A study of ten cases in which homemaker service was used as part of the case work treatment

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A STUDY OF TEN CASES IN WHICH HOMEMAKER SERVICE WAS USED
AS PART OF THE CASE WORK TREATMENT

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CHAPTER I

INTRODUCTION

Children thrive best in their homes, and on that axiom homemaker service is based. Its usefulness has increased as social workers have learned how to help parents use the service advantageously. Homemaker service as one part of case work is an answer to parents who ask how they can keep their homes functioning in spite of the temporary or even permanent incapacity or absence of the mother.¹

Homemaker service was developed in the early 1920’s as one way to preserve family life for children in homes where the death of the mother or her absence because of illness has disrupted the normal life of the family and created serious problems in the care of the children. After careful consideration of all aspects of the problem presented in such instances, competent women, carefully selected and supervised by social agencies, are placed in the home to manage the household and care for the children. Homemaker service is frequently offered as an alternative plan to the placement of children in foster care.²

This type of service enables the family to maintain the home to the advantage of the children and the father and requires less adjustment than would the breaking up of the home. It enables the father to carry on the responsibilities of the home with the help of the homemaker under the case worker’s supervision until the mother is able to assume this responsibility or until a more suitable plan is worked out for the family. Of course, this service is used only when the family wants to maintain the home and when one parent has a strong enough personality to make a constructive plan possible.


social agency as is required by the mother or the homemaker.

Homemaker service is one way to keep homes intact, particularly where there are a number of small children. Certain important conditions should be present, however, if homemaker service is to be effective.

1. The parent and older children must want to remain together and must be willing to accept the services of the homemaker as a means of maintaining family solidarity. All members of the family should participate in making the plan for such service.

2. The family choosing homemaker service as the plan best suited to meet its needs should have a clear understanding and acceptance of what the service involves and of the responsibilities that will be shared by the family, the homemaker, and the agency making the placement. They will want to know how the agency selects the homemaker, the kind of supervision she receives, the help given the family in making the best use of the service, and the stress placed upon the homemaker’s function of carrying on the responsibilities of the mother without displacing her. Such knowledge should serve to bring about a better realization of the fact that the homemaker’s duties in the home and the quality of service she is prepared to give are more than those ordinarily assumed by a person giving the usual domestic service.

3. The social agency should know whether the family has considered sufficiently its own resources for meeting its problems through the assistance of relatives or friends rather than through the services of a homemaker.

4. If a homemaker is to be placed by the agency, there should be a definite agreement with regard to the amount of financial responsibility to be assumed by the family. The case worker should discuss the family budget with the parent. Although it is wise for the family to contribute as much as possible toward the salary of the homemaker, they should not contribute so much that they cannot maintain a satisfactory standard of living.

5. Clear-cut agreements should be arrived at as early as is possible with regard to the responsibilities that are to be divided between the parent and the homemaker, such as the purchasing of food and the care and training of the children, including plans for their care when the homemaker has her leisure time away from the home.

6. If the father is the sole parent in the home, he will need to assume many responsibilities which would normally be assumed by the mother, since he must plan with the homemaker details with...
regard to the maintenance of the home and the welfare of the children. His participation in planning should never be forgotten by either the homemaker or the case worker.

7. Provision should be made for at least minimum household equipment, so that the homemaker has the facilities for effective service. This is a necessary consideration, since many of the homes are those with a marginal income. This is particularly important when the homemaker is to care for the family over a long period. Adequate clothing and food should be provided to whatever extent is necessary to supplement the family's budget.

8. A social agency can place homemakers effectively only when its placements are based on an understanding of the needs of the individual family. It is helpful to know the cultural background, interest, routine, and living habits of the family, the responsibilities normally carried by the parent, and particularly any special problems of the children. The case-work agency would be more likely to have such information if the family has been known to it for a considerable period. However, it may be necessary to make a placement on information received through a few preliminary interviews or upon the recommendation of another social agency.

Social agencies are frequently willing to place homemakers in families whose need is apparent even though the physical conditions in the home and the attitudes of the family are known to be far from ideal. To a limited extent homemakers have been placed by some agencies at the request of the juvenile court in homes where children are neglected. These placements are often very difficult for homemakers because the parents may not accept the need for the service. Equally difficult are the situations in which the mother remains in the home but is mentally incompetent to manage her household. Another situation which may be very unsatisfactory or very difficult for homemakers is the home in which there is no parent to assume responsibility, but where older, unmarried, employed children wish to maintain the home for younger brothers and sisters. Problems are likely to arise if the brothers and sisters are not well adjusted themselves.

Homemaker service was started in 1934 as part of the case work services of the Family Service of Montgomery County, Dayton, Ohio. The child-caring agencies first suggested the idea, although Family Service had been conscious of the need among its own clients. According to the local agreement for the allocation of cases, homes in which children were living with either father or mother alone were the responsibility

5Ibid., pp. 8-9.
It is quite obvious that the father plays a very important part in planning with the agency for homemaker service. This does not mean that homemakers are placed only in homes where the father is an adequate, stable person; the service can be of value if the father is a passive and dependent person. In fact, passivity, if not extreme, may be an asset in helping him to take over the role of the mother for a temporary period. In any case, the father must have enough stability to carry more responsibility than he would carry where the mother is in the home, in addition to having a warm feeling for his children.

The value of homemaker service to the family that needs it is great. A sudden illness of the mother or the necessity for hospitalization creates a serious problem that has a direct bearing on the father's ability to carry on his work. If there are no relatives or friends who can manage the household and care for the children during this emergency, the only alternative may mean separation from parents, disruption of their normal way of living, change of school, and many adjustments to the new home. The underlying emphasis of homemaker service is on the preservation of family unity and the maintenance of the home for the benefit of both the parents and the children. The service, where it is available, is contributing materially to the morale of both parents who are facing such an emergency and to the security of their children.

In general, there are five types of homemaker service. Representatives of social agencies providing homemaker service have agreed on four classifications to describe the type of service usually supplied when the mother has died or is ill. A fifth classification has been added to include the type of service provided when a mother is employed away from the home. The classifications are defined in terms of degree of responsibility that must be assumed by the homemaker.3

The types of homemaker service that have been provided to date are as follows:

1. Inclusive care is service given to a family during the long-time or permanent absence of the mother from the home. The homemaker in such a situation has responsibility

3Ibid., p. 3.
not only for the maintenance of the home but for understanding the children and aiding their development. In inclusive care a homemaker is needed who can relate herself closely to the family, as the emotional relationship between the homemaker and the family is of great importance. It is necessary, however, to guard against any encroachment on the father-child relationship. The role of the homemaker will depend, of course, upon the situation. Some families will come to think of the homemaker as a helpful relative, and she may be called, particularly by the children, "aunt" or "granny." While it is particularly important for younger children to have a homemaker the type of person who can give them a feeling of security, there is equal need for the acceptance of the homemaker by older children who, unless a sound relationship is established, may resent her presence.

2. Interim care is homemaker service given to a family during the temporary absence of the mother. The emphasis of the agency is on the maintenance and strengthening of the established manner of living in the home rather than on introducing changes which arrangements were to be desirable for the development of the children if the arrangements were to be permanent. Essential aspects of interim care: good physical care of the children, adequate planning of the budget so that proper foods are provided, and the furthering of sound routines and habits for the children.

3. Exploratory care is service offered in a motherless home during a period in which the family and social agency are deciding upon the most suitable plan for the family. The basic element of this form of care is the skillful case work service given by the agency. The role of the homemaker is an important one, since in addition to the skills needed for effective work in maintaining a home during this interim period, she needs to contribute to the case worker's understanding of the needs of children through sound observation of the individual activities, sibling relationships, parent-child relationship.

4. Supplementary care may be utilized when the mother or some other responsible adult is in the home and is responsible for the household but is not able to do the physical work. There are situations in which supplementary workers are needed on an emergency basis. Although some families may themselves find such workers if given financial assistance, other may need the services of the agency because they do not know how to find a worker or do not know how to direct another person's activities in the home. Essential in the homemaker who gives this kind of service is the ability to work under direct supervision of the mother or other adults in the home. The homemaker should have physical strength to do what the mother is not physically able to do. Adequate knowledge of cooking, cleaning, and laundering is important. In this type of service the agency role, though minor, is nevertheless present.

5. Auxiliary care is service given to the family during the hours of employment of the mother. In such a situation the primary responsibility for the maintenance of the home and the care of the children remains with the mother. The homemaker works under her direction, with such guidance from the
of the family agency, and no home was broken in Dayton by the child-
caring agencies without first having stimulated the family to consider
homemaker service. At this time, the decision as to the placing of
homemakers in families rested with the supervisor of the service, but
the supervision of homemakers in families already active rested with
the case worker responsible for the families concerned. This was
during the time of the W.P.A. and its sponsorship of housekeeping
projects. Close cooperation existed between the two agencies, and
the W.P.A. provided temporary care for families to which Family Service
was unable to give immediate service because of financial limitations.

In the very beginning of the service, clients of other agencies
were able to use the homemaker service. This policy still exists.

In the selecting of homemakers the agency took into consideration
the applicants' experience and attitudes in working with people. The
women selected were generally ones who had reared families of
their own and had had additional outside experience in housekeeping.

Training for homemakers was provided through lectures and group
discussions held every two weeks. No definite course of study was
followed, but arrangements were made for homemakers to study First
Aid and Home-Care of the sick through the local Chapter of the American
Red Cross.

In 1940, twenty-eight families were served by eighteen homemakers.

In June, 1944, the agency conducted a homemaker survey after be-
coming quite concerned over the increasing number of requests for home-
maker service which could not be met either because there were no home-
makers available or the family needed the service on a twenty-four hour
basis. This raised the two questions as to (1) whether the homemaker staff should be increased or (2) whether some homemakers should be secured who could live-in. There was further confusion because there was no one person responsible for knowing (1) where the homemaker was employed, (2) the length of employment anticipated in a given instance, and (3) whether or not there were fewer homemakers than needed. To get a clearer picture of the situation, it was decided that each case worker would be asked to present her evaluation of the service as used in her individual homemaker cases.

The study brought out facts regarding the number of days the homemakers were actually employed, the work schedule on days employed, the reasons for homemaker service, payment plans, anticipated and actual benefit of services, and the workers' evaluations of homemakers in particular situations. In general, the policy had been to use Homemaker Service only in those situations where the period of employment in a particular home could be limited to a relatively short period of time. This excluded (1) long-time substitute mother service in broken homes as an alternative to placement or some other more permanent plan, (2) placement in homes where there is a chronic illness, and (3) homemaker service where the mother must be gainfully employed.

With regard to work schedule on days employed, it was found that intake was not providing homemaker service in situations where service was required for more than five and a half days per week or seven-and-a-half hours per day. However, there had been many requests for such service. In the majority of cases, the homemakers worked five and a half days per week and over seven-and-a-half hours per day, for a grand total of more than forty hours per week. In all instances, the need
for homemaker service came about as a result of the mother's leaving home or becoming very ill. Homemaker Service made a real contribution to the total case work plan in all situations in which regular homemakers were used.

In the more recent program, the agency was budgeted for eight homemakers. The new homemaker applicant was interviewed by the Homemaker supervisor and, if she met the requirements of the agency, the supervisor presented an evaluation to the Executive Director, who then decided whether the applicant was to be hired.

In selecting homemakers, the agency considered the welfare of the children the primary responsibility in the homemaker program. The homemaker had to have the ability to work with people and be able to accept the behavior of both children and adults. She had to be a person with a variety of skills and abilities so that she would be able to manage a household on a limited budget and sometimes limited equipment. The personality of the homemaker was very important, since she had to work with a variety of families under various circumstances. The homemaker also had to be able to work with the case worker and understand the case worker's responsibility to the family as distinguished from her own and be willing to accept the case worker's supervision. The worker who was assigned to the family where there was a homemaker was responsible for the homemaker's adjustment to the family.

When a new applicant came to the agency requesting a homemaker, the worker to whom the family was assigned discussed the situation with her supervisor and, if it was felt that homemaker service was the best plan of treatment, the worker and her supervisor, jointly
with the homemaker supervisor, decided how best to implement this plan.

Each month, the homemaker supervisor held meetings with her homemakers. In these meetings the homemakers were able to express themselves regarding their work and were afforded a measure of further training. These meetings provided the homemaker with increased insight into the problems of family adjustment, child behavior, budgeting, disciplining, nutrition, and the like.

The agency now offered three types of homemaker service, namely, (1) interim, (2) supplementary and (3) exploratory. 6

Recently (October to November, 1948), a survey was conducted among the case work agencies of Dayton to determine the extent of the need for additional Homemaker Service. A Subcommittee on Homemaker Service was appointed, by the Committee on Inter-Agency Relationship and Responsibility, to study the need for short-time and long-time Homemaker Service and the area of Inter-Agency relationship in a Homemaker Service program. It was pointed out in the Committee meeting that Family Service was the only local agency providing homemaker service and that the service was limited, due to the limited number of homemakers and the length of time the homemaker could remain in the home.

Eighteen agencies were contacted, and eight agencies reported. There was need for forty-one homemakers, of whom thirty-nine would be white and two would be Negro. Two applications were for the case of the aged, and thirty-nine requests involved 121 children under the age of eighteen. The reasons given for the need of Homemakers were:

- 29, physical illness
- 5, mental illness
- 7, desertions, divorce

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6See p. 3.
Fourteen families could pay in full for the service. On the strength of the limited findings, the committee felt that the survey indicated that there was a definite need to enlarge the Homemaker Service Program in Dayton.

**Purpose**

The purpose of this study has been to evaluate the use of Homemaker Service as a technique of casework treatment used with selected families. It examined the families' attitudes toward the service and attempted to isolate factors governing the family's ability to use the service.

The case worker's role in the Homemaker program is very significant. She must have insight into the total family situation and be able to give the homemaker some idea of what is to be expected when she goes into the home. Her ability to work with the family and the homemaker and her ability to handle any problem that affects the relationship between the homemaker and the family are certainly of primary importance in helping the family get the best out of the service. Therefore, this study has focused on the skills and techniques required of and exercised by the case worker in such a situation.

**Scope of Study**

Ten case records were pulled at random from the file of the Family Service of Montgomery County, Dayton, Ohio, for this study in Homemaker Service. These cases represent families who have been known to the agency in other relationships as well as clients requesting homemaker service alone. This sampling represents families of marginal and low
income level together with those in the relatively privileged categories.

Method of Procedure

These representative cases were selected from homemaker cases active with the agency from January, 1948, through December, 1948. The cases were so selected as to include data on all homemakers employed by the agency during this period. They included both white and Negro families. Some of the cases were closed with the termination of homemaker service, while others remained active with the agency in other connections.
CHAPTER II

PROCEDURE FOR HOMEMAKER SERVICE

The effort was made to interpret the families' need for the service as over against their ability to use the service. With this in mind, the intake worker gave the applicant an interpretation of the service and discussed with the applicant his reasons for seeking homemaker service. If it was obvious to the case worker that the applicant had misinterpreted the purpose of the service, she directed him to the proper resources. For example, applicants sometimes requested a homemaker who was to function as a domestic while the mother worked out of the home. The case worker then reviewed with the client his efforts to solve his problem before coming to the agency. If there was no immediate need for a homemaker or mother substitute, the applicant was encouraged to canvass relatives, neighbors, or their own resources. This gave the client an active part in the planning. Since the homemaker service offered by Family Service of Montgomery County, Dayton, Ohio, was the only such service in the community, clients were necessarily urged to make their own plans where at all possible.

Other information was obtained in the initial interview, in order that the caseworker, seeing the client on a continuous basis, could be briefed on the specific problems involved. The caseworker ascertained from the client the family's income, expense, working hours, the length of time the homemaker might be needed, and the name of the family physician. The intake worker was not empowered to tell the client whether there was a homemaker immediately available but accepted the application on the basis that the agency would help the family with
planning for the substitute care of the children. (The placement of a homemaker in the home was dependent upon the family's need for the service rather than the length of time the application had been filled).

The continued-service worker then contacted the family and made a home visit, following which she discussed the outcome with her supervisor, and a mimeographed application was filed with the Supervisor of Homemaker Service. The application consisted of data concerning: (1) identifying information, (2) the reason for the need of a homemaker, (3) the family's probable acceptance of agency supervision, (4) the time factor, (5) the family's living standards, (6) the adequacy of working equipment, and (7) a tentative financial plan covering the homemaker's wages. A conference between the caseworker, her supervisor, and the supervisor of Homemaker Service was soon held.

Before the homemaker was placed in the home, the caseworker and the family discussed the working hours of the homemaker. This was done to insure the family's using the service as a substitute plan, required by the mother's absence, rather than as a means of securing a mere domestic.

The work which the homemaker was required to do was discussed with the family and the homemaker jointly. It was made clear that the homemaker was not expected to do all the work in the home; rather, some of the work was to be shared by the father and other responsible members of the family. (It was very important, of course, to recognize the father or the responsible adult in the family as part of the total planning: if the mother was to be absent from the home, the success of the service partly depended on the strengths within the father; he and the homemaker were to carry on jointly during the mother's absence.)
Before the homemaker was assigned to the home, she came to the office for a conference with the Homemaker Supervisor, who then introduced her to the caseworker, who told the homemaker about the family and the role she would have. The caseworker then took the homemaker to the home and introduced her.

Subsequently, the caseworker visited weekly, and this was especially indicated when the mother was out of the home. The family was encouraged to feel free to discuss its relationship with the homemaker, and vice versa. The caseworker undertook to schedule a conference with the homemaker in her office at any time if the need was indicated.

When the mother was in the home and the homemaker was placed on a supplementary basis, the homemaker was expected to work under the supervision of the mother.

The caseworker was able to get information from the homemaker which it was sometimes difficult to obtain from the family directly. Being in the home, the homemaker was in an ideal position to observe the family's habits and attitudes toward one another. Such information, obviously, could be of inestimable value to the caseworker in helping the family with its problems. All information received from the homemakers regarding the families was carefully evaluated by the caseworker. This necessitated the caseworker's being aware of the homemaker's own attitudes, needs, and insights.

The extent of the family's monetary participation in planning for the homemaker's wages was determined by the family's income. If the homemaker was to be in the home on a short-time basis, the family's immediate needs and expenses alone were considered when setting up the budget. (One to two weeks was generally considered "a short period."
If the homemaker was to remain in the home beyond this period, the budget was more inclusive. The case worker, in discussing the financial responsibility of the family, gave the family the assurance that she was more concerned about meeting the family's need for a homemaker than to ascertain the family's ability to pay. Sometimes, clients, through their anxieties and fears, overestimated their ability to pay for the service; therefore, a budget was set up with the family, and the family's ability to pay was arrived at on a reality basis.

Those families needing the service on a long-time basis and not able to pay for the service, were referred to the public agency for supplementation after the case worker had set up the homemaker plan in the home. The agency continued to supervise the homemaker, however.

Due to the limited number of homemakers, the agency tried, as has already been indicated, to limit the service to interim, supplementary, and exploratory situations on a short-time basis. Where families needed service for a long-time period, the agency accepted the homemaker application but, in most cases, secured substitute housekeepers. The families were encouraged, in any case, to find their own housekeepers, and the agency helped the family in its financial planning.

The case worker was responsible for keeping a record of the homemaker's time, especially noting any overtime. If the case worker planned with the family for the homemaker to work overtime, the homemaker received overtime pay.

The case worker notified the Homemaker Supervisor of the termination of placement when it occurred; likewise, if the case worker and her supervisor decided that termination was not to take place as planned, the case worker notified the Homemaker Supervisor accordingly. Generally, the case worker, before placing the homemaker in the home,
had secured advice from the family physician as to how long the homemaker
had best remain in the home; if there was a real need for the homemaker
to remain in the home beyond this period, arrangements were made with
the Homemaker Supervisor accordingly. Within a week after the termina-
tion of homemaker service in a given instance, the caseworker provided
a written evaluation of the homemaker's job performance.
CHAPTER III

CASE STUDIES

This chapter presents ten selected, representative cases in which Homemaker Service was used.

Case 1

Mr. B, a white man, was referred to the agency by the Visiting Nurses Association as requesting help in securing the services of a homemaker to care for his two children during his wife's recovery from an automobile accident. Both Mr. and Mrs. B had been in an automobile accident and had been hospitalized. Mrs. B had been seriously injured, and it had been necessary for her to be confined to her bed for an extended period of time following her discharge from the hospital. Mr. B had been released from the hospital two weeks after admission and was able to come into the agency to make the plans. The family consisted of Mr. and Mrs. B and two children, ages six and two.

In the initial interview, Mr. B impressed the worker as an honest young man with a great deal of warmth and affection for his wife and children. The children had been staying with Mrs. B's parents, and she had not seen the children since the accident. Mr. B was trying to get his family together for Christmas and, for this reason, came to the agency. The accident had been an emotionally upsetting experience for all concerned, and Mr. B felt that they had best be together again.

The worker talked with Mr. B about Mrs. B's anxiety over seeing the children. After helping Mr. B release some of his own anxiety and fear concerning Mrs. B and the children, the worker discussed with him the homemaker program and the family's responsibility in planning with the worker and the homemaker. The worker secured Mr. B's permission to contact the doctor regarding Mrs. B's condition. They worked out a budget, in which Mr. B participated by freely disclosing his earnings, maintenance needs, and debts. Mr. B's yearly income was between $2,500 and $3,000 a year. Mr. B felt that he would be able to pay a fee for the service. He took a very active part in the formulation of the homemaker plan and kept his appointments regularly.

A few days after Mr. B's return home, the agency placed a white homemaker in the home. The homemaker in question had been with the agency a number of years and had given evidence of a great deal of understanding of children.

This homemaker service was "supplementary," as the mother was in the home and was able to direct and assist the homemaker, becoming progressively able to assume a greater part of the responsibility of the home. The case worker visited the home, and Mrs. B expressed herself as very satisfied.
with the homemaker. The homemaker also expressed positive feelings towards the B's.

The homemaker was in the home for a period of five months, at the end of which time Mrs. B was able to assume full household responsibilities. It was then felt that the B's were quite adequate people and that no further assistance was needed from the agency.

The B's, unknown to the agency heretofore, were referred by the Visiting Nurses Association. In the initial interview, the worker attempted to gain as much information as she could regarding Mr. B as a person, a father, and a husband. Mr. B's coming to the agency and his concern over securing a homemaker gave some clue to the worker as to Mr. B's stability and his ability to plan. There was some discussion about the children, in which Mr. B individualized each child, saying how each would react to seeing their mother in the hospital. This gave the worker insight into Mr. B's warmth and affection for his children.

The caseworker went over the family budget with Mr. B to determine the family's responsibility for the service and arrived at a suitable payment schedule. This gave the family a more secure feeling, even though the fee was very small by comparison with the homemaker's wages.

There were no other problems indicated; therefore, the homemaker service was terminated with the mother's final recovery. The single need in this case was the maintenance of normal family life during the mother's convalescence.

Case 2

Mrs. F, a white woman, made personal application for homemaker service two months before she was to be hospitalized for a hysterectomy and appendectomy. Mrs. F stated that there were no resources in the family and that she had been unable to find anyone from any other source. She needed someone during the time she was to be hospitalized and during her convalescent period. The family consisted of Mr. and Mrs. F and two children, ages eleven and three, toward whom Mrs. F expressed much warmth. Mrs. F stated that a friend of hers had told her about the agency's Homemaker Service.
The case worker took Mrs. F's application and continued to keep in touch with her regarding the availability of a homemaker. Mrs. F requested a white homemaker, saying that the children would probably adjust better.

At the time Mrs. F was to be hospitalized, there was no white homemaker available, and she was quite disappointed as the children had had no contact with Negroes. She finally accepted the placement of a colored homemaker, however. The homemaker was placed in the home before Mrs. F was hospitalized, and Mrs. F soon became friendly and warm in her relationship with her. After Mrs. F returned to the home, she expressed her appreciation of the homemaker, who had tried very hard to please her. The homemaker in question was a person quite alert in methods of child training and had excellent understanding of budget planning. She was distinctly outgoing in her relationships. The result was that Mrs. F came to feel secure with regard to the children and the home while she was hospitalized.

The homemaker became very concerned about Mrs. F after she returned from the hospital, saying to the case worker that Mrs. F was trying to do too much for the children, who were then convalescing from a siege of illness. Otherwise, the homemaker had only one complaint: she felt that she had been called upon to spend too much time laundering the younger child's clothing. Most of the clothing was sent to the laundry, and Mrs. F, worried over the expense, had induced the homemaker to do much of the laundering herself.

The homemaker, at the doctor's suggestion, remained in the home for a period of a month following the mother's return home.

Mr. F did not enter into the planning. In this particular situation, notwithstanding, the homemaker was quite successful.

(Generally, of course, it is felt that the husband should share in the planning.)

If the mother is the one who makes the application, the husband is involved as early as possible. He, along with his wife, has the right to decide how he wishes to meet his present family difficulty. The father is important in the situation because he is often the one who will remain in the home when the mother is away and he will be carrying the responsibility of working with the agency and the homemaker. Also, as the wage earner and the one responsible for payments, he needs to discuss the financial aspects—the amount and in what way the fee shall be met. 7

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Case 3

The S family, a white family, was referred to Family Service in 1945, by the Visiting Nurses Association, for help in financial planning and other problems arising out of medical needs. The family consisted of Mr. and Mrs. S and five children, ages eleven, five, three, and two. During this contact, the family physician recommended complete three weeks' bed rest for Mrs. S, who had a tubercular condition. A homemaker was placed in the home for this period of time. After termination of homemaker service, it was determined that the family needed no help other than financial. Since, however, the family could not accept case work service, they were referred to the public agency for supplementary assistance.

The family was referred by the Visiting Nurses Association to the agency again in 1948. Mrs. S's tubercular condition had become active, and it was necessary for her to be returned to the sanatorium. The problem in this family had been the family's unwillingness to make use of clinical facilities for medical care, poor budgeting, and Mrs. S's resentment of placement and medical care at the sanatorium. Twice before, Mrs. S had been under medical treatment in the sanatorium, and she had left before treatment had been completed without first securing a medical release. On two occasions, she had had a bed waiting for her, but because she had no one to care for the children, she would not enter. At the time of referral, Mrs. S's condition had become infectious, and since the children were in constant contact with her, they were in danger of becoming tubercular. The agency now made plans to place a white homemaker in the home. The homemaker in question had not been with the agency long but had had experience in practical nursing and baby-sitting. She was reliable and identified with children in a kindly, firm manner.

Since the case was active with the public agency and Mr. S's income was around $1,500.00 a year and not enough to pay for a homemaker, the public agency paid the homemaker's salary to Mr. S, who then reimbursed Family Service.

In view of past experience with the family, it seemed questionable whether Mrs. S would remain in the hospital, but it was agreed to place the homemaker in the home for a period of at least a month. Mr. S was quite pleased with the way the homemaker managed and planned the meals on a small income. He felt that it had taken only a short time for the children to become adjusted to her. (The worker felt that Mr. S was so relieved to have the homemaker in the home and to have his wife in the hospital that he would be reluctant to say that things were not going along smoothly.)

In talking with the worker, the homemaker discussed some of the limitations of the home. For one thing, the homemaker was concerned about Mr. S's inability to budget. She felt that Mr. S bought things that were not too nourishing for the children. Concerned over his inability to manage the food budget, she had occasionally brought food from her own home. Also, the homemaker was anxious to improve the children's behavior while in the home. (Earlier, they had been allowed to stay away from home and play
at a time when they should have been preparing for bed.)

The homemaker was in the home for a period of about a month, at which time Mrs. S again left the sanitorium without a medical release. Mr. S blamed Mrs. S's leaving the hospital on the treatment she had received. He felt that things were made difficult for her because she had left the hospital before without permission. (It was the case worker's feeling that Mr. S had a great deal of guilt feeling over Mrs. S's pregnancies, in that Mrs. S had been advised by the doctor when she first married, against having children. Mr. S felt that Mrs. S's pregnancies had caused the tubercular condition to become active again. He tried to relieve his guilt feeling by over-indulging Mrs. S.)

After Mrs. S returned to the home, it was felt that the homemaker should not remain, since Mrs. S had not been medically released. A conference was held to determine what should happen at this point. Present were the Visiting Nurse, the Supervisor from the Public Agency and the case worker from the Family Service. It was felt that the authorities should take action to compel Mrs. S to return to the sanitorium, in which eventuality the Family Service could again be called upon.

This family had been known to the agency on a previous occasion. The case worker knew, from the agency's previous contact, the family's unwillingness to use the case work service of the agency. She knew Mr. S's limitations and his over-protectiveness of Mrs. S. Due to the seriousness and the danger involved for the children, however, a homemaker was placed in the home.

The homemaker over-identified with the children and brought food from her own home. This should have been discouraged (and probably was) although this is not clearly indicated in the case history as recorded. The homemakers are instructed to give such information to the case worker so she might help the family with budgeting and, if there is a deficit, plan for supplementation.

The homemaker plan as such was adequate but could not be fully implemented, due to Mrs. S's neurotic pattern and Mr. S's need to go along with his wife.
The N family, a white family, was referred to the agency by the Community Chest. It was indicated at the time of the referral that there was illness in the family, considerable medical expense, and a need for helping the family in their planning. The family consisted of Mr. and Mrs. N and four children, ages eleven, ten, eight, and seven. Mr. N, a young man, was paralyzed on the left side, which made his walking and speech extremely difficult. He had been ill for seven years, and Mrs. N had taken over the wage-earning job. Mr. N resented this and felt that she enjoyed more freedom than necessary. Mrs. N was a skilled factory worker earning $2,400 a year.

While Mrs. N worked, Mr. N cared for the children. The children were not well-cared-for under Mr. N's supervision and there was continual conflict in the home. In talking with Mr. N, it became apparent to the case worker that his activities were completely irrational. Soon afterward, Mr. N was hospitalized, and the worker promptly endeavored to secure a psychiatric diagnosis. This led to the patient's commitment to the Dayton State Hospital for Mental Diseases, where he died.

Mrs. N had developed strong "masculine" traits in an effort to be self-sufficient. In her relationship with the children in the home, she did not appear to be a functioning mother; she gave no evidence of maternal warmth toward them. However, she continued to work, feeling that she would be much happier that way. She tried out various people as homemakers but without success. This made Mrs. N wonder whether she was wise in working out and having someone care for the children. In order to help her see her conflict, the agency offered to place a homemaker in the home for three months' trial. A white homemaker was placed in the home.

The homemaker in question had a great deal of feeling for children but was a rather controlling sort of person. She took a lively interest in Mrs. N's children and was quite concerned about their behavior problems. This she discussed with the case worker on several occasions. The only outcome was the homemaker's reacting to the "deplorable conditions" in such a fashion as to become overtly hostile toward Mrs. N. Attempted interpretation to the homemaker proved unsuccessful. Mrs. N, in turn, became aware of the lack of sympathy and understanding between the homemaker and herself and decided to terminate the homemaker's service. This led to her quitting her job and deciding to stay home. The contact was terminated with Mrs. N's applying for Aid to Dependent Children.

In this particular case, the agency had been helping the family with other problems and had used Homemaker Service as an exploratory device. Mrs. N was experiencing serious conflict as a result of working out of the home, and the case worker suspected that the only solution would be her arriving at a decision to remain at home; the homemaker was placed
in the home for the specific purpose of affording Mrs. N a basis for arriving at this decision. Meanwhile, the case worker became aware of the tension between Mrs. N and the homemaker and scheduled frequent interviews with the homemaker for the purpose of clarifying to her just what was involved. Back of this lay the fact that the homemaker felt free to express to Mrs. N her feelings about the family's living standards, only to find Mrs. N resistant to any suggestions for improvement. Typically, here, we seem to have a picture of a mother who, seeing herself inadequate, cannot accept suggestions from another by virtue of feeling threatened in so doing.

Agency-training influences the homemaker to see herself as a substitute mother in her relationship with the children, whereas the mother needs to see her as a maid and consequently interferes with any guidance or affection she may attempt to give the children. Perhaps, a recognized maid service would be more appropriate under such circumstances. But we do not feel as great a need to weigh and measure experience with short-time placements as we do experience with those families in which the mother's absence is permanent or undeterminable.

Case 5

Mr. H, a Negro man, made personal application for a homemaker to care for his children, ages one, two, and four, while his mother was in the hospital for three major operations. Mr. H was separated from his wife, and his mother and sister had come to live with him to care for his three children.

The agency had had previous contact with Mr. and Mrs. H in relation to their marital problem. Mr. H was twenty years of age. He was a rather childish, immature person. He was gainfully employed and supported a mother, a sister (age nineteen), and three children. He had a fairly secure job. At the time of application, he was overwhelmed with the responsibilities of the home and had not been able to secure anyone to take the temporary place of his mother in the care of his children.

The homemaker, a Negro woman, who was placed in the home had not been with the agency very long. She appeared to be very warm with children and had had quite a bit of experience in domestic work. She at once proceeded to play a very active part in the maintenance of the home during Mr. H's mother's absence. (Due to Mr. H's inability to manage, the case worker planned very carefully with Mr. H how the money should be spent.) The amount of money to be spent on food was given to the homemaker by Mr. H every two weeks. His income, however, was hardly enough to cover the needs of the family, with the result that, occasionally, the agency made supplementary grants for food and provided children's clothing.

Mr. H's mother was hospitalized over a period of about eight weeks. The case worker visited Mrs. H while she was in the hospital and gathered as much information as possible from the doctor regarding Mrs. H's illness. Mrs. H suffered from a syphilitic condition which had affected her liver and gall bladder. Two operations were indicated. The physician suggested that Mr. H's sister Jean, who had congenital syphilis, submit to rapid treatment. The case worker also arranged for the children to be taken to the Clinic for blood tests. With Mrs. H's consent, the case worker was able to get the information regarding Jean and the children from the Clinic.

Jean was interviewed in the office several times. The case worker encouraged her to take the rapid treatment and helped her in planning her school work so she might take a week off for the treatment.

There was constant disapproval of the homemaker by Jean. She felt that the homemaker was unsympathetic and too authoritative. The homemaker, in turn, expressed strong feelings about Jean. She thought that the girl needed guidance and protection while her mother was out of the home. This Jean vigorously resented. The matter was hardly helped by the fact that the homemaker sometimes visited the home, after working hours, to check on the family; she did this at the case worker's suggestion. (Mrs. H had expressed much concern about her daughter's being at home alone, as she felt that her son, who was just a year older, would not assume his proper responsibilities.)

Just before Mrs. H was dismissed from the hospital, the homemaker became concerned over the family's not having enough bed-space, since Mrs. H had to have a bed to herself. This was discussed with Mr. H, who had made no plans for the extra bed. The case worker suggested that Jean stay with a relative until arrangements could be made to secure a bed.

After Mrs. H returned home, she was able to take over the management of the budget, which had been her responsibility before going to the hospital. The case worker contacted the doctor frequently to get information regarding Mrs. H's progress and to get medical advice as to when Mrs. H would be able to assume her household responsibilities. (The hospital did not have a Social Service Department, and sometimes it was difficult to get the cooperation of the doctor.) After
Mrs. H had been home a month, the doctor felt that she might be able to assume her responsibilities, and the homemaker service was terminated.

In this family, there was a need for the case worker to be very alert and active in the situation. Mr. H showed no strength in carrying on during his mother's absence but transferred his dependency to the case worker and the homemaker. The case worker depended upon the homemaker to hold the family together as best she knew how, giving her a great deal of support. The conflict between Mrs. H's daughter, Jean, and the homemaker had to be handled by the case worker in a very tactful manner in order not to identify with either; for this reason, her counseling after-working-hours supervision by the homemaker would hardly appear the essence of good casework practice.

The case worker's visits to Mrs. H while she was in the hospital helped to relieve some of the anxiety Mrs. H had about her daughter. The information the case worker received from the doctor helped her to make plans for the daughter to receive medical treatment and interpret to the daughter the importance of these treatments. The case worker was able to help the family plan for the mother's return after the homemaker had given her the information concerning the inadequacy of bed-space.

The case worker's frequent contacts with the doctor after Mrs. H's return home were important in planning for the termination of the service, especially since, in the absence of a Social Service Department at the hospital, it was difficult to secure the necessary medical information.

This is a case in which the agency continued, for some time, to see the family in relation to other problems.
Mr. T, a white man, made personal application for homemaker service after being referred by the hospital. His wife was in the hospital, and there were two small children in the home who needed care. Mrs. T had been in the hospital several times before. In the home, were three children: Billy, age fifteen (born to Mrs. T in a previous marriage), Caroline, age four, and Martha, age two. This was the second marriage for both Mr. and Mrs. T. Mr. T's three children by his first marriage were living away from home.

At the time of application, Mrs. T was about to be released from the hospital. She had a terminal cancerous condition. According to Mr. T, the family had been financially well-off until it had become necessary to spend a great deal on medical care for Mrs. T. His current income was $3,200 per annum. However, he had had to spend all of his savings on medical care. He had a great deal of feeling about accepting Homemaker Service without payment and was upset over arrangements for the children's care and the impending loss of his wife.

A Negro homemaker was placed in the home soon after Mr. T came from the hospital. Mr. and Mrs. T were both pleased over their being able to secure this service. The homemaker had not been in the home very long before Mrs. T was again hospitalized. During this period, Mr. T was upset over Mrs. T's illness and complained a great deal to the worker concerning the doctor's not being able to make Mrs. T comfortable; the cancer was at the base of Mrs. T's spine.

There was a great deal of friction between Mr. T and his stepson. This seemed to be based on religious differences. Mrs. T was Roman Catholic, and Mr. T was not. The marriage had taken place outside the church. Although the case worker had no direct contact with the child, it was felt that planning would be necessary for him after Mrs. T's death due to the friction between him and Mr. T. Mr. T did very little talking about their relationship but hinted that he could never accept the boy, inasmuch as Mrs. T had never accepted his children. In the main, he was not able to talk much about plans for the children until after Mrs. T's death. Meanwhile, the homemaker died of a sudden heart-attack and was replaced by another. Shortly after the replacement, Mrs. T died. This second homemaker remained fourteen days after Mrs. T's death.

Immediately after the funeral, Mr. T made arrangements for his son and family to come into the home, although the case worker tried to help him foresee some of the implications. He requested that the homemaker remain in the home a few days to give his daughter-in-law instructions in cooking. Although he knew his son drank, he felt that his daughter-in-law might be able to hold things together.

The stepson was removed to a home nearby, by a children's agency. At this point, the Homemaker Service was terminated. The case worker, however, continued to help Mr. T work out
ple. BE for the care of the children. The son and daughter-in-law plan was not going smoothly. Mr. T was extremely ambivalent about his responsibility and over-protective to a high degree. He would not accept the foster home placement of his children and, after his son left, he had a series of housekeepers. He finally got his daughter to come and live with him, and at this point he discontinued his contacts.

Mr. T did not accept the case worker's help regarding his relationship with his stepson before Mrs. T's death, although the case worker tried to help Mr. T see that there was a need for service in regard to this problem.

Before termination of the homemaker service, the case worker made an effort to help Mr. T plan for the children. At this point, Mr. T thought that he could manage with the resources within the family, which was tried on two occasions before he broke contact with the agency.

Case 7

Mr. A, a white man, made application for Homemaker Service after being referred by the Juvenile Court. He was interested in making plans for his two younger children. The mother had been recommitted to the State Hospital for epilepsy treatment. At the time of application, the children in question were in a detention home.

Mr. A appeared to be a stable father and very sincere in wanting to keep his family together. His four children were aged nineteen, sixteen, thirteen, and nine. The nineteen-year-old son was in the Army, and the sixteen-year-old daughter at home. His income was in the neighborhood of $2,900 per annum.

The plan was to advertise for a substitute homemaker, since this appeared to be a long-time homemaker placement. One of the agency homemakers, a white woman, was placed in the home temporarily, however, in order that the children might return. The homemaker in question had considerable warmth for children, with some experience in practical nursing and baby-sitting. She was able to report to the case worker that the children responded to her positively and that she did not encounter any difficulty with them in the home. She indicated that the father, on the other hand, was not cooperating too well. The boys were being permitted to go to the movies nightly, and the daughter was allowed to stay out late. The homemaker agreed with the case worker that this might have been Mr. A's way of making up to the
boys for their stay in the detention home. The fact remained, on the other hand, that Mr. A exercised very little control over his daughter. This led the case worker to decide that there was a need for someone to be in the home on a twenty-four-hour basis. Meanwhile, Mr. A reported complete satisfaction with the homemaker service.

Ten days after the homemaker arrived in the home, she reported to the case worker that Mr. A was planning to bring Mrs. A home. Mr. A verified this information, stating that it was in terms of a visit. The case worker raised the question as to the advisability of this in view of the short time Mrs. A had been in the institution and the difficulties arising in the home prior to her leaving. She advised Mr. A that the agency could not maintain the homemaker in the home if Mrs. A returned, since there would be another adult in the home assuming responsibility. Mr. A stated that the children missed their mother and wanted her home, especially at Christmas time. He finally agreed that he would be guided by the doctor's advice.

Mrs. A soon returned home and Mr. A stated that the doctor had given his approval. A letter was written to verify this information, and the reply stated that Mrs. A had been taken home against medical advice but could be returned at any time.

Meanwhile, the case worker thought it best to have the homemaker on the scene, if only to have the benefit of the homemaker's observations. The homemaker soon reported that the disturbance in the family since Mrs. A's return was "indescribable!" Mrs. A used a large board to beat the daughter and oldest boy. There were fist-fights between mother and daughter, and the homemaker had to get between them. Mrs. A constantly quarrelled with Mr. A accusing him of relations with other women. The homemaker was shortly convinced that the service was of no real value to the family. The family agreed, and the homemaker informed the case worker that Mr. A had made arrangements for a housekeeper to live in.

This was a case in which the homemaker service was of little positive value due to the family's extreme neurotic pattern. There was no indication in the early case material of Mr. A's reaction to Mrs. A's being out of the home. If the case worker had known of Mr. A's resistance to his wife's commitment, she could have helped Mr. A with his feelings in relation to this and also have helped the mother, perhaps, see the importance of hospitalization. The case worker ultimately became aware of Mr. A's plans only through her contact with the homemaker, but Mr. A was not able at this point to use the case worker's
help in carrying out the initial plan. After termination of Homemaker Service, the case worker continued with the family, as there was indication of further need for case work services.

Case 8

Mrs. K, a white woman, made application for Homemaker Service during her confinement. She had read about the service in the newspaper. She had tried other resources but had not been able to secure anyone. There were three children, ages three, two, and one. The family lived in a satellite town which did not offer this service. Mr. K earned $2,400 a year. He was employed at night, and the family requested a homemaker for twenty-four hours daily during the time Mrs. K was in the hospital.

Mrs. K appeared to be a strong, mature, and adequate person. The family enjoyed good living standards. While Mrs. K was in the hospital, Mr. K expressed satisfaction with the homemaker, who was white. After Mrs. K returned home, however, she reported that the homemaker did not keep the house clean and that the children were not bathed before they were put to bed.

The case worker then visited the home and worked out a definite schedule with Mrs. K and the homemaker. Following this, Mrs. K reported that there was some improvement. It was difficult for the case worker to know whether the complaints were justifiable. The case worker believed that Mrs. K wanted things done exactly as she would do them. The homemaker, on the other hand, agreed that she had not been getting up on time.

Mr. K soon went on the day-shift, and the homemaker's hours were changed to nine a day. At this time, the case worker contacted Mrs. K's doctor, who had known the family for years. He indicated that Mrs. K could assume her own responsibilities, and he thought it better that the homemaker be removed, as Mrs. K had indicated to him that she and the homemaker were on the verge of "having words."

From the case material, there was no indication of weekly visits to this home. At the time the mother complained to the case worker regarding the homemaker's work, the case worker did not know how justifiable the complaints were, which would seem to indicate infrequent visitation, which was unfortunate.

The service terminated at the suggestion of the doctor, and, at the same time, there seemed to be no further need for case work service.
Mr. R, a white man, made personal application for Homemaker Service after being referred by the Children's Bureau. Mrs. R had recently deserted, and Mr. R was interested in making plans for his children until some sound permanent decision could be reached. Due to Mr. R's having lost time from work, it was indicated that the family would need financial assistance. The family consisted of five children, ages nineteen (son in Navy), fourteen, twelve, ten, six and five. They had recently moved here from another city and were legally non-residents.

In the initial interview, Mr. R explained that Mrs. R had run away from home with his brother, and he did not know her whereabouts. Mr. R had for some time had considerable difficulty with his wife and brother. Collateral information revealed that Mrs. R had come to this city to live with Mr. R's brother's family and had caused difficulties between the brother and his wife. Mr. R had then been contacted and urged to come and live with his family. Mrs. R, however, had continued her "misbehavior" up to the point of desertion.

A Negro homemaker was placed in the home temporarily. The homemaker in question was a mothering person. She was a new homemaker, and this was her first placement. The case worker recognized that an early evaluation of this situation was necessary.

The home consisted of only two rooms. There were no modern facilities. There were only two beds, and some of the children slept on a mattress which had been placed on the floor. The stoves had earlier been destroyed, out of spite, by Mrs. R and the brother with whom she deserted. It was suggested that Mr. R get prices on stoves. During the process of getting the stove, the homemaker cooked at the neighbor's home. The new stove, when finally secured, was installed in hazardous fashion; there was no chimney in the house.

The homemaker found the children to be suffering from pediculosis. She also discovered that the children had been out of school due to insufficient clothing and was promptly given money with which to purchase the necessary items of clothing. She found the children "easy to discipline."

Mr. R's work ended soon after. The agency gave financial assistance and maintained the homemaker in the home until the public agency could make arrangements for the family to be returned to their place of original residence.

The case worker worked closely with the homemaker in meeting much of this family's needs. However, it is open to some question whether something could not have been done to help resolve the marital conflicts involved. There is nothing in the record to indicate any
extended contact with the family of Mr. R's deserting brother, for instance. The case worker seemed content, for reasons which are not too clear, to do no more than help Mr. R, through homemaker service, to keep his family together until further plans could be made.

Case 10

Mr. P, a white man, made personal application for Homemaker Service. Mrs. P had just been released from the hospital. She suffered from a coronary condition involving the heart, and it was expected that she could never assume all of her household responsibilities. There were five children, ages eighteen, sixteen, thirteen, eleven, and two.

A white homemaker was placed in the home on a temporary basis. She found little orderliness about the home. Among other things, there were no curtains. The homemaker was able to rectify the situation somewhat, but she could get no cooperation from the family in keeping the home in order.

Mr. P was earning $2,500 per annum, and his son was also employed, earning $2,080 per annum. The case worker tried to help Mr. P with his budgeting, as he was very unrealistic in his spending. In addition, while he supplemented his income by working part-time as an auto mechanic, he refused to charge his friends. However, Mr. P did not often come to the agency office, and the case worker decided that Mr. P was resistant to engaging actively in a working relationship.

Mr. P complained about his son's not contributing in the home. The case worker had a talk with the son, who appeared very cooperative, and he promptly agreed to contribute $10.00 per week.

The homemaker observed that responsibility for difficulties in the home rested with Mr. P, who expected instant acquiescence in his demands, however unreasonable at times. In talking with Mrs. P, the case worker observed that she was protective of Mr. P and did not feel free enough with the case worker to actually plan how the problems might be met. After the homemaker had been in the home for some time, the case worker asked how the family planned to carry on after the homemaker's time in the home terminated. During this period, Mr. P was to make improvements in his home, but he always had excuses. All suggestions from the case worker were brushed aside.

Mrs. P improved, and the case worker offered to help the family plan for other help, since the period of the homemaker's stay in the home had terminated. Mr. P became hostile and resentful at this point and was not able to see wherein he had fallen down on his agreement to cooperate with the case worker in planning for the family. The homemaker had been in the home three months, and the P's had made
no effort to work through their basic problems, apparently
taking it for granted that the homemaker was needed and that
the plan would continue indefinitely. With the termination
of the Homemaker Service, the P's decided to terminate their
contact with the agency.

The case worker suspected that Mrs. P's illness was, at least in
part, psychosomatic and, therefore, at the very outset, made it clear
to the family that the homemaker would remain in the home only until
other arrangements could be made. The case worker set up a plan by
which Mr. P could work through the planning for substitute care, but
Mr. P would not cooperate. She also attempted to help Mr. P with his
own personal problems, which, she believed, had interfered with the
work which he really needed to do for his family, but again she
secured no cooperation. She was not able to maintain extended contact
with Mrs. P, so it is difficult to determine whether a workable rela-
tionship could have been formed with her. In any event, she was quite
firm in carrying out the initial plan of termination, which seems to
be sound practice in a situation where the family, otherwise competent,
becomes unduly dependent upon the agency to whom it is known.
Homemaker Service came into existence in the United States in the early 1930's. Its purpose has been to preserve family life for the child during the absence of the mother. It is used to prevent disruption of the child's normal way of living until the mother is able to assume her responsibilities or a suitable permanent plan for a mother substitute can be worked out. While the mother is out of the home, the father carries on the responsibilities with the help of the homemaker and the agency.

There are five types of Homemaker Service: (1) inclusive care, which is given to a family during the long-time or permanent absence of the mother, (2) interim care, given during the temporary absence of the mother, (3) exploratory care, used in a motherless home during a period when the family and the social agency are deciding upon the most suitable plan for the family, (4) supplementary care, used when the mother is in the home but cannot be responsible for the physical work, (5) auxiliary care, used for the children of working mothers.

In 1934, Homemaker Service was started as one of the case work services offered by Family Service of Montgomery County, Dayton, Ohio.

Ten case records have been pulled from the files for this study. These cases represent families who have been known to the agency in other relationships as well as clients requesting homemaker service alone. The sampling represents families of marginal and low income level together with those in the relatively privileged categories.

The purpose of this study has been to evaluate the use of Homemaker
Service as a technique of case work treatment. It has examined the families' attitudes toward the service and has attempted to isolate factors governing the families' ability to use the service, focusing on the skills and techniques required of and exercised by the case worker in such a situation.

The success of a homemaker plan is dependent upon many factors. This study brought out factors peculiar to selected families' ability to use homemaker service.

It was revealed in this study that the most successful cases were those in which the family participated actively in the plan, appeared to have stability, looked upon the service as a temporary plan to preserve normal home life until the absent parent could assume responsibilities, and were mature in their planning with the agency. It was further noted that these families, after this temporary period, were able to take over their responsibilities and assume normal family living without further service from the agency.

In those families where the homemaker plans were interrupted before completion, the families showed certain neurotic patterns, as in the case of the mother who refused to follow through on medical advice and the father who became over-protective and permissive and showed very little insight into what all this would mean to the family. This type of family needed casework but could not accept further casework services.

Misinterpretation of the homemaker program was seen to be one of the factors affecting the families' ability to use the service. The case histories did not reveal enough to say whether this was due to inadequate interpretation by the case worker or previous experience
(or lack of it) with domestic help. Where the homemaker was criticized for not taking over all the responsibilities in the home, the family, apparently, looked upon the service as a domestic service.

There was a tendency for most of the families to be accepting of the homemaker and rarely critical of the homemaker's activity in the home. This was particularly true of those families which had exhausted every resource in their search for someone to care for the children and had come to the agency as a last resort.

After the homemaker began activity in the home, there was minimum resistance to the plan. This might have been due, in at least one instance, to the family's thus finding a substitute mother and thinking it necessary to be accepting of the homemaker to gain approval and acceptance by the case worker. There was some indication in the case material that the case worker lessened this anxiety by informing the family that the homemaker would remain in the home until the homemaker plan was completed.

A few families showed the need to pay for the service, even when it was a matter of only a small fee. None of the families, however, were able to assume the payment of the homemaker's wages in their entirety. Such families sometimes suggested payment for the services on an unrealistic basis. The case worker handled this by using the family budget to arrive at a suitable fee on a more realistic basis, thus allowing the family to participate in the financial planning without over-committing itself.

Since there was little material in the case histories regarding the homemakers' attitudes toward the families, it is assumed that in most of the families the homemaker responded positively. Only in one case was
there a personality clash between the mother and the homemaker. In this case, the mother accused the homemaker of being domineering. The agency's record of the homemaker's past performances helped to substantiate this criticism. The mother gave the impression, however, of being inadequate and was probably threatened by the homemaker's ability to assume the household responsibilities and maintain a positive relationship with the children.

In all cases, the homemaker gave information to the case worker regarding problems which needed the case worker's attention. In instances where the homemaker met a problem that she could not handle, such as a child's serious behavior problem, or an uncooperative parent, she discussed the matter with the case worker, who helped the homemaker with the handling of the problem or, if it needed the case worker's personal attention, resulted in the case worker's injecting herself more actively into the situation and assuming the responsibility in question.

The majority of the ten families were seeking help in other areas at the time of their application for homemaker service. Some continued active beyond the termination of the service. The case worker, in almost every case, attempted to continue with the family, but some, due to their inability to use other case work services, terminated their contact with the cessation of homemaker service.

In all but one of the ten cases, the father participated in the planning. The adult remaining in the home during the mother's absence had to be relied upon to take over the duties after the homemaker left. This person had to be cooperative and interested in the plan in order to insure cooperation in the home during the mother's absence. Most of the fathers entered into the planning early. They agreed to assume the
responsibility of the home after the homemaker's working day was over and
and kept regular appointments with the worker in the office, reporting
to her the family's adjustment to the homemaker and discussing other pro-
blems with regard to which the case worker was rendering service.

In none of the families studied did the case worker decide that the
foster-home placement of the children was a more sound plan than home-
maker service. In every case, furthermore, the family used the service
over only a short period, until permanent plans could be made.

Clearly, families asking for homemaker service should have a clear
understanding of the service and of their share or responsibility in
such a plan; they should have a well-rounded picture of the homemaker's
duties in the home relative to the duties of the other adult members of
the household. They need to see the distinction between a homemaker
(or substitute mother) and a domestic servant. They must, at the same
time, feel free to discuss the homemaker's activity in the home both
positively and negatively.

Above all, the findings would seem to indicate that the case
worker must be active with the family constantly to guarantee optimal
service by the agency she represents.
BIBLIOGRAPHY

Articles


Miscellaneous Materials


Warren, Effie M. *Interpreting Homemaker Service to the Community*. United States Department of Labor, Children's Bureau, Washington, August, 1940.

Unpublished Materials

"Homemaker Survey 6-1-44 through 5-31-45." Family Welfare Association, Dayton, Ohio.

Letter from Maude Morlock, Consultant, Social Service Division of Children's Bureau, Washington, D.C., December 14, 1943.

Report of Sub-Committee on Homemaker Service appointed by the Committee on Inter-Agency Relationship and Responsibility, Family Service, Dayton, Ohio, September, 1948.