way they are dealt with in the new home, what sort of connection with their own family is maintained, and what happens at home (if they have a home) while they are away. In this aspect of the work of the social services there is, then, continuous possibility of affecting the lives of children, for good or ill." (Children and Youth at the Mid-Century: Fact Finding Report - A Digest

prepared for the Mid-Century White House Conference on Children and Youth, 1950.)

There is no evidence that such a program exists at the Jewish Home for Babies and Children.

3. Infants and children under 6, at the earliest, should not be admitted to child care institutions. They need too much individual care to grow constructively in the relatively impersonal atmosphere of an institution.

Of the 32 children in the Jewish Home for Babies and Children, 9 were below 6 years of age, 17 between 6 and 16 and 6 past 16. The age spread thus indicated also must present problems.

4. Children should not be placed in institutions for long-time care.

We were informed that many of the children had been in the institution since their early years; some of them knew no other form of care for 10 years or more.

5. Children should have frequent and regular contact with their parents during placement away from home.

While Sundays were available for visiting, it seemed that parties were frequently arranged for that one day of the week and so often cut down on the hours available for visiting. Again, no effort is made to understand the nature of the relationship between the parents and the children in order to foster their constructive possibilities.

6. All children should have the opportunity for relationships with both male and female *adult* children.

The ten boys and twenty-two girls in the institution had almost no contact on the premises with any men, except possibly the janitor.

7. Recreation and play can offer major opportunities for some self-expression and socialization.

The playroom of the Jewish Home for Babies and Children gave the appearance of being used for little other than television, although we were informed that some recreational workers (female) visit the children and play with them.

It was almost impossible to secure an adequate idea of how the children were handled when they present problems. Initially, there was denial of the existence of any problems among the children, but later we were told that the most frequent form of punishment was deprivation of desserts.

The Pennsylvania State Department of Welfare shares our judgment that the unlimited age range of the children, the lack of casework and groupwork, the dangers of unduly long-term institutionalization and all of the attendant problems, overbalance the very evident advantages of the small size of the Home, and the demonstrated interest of Board members in the children individually and as a group. They comment:

"It is noteworthy that additional staff has been employed and that a more capable matron is now taking somewhat more responsibility for the management of the Home. We feel that in fairness to the Home we must observe that the plant has been improved, equipment has been added and the quality of custodial care has improved.

However, we do still question their intake - discharge policies and will be recommending that they be reconsidered by the Board with a view toward establishing new policies and procedure. We feel that the unlimited age range of the children, the lack of casework and groupwork, the dangers of unduly longterm institutionalization and all of the attendant problems, overbalance the very evident advantages of the small size of the Home, and the demonstrated interest of Board Members in the children individually and as a group.

We are very much aware of the differences of opinion concerning this Home within the Jewish community. Our contacts with representatives of the two schools of thought have been much too limited to permit a statement of any sort. We are not prepared to say that the Home is not needed, as we feel a much more complete analysis of records would be necessary before we could go on record as to this." (Letter to the Surveyors dated March 27, 1951.)

In summary, it is inconceivable that children separated from their parents for long periods without thoughtful professional case work or psychiatric aid can remain in an institution, limited in its personnel, as is the Jewish Home for Babies and Children, without being hurt. The Pittsburgh Jewish community owes it to itself either to convert the institution into a modern, professionally operated group care facility, or to close its doors.

While the building itself is at present drab and the colors throughout unimaginative, and while some of the rooms now look like barracks, it is, nevertheless, possible that some remodelling could be effected which would enable it to serve the function of the group care facility above recommended. As has been found to be the case in numerous similar situations, it is likely that better plans can be made for the large majority of the children under care. Certainly it is possible to offer better care to the children under 6.

It is amazing that at this late day and age, an institution should be permitted to exist without any contact at all with other social agencies except for referral of one or two children to the Child Guidance Center. Professional case work services are an indispensable part of any program of child care. Individuals assuming the responsibility for the care of thirty-two children should not be permitted to act out their own hostility to professional understanding and treatment. It is possible that, if the facts were properly presented to the entire Board of the Jewish Home for Babies and Children, they would be more responsive to a program which permitted a working relationship with the Jewish Family and Children's Service. Thus, the Home, with modifications in program, might be enabled to perform a real and needed service.

#### 4. Mental Health Facilities

The Public Health Service of the Federal Security Agency studied the Department of Public Health of the City of Pittsburgh and published a report on its

findings and recommendations in September, 1948. The chapter on Mental Health stated that the overall inadequacies of mental health facilities in Pittsburgh and Allegheny County Areas are clearly recognized:

"Inadequacy, however, is a relative variable that can be appraised only in terms of the specific circumstances and needs. For instance, the conspicuous staff deficiencies in practically all the institutional and extramural psychiatric clinical facilities in the Pittsburgh area must be interpreted in the light of nationwide shortages of specially trained personnel needed to staff such services. Throughout the country approximately four times the number of psychiatrists now available are needed to meet existing minimum requirements. Similarly, only a small percentage of the required number of psychiatric nurses, psychiatric attendants, clinical psychologists, psychiatric social workers and other specially trained personnel are available today.

On a simple population pro rata basis, the Pittsburgh area at present has in fact a greater number of psychiatrists, proportionately, than the country as a whole. Concentration of State hospital personnel in the area accounts for this. On the other hand, however (prorating the estimated number of psychiatrists needed to satisfactorily handle the current nationwide load of mental illness indicates that approximately 150 specialists could be used in the Pittsburgh area. This represents approximately three times the present number. Seventy of this extended number would be required to staff the necessary institutional facilities in the area, were these brought up to required capacity and adequately staffed.) In other words, whereas the estimated total number of psychiatrists required for the area as a whole is three times the present total, the estimated number needed to staff an optimal expansion of institutional services is only twice the present number so employed. This confirms the already apparent fact that, in spite of the under-staffed conditions in the various mental institutions in the area, the existing deficiencies with respect to general psychiatric services in the community at large are considerably greater." (Stevenson, Dr. Paul H.: "Mental Health Facilities in the Pittsburgh and Allegheny County Area (Pittsburgh Health Department Survey, 1947)", Public Health Service, Federal Security Agency, Washington, September, 1948)

The following table, drawn from the above-mentioned Report, entitled "Provisional Estimated Deficits in Different Categories of Professional Psychiatric Personnel in the Pittsburgh Area", lists the needs as follows:

Categories	Presently employed	Estimated Need	Per cent Deficit
Psychiatrists	55	150	63
Clinical psychologists	7	30	83
Psychiatric social workers	18	150	88
Psychiatric nurses	94	180	48
Psychiatric attendants	800	1000	20

a. The University of Pittsburgh's New Program

The announcement, in November, 1950, of a program for the improvement of programs for psychiatric training and treatment facilities at the University of Pittsburgh involving, as it does, cooperation with the Western State Psychiatric Institute, the Child Guidance Center and other public and private agencies, constitutes an important step towards meeting the deficit in available psychiatric services. This project, financed cooperatively by the University, the State, and the Maurice and Leon Falk Foundation, will have an important impact on the agencies mentioned above, as well as on the programs of the Children's Hospital, the Juvenile Courts and the new Veteran's Hospital being built near Leech Farm, the Pittsburgh Health Department, the public schools, the Pittsburgh School of Nursing, the Graduate School of Public Health, the Pittsburgh School of Social Work and the University of Pittsburgh Department of Psychology. The fact that three leaders in psychiatric training, Dr. Henry W. Brosin, Dr. Benjamin Spock, and Dr. J. Arthur Mirsky, are heading this project, should augur well for the intensified development of the programs of all agencies, including the Jewish Family and Children's Service, Montefiore Hospital in its psychiatric phases, etc.

Dr. Jules V. Coleman, as part of our study, discussed the contemplated program of the University with Dr. Brosin in late January, 1951. Dr. Brosin made it clear that it will take several months before the new program is well under way. Dr. Coleman was impressed with the fact that the Department of Psychiatry at the University will welcome any new psychiatric venture, provided it is sound and uses well-qualified personnel. It is expected that the Department will probably expand very vigorously, with considerable community orientation and sensitivity to community needs.

It is quite probable that the Western Psychiatric Institute may

establish in-patient psychiatric facilities, if a need for such service develops. Under these circumstances, the Jewish community should use such facilities, rather than set up its own.

b. The Montefiore Hospital Proposal for a Pediatric Psychosomatic Unit

Montefiore Hospital, through Dr. Yale David Yoskoff, Director of Research and Medical and Surgical Services, and Sidney N. Bergman, Executive Director, outlined a proposal for the development of a pediatric psychosomatic unit of the Hospital in a letter to Dr. Maurice Taylor, dated September 14, 1950. This letter reads as follows:

".....

(1) The Montefiore Hospital has reached the point in its development where its capacity to serve the community on an ever-wider scale has reached a crucial and dynamic point.

(2) The Montefiore Hospital has been cognizant of a wide area of usefulness in the field of child care, which it has been able to carry on with only limited facilities.

(3) The Hospital, at the present time, is completing a new wing for the care of children designed along pioneering lines. This improvement will provide unusual facilities for the care of the common organic illnesses of childhood, and, in addition, is ideally designed for the study of psychosomatic ailments.

(4) Perhaps the most pressing need in our community in regard to the care of children is a more thorough investigation and treatment of the illnesses which may be said to be emotional in origin. This lack is crucial in our community, and we feel that Montefiore Hospital is particularly adapted to pioneer and develop among our Jewish community such facilities. It is with this in mind, that we have planned this modernized wing as a Pediatric Psychosomatic Unit.

(5) This Unit would investigate such problems in children as asthma, tics, as well as the psychological aspects of certain illnesses such as diabetes. The newly expanded physical plant would care for the somatic aspects of the study. Other departments -- particularly the Neurological and Electroencephalograph Departments -- are peculiarly geared to this kind of study, since they have been widely consulted throughout the community over a number of years to evaluate the organic phases of behavior disorders. Our actively functioning Neurological Department would thus be a great asset to this approach.

(6) Another phase of the projected Psychosomatic Unit would deal with the illnesses which are commonly classified as behavior

disorders in which the environmental factors are the crucial ones. One psychiatric group has been unable to cope with these problems because of the specialized character of them, and also because of the problems of personnel. Our active Social Service Division would be particularly geared to such a Department.

(7) We are urging the Board of Trustees of the Gusky Foundation to consider favorably a Pediatrics Psychosomatic Unit at the Montefiore Hospital to meet the urgent needs of the children of our community.

(8) If this Foundation is made available, it would be used for the development of this Psychosomatic Unit within the Pediatrics Department, with particular reference to the investigation, prophylaxis and treatment of illness of emotional origin as well as physical. The funds would be used for hiring personnel with particular reference to pediatric child psychiatric care. The entire Unit itself should be known as the Gusky Pediatrics Department in honor of the founders of the fund.

In summary, we feel that Montefiore Hospital is particularly geared at this time for energizing this program because of the fact that our Pediatrics Department is in a dynamic state of growth, because of the fact that the Hospital has a full-time research director who also directs the medical and surgical services, and because of the active neurologic and pediatric clinics as well as the interest in social welfare. The Administration and Board of the Hospital have supported, and are supporting, the research departments as well as other phases of the Hospital, and we are sure will do everything in their power to give the name of Gusky an ever-richer meaning in our community."

Dr. Coleman, during his trip to Pittsburgh, met with a variety of individuals and discussed various phases of the Pittsburgh psychiatric program with them. His comments on his visit to the Montefiore Hospital are as follows:

"I found a very high degree of interest in psychosomatic programs. The newly appointed Director of Medical Services, Dr. Koskoff, would like to develop a psychosomatic approach as an important aspect of the Hospital's total activity. The social service program, as I gather from other sources, is very good. A new pediatric wing (30 beds) is almost completed. Dr. Koskoff would like to swing his pediatric program in the direction of psychosomatic research, particularly the problem of children's psychological reactions to illness, and to have a full-time child psychiatrist on his staff. In evaluating this plan, I think one would have to point out that it is too constricted in scope, even from the standpoint of the Hospital itself. If a psychiatrist were engaged on a full-time or full-time equivalent basis, it seems to me that he should have the responsibility to develop a much broader program, including the following:

1. Consultation on hospital patients in all services.

2. Teaching psychiatric concepts and their integration into medical service in general, for resident and visiting staff, and for auxiliary personnel, particularly nurses and social workers;
3. Helping to promote and develop a community orientation, which the Hospital seems at present to be somewhat lacking;
4. Developing and maintaining relations with the Department of Psychiatry at the Medical School, particularly in the interest of making the best possible use of the Hospital for teaching and training;
5. Development of an out-patient psychiatric service for children and adults in close collaboration with the social service department, particularly for the care of psychosomatic problems, i.e., with an orientation to the patient problems of the Hospital."

In line with Dr. Coleman's proposal, we are convinced that there would be greater value in Montefiore Hospital being given the funds to engage a full-time psychiatrist. Such a full-time psychiatrist would, in addition to having the functions listed above, be available for consultation by the staffs of the Jewish Family and Children's Service and the United Vocational and Employment Service, and might, in addition, work with some of the staff members of the Irene Kaufmann Settlement Nursery School for the purpose of securing the best use of that agency in the treatment of children who can derive greater benefits from the opportunities available to them there. If and when nursery school programs are developed in East End and/or Squirrel Hill, these too would have the benefit of psychiatric aid. This is a large order for one psychiatrist. He would necessarily be assisted by a psychiatric social worker as described in the Summary Statement on Needs and Recommendations.

c. The Educational Clinic of the Board of Education

The Board of Education has no psychiatric services of its own, but makes use of community resources. It operates an Educational Clinic which meets once a week and sees 4 children in each session. The children are seen in the morning by psychologists, while the Director of the Clinic interviews the parents. The afternoon conferences are attended by the examiners, the

school social workers and other school personnel interested in that particular case. Recommendations are for the purpose of improved school adjustment. Of the referrals to this Clinic (made mostly by teachers and principals) 22% are Jewish children. The Educational Director, in filling out the questionnaire on Jewish children known to professional personnel comments as follows:

"We notice that about one fourth of our educational clinic referrals are Jewish children. This is a markedly high proportion compared to the general school population. Most frequently these referrals are at the request of the parent because the child is not getting high enough marks to suit the parent, or at the request of the school because of evident emotional tensions in the child from undue pressure to achieve in school. This occurs with great frequency in children of average intelligence or intelligence a little above average who are being pressed to achieve as though they had superior or very superior intelligence. The vocational potentials of these children are usually sub-professional and their parents' aspirations are professional. The resolution of this conflict often requires professional counselling beyond the schools' area of function."

d. The Child Guidance Center

The Child Guidance Center of Pittsburgh constitutes the only agency specializing in clinical psycho-therapeutic services for children. The pressure for service and the paucity of opportunities for psychiatric care in Allegheny County has obliged the Center to operate with periods of closed intake and a long waiting list. In December, 1950, when the staff was incomplete, there were 51 children in active treatment and 75 children on the waiting list. The waiting list would have been still longer, had the intake not been closed. About one third of the children in active treatment and about one fifth of those on the waiting list were Jewish. Does the high percentage reflect a greater awareness of the values to be found from psychiatric treatment, a greater incidence of emotionally disturbed children among the Jewish people, or a greater tendency on the part of Jewish social agencies to refer disturbed youngsters to the Center?

e. Psychiatric Services in the Jewish Family and Children's Service

Should the Jewish Family and Children's Service set up a child guidance department within its agency for certain limited types of cases? Some consideration was given to this question. There was a feeling that if such a department were set up with a distinct identity of its own as to its structure, it could perform a valuable function. Our Study indicates that such a department could well be established immediately. For the supporting evidence of the need for such service see the replies to the questionnaire circulated among the health and welfare agencies of Pittsburgh and the comments drawn from them as reviewed in the Summary Statement on Needs and Recommendations

f. The Polk State School

There is considerable concern in the Jewish community with the problem of the care of mentally defective children. The Polk State School has a long waiting list. As of December, 1950, there were 243 children awaiting placement, and of these about 30 may be Jewish. There seems little that the Jewish community could do to meet this problem other than collaborate in efforts to increase existing facilities for public care of such children. Some of these children have been given a degree of help by the Jewish Family and Children's Service, the Irene Kaufmann Settlement, and the United Vocational and Employment Service.

5. Physical Health Facilities

a. The Survey Report

The Survey Report of the Department of Public Health of Pittsburgh, dated September, 1948, is a 385-page document, based on a study by the Public Health Service of the Federal Security Agency. It describes the health needs of the City of Pittsburgh. There are 13 citizens' committees functioning

within the Health Division of the Health and Welfare Federation who have responsibility for activity leading to the implementation of the recommendations in that report. Jewish leaders, lay and professional, are working as members of these committees and are thereby making a contribution toward better health services for all children and adults. The questionnaire filled out by the physicians did not indicate any strong conviction as to special health services to be developed, but it must be remembered that only 18 replies were received. It may be that the needs are considered too well known to induce the doctors to become specific.

b. Convalescent Care

There has been some concern periodically with the needs of children requiring convalescent care. In 1944, the Social Planning Committee of the Jewish Federation, through Doris Siegel, at that time Director of the Montefiore Hospital Social Service Department, conducted a study of the need for facilities for convalescent and nursing care for Jewish patients in Allegheny County. The findings hardly justify the establishment of an institution limited to the convalescent care of Jewish children, since it should be possible to secure placements among the existing convalescent facilities. There are efforts being made to improve the existing programs and the Jewish lay and professional leaders should continue to cooperate in such endeavors. Were not other needs more pressing, there might be some logic in the Jewish community making its own contribution toward convalescent facilities by the creation of an appropriate institution. There is no doubt that such an institution, particularly, if not limited to Jewish patients, would serve as a valuable contribution to the amelioration of the total available programs for convalescent care. When Dr. E. M. Bluestone made his study of the medical facilities of the Jewish Federation, he recommended that the Gusky Orphanage be converted into a home for 50 to 60 convalescent

patients, since he found the community woefully lacking in convalescent facilities, and since such an institution for adults, adolescents and children is a necessity in a good medical program.

c. The Montefiore Hospital Social Service Department

The Social Service Department in Montefiore Hospital constitutes one of the few such services in any of the Pittsburgh hospitals. The nature of the case work services offered in connection with the treatment of children by the Department are listed as follows:

- "1. Social evaluation and history--an evaluation by the worker of the social and emotional factors, past and present, relating to the child's illness.
- 2. Exploring or working through underlying attitudes related to the illness.
- 3. Modifying emotional disturbances which interfere with medical care, e.g., anxiety relating to the illness.
- 4. Understanding the nature of the illness.
- 5. Understanding the medical recommendations
- 6. Accepting the medical diagnosis
- 7. Accepting medical care and recommendations
- 8. Following medical care and recommendations
- 9. Using community resources other than social services
  - a. Recreational
  - b. Vocational
  - c. Educational
- 10. Dealing with the effects of the illness on the relationships among family members and/or friends
- 11. Referral to and/or consultation with other social agencies
- 12. Planning for the patient's discharge from the hospital, including arrangements for convalescent care."

(from: Warach, Edith Rose: "The Nature of Case Work Services Rendered to Children and Their Parents at the Montefiore Hospital Social Service Department", a thesis submitted to the School of Social Work of the University of Pittsburgh, 1950, pp. 49-50.)

The reputation of the Social Service Department at Montefiore Hospital indicates that it is fairly successful in achieving a high quality of service, though no attempt was made to explore this.

The development of an integrated psychiatric service department at Montefiore Hospital will increase the opportunity for service by the Social Service Department. It would also be desirable to have a closer working

relationship established between the Department and the Jewish Family and Children's Service. The latter agency can play an important role in continued treatment, after hospital discharge, of families with health problems.

#### 6. Vocational Counselling and Placement

In Allegheny County, according to the Report of the Allegheny Committee for the Mid-Century White House Conference on Children and Youth, dated July 26, 1950:

"the major counselling guidance and placement services for young people are provided by the Pittsburgh city schools, the Pennsylvania State Employment Service, and the Allegheny Vocational Counselling Center, although some young people receive counselling and placement service through other agencies in the community, including: Bureau of Vocational Rehabilitation, which provides counselling, testing, rehabilitation training, and placement services for disabled persons over 16; Counselling Center, Pittsburgh YMCA. UVES: and the counselling and placement services in the local colleges and universities.

In the Pittsburgh Public Schools, the entire counselling and guidance program is under the direction of a Director of Guidance and Child Accounting. All public high schools in Pittsburgh (12 comprehensive high schools and 6 vocational high schools) have full time counselors.

There are also full time counselors in most of the junior high schools in the city. In counselling young people who have reached their senior year in high school, the cumulative record which is kept for all children in the Pittsburgh city schools -- from kindergarten through high school -- is found to be of great value. This cumulative record includes all test information, grades, information about special ability, particular problems, and other significant history.

In addition to the direct counselling and guidance program provided by the Pittsburgh schools, approximately 600 students are referred each year to the Allegheny Vocational Counselling Center. Students so referred are for the most part those who plan to enter college and who need further help in making plans."

The United Vocational and Employment Service offers vocational counselling guidance and placement to both Jews and non-Jews, although the emphasis is on serving the former. The following table is significant:

Analysis of Percentages of Jews and Non-Jews  
Served by UVES from October 1949 to October 1950

	PLACEMENT	COUNSELLING	PRE-VOCATIONAL	WORKSHOP
JEWS	87%	65%	25%	50%
NON-JEWS	13% (1 - 8)	35% (1 - 3)	75% (3 - 4)	50% (1 - 2)

In the course of this study we were handed a memorandum dated August 12, 1949, addressed to the President of UVES by the Executive Director, entitled: "The Need For Research To Develop Vocational Tools and Methods for the Physically Handicapped Child". The memorandum outlined a research project to be conducted over a period of 3 years, for the purpose of studying the disabilities which children incur, a crippled child's physical capacity, the occupations suited to the specific disability. It contemplated the employment of people on a part-time basis, from the fields of Industrial Engineering, Industrial Design, Experimental Psychology, Vocational Rehabilitation and Industrial Arts and, where possible, personnel workers from national organizations who have an interest in the rehabilitation of the crippled child.

The total proposed budget of the program would be \$5,000 annually. The objectives were stated as follows:

1. To give the disabled child the same advantages vocationally as the able-bodied child
2. To obviate the dependence which is incurred by the handicapped as a result of their not being prepared early enough, if at all, for the world of work.
3. To make these methods available to public schools and hospitals who are charged with the training and rehabilitation of the crippled child.
4. To make this information available to all other organizations who have an interest in the problem of the crippled child."

It was estimated that there were about 200 people who might have benefited from such a specialized service.

At the moment, the project is not considered urgent, but is reviewed here-with as part of the general picture of children's needs in Pittsburgh.

It is interesting to note that the Executive Director of the UVES feels that

the greatest need in Pittsburgh right now is for a program of family life education. Many of the people seeking services from the agency need, but have little understanding of, case work help.

The agency serves few youngsters under 16. Mostly, the young people who come into the agency for service, are between the ages of 16 to 18. The agency has a group counselling service at the Y and the Irene Kaufmann Settlement. It also offers group guidance service outside the city limits, including Western Pennsylvania. There is also some group guidance for parents. This program is paid for by the B'nai B'rith Vocational Service. The agency has a special project for handicapped youth, working with a demonstration group of 30 people, 16 to 18 years of age, on relief for correcting a vocational disability.

The agency serves about 1500 people in its placement work, making about 1000 placements annually. There were 490 counselling cases in 1949, but the work increased in 1950. The agency conducted 2 sheltered workshops. One offers employment on repetitive tasks, such as letter stuffing, binding, varityping, etc.; the other is a pre-vocational shop for congenitally disabled who come in for a training program for 30 to 90 days.

a. Educational Scholarships

One of the suggestions made to the surveyors is that additional resources might be required for scholarships for those who are unable, though of superior capacities, to go on to higher educational institutions. There are at least 5 agencies with scholarship resources: Council of Jewish Women, Temple Rodef Shalom, Jewish Family and Children's Service, the Irene Kaufmann Settlement and the Y.M. & W.H.A. Scholarship assistance does not seem to be a pressing need.

7. Day Care Service

World War I focussed attention on the tremendous need for an increase of care for children outside their own homes. Such need always existed and found expression in a variety of forms, e.g., day nurseries, nursery schools, and even

foster day care. With the advent of the special mobilization connected with the defense effort, attention is again being focussed on this need. However, quite apart from the fact that a greater number of mothers are entering industry in one form or another, there is still a need for good nursery school and other day care facilities. Such facilities can play an important part in the constructive growth of children, considered both as social beings and as individuals.

The Allegheny County Committee for the Mid-Century White House Conference on Children and Youth recommended:

"that the development of nursery schools be expanded as rapidly as qualified personnel becomes available; and that where possible nursery schools be a part of institutions training doctors, nurses teachers, social workers and psychologists as well as a training center for children of nursery school age in the community. Nursery schools should be an essential part of a program for home and family living in secondary schools, colleges, and programs of adult education."

The Health and Welfare Federation conducted a study embodying a "Report of the Technical Committee on Long-Range Planning of Day Care of Children", dated March 1, 1946, which reviewed the situation after the expiration of the Lanham Act which, at that time, resulted in the closing of day care centers. The Report has not been officially released, but it recommended that an application be made to the Community Chest for funds to begin establishing day care centers at Oakland, East End, and the South Side. It was recommended also that:

"efforts be made by the Health and Welfare Federation to urge the State to appropriate funds for a day care center program and to delegate to the State Department of Welfare the responsibility for the administration of this program."

The Irene Kaufmann Settlement conducts a Day Care Center on its premises on Center Avenue. This project was studied by the special committee of the Family and Child Welfare Division of the Health and Welfare Federation. The findings of this Committee are detailed in a report dated April 8, 1947. It is interesting to note that the Center itself came into being in 1943 as a result of a request by the Board of Directors of the Health and Welfare Federation through

its Day Care Committee. Although started during the war, it was considered desirable that it be developed as a permanent program.

The Study Committee stated, of the Irene Kaufmann Settlement Day Care Center,

"that this agency was providing a service of good quality and in accordance with modern standards in the field of nursery school services, and found its per capita costs in line with the accepted costs for good nursery school care; accordingly, the continuance of the Day Care Center under the administration of the Irene Kaufmann Settlement, and with a Community Chest allotment for its operation in line with its 1947 request was approved and recommended."

The 1949 Annual Report indicates that the Nursery School at the end of that year was serving 20 Negro children, and 11 Jewish children, coming from families covering a wide cross-section of cultural and economic status.

In addition to the Irene Kaufmann Settlement Nursery School, there are a total of about 185 children who attended Jewish education facilities offering day care services; 130 attended the Hebrew Institute, 55 the Hillel Academy. The Principal at the Hebrew Institute feels that more children could be served if they applied. The program there, of course, has a different focus than the Irene Kaufmann Settlement and other nursery schools.

It is difficult to secure figures as to the number of Jewish children in non-Jewish nurseries; however, the Frick School, in 1949, had a waiting list of 77 children, from the Squirrel Hill and East End districts. There is a great demand for a nursery school in Squirrel Hill, and the Irene Kaufmann Center would like to establish such a school. There are about 50 different requests on record now for such a school. The project might have a similar budget to that for the Nursery School on Center Avenue, requiring about \$20,000 annually, of which perhaps \$7,500 could come from fees. There would still be a need, however, for a capital investment as well.

#### 8. Summer Day Camp Facilities

About 930 children attend Jewish agency day camps during the summer.

The Hebrew Institute operates a Day Camp for children 4 to 13 years old.

This is open during the period of June 26 to August 4. The Camp uses its own building and the playground facilities of nearby parks. In addition to the usual outdoor physical activities, there is a program of Jewish activities offered for the purpose of leading "to a positive appreciation of the child's Jewish background and a creative approach to Jewish living." Enrollment is limited to 250 for each of two 3-week sessions. During the summer of 1950, 311 children participated in the program.

About 100 children similarly attend the Summer Day Camp of the Hillel Academy.

The Irene Kaufmann Settlement conducts a Hobbytown program on its Center Avenue premises; a Summerland Day Camp and Playschool program for children of Squirrel Hill and East End at Sound Park and at Fern Hollow in Frick Park; the Camp Davis Day Camp and Playschool program at Schenley Park and at Davis Play-ground; a weekend camp program for groups conducted at Camp Wood Echo in Ligonier, Penna., a softball league at Peabody High School playfield, and a wide variety of other activities at the Center Avenue and East End locations. Each of the highly organized programs mentioned was set up on a different basis in order to meet the needs of a particular neighborhood or a particular group of residents within a neighborhood.

The Summerland Day Camp program in Squirrel Hill was set up to meet the needs outlined by a group of parents able to afford fairly large fees. The program was conducted 4 full days each week, from 9 A.M. to 4 P.M. Monday to Thursday, and on Friday for a half day, from noon to 4 P.M. This program was for youngsters from 7 to 12. The other programs were somewhat similar. In 1949, 270 different children participated in the Hobbytown program. The Summerland Day Camp Program and the Summerland playschool program in Squirrel Hill served a total of 127 different individuals during the 2 sessions. The Camp Davis Playschool and Day Camp program served 89 different children. The Weekend Camp Program at Camp Wood Echo served 30 different boys and girls. In addition to these organized special summer programs, the Day Care Center at Irene Kaufmann Center served 37 different

nursery school children.

The Y.M. & W.H.A. at one time conducted a summer day camp program as well, but gave it up since other facilities were created in the neighborhoods from which the children came, including commercial as well as the Agency camps. The facilities of the Y, including the swimming pool, are used by other day camps.

There does not seem to be need for additional day camp programs other than those to be developed through normal expansion.

#### 9. Summer Camp Facilities

Two Jewish agency camps serve the children of Pittsburgh.

The latest report on the Emma Kaufmann Camp (1949) indicates that 640 campers were served during that year. The Camp recognizes a primary responsibility to serve Jewish boys and girls although 64 non-Jews attended. The majority of the campers came from Squirrel Hill (211), and East End (149); Oakland (74), Hill (81) and other communities (126) represent the total picture of the locale of the campers. The Camp has a policy of seeing that no child is denied camp because of inability to pay, although the Director feels that it would be helpful to have additional funds for scholarship purposes.

There were 24 youngsters in the course of the season who seemed to indicate the need for much more individual help than could be met through camp. The parents of these children were contacted and attempts were made to refer them to case work agencies. 8 parents responded and were so referred.

25 of the children of the Camp came from agency referrals and the agencies were kept informed of the Camp's experience with them.

As part of this study, the agency was asked to indicate the problems presented by children, which could not be met through Camp. 14 such individuals were singled out and the material on file summarizes the counsellors' reports. Most of these children could use case work help.

The Camp seems to have a recurrent need for more maintenance and improvement

funds than are available.

The Laurel Y Camp Report of 1949 indicated that 237 children, ranging in age from 9½ to 13, were served at a leased public camp site.

Jewish elements in the Camp program were said to be "reflected in the everyday living rather than set apart as something special". The children at Camp came from the following locations:

<u>District</u>	<u>Total</u>
Squirrel Hill	120
East End	48
Oakland	7
Hill	2
Suburbs	24
Out of County	28
Out of State	3
Other Neighborhoods	<u>5</u>
TOTAL	237

This Camp also has recurrent maintenance and improvement expenses, but this does not seem to be a major problem. The Camp's records on 119 individual children were examined, but only about 6 indicated such severe problems as to require referral to other than group work agencies. However, the Director of the Camp was impressed with the need for greater psychiatric service in Pittsburgh.

The Laurel Y Camp has only 3 scholarships available for children to attend Camp. The Executive Director feels that if there were a publicized camp scholarship fund available for children whose parents cannot afford to give them a camp experience, many more children would be able to attend camps.

The Director of the Emma Kaufmann Camp feels that there is need for additional camp facilities to serve children from 11 to 17. Both Jewish camps now limit service to children up to 14 years of age. Both camps are being used to their present capacity and do not permit any camping for youngsters from 14 to 17. The

provision of another site within a Jewish Center program might round out the camping service and allow for some differentiation of functions by the 3 camps. The time available for this study did not permit exploration of this need.

10. Group Work Services

a. The Y.M. & W.H.A.

The total membership of the Y is about 7,000; 1,500 of these are under 15 years of age.

There are about 35 clubs for young people in that age group. The staff includes 4 professional group workers, directing programs of interest groups, dramatics, game room and mass activities. The bulk of the membership in the Y is above the age of 21, and for the most part, belong to the middle and upper class economic groups; the younger children are said to belong to the middle and lower income groups. One staff member does counselling of the youngsters around the use of the program and makes referrals to other agencies. Here, too, reference was made to the fact that such counselling reveals the need for greater psychiatric and case work services. The Executive Director of the Y would like to see a fund established for the presentation of entertainment geared to the interest and activities of children, such as plays, puppet shows, appropriate music, dances, etc. on a mass scale, using facilities such as the Y or Syria Mosque Buildings. The Y at one time had a playhouse, but gave it up because it became too expensive. In effect, the fund could be used for a children's playhouse which would cater to children interested in cultural activities.

b. The Irene Kaufmann Settlement

The Irene Kaufmann Settlement has been studied during 1949 and 1950 by a special Study Committee of the Group Work Division of the Health and Welfare Federation of Allegheny County. Sanford Solender and Herman Sainer of the

National Jewish Welfare Board served as consultants on that study. Their report is embodied in 3 lengthy documents.

The Irene Kaufmann Settlement operates in 3 different branches.

(1) The Center Avenue program, which is usually meant when reference is made to the Irene Kaufmann Settlement, is a varied one serving all age groups, featuring programs the year around, and offering special services, such as the Day Care Center, and providing informal educational and recreational activities of a social, athletic and cultural nature. Membership in the program declined from 3,688 in 1940 to 2,319 in 1949, a drop of 37%. During the same period the enrollment of white people dropped 68%. In 1949 the membership was 49.8% Negro,  
28.5% Jews  
21.7% Non-Jewish White People,  
62% of the membership residing in the Hill District. Approximately 1/4 of the membership of the settlement was under 11 years of age, 1/4, 21 years and over, and the balance falling between the two groups. Irene Kaufmann Settlement serves, on Center Avenue  $1\frac{1}{2}$  of the total Jewish population of Pittsburgh and, generally speaking, provides care for its own neighborhood children and youth, while its adult membership is by-and-large community-wide in character.

Some question was raised in the course of this study of whether it is sound community policy for a sectarian group to have sole responsibility for a non-sectarian program in one section, while offering primarily a sectarian program in other sections. It has been suggested that the present Irene Kaufmann Settlement Board turn over the Center Avenue building and program to a new committee or community Board through a procedure to be worked out. Others suggested that the Irene Kaufmann Settlement retain its present responsibility but add to its Board representatives of the various groups it serves.

(2) The Squirrel Hill Center is known as the Irene Kaufmann Center. It was established in September 1945 and has grown from a first-year membership of 530 to 1,952 young people between 5 and 18 years of age in 1949. The 28 clubs established initially grew to 55 in 1948. Several physical facilities are maintained for the Center's work. While the original intention was to operate the Squirrel Hill Center as a non-sectarian program, the total membership of non-Jews was never more than 10%. Figures for 1948 show less than 1% of the membership to be non-Jews. At that time the focus was shifted to a larger emphasis to meeting the needs for a Jewish program. The Report of the Study Committee (April 14, 1950) states:

"At the inception of the Squirrel Hill Center, provision was made for the relationship of the Y.M. & W.H.A. to the program. Arrangements were devised for representation of the "Y" on the Board of the Squirrel Hill Center, and an agreement was developed providing a distinction between Irene Kaufmann Center and "Y" responsibility for service to this area, principally on an age basis. Key people have expressed the view that these measures did not prove adequate, and therefore require further study."

(3) East End Program

In 1945, the Irene Kaufmann Settlement submitted a request to the Group Work Division of the Health and Welfare Federation for funds to conduct a program in East Liberty, based on a study by their own agency and the Federation of Jewish Philanthropies. The Community Chest allocation was not granted at that time, because, in the judgment of the Study Committee, a sufficient extent of need was not demonstrated. The Irene Kaufmann Settlement and the Jewish Federation disagreed with this conclusion, and, after clearance with Group Work Division, with special funds organized a pilot demonstration in 1948 to experiment with the Irene Kaufmann Center in East End. The Study Committee Report of the Group Work Division, dated April 14, 1950, states:

"The pilot demonstration program completed a year of operation in September 1949 and is now on a restricted basis due to lack of funds. It served essentially a Jewish membership, attempting to meet both their general and Jewish needs, though its membership was open to all. The Center depended upon the facilities of two synagogues and Peabody High School, which were regarded as adequate for the limited program but unsatisfactory for the total program envisaged.

The program of activities involved service to children between 6 and 12 years, including activity and friendship groups. The program for teen-agers included a Jewish Youth Council, to which 13 boys' and girls' groups from 14 to 18 years of age were affiliated, mass activities, and intensive leadership service to five of the affiliated groups. The Youth Council's program was varied and attracted substantial response. The work of the Youth Council evoked considerable enthusiasm among the young people and parents who felt it had met fundamental youth needs for socialization, group contact, and positive identification with the Jewish group, better understanding of their Jewish background, and a closer relationship to the general community. A program was also offered for oldsters, over 60 years of age.

A small staff, consisting of a full time director and part-time personnel, guided the program which had an enrollment of 319 people. (membership included 298 children and 12 aged). It is estimated that 21 percent of the East End Jewish school child population were members of the demonstration program."

The Study Committee reached the following conclusions:

1. There exists in the East End area a common need for recreational and group work programs, and a particular need for service to Jewish children and youth to meet their general needs as individuals and their specific needs as Jews, through recreational and informal educational group experiences. As described heretofore, this type of service is known as a Jewish Community Center program, open to all residents of the community.
2. The type of program projected by the Irene Kaufmann Settlement for the East End area is sound in that it will fulfill the objectives referred to above and is a desirable and needed community resource for that area.
3. The committee has taken cognizance of the relationship of the services of the Young Men's and Women's Hebrew Association to the satisfaction of the needs of the Jewish Community in the East End area, and of the desirability of the unified Jewish Community Center service for the county referred to in the foregoing recommendations.
4. Recognizing that the achievement of such a development requires a period of planning, the study committee recommends approval of the proposed Irene Kaufmann Center of East End for Community Chest support, provided that in the execution of this program the maximum coordination with the Y.M. & W.H.A. is achieved."

11. To What Extent Are the Agencies' Services Known?

An attempt was made to study the degree to which professional persons in the community are aware of the nature of social services offered by the agencies. A questionnaire was circulated to 190 physicians and 390 other professional persons, asking them to check whether they knew any of the agencies on a list describing all programs. The names were chosen from the contributors' list of the United Jewish Fund. The responses were not good but may, nevertheless, be significant. Eighteen physicians replied, and of those 6 indicated that they did not know of the existence of the Jewish Family and Children's Service prior to the filling out of the questionnaire, 41 other professional workers replied and of these 12 indicated that they did not know of the agency's existence. This is further corroboration of the necessity for a strong interpretive program in addition to the main source from which new clients come, namely, as the result of hearing how others have been helped.

The doctors were asked to give some indication of the number of children they had treated, who required supplementary resources for recovery each year. Several indicated the need for greater facilities for the treatment of emotional disturbances. Eight of the 18 doctors replying indicated the need for greater facilities for the treatment of emotional complications of illness. It is logical to assume that at least some of the cases which led to this conclusion would have benefited from case work or counselling services. Six of the other professional workers who responded to the questionnaire expressed a desire to see services to emotionally disturbed children expanded.

A questionnaire of a similar nature was sent to 84 Jewish and non-Jewish private and public social agencies.

a. Summary of Answers to Questionnaires on Jewish Children Known to Health and Welfare Agencies

Questionnaires were sent to 84 Health and Welfare Agencies. Replies were received from 44.

Five agencies indicated that they could not identify Jewish children among their clientele since any such identification was contrary to the philosophy upon which the services were offered: American Red Cross Home Service Chapter; Girl Scouts of Allegheny County; Planned Parenthood Committee and Clinic; The Legal Aid Society; and the Visiting Nurse Association of Allegheny County. The V.N.A., however, pointed out these needs:

"Child Guidance Service within the schools and apart from them.  
Extension of family case work services.  
Nursery School and Kindergarten in crowded housing areas.  
Services for Displaced Persons' families not adequate for their special problems.  
Services for mentally deficient children and families of those children very inadequate.  
Homemaker Service when mother ill, not adequate."

Twenty-two agencies indicated that they did not serve any Jewish children during 1950.

Thirteen non-Jewish social agencies responded as follows:

(I.) The Allegheny County Board of Assistance singled out 3 Jewish children as follows:

- (1) Boy, 2 years old: Possible victim of cerebral palsy.  
Mother resisted institutionalization as advised.
- (2) Girl: Makes poor adjustment because of family conflict.
- (3) Family of 3 children: Require no other service than that of agency itself.

(II.) Boy's Club of Wilkinsburg: 3 children but no problem indicated beyond function of agency.

(III.) Family and Children's Service: One case worker submitted a description of a child whose mother felt he needed more social contact with pre-school group.

(IV.) The Gumbert School for Girls: 2 Jewish children, both released in 1950:

(1) Girl, 18 years old: I.Q. 66, sex delinquent, committed to Pennsylvania Training School.

(2) Girl, 16 years old: I.Q. 64, responded to treatment and training very favorably and now successfully on parole.

More facilities or services needed for "Family situations, emotional development, health, school adjustment and recreational facilities."

(V.) McKeesport Day Nursery, McKeesport, Penna., served 8 Jewish children but none of these had problems beyond the function of the agency.

(VI.) The Pittsburgh Hearing Society served 7 Jewish children, none of whom seemed to have problems beyond the scope of the agency. "It is always difficult to obtain funds for the purchase and upkeep of hearing aids."

(VII.) Pressley House served no Jewish children but makes this comment on services needed: "Thorough psychological examination for every child; organized activities related to the problems of specific children to provide motivation - handicrafts, etc.; competent tutoring for dull children; camp counselling with organized leadership."

(VIII.) Soho Community House: Soho served 31 Jewish children between October 1st and December 31, 1950. One Jewish child required service not rendered by the Agency -- a seriously disturbed youngster who refused to involve parents in process of referral to Jewish Family and Children's Service. Soho program director sees needs: "Expansion of child guidance facilities, perhaps under public agencies such as the Board of Education. Need more psychiatric help and psychiatric social workers. Wish public schools could add more Home and School Visitors."

(IX.) Western Pennsylvania Humane Society states "The number of Jewish families referred to us during 1950 was so low, and their problems so minor that they should not have been referred to us to begin with."

(X.) Westmoreland County Children's Bureau, Greensburg, Penna.: One child without problems beyond the scope of the agency.

(XI.) Zoar Home: 2 children

(1) Girl referred to the Jewish Family and Children's Service for placement.

(2) Child served adequately by the agency.

The remaining two non-Jewish agencies are the Pittsburgh Public Schools; primarily the Division of Child Guidance and Child Accounting and the Pittsburgh Child Guidance Center.

(XIII.) The Public Schools Division of Child Guidance and Accounting singled out 24 children as having problems requiring use of other community resources.\*

(XIII.) The Child Guidance Center did not confine its answers to cases known only during 1950, but in a study of its experiences listed 35 cases with problems requiring the use of other community resources.\*\* In addition, they filled out questionnaires on 19 Jewish children awaiting the opportunity for treatment within the Center.

Further, they submitted replies to questionnaires on 17 Jewish children served adequately within the Center during 1950.

---

\* See details in Table 1 in the Appendix I, pages 84 to 92, incl.

\*\* See details in Table 2 in the Appendix I, pages 93 to 100, incl.

Needs were seen as follows:

- "(1) Treatment School where acutely disturbed children can have the benefit of full-time care with clinical team in attendance.
- (2) Expansion of present psychiatric facilities for the care of patients in all age groups.
- (3) Psychiatric service for pre-school children in such settings as Well Baby Clinic; I.K.S. Nursery School, etc. so that mothers and children may have help before problems become acute or severe."

The following Jewish agencies filled out questionnaires on children presenting problems beyond the agency's functions:

Montefiore Hospital\*

United Vocational and Employment Service\*\* who summarize needs as follows:

"Expansion of parental guidance and education in or separate from child serving agencies;

Expand facilities in child guidance with increased availability of psychiatric services or establishment of a Jewish child guidance center."

Young Men's and Women's Hebrew Association\*\*\* who state needs as follows:

"Psychiatric service, new Jewish community camp, expansion of neighborhood centers with group workers."

---

\* See Table 4 in the Appendix I, pages 103 to 108, incl.

\*\* See Table 5 in the Appendix I, pages 109, 110

\*\*\* See Table 6 in the Appendix I, pages 111 to 116, incl.

The Emma Kaufmann Camp submitted the records of 14 children who had problems beyond the purposes of the Camp.\*

All of the contacts with agency representatives and a study of the questionnaire replies lead us to believe that there is a constant necessity for a maximum of interpretation among the agencies representatives themselves. The proposal for a Mental Hygiene Committee should intensify this process of "cross-fertilization."

---

\* See Table 3 in the Appendix I, pages 101, 102.

A P P E N D I X

January 3, 1951

APPENDIX I

Dear

The Board of Directors of the J. M. Gusky Orphanage and the Social Planning Committee of the Federation of Jewish Philanthropies are conducting a study of services available to children and their families in the city of Pittsburgh. Herschel Alt, Executive Director of the Jewish Board of Guardians of New York City, and Maurice Bernstein, Associate on Community Organization Studies of the Training Bureau for Jewish Communal Service, are directing the study.

We are trying to estimate the number of Jewish children and families served by Health and Welfare Agencies, the problems presented by such children, the experience of agencies in seeking services for them which go beyond their function and, finally, the judgment of agency personnel as to services required to meet the needs encountered. For this purpose, we are enclosing two questionnaires as follows:

1. A blank to be filled out for each child known to you during the calendar year of 1950. It is to be noted that in some cases the services are directed primarily to the parents, but since it was a Jewish family a questionnaire should be filled out for them. The information concerning individuals will, of course, be kept confidential. We ask for names merely to avoid duplication in our counts.
2. A questionnaire asking for the total number of Jewish children served by you during 1950 and those under care on the last day of the year. This form also asks your judgment on the service facilities required.

Meyer Schwartz, Administrative Assistant, AT.1-4605, will be glad to answer any questions about the study and the questionnaire. Will you let him know how many more you will need in order to fill out one on each person known to you?

It is our expectation that the result of the study will be of value to the entire community. With assurances of our deep appreciation for your cooperation, we are

Sincerely yours,

Maurice Taylor  
Executive Director



Questionnaire on Jewish Children Known to Health and Welfare Agencies

-2-

5. What non-existent resources, if any, might have been utilized in the treatment of this child's problems? Be as specific as possible.

---

---

---

---

---

6. Remarks. (Include any comments which will help us in understanding your problems in finding or using community resources for this child)

\*Children defined as from Infancy through 18 years of age.

JEWISH CHILD CARE STUDY

1. How many different Jewish children were served by your agency during 1950? \_\_\_\_\_
2. How many Jewish children were under the care, treatment, or supervision of your agency on December 31, 1950? \_\_\_\_\_

If funds were available and the decision were yours, what service facilities would you elect to establish or expand for the treatment of children having problems in such areas as: family situation, health, school adjustment, and emotional development? List in order of relative need or importance and comment if you wish.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

TABLE 1

Replies to Questionnaire on Jewish Children known to Health and Welfare AgenciesPittsburgh Public Schools - Division of Guidance and Child Accounting - 24 Cases

Sex and Age	Describe briefly the child's problems not met by Agency	What "outside" resources were available for treatment	Was child referred to outside sources	If referral not made, why not
1. Boy * 10	The child's parents were indulgent, over-protective toward the boy. They gave him all the material things they could, but the parents were constantly quarrelling and bickering with each other. Each sought to get the boy on his own side against the other in any family controversy. This conflict seemed chronic, of long standing, and unresponsive to the palliative treatment available from the school.	No resource was "available" in the sense that it could be identified and used immediately. The Child Guidance Center was "available" in the sense of function, however.	Child was referred to Child Guidance Center.	Child or his family would not accept re-referral.
2. Girl 9	Service to parents regarding meeting needs of children -- in other words, the kind of service a family agency could give. Interest of mother in child growing up--devoting time to child	Jewish Family and Children's Service Family & Children's Service Girl Scouts IKS	No referral was made.	No contact with parent since it seemed that child would have to go on alone and problem not so acute that mother had to be seen. Child not interested in group agency referral.

\* This case from Educational Clinic

TABLE 1 (Cont'd)

3.	Boy 10	Deeper exploration of boy's anxieties regarding pain which first recurred at father's death several years ago and recurred at time of uncle's death-- interfered with boy's school adjustment because he would become panicky and have to telephone mother repeatedly during day. Helping mother to understand child's needs so that she could accept boy as a child rather than an adult and understand his hostile feelings towards his younger brother. (active only until accepted by Child Guidance Center, placed on emergency list)	Child Guidance Center WPI Staunton Clinic	Child was referred to Child Guidance Center as an emergency	
4.	Boy 12	Tense and distressed--possibly could have been helped to a greater extent through psychiatric service than that given by home and school visitor. Boy couldn't remember at times but helped to express intense hostility towards school and then seemed to be a much happier boy. Family relationships not explored.	IKS Child Guidance Center WPI	Not by home and school visitor. Principal referred mother to WPI.	Mother did not accept referral.

TABLE 1 (Cont'd)

5. Boy 7	Seems to be a marital problem which is contributing to the boy's tenseness. Mother cannot discuss it as yet but talks around it. Need for exploration with <u>both</u> parents of roles of father and mother in helping to meet a child's needs. Acceptance by parents of the boy as a child rather than an adult and what can be expected of a child that age. Mother resisted any help because it seems too painful to involve herself in how she may help child. The boy is a most insecure child.	Child Guidance Center Jewish Family and Children's Service Cub Scouts	Child was not referred.	Parent not ready to accept interpretation of the first two agencies. Child not ready to use scouts (not quite of age of acceptance either).
6. Boy 8	Help to both parents regarding their job of being parents. Mother acknowledges that she does not know this and finds it almost impossible to limit the boy. To a degree this is a <u>part</u> of function of home & school visitor--limited time limits service. Problem permeates all family relationships, therefore is more appropriately that of a family agency (Boy is most insecure in his relationships and is retarded in achievement although of average intelligence. I feel there is an emotional base to his problem. Parents and boy might need help on this.	Jewish Family and Children's Service Family and Children Service Child Guidance Center WPI YMHA IKS	Child was referred to YMHA	Discussion with mother regarding referral to JF&CS--she verbalized a need and desire to accept service but never followed through. Parents should initiate JF&CS referral.

TABLE 1 (Cont'd)

7. Boy 11	Overprotective rejecting mother who will need long time help. Marital problem seems to be a part of problem. Boy has so many fears, especially at night which keep him from sleeping; therefore, interfere with school adjustment. Boy has average intelligence but is not learning--seems to be emotionally blocked.	Eye Clinic at Presbyterian Hospital WPI Child Guidance Clinic IKS YMHA	Child has appointment at eye clinic. Was not referred to other agencies by H&SV	Parent went to Pitt Psychological Testing Service--referred from there to WPI, to be accepted for treatment soon. H&SV discussed need and school adjustment with WPI
8. Girl 7	Child intensely nervous-- mother said girl was a health problem and that she was receiving excellent medical care. Mother extremely overprotective and hostile--seemed to need help in understanding child's needs and in working through so she could help meet this child's needs. Mother refused any help--would not permit home and school visitor to talk with child. Mother extremely threatening and did not wish to discuss her child with home and school visitor. H&SV felt service should center with mother rather than child. Mother felt child's adjustment at school satisfactory. Child had no playmates.	Jewish Family and Children's Service Child Guidance Center Family & Children Service Group	No referral was made	Child or family would not accept referral.

TABLE 1 (Cont'd)

9. Boy 12	Need for boy to continue psychiatric service terminated by mother at boy's discharge from WPI (withdrawal not recommended by hospital). Intensive work with mother to understand needs of Frank and to help meet the boy's needs. to help mother accept private treatment or school placement as recommended by WPI.	Child Guidance Center Western Psychiatric Institute Jewish Family & Children's Service Family & Children Service IKS YMHA	Child was referred to WPI by family physician	Mother did not wish help from JF&CS.
10. Boy 7	Complete withdrawal from adults and children. Relationships within family need explored.	Child Guidance Center Western Psychiatric Institute	Child was referred to WPI by principal through psychological testing.	Income such that child could not be accepted to service by WPI. Too long a waiting list for reference to Child Guidance Center. Need for immediate service.
11. Girl 11	Highly nervous mother who had a great many psychosomatic complaints and under treatment--not able to help child who is extremely deprived emotionally. Mother needs help or child and mother need to be separated.	WPI Child Guidance Center IKS	Child had been referred to WPI by principal at an earlier date.	Child not able to use group constructively at this time.

TABLE 1 (Cont'd)

12. Girl 8	Child's problems so severe that placement seemed indicated because mother is feeble-minded and seemed not able but wanting to help. Grandmother recognized that she was unable to give child care she needed because of own personality, economic situation, age. Family could not use voluntary help.	Jewish Family & Children's Service Juvenile Court DPA: ADC PHN School nurse for helping to teach mother care for pediculoses. Child Guidance Center	Child was referred to first four by agency, the school nurse by principal	
13. Girl 17	Anxiety state regarding a school attendance--exploration of child's personality in order to help resolve anxieties so that she could attend school and be better socially adjusted.	Child Guidance Center WPI Staunton Clinic	Child was referred	Referral by school educational clinic 9/48 before mother ready for it--terminated. Accepted referral 9/49 after work with mother by H&SV.
14. Boy 10	This was a broken family; since activity there has been a divorce. There was concern about the boy's leg which pained him and may have been a psychosomatic condition. Child lacked friends and play experiences with other children, consequently was poorly adjusted socially in age group. Was greatly restricted in his leisure to working in mother's store.	Jewish Family & Children's Service. Medical Dept.--Board of Education, Private physician Children's Hospital YMCA, YM & WCA Boy Scouts	Child was referred to Medical Dept., Board of Education, Boy Scouts, Private Physician.	Mother would not accept referral to agency because she felt she could not keep appointments. Sole responsibility for her business.

TABLE 1 (Cont'd)

15. Girl 9	This child seems seriously maladjusted in her community and is something of a problem at school. She lives in a predominantly negro community and attends Miller School. There is constant friction between herself and her classmates and her mother and grandmother aggravate the situation.	Jewish Family & Children's Service	Child was not referred.	Child or family would not accept referral. School officials would give no recognition of child's problem.
16. Boy 16	This boy presented a serious picture of an emotionally disturbed child. A chronically ill father and an overprotective mother aggravated his condition. The family relationships are poor and the boy has never been able to form lasting friendships with other children. His school attendance was influenced by physical illness as well as emotional conflict.	Jewish Family & Children's Service Child Guidance Center Western Psychiatric Clinic Juvenile Court	Child was referred to all agencies except the Child Guidance Center	Child Guidance Center rejected referral because of too long a waiting list.
17. Boy 12	The boy returned to public school in September, 1949 from a private psychiatric treatment school. Parents had withdrawn the boy before the treatment period was completed, therefore, he constituted a school behavior problem following entrance. The mother has a psychiatric history.	Board of Public Education, Educational Clinic-- Diagnostic Service Child Guidance Center-- Diagnostic Service Jewish Family & Children's Service	Child was referred to all three agencies.	Child Guidance Center would not accept referral because problem not within their treatment area--needed institutional therapy. JF&CS would not accept referral as family was uncooperative.

TABLE 1 (Cont'd)

18. Boy 13	Boy seems emotionally unstable over-protected by mother who constantly visits school, did all planning for boy, is volatile, and completely dominates the situation. Father is separated from family but has been brought by mother to school to take blame for boy's difficulty. She has asked father to take boy and handle situation, but he has refused. Boy truants, cuts classes, once ran away.	Child Guidance Center Juvenile Court Possibly various family agencies might help mother though she herself may be in need of psychiatric help.	Child was referred to Child Guidance Center. Actually, referral here consisted in helping mother return to CGC where two years before she had arbitrarily discontinued the service they were giving. They doubt if present help will be successful.	
19. Boy 15	Boy was referred to the E&SV because of irregular attendance. He seems unable to realize its importance and constantly uses excuses, e.g., toothaches, broken left arm, eye trouble and bad tonsils so he can miss school, also hunting for a job before Xmas	Not too many. We did consider Child Guidance Center.	Child has not yet been referred.	The CGC has too long a waiting list, and we have not been able to get parents interested in a referral.
20. Boy 10	Boy has difficulty in school adjustment. Although he has shown some improvement, he still is finding it hard to sit still in one of his classes. He has the habit of rough-housing in the hall, and disturbing the class by carrying on games, conversations, etc. with some of his classmates. He is a tensed child in his general behavior and appears very restrained.	YMHA	Child is in the process of referral to YMHA. In the referral I'm preparing, I'm trying to get a scholarship for him at YMHA.	

TABLE 1 (Cont'd)

21. Boy 6	Marriage counselling. Child tossed between two immature parents. Mother had taken child out of state to her parental home--father brought him back--wanted child protected from being taken from school by mother. Father wanted agency help--wanted someone to talk with his wife regarding her responsibility and to come come. He refused to have his child "raised" in domineering maternal grandmother's home.	Jewish Family & Children's Service Family & Children's Service	Child was referred to JF&CS	Child or family did not accept referral.
22. Boy 7	Child tossed between two parents while divorce is pending. Parents needed marriage counselling and help with meeting needs of child.	Jewish Family & Children's Service Child Guidance Clinic(since child is nervous) WPI Family & Children Service	Child was referred to JF&CS	JF&CS stated father called for help. Agency said mother is not ready for help; mother had custody of child.
23. Girl 17	Child had an "anxiety neurosis with Schizoid tendencies". Child would remain up till 3 and 4 A.M., studying books on psychiatry and trying to diagnose her own case.	Western Pennsylvania Psychiatric Hospital Child Guidance Center	Child was not re-referred	Child was private patient of psychiatrist.
24. Girl 15	Marital conflicts between parents. Constant separations and reunions. Two previous marriages of man. Wife jealous and suspicious. Father died 1948.	Child Guidance Center Jewish Family & Children's Service	Child was referred to both agencies, was formerly known to JF&CS	Child accepted CGC referral but terminated before agency was ready. Was not interested in reopening with JF&CS

TABLE 2

Replies to Questionnaire on Jewish Children known to Health and Welfare AgenciesPittsburgh Child Guidance Center - 36 Cases

Sex and Age	Describe briefly the child's problems not met by Agency	What "outside" resources were available for treatment	Was child referred to outside sources	If referral not made, why not
1. Boy 7	Severe emotional disorder needing long-term therapy away from home, and object to parents' neurotic outlet.	Treatment School Foster Home Placement	Child was not referred.	Child or family would not accept referral. Family was financially limited.
2. Girl 2	Child being sent to nursery school for supervised and controlled group experience with contemporaries while mother prepares for pregnancy and delivery.	Irene Kaufmann Nursery School	Child was referred	
3. Boy 8	Severe stuttering precipitated by emotional conflict with parents, resulting in poor school adjustment, unsatisfactory personal and group relationships.	Camp (private) of family's choice. Board of Education, Special Classes	Child was referred to both resources through family's initiative and our choice.	
4. Boy 7	Problem within agency function but particular circumstances make it difficult to go ahead at this time.			
5. Girl 13	Not answered	Treatment School, JF&CS	Child was referred & to Bellefaire in Cleveland	

TABLE 2 (Cont'd)

6. Boy 8	Needed tutoring	At that time, Reading Laboratory at U. of Pittsburgh was available	Child was referred	
7. Boy 4	Nursery school care	Irene Kaufmann Nursery School	Child was referred	
8. Boy 5	Mother in need of psychiatric treatment.	Out-patient care at University Psychiatric Institute and private psychiatric service	Patient was not referred.	Institute had too long a waiting list
9. Boy 12	Mother in need of psychiatric service. Child needed supervised recreational activity.	University Psychiatric Institute (mother) I.K. Center and IKS Camps for Child	Both mother and child were referred to respective sources.	
10. Boy 13	Treatment School	None locally	Child was not referred	Family financially limited.
11. Boy 10	Child's emotional problems are being met within agency's facilities. Child's other major problem is loss of father through death and consequent financial limitation.	Irene Kaufmann Center Summer Camp (CGC Day Camp)	Child was referred to both sources	
12. Boy	Marital conflict of parents.	Jewish Family & Children's Service Psychiatric Care for Mother	Child was not referred	Child or family would not accept referral. There was too long a waiting list

TABLE 2 (Cont'd)

13. Boy 15	Marital conflict of parents. Removal from home to treatment school.	Jewish Family & Children's Service	Child was not referred	Child of family would not accept referral
14. Girl 15	Need for a placement away from home in a therapeutic environment.	No local treatment school available. Jewish Family & Children's Service	Child was referred to JF&CS	
15. Girl 16	Treatment has started very recently and it is felt all problems fall within our agency's function.			
16. Boy 9	While we are attempting treatment at home, we are dubious about our ability to help the boy very much there. A combination of treatment and placement - possibly Foster home placement may be found necessary.	Jewish Family & Children's Service is placement plan necessary	Child was not yet referred	
17. Boy 14	This adolescent boy was thought to be an early psychotic in a disturbed and untreatable home situation. Our psychiatrist thought that intensive treatment and supervision in a treatment school situation was the only possibility to help.	Jewish Family & Children's Service	Child was informally referred to JF&CS	Family would not accept referral. Findings were turned over to Board of Education

TABLE 2 (Cont'd)

18. Boy 6	Disturbed youngster in home with psychotic mother and erratic father. Foster home placement and treatment advised; referral to JF&CS was discussed.	Jewish Family & Children's Service	Child was not referred	Family would not accept referral
19. Boy 9	Marriage Counselling	Jewish Family & Children's Service	Child was referred	
20. Boy 7	Seriously retarded child with diagnosis of possible dementia praecox	Polk State School	Child was referred	
21. Boy 8	Bizarre behavior, somatic expression of emotional conflicts, deep-seated fears-- all requiring a protected living arrangement for acute diagnostic observation and later treatment. Conflict with mother and her problems retarded treatment response.	Treatment school Private psychiatric help for parents Protective group activities	Child was referred to private psychiatric help	Family did not accept referral to protected group; selected own resources
22. Girl 11	Child severely disturbed needing extensive and intensive daily treatment and therapeutic environment. Mother also emotionally upset. Child needs special class program because of emotional illness	Treatment School (Hawthorne, Cedar-Knolls or Bellefaire) Psychiatric care for mother Jewish Family & Children's Service Home & School Visitor, Board of Education	Child was referred to the last three resources	
23. Boy 10	Need for well-supervised group experience - group living or camp	Emma Kaufmann Farm Camp Laurel Irene Kaufmann Center	Child was not referred	Child or his family would not accept referral

TABLE 2 (Cont'd)

24. Boy 9	Deep rooted conflict with mother requiring extensive longtime therapy; poor group adjustment and slow academic progress.	Irene Kaufmann Settlement (Previously known to them) Emma Kaufmann Farm Jewish Family & Children's Service (for placement planning) Hawthorne - Cedar-Knolls	Child was referred to last three agencies	
25. Boy 11	School adjustment - need for reduced academic schedule. Limited and protected camp experience. Periodic hospitalization.	Principal & Teacher of Public Grade School Falk Summer Camp, Day Program Children's Hospital	Child was referred to all three	
26. Girl 9	Need for permanent or adoptive home.	Jewish Family & Children's Service	Child was referred (already known to them)	
27. Boy 13	Placement--permanent or adoptive.	Jewish Family & Children's Service	Child was referred (already known to them, problem being worked out)	
28. Boy 1	This is a new case, in process of study. At this point we believe it is one which is treatable in the home situation on a clinic basis. Thus far there is no evidence of need for resources which are not available.			

TABLE 2 (Cont'd)

29. Boy 16	This child with problems of school maladjustment and stealing was living in a very rejecting home situation with well-meaning but neurotic parents. He could have profited by a period of study and treatment in a treatment school setting. He would have done well in the type of school program which emphasized trades, needed skilled tutoring in some of his academic subjects.	All treatment schools available were not within parental means Conneley & Washington Trade Schools No tutoring was available at this child's school	Child was referred to trade schools	Family rejected referral, feared association with "type of boy" who went to trade school
30. Boy 9	This was a child whose problems and parental attitudes were of a nature that we early recognized the need for a study home and treatment school. We continued the Center treatment, but with little success--only because the resource which was needed was not available.	No treatment school available. Talked with family of possibly getting help with financing and arranging placement at an out-of-town treatment school through JF&CS	Child was not referred	Family could not accept idea of "charity", were fearful of long-distance arrangement. Neither family nor agency had funds for such purposes.
31. Boy 12	Severely disturbed child in disturbed home environment. Not considered treatment in home on clinic basis. Treatment school recommended.	Hawthorne--Cedar Knolls in New York	Child was referred to Hawthorne through JF&CS	
32. Girl 10	We did not find this very neurotic child treatable in her extremely neurotic home situation; nor did we believe that the progress was sufficiently good to recommend long-time placement with treatment. Child needed constructive outlets outside the home.	Irene Kaufmann Center	Child was referred to IKS	

TABLE 2 (Cont'd)

33. Boy 12	Very disturbed child in neurotic home setting. The Center was not able to help much, because of the resistance of parents as much as child to treatment. We did not recommend placement for we felt it would have been too threatening and could not have lasted. Marked learning problems.	Frick School remedial program	Agency was recommended to parents	Family would not accept referral
34. Girl 10	All problems within Clinic function except certain recreational needs.	Emma Kaufmann Camp Irene Kaufmann Center	Child was referred to both agencies.	
35. Girl 12	Family needed support and help from case work agency with marital and financial difficulties.	Jewish Family & Children's Service	Child was not referred	Family would not accept referral

Replies to Questionnaires on Jewish Children Known to Health and Welfare Agencies

Pittsburgh Child Guidance Center, Inc.

Jewish Children on the Waiting List

<u>Sex and Age</u>	<u>Problem</u>
1) Boy, 8	Poor group adjustment because family see him as hyperactive and hypersensitive
2) Boy, 8	Obese, temperamental, poor group adjustment and has conflict with parents
3) Girl, 5	Fearful of new experiences
4) Girl, 6	Conflict with mother
5) Girl, ?	Conflict with mother
6) Boy, 6	Hostility, sibling rivalry, poor general adjustment
7) Girl, 4	Conflict with mother and sibling rivalry
8) Boy, 10	Enuresis and hyperactive
9) Girl, 9	Poor group adjustment
10) Boy, 11	Enuresis and stealing
11) Boy, 2	Sibling rivalry
12) Girl, 13	Poor school work and psychosomatic illness
13) Girl, 7	Highstrung, nervous, in conflict with parents
14) Boy, 10	Conflict with mother and poor school adjustment
15) Boy, 8	Stealing (Case to be reopened)
16) Boy, 9	Exceptionally bright boy who needed progressive type school
17) Boy, 5	? Case to be reopened
18) Boy, ?	Poor group adjustment and conflict with parents
19) Boy, 12	? Case to be reopened at family's request

TABLE 3

EMMA KAUFMANN CAMP

Individual Case Records on Children who Seemed to Present Problems

Requiring Use of Other Community Agencies

Summer 1950

<u>Sex and Age</u>	<u>Problem</u>
1) Boy, 13	This youngster is said to be an excitable individual with an oversupply of energy, who has some difficulty in relating to other campers. He is an only child whose father died when he was quite young, and the counsellor states: "He is in strong need of identification with a male adult." "He is held by a very strong bond to his seemingly anxious and overprotective mother." His behavior is effeminate, he is very homesick and had "pseudo-illnesses". Complains of headaches and nervousness.
2) Boy, 11	Described as quite a frail individual who does not make friends easily, is poor athlete so usually last to be chosen on team; prefers to be alone, is very hard of hearing, has to wear hearing aid. He tries very hard to take part in all activities.
3) Girl, 8	Appears to be locked in her own world; poor eater; too quiet, also seems to be hard of hearing.
4) Boy, 11	Poorly coordinated, interests are largely intellectual, does not relate well to other children; seeks company of adults; day-dreams; said to exaggerate ailments.
5) Boy, 12	Said to be sick, both physically and mentally. Has numerous allergies plus sinus trouble; said to be picked on by other campers. Sickness takes the form of violent vomiting at frequent intervals. Bright and sensitive but anxious and insecure. Also has a diagnosis of asthma.
6) Boy, 10	Described as dictatorial; overrates own abilities, starts fights; however, is respected by other children.
7) Girl, 9	Demands attention or refuses to participate in group activities Never fights, just sulks. The girls think her boy-crazy. Aggressive.
8) Girl, 11	Very quiet; seems unhappy; does not like to clean up the cottage or dinner table; extremely slow in activities.
9) Girl, 11	Rather sickly child, apparently babied too much at home; difficulty in making friends.

EMMA KAUFMANN CAMP, CASE RECORDS, (Continued)

Sex and Age	Problem
10) Boy, 10	Difficulties in following routines; demands special attention and has difficulties in making friends.
11) Boy, 7	Moody; hard to handle when he is in "one of his funny or fighting moods". Does things which create disturbances among group. "Exceptionally ego-involved". Very little thought about others. Aggressive.
12) Girl, 9	Enuresis and thumb-sucking. "Picked on by other girls".
13) Boy, 10	Said to be lazy and sloppy, does not like to wash; said to use a kidney ailment to get out of things he does not like. Came to camp because mother forced him to do so.
14) Boy, 8	"Seems to have no conception of right and wrong", dislikes routines, disturbing influence in the group.

TABLE 4

Replies to Questionnaire on Jewish Children known to Health and Welfare AgenciesMontefiore Hospital - 21 Cases

Sex and Age	Describe briefly the child's problems not met by Agency	What "outside" resources were available for treatment	Was child referred to outside sources	If referral not made, why not
1. Boy 10	Convalescent care Home Instruction Institution care because of rheumatic Heart Disease	a. Children's Hospital Convalescent Ward b. St. Barnabas Free Home c. Pittsburgh Bd. of Ed. d. Heart House	Child referred to all 4 agencies	Convalescent Ward of Children's Hospital & Heart House would not accept referral
2. Girl 12	Child's continued illness used as excuse for mother's refusal to accept employment. Psychiatric help on more frequent basis than possible here, and child guidance found necessary to help situation.	Child Guidance Center	Child referred to Child Guidance	Not accepted when referred because too long waiting list.
3. Boy 5	Feeble-minded	Polk State School	Child referred to Polk State School	Not answered
4. Girl 11	Rheumatic Heart Disease Needed convalescent care	Heart House Visiting Nurse Assoc.	Child referred to Heart House, Visiting Nurse Assoc.	Not answered

TABLE 4 (Cont'd)

5. Girl 16	Anxiety about being overweight - difficult to follow medical recommendations on diet. Problem chiefly interpersonal relationship with mother.	Jewish Family & Children's Service Child Guidance Center	Child referred to both JF&CS and Child Guidance Center	Not accepted by Child Guidance Center
6. Girl 13	Child treated in Allergy Clinic and later in neuro-psychiatric clinic. Psychiatrist recommended boarding school placement as child living with a blind mother making constant demands upon her unable to respond to medical and psychiatric care	Jewish Family & Children's Service Boarding Schools	Child not referred	Child or his family would not accept referral.
7. Girl	Problems centered around interpersonal relationship difficulties between mother and patient. Patient treated by psychiatrist and mother's interviews with social worker. Greater help for mother necessary.	Child Guidance Center Western Psychiatric Institute	Child referred to both agencies	Agencies would not accept referral as too long a waiting list
8. Girl 11	Institutional care for feeble-minded child. Case reopened after child was institutionalized and parents wish child's removal to another state institution in California where they have moved.	State Institution for mentally retarded in Cal.	Child referred to Cal. Institution	Child not accepted on basis of non-residence

TABLE 4 (Cont'd)

9. Male 17	Patient has been referred to Social Service for help in facilitating psychiatric care for her after several interviews between patient and psychiatrist, the need for care of mother and child on child guidance and basis was determined and referral to child guidance center suggested.	Child Guidance Center	Child referred to Child Guidance Agency	Child not accepted because of too long a waiting list
10. Boy 6	Parents concern over child's congenital heart disease caused them to limit the child's activities far beyond medical recommendations. Although physician advised child's attendance at school, parents kept him home. When convalescent facility was recommended parents refused this plan.	a. Child Guidance Center Parent-child relationship b. Renziehausen Convalescent	Child referred to both agencies	Child Guidance Center had too a waiting list Convalescent Plan- after first agreeing to plan - parents could not separate from child.
11. Girl 17	Help in going to another hospital out of town where preliminary tests for a Blalock Taussig operation could be done.	John Hopkins Hospital	Child referred to John Hopkins	
12. Boy 11	Convalescent care following orthopedic surgery	Sewickley Fresh Air Home Industrial Home for Crippled Children D.T. Watson Home Board of Education - Home Bound Teacher Visiting Nurse Association	Child referred to Board of Education Visiting Nurse Asso.	Child or his family would not not accept referral to first three

TABLE 4 (Cont'd)

13. Girl 2	Complicated family situation with illness both of patient and mother. Patient "retarded". Recommendations of doctor for psychological examination as part of diagnostic study.	None	Child was not referred.	
14. Boy 8	Following surgery for congenital heart disability, patient's mother was so over-protective that child was not permitted to resume physical activities of which he was now capable. Referral to school and interpretation of child's capacities helped mother since no guidance clinic was available to her.		Child was not referred.	No agency available in patient's community
15. Boy 8	Referred to Social Service after mental testing at the school revealed mental retardation and the school's decision to exclude child. Parents refused to accept this decision and representative of Board of Education sought Social Service help to parents, with other plans for child.	Polk State School	Child was not referred.	Child or his family would not accept referral.
16. Boy 10	Child mentally deficient - excluded from public school. Help with plans for institutionalization.	Polk State School	Child was referred to Polk State School.	

TABLE 4 (Cont'd)

17. Girl 14	Patient had been on temporary foster placement under supervision of family agency. Simultaneously, she was being seen in neuro-psychiatric clinic because of convulsive disorders. Physician recommended institutional placement because of patient's frequent seizures.	Oakborn Colon (for Epileptics) Child Guidance Center (for interim help with foster mother relationship)	Child was accepted by Oakborn Colon; rejected by Child Guidance Center (too long a waiting list)	
18. Girl 9mos.	Case had been referred to Social Service for helping mother to accept hospitalization for the child and help for mother in following medical recommendations re diet and other care following discharge.	Jewish Family & Children's Service for second part of referral.	Child was referred	
19. Boy 4	Although cardiologist reassured the mother that child's cardiac condition was very slight and that child could assume regular activities, the mother's need to keep the child ill would not permit her acceptance of medical findings.	Child Guidance Center Western Psychiatric Institute	Child was referred to both agencies.	Child was rejected by both agencies because of too long a waiting list.
20. Boy 13	Child suffering from rheumatic fever and heart disease; needed convalescent care under supervision not comfortable in his own home.	Heart House Sewickley Fresh Air Home	Child was referred to both agencies and accepted by the Sewickley Home	Child was rejected by Heart House because he was over 12

TABLE 4 (Cont'd)

21. Boy 16	Child was born a blue baby. After reaching age of 12 years, Blalock Taussig restored physical capacities, but brain anemia was permanent and affected child's mental capacity. Public Schools excluded him and admission to Polk State School was recommended.	Polk State School	Child was referred to Polk State School	
---------------	--	-------------------	---	--

TABLE 5

Replies to Questionnaire on Jewish Children known to Health and Welfare AgenciesUnited Vocational and Employment Service

Sex and Age	Describe briefly the child's problems not met by Agency	What "outside" resources were available for treatment	Was child referred to outside sources	If referral not made, why not
1. Girl 16	Very unsatisfactory personal adjustment aggravated by family conflict, divorce, remarriage of father to non-Jewish woman who divorced her husband to marry him.	Jewish Family & Children's Service Child Guidance	Child was not referred	Child or family would not accept referral
2. Boy 16	Adolescent maladjustment, not psychotic, poor school adjustment - failures, truancy and tardiness, inability to get along with schoolmates; family problem of excess demands by father and overprotection by mother	Child Guidance Jewish Family & Children's Service University of Pgh. Psychiatric Institute & Clinic	Child was not referred	Child had been seen by these agencies and had received their maximum services prior to our service
3. Girl 18	Mental defective; quit special Board of Education classes offered at Baxter Jr. High. Some Guidance of family conflict - potentially delinquent and promiscuous. Constant bickering at home, difficulty in handling at home by elderly mother and very ill father.	Jewish Family & Children's Service	Child was referred	

TABLE 5 (Cont'd)

4. Girl 18	Medical - Sugar Diabetes neglected periodic check-ups social and emotional mal- adjustment - history of family conflict, delinquency. In 1942 sent to Bellefaire School in Cleveland for short period.	Falk Clinic Jewish Family & Children's Service B'nai B'rith Youth Organization	Child was referred to B'nai B'rith Youth Organization	The other two agencies had rendered service prior to coming to UVES.
5. Boy 18	Broken home; over-demanding mother and home pressure which are interfering with his maxi- mum vocational and educational achievement.	Jewish Family & Children's Service Montefiore Hospital Social Service and Psychiatric Service	Child was referred to Montefiore Hospital, which was original referring agency--with recom- mendation for case- work or psychiatric aid.	

TABLE 6

Replies to Questionnaire on Jewish Children known to Health and Welfare AgenciesYoung Men and Women's Hebrew Association

Sex and Age	Describe briefly the child's problems not met by Agency	What "outside" resources were available for treatment	Was child referred to outside sources	If referral not made, why not
1. Girl 17	Very tall girl who talks rapidly, often hard to understand, is extremely shy in social relationships - will relate to understanding adult - not peers; extreme in cultural interests; music and literature often withdraws to unrealistic world - day dreams.	Child Guidance Jewish Family & Children's Service	Child was not referred.	
2. Girl 18	Girl is of low status, finds it difficult to relate to anyone in the group and is often used as a scapegoat of the group. She is very insecure, tense, easily hurt. She lives in world of her own and it is difficult to bring her back to reality. Note: A great deal of my information was obtained from the advisor of the Chi Alpha Tau Sorority who was a first year student at the School of Social Work, U. of Pgh. A great deal of help was given by group advisor; an attempt was made to help her make an adjustment in the group.		Child was not referred.	No attempt made.

TABLE 6 (Cont'd)

3. Girl 17	Having known the child as advisor of Senior Club Council and as her Sabbath School teacher I find she needs a great deal of attention, more so than the average adolescent. She needs to feel important to the extent of volunteering for activities which she cannot handle. On many occasions, she is too loud and will disrupt club or school activities with her remarks. This is another way to acquire attention from adults. We are aware that she has no father. She also mentions that she never studies at home. All this might mean that her home environment is one which she doesn't like and one from which she is continuously running away.		Child has not been referred to worker's belief.	
4. Boy 17	Very hostile to adults and peers. Destructive - mentally dull - has adapted mannerisms of a crafty and sly individual. Has very great need for acceptance - lies. Adopts a physically slouchy and sneaky carriage.	Jewish Family & Children's Service Child Guidance	Child was not referred	No attempt was made.

TABLE 6 (cont'd)

5. Boy 10	Boy has attended gym, swimming mass activities and summer programs. Had contact with him during the last two summers. His behavior in- dicated that he is very hostile, destructive and non-cooperative. I have heard from various individuals that he can't make a school adjust- ment. Believe his main difficulties stem from an un- healthy family situation.	Child Guidance Jewish Family & Children's Service	Worker believes child was referred to Child Guidance	
6. Boy 18	Boy is an extremely small, weak and puny boy of 18, severely aware of his smallness, incom- petence in areas of social activities and sports, as well as his feelings of inferiority and inadequacy. At a dance held by his club he felt so inade- quate and frustrated because he couldn't dance and also, because he felt that he never would be able to compete with the other boys for the girls, that he relied on a drastic method of self esteem, namely, pulling out a knife and muttering threats.	Child Guidance Clinic	Child was not re- ferred.	No attempt was made.
7. Boy ?	Hostile, aggressive behavior has trouble relating to other adolescents; seems to be aggressive because he is not secure in group situations - Acts like small child - not his age.	Jewish Family & Children's Service	Boy was not re- ferred.	No attempt was made.

TABLE 6 (Cont'd)

8. Boy 17	Irresponsibility; problems dealing within the home strained; insecure person; rather immature in some of his behavior patterns.	Jewish Family & Children's Service	Boy was not referred.	No attempt was made.
9. Boy ?	Hostile attitude toward others his age. Aggressive behavior toward all situations. Acts violently toward adult authority.	Jewish Family & Children's Service Child Guidance	Child was not referred.	No attempt was made.
10. Boy ?	Too aggressive and very quick-tempered. He is not able to sublimate his feelings and instinctual drives. Need for help in Pitts. Feeling of strain in relationships with parents, but no definite evidence.	Jewish Family & Children's Service Child Guidance UVES	Child was not referred.	No attempt was made.
11. Boy ?	Quiet, yet rather aggressive in some of his behavior in the group. He is not recognized highly - has insecure feelings - He needs help in solving emotional conflicts. Low status in group.	Jewish Family & Children's Service Child Guidance UVES	Boy was not referred.	No attempt was made.

TABLE 6 (Cont'd)

12. Girl 16	<p>She has few relationships with boys--and speaks very little at meetings. She spells very poorly and her pronunciation is bad. She verbalizes her inability to get along with others. She accepts hostile remarks from boys with seemingly complete acceptance. She usually agrees and says she is not popular. She wishes to take leadership positions and also accepts positions not knowing what they are. She is unable to say anything without giggling shyly. She is behind at school.</p>	<p>Jewish Family &amp; Children's Service Child Guidance</p>	<p>Girl was not referred.</p>	<p>Had little contact with her.</p>
13. Boy 11	<p>He has difficulty in sharing the worker. Does not get along well with others in club. Must dominate in all situations or be first. Speaking to his mother, she says he cries easily, has few friends, is hit by boys at school, is a show-off, does not spend much time on any one thing--eaves-drops; mother is extremely hostile and demanding of him. She is hostile to father who spends little time at home.</p>	<p>Jewish Family &amp; Children's Service Child Guidance</p>	<p>Child was referred to JF&amp;CS.</p>	<p>Is in process of being referred to CGC</p>

TABLE 6 (Cont'd)

14. Young Man 21	Very insecure person - his intellectual development is not on the same standard as others in his group. Feels inferior to others. Rather dull boy - slow reaction.	Jewish Family & Children's Service Child Guidance UVES	Young man was not referred.	No attempt was made.
15. Young Man 20	Sensitive boy; he is under stress from parents--trouble in vocation security; parents want him to be independent--thus problems in solving this. Hostile towards adult authority.	Jewish Family & Children's Service Child Guidance UVES	Young man was not referred.	No attempt was made.
16. Young Man 20	Very adolescent in behavior immature, childish behavior with girls - negativistic does not deal with situation realistically.	Jewish Family & Children's Service	Young man was not referred.	No attempt was made.
17. Young woman 20	Shy, withdrawn. Very difficult for her to relate to adults or to her peers. Maintains blanket expression, lack of emotion. Does not initiate discussions--her replies limited to one or two words. No spontaneity in manners.	Jewish Family & Children's Service	Young woman was not referred.	No attempt was made.

APPENDIX II

Name  
Address  
Pittsburgh

Dear \_\_\_\_\_:

The Board of Directors of the J. M. Gusky Orphanage and the Social Planning Committee of the Federation are conducting a study of services available to children and their families in the city of Pittsburgh. Herschel Alt, Executive Director of the Jewish Board of Guardians of New York City, and Maurice Bernstein, Associate on Community Organization Studies of the Training Bureau for Jewish Communal Service, are directing the study. The purpose is to examine programs as they bear on the welfare of Jewish children, including a review of relevant social and health agencies' services, a statement of unmet needs and an indication as to how they may be met.

In order to assess the health needs and adequacy of resources available to meet them, we are asking Jewish doctors to indicate by questionnaire, from knowledge of their Jewish patients the number who require supplementary resources for recovery, the frequency and nature of illnesses among children, the adequacy of resources for treatment and other services required to meet problems presented by Jewish children. (Attached to this questionnaire is a list of Jewish agencies and their purposes).

You will note that we are not asking for names of individuals nor is it necessary to sign the questionnaire. In any case all returns will be held confidential and will be used only for the purpose of realistically assessing our resources.

Your cooperation will be of value for the good and welfare of our community. With assurances of our deep appreciation, we are

Sincerely,

Maurice Taylor  
Executive Director

JEWISH CHILD CARE STUDY

Questionnaire for Physicians

1. How many children (up to 18 years) of Jewish extraction under your care require supplementary resources for recovery each year?
2. What are the diagnoses in order of greatest frequency? (e.g. Epilepsy, Diabetes, Allergy, Heart Disease, Arthritis, Mental Deficiency, etc.)  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
3. In the above illnesses, what percentage of children and/or parents require help with related emotional difficulties such as acceptance of the diagnosis, ability to follow medical recommendations, and problems arising from the termination of illness? \_\_\_\_\_ %
4. In your opinion does the Pittsburgh community offer adequate resources to meet these needs? Yes \_\_\_\_\_ No \_\_\_\_\_
5. If not, check the services you believe most needed to supplement your care of the sick child.
  - a. More intensive general medical or surgical care within the hospital.
  - b. Increased neuropsychiatric resources within the hospital.
  - c. Additional resources for diagnosis and treatment of the emotional complications of illness in the sick child and his parents.
  - d. Other resources, specify (see list of Jewish health and welfare agencies.):
6. What kinds of services which do not now exist in the community would you like to see established or expanded?

LIST OF HEALTH AND WELFARE AGENCIES SERVING JEWISH FAMILIES AND CHILDREN

(It would be helpful if you would indicate by a check whether or not you knew of the agency before receiving this questionnaire)

Not known      Known  
Before           Before

Not known Before	Known Before	
<input type="checkbox"/>	<input type="checkbox"/>	1. Jewish Family and Children's Service, 15 Fernando St., GR. 1-2033 <u>PURPOSE:</u> To help individuals and families use their own capacities and community resources to achieve personally satisfying and socially useful lives. This help is given through counseling service of casework staff and through auxiliary programs of homemaker service, foster care of children, housekeeping aid for the aged, and financial assistance when it is in line with constructive goals to be achieved. Special services include help in discovering and using community resources, assistance to unmarried mothers, placement of children for adoption, help to transients and to inmates of local correctional institutions, and participation in a community program for the aged. In its Department of Service to Foreign Born, information and expert guidance in matters of immigration, location and citizenship is available. The agency also carries responsibility for meeting the maintenance and adjustment needs of Jewish New Americans coming to Pittsburgh.
<input type="checkbox"/>	<input type="checkbox"/>	2. Jewish Home for Babies and Children, 5635 Stanton Ave., MO. 1-7927. <u>PURPOSE:</u> To maintain and support homeless and friendless babies and children up to 16 years of age.
<input type="checkbox"/>	<input type="checkbox"/>	3. Montefiore Hospital, 3459 Fifth Ave., MA. 1-3400. <u>PURPOSE:</u> A non-sectarian hospital and dispensary providing facilities for diagnosis and treatment and related scientific activities. Service to patients and families through its Social Service Department.
<input type="checkbox"/>	<input type="checkbox"/>	4. Emma Kaufmann Camp, Harmony, Pa., 1835 Center Ave., GR. 1-0850. <u>PURPOSE:</u> To provide camping experience to boys and girls, 8-14 years of age.
<input type="checkbox"/>	<input type="checkbox"/>	5. Laurel "Y" Camp, Rockwood, Pa. City address: Y.M. & W.H.A., 315 S. Bellefield Ave., MA. 1-6500. <u>PURPOSE:</u> Camping for young people, adults.
<input type="checkbox"/>	<input type="checkbox"/>	6. Irene Kaufmann Settlement, Center Ave., at Heldman St., GR. 1-0850. <u>PURPOSE:</u> Offers recreational, educational and group activities for children, youth and adults; administers scholarship funds granted as loans to persons who have been members of the settlement for at least one year; houses the Center Avenue Religious School, home classes in English, district nurses and pre-school and baby clinics, University medical clinics, and the Visiting Nurses Association. Also operates the Irene Kaufmann Center of Squirrel Hill and the Irene Kaufmann Center of East End.

No known Known  
Before Before

7. Young Men's and Women's Hebrew Association, 315 S. Bellefield St., MA.1-6500  
PURPOSE: Offers a healthful recreational program and opportunities for cultural and spiritual growth in a wholesome social environment.

8. Jewish Educational Institutions  
a. Hebrew Institute, 6323 Forbes Street  
b. Hillel Academy, 4860 Ellsworth Avenue  
c. Yeshiva Achei T'mimim, 4868 Ellsworth Avenue  
d. Congregational Schools

9. United Vocational and Employment Service, 931 Penn Ave., GR. 1-1757  
PURPOSE: Offers a service in vocational counseling and job placement; operates the Roberta Manufacturing Company, a sheltered workshop providing gainful employment to individuals having physical, emotional or social handicaps; provides vocational training and pre-vocational training for the handicapped.

10. Hebrew Free Loan Association, 15 Fernando St., GR. 1-2033.  
PURPOSE: Offers a free loan service for purposes of rehabilitation and self-support.

11. Jewish War Veterans, Fulton Building, GR. 1-3799  
PURPOSE: To assist veterans and their families in processing claims for government benefits and in utilizing community resources.

12. Jewish Community Relations Council, 400 Grogan Bldg., 541 Wood St., AT.1-6273.  
PURPOSE: To defend and preserve the civic rights of the Jewish community and promote its interest in relation to the community-at-large through promoting efforts which are conducive to just and equal democracy to all Americans.

13. Jewish Home for Aged, Brown's Place, JA. 1-1711.  
PURPOSE: To care for Jewish aged persons, those normally ambulatory and chronically ill.

14. Jewish Information Bureau, Second Floor, Sheraton Hotel, AT. 1-4605.  
PURPOSE: To supply to the general public an opportunity to secure information concerning the Jewish communal resources and to refer specific problems to agencies or persons who are in a position to give advice and help.

TABLE 7

ANSWERS TO QUESTIONNAIRE FOR PHYSICIANS  
(Including only those who responded)

1.	How many Jewish Children under your care need supplementary resources for recovery	2. Give diagnoses in order of frequency	3. In above illnesses, what percentage of parents and/or children need help with related emotional difficulties	4. Are Pittsburgh's resources adequate to meet these needs
1)	100	Respiratory infections Allergies Emotional disturbances	100%	no
2)				yes
3)		Heart disease		
4)	about 50	Heart Allergies	30%	no
5)	None			no
6)	Few	approximately equal	small	
7)	60	Anemia & Malnutrition Chronic Tonsilitis Rheumatic Heart disease	5%	yes
8)	10	Arthritis	100%	no
9)	None	Heart disease Allergy	20%	yes
10)	None		None	no
11)	None	Allergy	None	no
12)	30	Epilepsy Mental Deficiency	100%	no

TABLE 7 (cont'd)

ANSWERS TO QUESTIONNAIRES FOR PHYSICIANS

What kinds of services which do not now exist in the community would you like to see established or expanded?

- 1) "Facilities for preventive Mental Hygiene--
  - a) Facilities for working with expectant mothers educationally in anticipation of their problems and adaptations to their children--ditto with women who bring their children to clinics
  - b) Visual Aid opportunities--e.g. visual-sound set up in a fair sized auditorium, e.g. in New Nurses Home at Montefiore
  - c) Program for indoctrination of nurses, home staff and other workers (selected) -- concerning meaning of illness, and role of Hospital in human relationship to patients"
- 2) "Have need to improve social problems such as high school sororities in physically healthy children"
- 3) Cannot answer - no children require supplementary care
- 4) "Most children I see are at Montefiore and receive adequate care"
- 5) "Adequate care for cardiac and allergic children with follow-up and convalescence"
- 6) "Expansion of Montefiore Hospital pediatric facilities and service"
- 7) "Additional resources for diagnosis and treatment of the emotional complications of illness" etc.
- 8) "More facilities for tonsillectomies--waiting lists too long, waiting periods are too long; facilities should be expanded"
- 9) "Psychiatrically oriented Dept. of Pediatrics at Montefiore Hosp. Facility for long-term care of chronic illness"
- 10) "Convalescent Home for heart cases. Schools for mental deficient"
- 11) "Convalescent follow-thru with emotional or psychiatric review"
- 12) "Greater facilities for child psychiatric and related problems"
- 13) "Neuropsychiatric guidance and research in psychosomatic problems"

TABLE 7 (cont'd)

ANSWER TO QUESTIONNAIRES FOR PHYSICIANS

KNOWLEDGE OF LOCAL JEWISH AGENCIES

AGENCY	Not Known Before seeing list and description	Known before seeing list and description
Jewish Family and Children's Service	7	12
Jewish Home for Babies and Children	2	16
Montefiore Hospital		18
Emma Kaufmann Camp	1	17
Laurel "Y" Camp	1	17
Irene Kaufmann Settlement		18
YM & WHA		18
Jewish Educational Institutions	1	17
United Vocational & Employment Service	8	10
Hebrew Free Loan Association	8	10
Jewish War Veterans	3	15
Jewish Community Relations Council	12	6
Home for Aged		18
Jewish Information Bureau	10	5

December 29, 1950

Name  
Address  
Pittsburgh

Dear \_\_\_\_\_:

The Board of Directors of the J. M. Gusky Orphanage and the Social Planning Committee of the Federation are conducting a study of services available to children and their families in the city of Pittsburgh. Herschel Alt, Executive Director of the Jewish Board of Guardians of New York City, and Maurice Bernstein, Associate on Community Organization Studies of the Training Bureau for Jewish Communal Service, are directing the study. The purpose is to examine programs as they bear on the welfare of Jewish children, including a review of relevant social and health agencies' services, a statement of unmet needs and an indication as to how they may be met.

In order to assess the needs and adequacy of resources available to meet them, we are asking a selected list of professionals to indicate by questionnaire, from knowledge of their Jewish clientele, the number who could make use of family and child welfare resources in our Jewish community (attached to this questionnaire is a list of Jewish agencies and their purposes).

You will note that we are not asking for names of individuals, nor is it necessary to sign the questionnaire. In any case all returns will be held confidential and will be used only for the purpose of realistically assessing our resources.

Your cooperation will be of value for the good and welfare of our community. With assurances of our deep appreciation, we are

Sincerely yours,

Maurice Taylor  
Executive Director

**QUESTIONNAIRE ON JEWISH CHILDREN KNOWN TO PROFESSIONAL PERSONS**

1. In your practice, how many Jewish children did you know during 1950 in which you felt the need for community resources:

Number \_\_\_\_\_

2. During the course of the year 1950, did you refer any of these children to health and welfare agencies? If so, list agencies and number of children referred to each:

Number \_\_\_\_\_

2. During the course of the year 1950, did you refer any of these children to health and welfare agencies? If so, list agencies and number of children referred to each:

### Answer Key -

### Number

---

---

---

---

---

---

---

---

---

---

3. What kinds of services which do not now exist in the community would you like to see established or expanded?

TABLE 8

ANSWERS TO QUESTIONNAIRES ON JEWISH CHILDREN  
KNOWN TO PROFESSIONAL WORKERS

	How many Jewish children did you encounter in 1950 needing community resources	To which agency did you refer them, how many	What services not now existing should be established or expanded
1) Principal, High School	23	Child Guidance--1 Hebrew Inst. 1 JF & CS 1 IKS 22	none
2) Principal, Jr. High School	--	---	
3) Lawyer	--		adequate if properly administered & expanded
4) Soho School	1-Juvenile Court Ward	see preceding column	child guidance should be expanded
5)			more mental health service
6)	3	JF & CS 3	
7)	1	Montefiore 1	
8)	4	UVES 4	
9) Dentist	2	None	a children's dental clinic
10)	None		dental clinic for indigent.--"An adoption service which would make available children for adoption
11)	2	Child Guidance Center 2	

TABLE 8 (cont'd)

ANSWERS TO QUESTIONNAIRES ON JEWISH CHILDREN  
KNOWN TO PROFESSIONAL WORKERS

	How many Jewish children did you encounter in 1950 needing community resources	To which agency did you refer them, how many	What services not now existing should be established or expanded
12)	1	not to a Jewish agency	
13)	None		an expanded IKC in Squirrel Hill-better moral and spiritual values in adults
14) Dentist	None	UVES - 1 Adult	
15) Dentist		Montefiore Hosp. J. Home for Babies EK Camp	
16) School Teacher or Principal Frick	Can't estimate	EK Camp	More opportunity for underprivileged - children to attend summer camp. More help for the emotionally disturbed children.
17) Colfax School	about 140	Child Guidance -4 Western State Psychiatric Inst 3 IKS many more	Psychiatric help for minor problems that should be caught early. Parental guidance--adult education in social and emotional problems of children. Opportunity for social adjust- ments possible only in small groups
18) Holmes School	5 in one family	JF&CS	
19) Schenley High School	4	Montefiore Hosp. Skin & Cancer Clinic	We need a direct service agency in the com- munity that would accept referrals from proper school personnel of children who need professional counselling of a psychiatric nature. The Guidance Center is inadequate and unable to handle expediently the number of child- ren who could profit from their help. Behavior clinic extensions that would operate in neighbor- hoods would be so helpful to adolescents

ANSWERS TO QUESTIONNAIRES ON  
JEWISH CHILDREN KNOWN TO PROF-  
ESSIONAL WORKERS

TABLE 8 (cont'd)

How many Jewish children did you encounter in 1950 needing community resources	To which agency did you refer them, how many	What services not now existing should be established or expanded
20) Fulton School	None	
21) Pittsburgh Public Schools - Educational Clinic Director Jack W. Birch	8	Referrals made by Home & School Visitors  "We need agencies to give guidance in parent- child relationships on a direct case-work and therapeutic basis. This is true for Jewish children, but there is even a more pressing need for this service for Negro children. A logical additional need is a residential home for intensive treatment. I cannot over-empha- size the need for well-qualified professionals to do the direct case-work, whether they be medical, psychological, educational or social worker. The excellent work of the United Vo- cational & Employment Service should be ex- panded to give counselling service for parent and child where the child has no physical impair- ment, but where there is marked disparity between the child's capacity and the parent's level of aspiration. We notice that about one fourth of our educational clinic referrals are Jewish children. This is a markedly high proportion compared to the general school population. Most frequently these referrals are at the request of the parent because the child is not getting high enough marks to suit the parent, or at the request of the school because of evident emo- tional tensions in the child because of undue pressure to achieve in school. This occurs with great frequency in children of average intelli- gence or intelligence a little above average who are being pressed to achieve as though they had superior or very superior intelligence. The vo- cational potentials of these children are usually sub-professional and their parents' aspirations are professional. The resolution of this con- flict often requires counselling beyond the school's area of function."

ANSWERS TO QUESTIONNAIRES ON  
JEWISH CHILDREN KNOWN TO PROF-  
ESSSIONAL WORKERS

TABLE 8 (cont'd)

	How many Jewish children did you encounter in 1950 needing community resources	To which agency did you refer them, how many	What services not now existing should be established or expanded
22) unidentified School	12	JF&CS 2	"Psychological and counselling services such as those provided by the Child Guidance Center."
23) Roger School	8	None	"I surveyed the school population and see where about eight Jewish children had behavior prob- lems sufficiently severe to warrant the help of a child guidance, child care or family service agency. Because Child Guidance Center has such a waiting list these cases were not sent there, also because they were not extreme cases. Sev- eral were overprotected, overemotional children for whom no restraints had been established in the home. One warranted Child Guidance help but the family failed to do their part and he is not receiving any help beyond that of the Home and School Visitor. My request would be for more Child Guidance type of service with a strong family counselling service. I know a number of Jewish children whose parents have come to me asking my help in establishing controls where none had existed from babyhood. Often ill health on the part of the child aggravated the situation; in 2 cases ill health on the part of the mother (emotionally upset, nervous, fearful mothers)."

ANSWERS TO QUESTIONNAIRE ON JEWISH CHILDREN  
KNOWN TO PROFESSIONAL WORKERS (OTHER THAN PHYSICIANS).

Knowledge of Local Jewish Agencies

Agency	Not Known Before seeing list and Description	Known Before Seeing List and Description
Jewish Family and Children's Service	9	30
Jewish Home for Babies and Children	5	34
Montefiore Hospital	0	32
Emma Kaufmann Camp	0	39
Laurel "Y" Camp	3	36
Irene Kaufmann Settlement	0	39
YM & WHA	0	39
Jewish Educational Institutions	4	35
United Vocational and Employment Service	18	21
Hebrew Free Loan Association	6	33
Jewish War Veterans	10	28
Jewish Community Relations Council	20	18
Home for Jewish Aged	2	37
Jewish Information Bureau	20	18

APPENDIX IV

JEWISH FAMILY & CHILDREN'S SERVICE  
15 Fernando St.

1. HISTORY

The Jewish Family and Children's Service was organized in 1937 (under the name of The Jewish Social Service Bureau) as a merger of five existing organizations rendering family service, child placement, youth guidance and immigration service. The Board of the new agency originally comprised the total membership of the Boards of the five merged agencies; it now consists of 40 persons plus 7 life trustees. The name of the agency was changed to Jewish Family and Children's Service in February, 1950.

The objectives of the agency are stated in the By-laws as follows:

- "a. To initiate and carry out a unified program of social casework among Jews in Allegheny County
- b. To aid and assist Jewish families, children, young men and women, and immigrants who may be in need of material or other assistance or advice with a view of promoting and conserving wholesome individual and family life and improving standards of living."

2. PURPOSES AND OBJECTIVES

The objectives of the agency, as stated in the By-laws and quoted above, still stand. There have been changes in program and practice in line with changing community needs and professional developments. Our basic purpose is to help persons deal better with problems that are disturbing to them, with which they have not been able to deal satisfactorily alone and on which they wish agency help. The various concrete services offered by the agency are used to implement this purpose when needed and in line with established agency policies.

3. ORGANIZATION AND ADMINISTRATION

Officers and Board of Directors - 1950

President,	Louis J. Bloch
Vice Pres.,	Robert E. Comins
" "	Milton E. Harris
" "	Julian J. Hast
Secretary,	Mrs. Coleman Harrison
Treasurer,	Samuel Frankel
Asst.Treas.,	Dr. J. E. Rosenberg

Sidney A. Bachman*	Bernard Goodman
Morris Balter	Alice Grafner
Mrs. Joseph F. Cerf	Morris H. Hirschfield
Eugene Cohen	Mrs. John J. Horwitz
Herman Fineberg	Stanley J. Kann*
Mrs. M. H. Fisher	Mrs. A. M. Karlin
Mrs. Solomon B. Freehof	Mrs. Nathan Katz
Mrs. Louis K. Friedman	Samuel Kaufman
Arthur D. Gatz, Jr.	Mrs. Raymond M. Kaufmann
Mrs. Isadore Goldsmith	Dr. David H. Kurtzman

Board of Directors (continued)

Aaron L. Lambie	Isaac W. Solomon
Rabbi Burton E. Levinson	Emanuel Spector
Mrs. Abraham Litman	Dr. B. F. Steinberg
Harry N. Morris	Eugene B. Strassburger*
Abraham Oseroff*	Elias Sunstein*
Mrs. Henry Posner	S. Allen Vatz
Joseph Rosenbaum	George Wasser
Dr. M. W. Rubenstein	Ferdinand T. Weil*
Mrs. William Shapera	Mrs. I. Williams*
Saul Shapira	Dr. Maurice Taylor, ex-officio
Mrs. Joseph Silberstein	Frank R. S. Kaplan, ex-officio

\* Life Trustees

The Board consists of 40 directors elected by the general membership of the agency for terms of four years each, on a rotating basis. It is the responsibility of the Board to formulate the program and policy of the agency within the broad objectives cited above. The Executive Director is appointed by the Board and is responsible for operating the agency in line with the policies adopted by it.

The agency is affiliated with several national organizations - the Family Service Association of America, Child Welfare League of America, National Publicity Council, National Conference of Social Work, National Conference of Jewish Social Welfare, National Conference on Family Relations, and National Committee on Supervised Homemaker Service.

Following is a list of standing Board committees and their responsibilities:

EXECUTIVE COMMITTEE - Louis J. Bloch, Chairman

The Executive Committee consists of the officers of the agency. Subject to the supervision and control of the Board of Directors, it is vested with all the powers and may perform all the duties of the Board, for the purpose of carrying out the aims and objects of the agency.

NOMINATING COMMITTEE - Morris Balter, Chairman

This committee consists of ten persons, not more than four of whom may be members of the Board. Its responsibility is to propose nominees for membership on the Board, to be voted upon at the Annual Meeting.

BUDGET and PERSONNEL COMMITTEE - Robert E. Comins, Chairman

Responsibility for budgeting and for handling negotiations with representatives of the staff on matters of salary and personnel practices. Recommendations subject to approval of the Board.

CASE POLICY COMMITTEE - Mrs. Coleman Harrison, Chairman

Responsibility for review of policies within which the staff renders services of the agency; existing policies need changes at intervals in line with changing community conditions and professional standards; new policies have to be established for same reasons. Recommendations of Case Policy Committee subject to approval of the Board.

COMMUNITY RELATIONS COMMITTEE - Mrs. Henry Posner, Chairman

Responsibility for developing methods of getting the agency's work better understood within the community.

BUSINESS COMMITTEE - Harry Morris, Chairman

Serves in an advisory capacity to staff in relation to small business and self-support ventures contemplated or engaged in by clients of the agency. Evaluates prospective plans which require financial backing and recommends loans for such purposes by the Hebrew Free Loan Association, to clients of the agency.

DENTAL PROJECT - Dr. B. F. Steinberg, Chairman

There is a chairman only of this project. A group of dentists comprise the treatment panel. Under the chairman's direction, children under care of the agency receive dental care in line with the project financed by the Jewish Children's Aid Society.

4. AREA SERVED

The agency serves Jewish families and individuals in Pittsburgh and Allegheny County. Due to restriction of funds our work has for the past several years been limited primarily to the Pittsburgh area.

5. CLIENTELE

All Jewish persons living within Allegheny County are eligible for the services of the agency.

6. SERVICE CHARGES

At present the agency does not charge a few for casework service, although such a plan is under consideration. Persons utilizing certain concrete services of the agency, such as foster care of children, homemaker service and nursing care, are expected to pay for the direct costs of such service to the degree that they are able to do so. The proportion of such reimbursements to expenditures approximates 10%.

7. PROGRAM

The services of the agency are offered through three principal departments: Family Service, Child Placement and Service to Foreign Born (Immigration). All requests for service, with the two exceptions noted below, are considered initially by our Intake Department. Requests for help with problems of immigration and citizenship go directly to the Department of Service to Foreign Born, and applications from families who wish to serve as foster parents or to adopt children are handled by the Child Placement Department.

Following is a summary of the services rendered by the agency. All of these services are available to immigrants as well as native families and individuals.

**A. Counselling Help** - with family problems, such as misunderstandings between husband and wife, or parents and children; with children's problems, such as difficulties in school, at home, or in getting along with other children; with money problems, such as budgeting living expenses in line with income; with problems of unmarried mothers in their personal and social adjustment; with problems of youth in relation to school, work, family and social relationships; with determining the soundness of a business or self-support plan; in relation to needed protective service for children; and through consultation regarding the use of appropriate community resources.

**B. Homemaker Service** - The agency has available a group of carefully selected, experienced women to serve as substitute mothers for limited periods when children are deprived of their mother's care due to illness or death. These homemakers go into the family's own home where they work under the supervision of the agency. Their duties include the care of children, light housecleaning, planning of meals, marketing, cooking, and care of a sick person who may be in the home but does not require full time nursing. This service is administered under casework direction and is available for a limited period until such time as the mother or usual homemaker is able to resume her role, or until the family can make more permanent plans. The homemaker's wages may be paid by the family wholly or in part, or by the agency, depending upon the family's ability to pay.

**C. Foster Care** - Sometimes, due to the death or disability of a parent or for other reasons, it becomes necessary to care for a child out of his home. In such cases the agency is able to provide care in a carefully selected and supervised foster home. In special instances, if a child needs group care in a psychiatric setting, placement is arranged at Bellefaire in Cleveland or the Hawthorne-Cedar Knolls School in New York.

The length of care provided may vary from a few weeks to several years, depending on the needs of the child and the family situation. The agency also maintains one foster home which is able to accept children on short notice and to care for them pending determination of more permanent plans.

**D. Adoption Service** - A limited number of children annually become available for adoption. The agency's services in this area are geared to meeting the needs of the adoptive parents, the natural mother and the child. For the mother, skilled casework help is offered to assist her in making the decision whether to give up her child for adoption. When this is her choice, the agency provides careful study of the child, including medical and psychological examinations, and thorough planning with the adoptive parents in order to assure the most favorable conditions for the happiness both of the child and the

Adoption Service (cont'd)

adoptive family. This service is rendered by trained case-workers with the cooperation of a staff pediatrician and a psychologist.

E. Help to the Aged- The agency's counselling service is available to aged persons the same as to others in the community. In addition, the agency provides supplementary financial aid to a group of aged who have been receiving help from the Department of Public Assistance, but due to a Department ruling is unable to do this for any new families. The agency also provides the service of housekeeping aides where needed and, together with the Irene Kaufmann Settlement and the Pittsburgh Section of the National Council of Jewish Women, sponsors several recreational opportunities for the aged.

F. Financial Assistance - Financial assistance is given for limited periods when it will help the individual or family toward some constructive goal or when it will prevent serious maladjustment of an individual or family. Where there are other community resources for meeting financial needs, such as the Department of Public Assistance, the agency does not duplicate or substitute for them. However, in situations where a family is ineligible for assistance due to legal or policy restrictions and there are no other resources, the agency can meet maintenance or special needs.

G. Immigration Service - Through its Department of Service to Foreign Born, the agency provides information regarding immigration regulations and assists in the preparation of required documents. With the cooperation of national agencies it also assists residents of Allegheny County to locate relatives abroad and likewise helps to find relatives in the Pittsburgh area upon the request of people living abroad.

H. Service to New Americans - To recently arrived immigrants the agency offers a casework service which usually includes, in addition to basic financial assistance, help with living arrangements, employment, problems of health, citizenship, and social adjustment. Referrals are made to cooperating agencies and groups such as the United Vocational and Employment Service, Montefiore Hospital and the Pittsburgh Section, National Council of Jewish Women.

These services, which are financed by an appropriation from the United Jewish Fund, are available to displaced persons coming to Pittsburgh on community assurance, and also as needed to immigrants destined to Allegheny County relatives.

I. Services to Imprisoned Persons - The agency offers counselling to persons imprisoned in local correctional institutions. This service is directed toward helping individuals with the maintenance of family ties, adjustment within the institution, and readjustment to the community. Due to budgetary limitations the former program of regular visits to correctional institutions has been discontinued and services are now rendered only in response to specific requests.

J. Service to Transients - The agency offers Jewish transients help in planning either toward returning to their own community or making an adjustment locally. Temporary maintenance is provided through funds of the Pittsburgh House of Shelter. At night and on weekends when the agency is closed Jewish transients are served by the Travelers Aid Society.

K. Information and Referral Service - For many persons in the community the agency serves as a source of information regarding organized community resources. It is the responsibility of our Intake Department to be familiar with, and to help people use, the health, vocational, financial, recreational, housing and legal resources available in the community.

L. Furthering Professional Education - As a field instruction center for the School of Social Work, University of Pittsburgh, and the Department of Social Work, Carnegie Institute of Technology, we participate in the training of social work personnel. Along with other Community Chest agencies we grant several fellowships each year to qualified students who could not complete their professional education without such aid.

8. PROGRAM CHANGES, RESTRICTIONS AND PLANS

- a. Interpretation of our services within the county area was interrupted several years ago due to curtailed budgets. We do render service within the county outside of Pittsburgh proper, but requests are infrequent as our program is not well known there.
- b. Our previous program of planned regular service to Jewish inmates of local correctional institutions was also discontinued due to curtailed budget. Service is now given only as occasional requests come to the agency.
- c. With curtailed staff over a period of years there has occurred a reduction in counselling cases. Unless the agency is in a position to do a continuing interpretive job and to meet service requests, people are not apt to make use of this community resource until troubles become acute, at which time they are less susceptible to help. In recent months there has been an upturn in counselling requests and plans are under way to extend this service during the next year. The principal handicaps in making this service fully available to the community are limitations of staff and budget, and

- c. (cont'd) and the very undesirable location of the agency's office.
- d. Due to the curtailment of staff in our Child Placement Department, only limited time has been available for home finding efforts and for interviewing of persons wishing to adopt children. No time has been available to do interpretive work with key individuals who should be better informed regarding the agency's service to unmarried mothers and who might be in a position to refer potential adoption situations.

Similarly, the number of Jewish children in foster care is much lower in Pittsburgh in proportion to population than in comparable cities. A better understanding of the agency's service by the community would undoubtedly reveal a greater number of children who are in need of care.

Continued operation of our agency as an effective casework service to Jewish people in Allegheny County is dependent on two factors: (1) the maintenance of salary scales which will enable us to attract and retain competent professional and other personnel, in competition with other social agencies and local business; and (2) securing the type of office space which would be consonant with a professional counselling service.

January, 1951

APPENDIX V

JEWISH FAMILY AND CHILDREN'S SERVICE

Study of Applications Involving Children in 1950  
(Done by Dorothy Brand, Joseph F. Toll and Ann Rock)

I. PURPOSE

To examine 1950 applications for help to this agency as they related directly or indirectly to child welfare needs.

II. METHOD

"In order to do this effectively, we read all application requests as they were stated on the blue sheet application form for the entire year of 1950. From this source, we pulled out all of those applications in which a request for help was made from this agency and which involved children directly or indirectly.

A. The total number of this group was 148.\* Out of this group, we selected 76 cases for more detailed study.

B. The 76 cases sampled were selected on the basis of nature of request, with recognition given to source of referral. In our opinion, this showed a wide and varied range of service in child welfare related requests and was an adequate number for sampling. The sampling consisted of the following varied kinds of requests and sources of referral:

1. Homemaker Service	14
2. Request for help by family, unrelated to children from point of view of request.	20
Request for help by family, related to children from point of view of request.	20
3. Direct application by child.	3
4. Displaced Persons, involving request related to children.	2
5. Request by Juvenile Court.	5
6. Request by Child Guidance Center.	3
7. Request by YMHA.	3
8. Request by school.	5
9. Request by out-of-town agency involving adoption.	1

76

All of these cases used for sampling have children in the family.

C. The 76 cases were read with the attached outline as a base.

D. We defined for ourselves child welfare needs as they related to the function of this agency. The definition we arrived at is as follows:

\*The figure of 148 is a conservative one as these represented only those in which the involvement of children was indicated on the initial application form. In all likelihood, the true figure would be closer to 175 or 200.

January, 1951

JEWISH FAMILY & CHILDREN'S  
SERVICE

APPENDIX V (cont'd)

It is our belief and conviction that our primary purpose as a family and children's agency is to help families strengthen their way of life; any breakdown of family life which prompts a family to request service from this agency has its effects on children in that family unit. It is in this connection that we related this study to child welfare needs and requests for service were therefore examined from this point of view. The age limit for children was agreed upon as 21.

### III. FINDINGS

#### A. Distribution by source of referral.

##### 1. Cases Studied

Self Application	33	Not Known	2
Relative	6	USNA	1
Friend	6-	Free Synagogue Child Adoption Committee	1
Juvenile Court	5	DPA	1
YMHA	5	Jewish Children's Bureau (Cleveland)	1
Child Guidance	2	Attorney	1
M.D.	2	Home & School Visitor, Board of Education	1
Montefiore Hospital	2	J.C.R.C.	1
Community Chest (Information Center)	2	IKS	1
Other Agency (non-Jewish)	2	Quarter Sessions Court	1
			76

##### 2. Cases not studied.

Self	41	Former Client	1
USNA	10	Rabbi	1
Montefiore Hospital	3	Western State Psychiatric	1
Child Guidance	2	Humane Society	1
Community Chest (Information Center)	2	M.D.	1
Red Cross	1	National Jewish Welfare Board - New York	1
Bradford, Pa. (Jewish Community Committee)	1	Home & School Visitor, Board of Education	1
Minneapolis (non-sectarian)	1	Relative	1
Juvenile Court	1	Other Agency (non-sectarian)	1
Jewish Family Welfare Bureau	1		148
			72

#### B. Distribution by residence.

##### 1. Cases studied.

Squirrel Hill	24	Sewickley	1
East End	13	Natrona Heights	1
Oakland	12	Stanton Heights	1
Hill	3	Ingram	1
Terrace Village	3	Mt. Washington	1

Cases studied.

South Hills	3	Wilkinsburg	1
Unknown	3	Mt. Lebanon	1
Homewood	2	McKeesport	1
Wilmerding	2	Swissvale	1
North Side			<u>76</u>

(70% of the group live in the Sq. Hill, East End and Oakland Sections)

2. Cases not studied.

Squirrel Hill	15	Beechview	1
East End	15	Bloomfield	1
USNA - Resettlement	11	Valencia, Pa.	1
Oakland	8	Braddock	1
Unknown	7	Soho	1
Shadyside	3	Brentwood	1
McKeesport	3	Hazelwood	1
Terrace Village	2	Farrell	1
Hill	2	South Hills	1

72 148

C. Distribution by request for help.

In the 76 cases studied, we found various kinds of breakdowns in family life that have effect on child welfare. In these situations the family brought to us, in many instances, more than one indication of breakdown. For example, a family might have asked for help with a marital difficulty that had its effect directly or indirectly on a child, in which finances or illness or both might also have been in the picture. These are the different varieties of breakdown and the frequency with which they occurred in the 76 cases:

1. Request for help with family relationships.	68
a. Marital difficulty	16
b. Parent-child relationships	27
c. Unmarried parenthood	3
d. Indirect relation to children (under 13)	18
e. Indirect relation to children (13 to 21)	4
2. Directly related to help with children	52
a. Children under 13	38
b. Children 13 to 21	14
3. Planning for substitute care of children	11
4. Physical illness or handicap	5
5. Mental illness	
a. Diagnosed	0
b. Suspected	1

6. Intellectual retardation	
a. Diagnosed	3
b. Suspected	0
7. Economic	16
8. Employment	2
9. Educational and vocational adjustment	10
10. Housing	4
11. Homemaker	12
12. Adoption	1

D. Services Rendered

"In 29 situations we feel we were helpful to the families. In 3 situations we feel we did not help. In 38 situations we were unable to determine accurately whether we were of any help. 3 situations did not fall within our function and 3 were referred to other resources. We feel that some of the factors involved in our not being able to accurately evaluate this group of 38 were: skill of caseworker which may have made a difference in terms of quality and degree of help; conditions under which help was offered, such as location, lack of fee scale, pressures within agency, community attitudes toward relief giving agency (long standing association in the minds of people that this is a relief agency); clients' lack of readiness to use help."

IV. CONCLUSIONS

"Our findings point to the fact that a sizeable number of people in the Jewish community see this agency as a place to come for help when breakdowns occur in the family life which affect child welfare. We are convinced that this is a service that this agency should give to a greater degree than has been possible. What is needed for this is enough qualified staff and a salary range to secure them; change of location to bring us closer to where these people live; and setting up the kinds of conditions that will more closely approximate a professional service such as type of office and fee. Change of location will also have the effect of disassociating us from the relief function. Specialization would enable a part of staff to concentrate and develop a body of knowledge and experience geared to more effective service in this area. We should be more available to the Jewish community in Pittsburgh and know that the need exists as shown by our statistics and by such other agency statistics as for example that 20% of the Child Guidance Center waiting list is Jewish and from Squirrel Hill. If this service could be rendered under the conditions stated above, such people who have to live under family tensions while on a waiting list would get to know of our agency service and might be able to use help."

We also found certain lacks that need to be considered in the 76 cases studied. These included the place of Jewish Home for Babies and its relatedness to families; limitations of facilities within other agencies such as lack of camp scholarships and inadequacies of the DPA grant; lacks within this agency such as waiting list and Homemaker Service limitations."

## APPENDIX VI - TABLE 9

## CASEWORK AND STAFF STATISTICS FOR FIVE SELECTED CITIES

-1950-

	BALTIMORE		BOSTON*			CLEVELAND			PITTSBURGH		ST. LOUIS	
	JFCB(FS)	JFCB(CC)	JFCS(FS)	JFCS(CC)	JFSA	JCB	ERCCS	OJCH*	JFCS(FS)	JFCS(CC)	JFSA	JCWA
Estimated Jewish Population	75,000		137,345		80,000				54,000		44,000	
<u>Family &amp; Child Care Agencies</u>												
Monthly Averages:												
1. Active Cases	278.8	46.8	574.6	178.8	259.8	111.9	110.8	24.7	246.0	19.8	215.5	80.2
2. New Americans (included in 1.)	126.7	11.5	236.0	30.8	141.0	37.7	0.5	0.0	150.5	8.6	140.4	17.1
3. Relief Cases												
a. Agency Assistance	171.3		221.7		103.3				182.3		105.4	
1. New Americans	99.6		166.1		97.2				120.6		95.0	
2. Others	71.7		55.6		6.1				61.7		10.4	
b. Public Assistance	6.1		NR		NR				50.1		9.2	
1. New Americans	0.0		0.0		0.0				0.0		0.0	
2. Others	6.1		NR		NR				50.1		9.2	
4. Paid Case Work Staff (includes Supervisors)	8.2	3.3	17.4	7.8	10.4	6.1	4.5	0.8c	13.1	Incl. in FS	7.4	4.6
5. Average active case load per worker	34	14	33	23	25	18	25	c	19	-	29	17
<u>Family Agencies</u>												
Includes New Americans:												
1. Total Applications for Year	957		1530		924				469		380	
2. Amount-Agency Assistance	\$205,207		\$186,795		\$117,986				\$190,969		\$113,543	
a. Clients receiving public assistance	4,819		5,748		76				25,688		2,106	
b. Clients receiving no public assistance	200,388		181,047		117,910				165,281		111,437	
3. Cases receiving no financial assistance from agency	1,290		NR		NR				765		1,321	
a. Receiving public assistance	0		NR		NR				20		46	
b. Receiving no public assistance	1,290		NR		NR				745		1,275	

-143-  
 APPENDIX VI - TABLE 9  
 CASEWORK AND STAFF STATISTICS FOR FIVE SELECTED CITIES  
 -1950-

	BALTIMORE		BOSTON		CLEVELAND			PITTSBURGH		ST. LOUIS		
	JFCB(FS)	JFCB(CC)	JFCS(FS)	JFCS(CC)	JFSA	JCB	BRCCS	JCH	JFCS(FS)	JFCS(CC)	JFSA	JCWA
<b>New Americans:</b>												
1. Total Applications for Year	174		351		300				159		124	
2. Amount-Agency Assistance	\$147,111		163,194		113,835				150,970		107,599	
a. Clients receiving public assistance	0		0		0				0		0	
b. Clients receiving no public assistance	147,111		163,194		113,835				150,970		107,599	
3. Cases receiving no financial assistance	325		839		526				359		545	
a. Receiving public assistance	0		0		0				0		0	
b. Receiving no public assistance	325		839		526				359		545	
<b>Child Care Agencies</b>												
<b>Monthly Averages:</b>												
Includes New Americans												
1. Number of cases under care	63.6		232.0		121.3	117.8	25.1		30.3		106.9	
2. Number in home of parents	0.0		61.3		10.2	0.0	0.0		0.0		15.3	
3. Number in home of other relatives	4.2		15.3		12.8	0.0	0.0		1.8		0.0	
4. Number in foster homes	42.6		79.7		84.8	18.6	0.0		18.1		30.6	
5. Number in agency's own institution	0.0		22.5		4.3	92.3	24.7		0.0		34.3	
6. Institutional beds	0		23		(Bellefaire)	0	109	30	0		45	
<b>New Americans</b>												
1. Number of cases under care	13.2		47.5		41.3	a	0.0		14.2		27.3	
2. Number in home of parents	0.0		2.1		0.0	a	0.0		0.0		0.4	
3. Number in home of other relatives	2.0		4.8		11.3	a	0.0		1.8		0.0	
4. Number in foster homes	8.9		20.6		22.2	a	0.0		6.8		14.3	
5. Number in agency's own institution	0.0		3.3		4.3	a	0.0		0.0		2.4	
					(Bellefaire)							

**NR - Figures Not Reported.**

- a. Figures are not included in this report, because they are in process of correction
- c. Caseworkers supervised by the Jewish Children's Bureau (JCB), Cleveland.

CJFWF - February 20, 1951

Bibliography

1. Report of the Committee to Study the Harmarville Convalescent Home
  - Federation of Social Agencies of Pittsburgh & Allegheny County Health Division - 1949
2. Childrens Census - Children Receiving Foster Home and Institutional Care in Allegheny County - Dec. 31, 1947
  - Bureau of Social Research Health & Welfare Federation 519 Smithfield St., Pittsburgh, Pa.
3. Trends in Protective and Foster Care in Allegheny County 1939-1946
  - Bureau of Social Research Federation of Social Agencies Pittsburgh, Pa. August, 1948
4. Volume of Service: Health & Welfare Federation, Allegheny County, Bureau of Social Research, October 1950
  - Group Work Division, Health & Welfare Federation of Allegheny County
5. Volume of Service, October 1950. Family and Child Welfare Division, Sectional Budget Committee on Adults, Aged and Handicapped
  - Bureau of Social Research, Health & Welfare Federation of Allegheny County
6. Volume of Service Data, 1940-1948 - Community Chest Agencies
  - Bureau of Social Research Federation of Social Agencies July 1948.
7. Volume of Service - Family & Child Welfare Division. Sectional Budget Committee on Case Work and Relief
  - Health & Welfare Federation of Allegheny County Bureau of Social Research-Oct. 1950
8. Volume of Service - Family & Child Welfare Division, Sectional Budget Committee on Children's Institutions
  - Health & Welfare Federation of Allegheny County Bureau of Social Research-Oct. 1950

Bibliography

9. Report to the Special Study Committee of the Health & Welfare Federation of Allegheny County on Irene Kaufmann Settlement - November 14, 1949  
- Consultant - Sanford Solender  
Director, Jewish Center Division  
National Jewish Welfare Board
10. Report of Study Committee on the Irene Kaufmann Settlement. Revised April 14, 1950  
- Group Work Division, Health and Welfare Federation of Alleg. County
11. Second report to the Special Study Committee of the Health and Welfare Federation of Allegheny County on the Irene Kaufmann Settlement.  
Submitted March 27, 1950  
- Consultants - Solender, Sanford and Sainer  
National Jewish Welfare Board
12. Report on the Day Care Center of the Irene Kaufmann Settlement - April 8, 1947  
- Family and Child Welfare Division  
Federation of Social Agencies(Pgh)
13. Report of the Technical Committee on Long Range Planning for Day Care of Children.  
- Family and Child Welfare Division  
Health and Welfare Federation  
Pittsburgh, Pa. March 1, 1946  
(not officially released)
14. Report of the Allegheny County Committee for the Mid-Century White House Conference on Children & Youth - 1950
15. Rules and Regulations for State-aided Institutions for Dependent and for Delinquent Children, Day Nurseries, Maternity Homes and Child Caring Agencies.  
- Department of Welfare,  
Commonwealth of Pennsylvania  
Approved by State Welfare  
Commission, Harrisburg, Pa. 1932.
16. Report to the Jewish Social Service Bureau Board, January 12, 1948  
A treatment Home for Emotionally Disturbed Children.  
- Children's Project Committee  
Detroit, Michigan
17. Report on the Foster Care Program of the Pittsburgh Federation of Jewish Philanthropies, 1942.  
- Mrs. Henrietta L. Gordon
18. A Subsidized Foster Home. Reprinted from the Federator, September-October, 1948  
- Hanna Sidransky

Bibliography

19. A Look Inside. A report presented to the Board of Jewish Family & Children's Service on November 9, 1950.
  - Dorothy Brand, Casework Supervisor Jewish Family & Children's Service
20. The Need for Facilities for Convalescent and Nursing Care for Jewish Patients in Allegheny County
  - Miss Doris Siegel, Director Social Service Dept., Montefiore Hospital, Pittsburgh, Pa.
21. A Study of the Medical Activites of the Federation of Jewish Philanthropies of Pittsburgh, Pa.
  - E. M. Bluestone, MD
22. Pennsylvania's Health is your concern! A brief digest of a report of a Pennsylvania public health survey. May 1950
23. Survey Report, Department of Public Health, Pittsburgh, Pa. September 1948
  - Public Health Service, Federal Security Agency
24. A Survey of the Mental Health Facilities in the Pittsburgh and Allegheny County Area 1947. Survey report of mental health, Dept. of Public Health, Pittsburgh, Pa.
  - Public Health Service, Federal Security Agency, Sept. 1948
25. Recent Trends in Volume of Foster Care to Children - March 1950
  - Council Reports  
Council of Jewish Federations and Welfare Funds, New York City, N.Y.
26. Preliminary Report - Jewish Social Services in 1949
  - Council Reports - August 1950  
Social Planning - Council of Jewish Federations and Welfare Funds, N.Y.
27. Local Assistance Programs for Jewish Immigrants January 1949 to May 1950
  - Council Report - July 1950  
Social Planning - Council of Jewish Federations and Welfare Funds, N.Y.
28. Various Annual Reports
  - Juvenile Court of Pittsburgh
29. People Are Our Business - Annual Report of the Irene Kaufmann Settlement of Pittsburgh for 1949
  - Sidney J. Lindenber, Exec. Director

Bibliography

30. Emma Kaufmann Camp Reports 1949.
31. Director's Report - Laurel Y Camp - 1949
32. A Bureau of Children in the Department of Welfare. October 1942.
  - Family & Child Welfare Division,  
Public Charities Assoc. of Pittsburgh
33. The Present Program . 1949 - 1950
  - Pittsburgh Child Guidance Center, Inc
34. Family Counselling - Practice and Teaching. (Papers presented at a professional meeting held on April 7, 1949)
  - Jewish Family Service of New York
35. A Work Trial Program For the Severely Handicapped. Reprinted from the Journal of Rehabilitation, November - December 1950.
  - Doris K. Hirsch
36. Demonstration to Prevent Chronic Unemployment of Relief Clients
  - Arthur Waldman, Executive Director  
United Vocational & Employment Service
37. Memorandum to James H. Elkus, August 12, 1949. The Need for Research to Develop Vocational Tools and Methods for the Physically Handicapped Child.
38. 1951 Budget Requests - Federation of Jewish Philanthropies, Pittsburgh, Pa.