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An evaluation of casework services at Boys' Village of Maryland

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AN EVALUATION OF CASework SERVICES
AT BOYS' VILLAGE OF MARYLAND

A THESIS
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THE DEGREE OF MASTER OF SOCIAL WORK

BY
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DEDICATION

My uncle and aunt, Mr. & Mrs. John L. Vines have served as parents to me for many years. They have given both financial and moral support toward my educational goals. During the time required for me to complete the Master of Social Work Degree, they gave excellent care to my young son, Ian E. Vines. For the inspiration and help they have been to me, I respectfully dedicate this work.

Carl W. Vines
CHAPTER I

INTRODUCTION

Significance of Study

Juvenile delinquency is perhaps one of the most talked about problems of our time. It is a social condition that occurs in all communities. Its impact is felt by children of every socio-economic class, ethnic group, and religious group. Juvenile delinquency has become so widespread and has had such an impact on youths that our society is spending millions of dollars annually to prevent and to control it.

Over the years, churches, settlement houses, community centers, recreational units, other social institutions, and therapeutic agencies have worked with groups and individuals whose behavior is deviant from the expectations and demands of society.¹ The training school is one of such agencies developed to treat the youth after his behavior has caused him to be brought before the courts and adjudged delinquent. According to the literature, most people working in the field of juvenile delinquency believe the training school should provide re-educative treatment aimed at the development of a healthy personality and a successful adjustment to society.

Those who take this view believe that living situations providing

healthy individual and group experiences, and at the same time incorporating specialized services into the program can lead the delinquent youth to realize that life holds many recognitions and satisfactions for him which can be achieved by following socially accepted modes of behavior.¹ The general public seems to expect the training school to control the youth for a period of commitment without a recurrence of delinquent conduct. It expects the training school to provide some type of training that will enable the youth to become a contributing member of society rather than merely a consuming member.²

The value of the training school to the delinquent is that it offers him a setting which combines controls, protection, and a totality of treatment which the delinquent has not experienced in his own community. The youth is not usually aware of the value that the training school is to him when he first arrives. His expectations of the school seem to be very much different from the expectations of the community which has sent him. Often, the youth has been given some interpretation of the training school's program by some community agency, usually the court. Even with the best interpretation the community agency can give, the youth generally views his commitment as punishment for his wrongdoing. Thus, he arrives at the training school fearful, suspicious, and distrustful of the school's intentions toward him.³ Shortly after his

²Ibid., p. 2.
arrival he realizes that the school offers him a well rounded program of group living, vocational training, recreation, medical and health care, academic training in a peer group with whom he can compete, a chance to establish meaningful relationships with adults, religious services, and clinical services. When the youth comes to realize that he has not been committed to the school to be punished he is usually able to relax and start making use of the school's resources.

It has been stated above that most people working in the field of juvenile delinquency believe that the training school should provide re-educative treatment.... A few training school administrators hold treatment secondary and custodial care primary. Still a few other administrators regard the basic function of the training school as educational and see the process of correction as an educative process. Leading thinkers in the field believe that the main purpose of institutional placement is treatment and that training schools must be essentially treatment institutions. As such, they must have an integrated professional service that includes the services of education, casework, group work, psychology, psychiatry, medicine, nursing, vocational rehabilitation, and religion. These services are directly related to human relations and personality development. There should be no question of competition between these services.¹ The individual needs of the youth may be best helped by anyone of these, or by a cottage parent. The service that can best serve the youth according to his needs should do so without competition.

¹Guides and Goals, op. cit., p. 3.
The above services are for the most part referred to as clinical services by the training school.

Clinical services in the training school means social, psychological, and often medical services. Broadly speaking, it is through clinical services that treatment is individualized; the necessary information is secured about each individual’s background, ability, interests, attitudes and problems, in order to plan intelligently for him and to provide certain types of direct remedial treatment.

In some training schools clinical services are organized as a department. The department is headed by a psychiatrist, social worker or psychologist. Recently, some training schools have attempted to achieve better patterns of organization by bringing the clinic, cottage life, educational, and recreational programs under one individual, usually the assistant to the superintendent. In other schools, cottage life has been brought into the clinic and a social worker is responsible for the administrative supervision of each cottage unit.

The clinical service department at Boys' Village is under the direction of a trained social worker who has under his supervision casework services, psychological, medical and health and psychiatric services. Persons in casework, psychological and psychiatric services have indispensable roles in the training school. Their training should consist of understanding why people behave as they do and how deviant behavior may be altered. The services are included in the training school's program because it has been found that some of the youths committed to the institution have a lack of inner

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1 Institutional Rehabilitation, op. cit.
2 Manual for Training School, op. cit.
controls and are, therefore, unable to react to certain situations in socially acceptable ways. These professional services, on the basis of information about the youth and through interviews with the youth, help define these lacks and point the way to strengthening these controls so that the youth will be able to handle his emotions and behavior to unpleasant stimuli in ways more acceptable by society. It is recognized that there are other reasons for which a youth may commit a delinquent act. Therefore, all youths do not need clinical services on a continuing basis. For this reason the training school has incorporated other services in its program that may meet other needs.

The U. S. Department of Health, Education, and Welfare, Children's Bureau in cooperation with the National Association of Training Schools and Juvenile Agencies have prescribed standards for the various services rendered by personnel in institutions serving delinquent children. The standards set forth for casework are based on certain theoretical principles and practices of social work. The Maryland Department of Public Welfare, parent agency to training schools, expects services to meet these standards, according to the Welfare Manual.

Social history taking is one of the older practices in the field of social work. It is considered a valuable service as it is the process of gathering information on the client's psychosocial-economic background. The information is gathered by the social worker from community sources such as schools, courts, health centers, hospitals, family, friends and from

1Guides and Goals, op. cit., p. 57.
the client. It is also gathered from personnel at the training school after a youth has been committed. It is from this material that the client's problem is diagnosed. The history is of particular importance when working with a child since a large part of the causes for his problem are fairly recent and may be in current operation. Causes for a child's problem are often readily accessible to influence or dissolution.¹ It is sometimes found that the cause for one's problem does not lie within the individual. It may be in relationship to his association with others. Therefore, it is desirable to assess as much of the individual's psychosocial-economic background as possible before any attempt is made at a diagnosis of the problem.

The caseworker, having collected social history material, should discuss the material with the Guidance Committee. The Guidance Committee is composed of persons from the several services. The committee, like a team of physicians in consultation, deliberates with the caseworker and on the basis of the social history makes a diagnosis of the problem.

The pulling apart and examining of the social history constitutes an initial case conference. After careful examination of the material, the team decides upon a treatment plan. The caseworker should share the treatment plan with all staff that will share in implementation. The training school holds the caseworker responsible for an interpretation of the problem.

and treatment to other staff and a careful explanation of the part individual staff members are to take in the implementation.

It is often found that assessments made in a case must be modified when additional information is available. It will sometime change as treatment of the problem advances. The caseworker should never stop his assessment of the client as long as the client is in treatment. Since the youth is in the training school, the caseworker's continuing assessment should be of his own observation and from verbal and written reports from the team of disciplines involved in the treatment process. A continuous assessment may either confirm or modify the original impression.¹

The caseworker needs to be aware of changing needs of the youth if they exist. Therefore, the worker should have a close relationship with the youth. Relationship is a means of communication between two people² and is basic to all casework treatment.³ People tend not to communicate well, if at all, with persons who are cold and express negative attitudes toward them. If the caseworker is to be aware of the changing needs of the youth, his relationship with the youth must be one of warmth, acceptance, and understanding. Such a relationship will free the youth to discuss his most inner feelings. When this kind of relationship is established, the caseworker

¹Perlman, op. cit., pp. 174-75.


³Ibid.
should be able to see the youth's needs more clearly each time an interview is held with the youth. If a change in needs should exist, the social worker should make the changes known to the Guidance Committee. The committee should review the new information that the caseworker brings to it and adjust the diagnosis and treatment plan accordingly.

The troubled child is not isolated from his family. Therefore, his problem is considered a family problem. It then becomes necessary for the worker to establish a relationship with the family as well as with the child. To establish the relationship, a current procedure under investigation is the joint interview with the family. Such an interview affords the worker the chance to observe the interaction between the family members. Often, breakdowns in communication between family members come into focus. The worker is often able to learn what weaknesses the family has that may have crippled it to the extent that it could not effectively deal with the youth's problem. Family strengths that can be of value in working through the problem are often revealed to the caseworker. The joint interview on a continuous basis permits treatment to the entire family which often means sending the institutionalized youth back to a different environment. Since the youth is not isolated from his family and the trend is toward family treatment, it is necessary that the worker establishes a continuing relationship with the family.¹

Treatment is geared toward helping the child make the necessary adjustment that will enable him to return to the

¹Hollis, op. cit., pp. 174-75.
outside community and survive in it without getting into further difficulty with society. Just as he comes to the training school fearful and suspicious of the school's intent toward him, the child feels much the same toward the community when he is ready to leave the training school. After all, it was the community that sent him to the training school in the first place. It is little wonder then that the child questions his acceptance in the community. Some training schools, including Boys' Village, make the effort to send the youth back into the community on periodical visits so that he can personally keep in touch with the community. On other occasions emergency visits are planned for the child. Most children receive after-care treatment from other agencies, go back to school, and return to relatives. The caseworker has the responsibility of serving as liaison between the child and the community. He should and is expected to help the child keep in touch with the community and plan for his acceptance in the community when he returns to it. To do so, the worker plans with relatives for the child to visit and encourages relatives to visit the child. The worker plans with other agencies such as public welfare, probation agencies, public health, and public and private schools to assist the child in making the proper adjustment when he is back in the community.

The case record in all agency or institutional practices assumes great importance in the client's treatment. This is true because the factors in the psychosocial problem are complex and it is not easy to recall them accurately and also because of group use of the record.¹ The group meaning more than

one person being involved in the treatment of the client's problem.

When recording is being done the information should be factual material and should be relevant to the problem. The caseworker, on the basis of his training should record his professional analysis of the situation. The diagnostic and treatment evaluation should be recorded so that all members of the treatment team who share in the treatment will know at all times what has transpired in the case.¹

The existing philosophy of casework services at Boys' Village is based, with some modifications, on the standards set forth by the Children's Bureau of Health, Education, and Welfare and the National Association of Training Schools and Juvenile Agencies along with the Maryland State Department of Public Welfare.

When a youth is committed to the institution, he is first interviewed by a social worker who explains the program of the school and tries to allay any anxiety or fears the child may have. The boy is then taken to the orientation cottage. During his orientation period he is given medical and dental examinations and academic placement tests. He learns the various regulations and policies of the school, criteria for earning weekend leaves, approximate length of stay and an opportunity to have many questions answered by the intake social worker. He is also observed closely by the cottage staff for such things as aggressiveness, passivity, withdrawal tendencies, ability to get along with the group and so on—this is important in

¹Ibid.
ascertaining the cottage group where he is best apt to adjust. After the boy has been in the orientation cottage approximately a week, members of the Guidance Committee place him in a regular cottage and a program of a half day academic school and a half day vocational school. The boy is present when his program is planned and he participates in the planning as choosing the vocation he prefers. If his reasons are sufficient, placement in a cottage other than the one the Committee originally selected is given.\(^1\) The State has two detention centers. The Maryland Children Center is a diagnostic center where detained boys receive a complete diagnostic work up, the other is primarily a detention center for both boys and girls. The capacity of the two facilities is not sufficient for all children detained by the courts and this necessitates the training school receiving some detained boys for a period of not over 30 days. Plans are being made in the State to correct this condition.

After the youth is placed in open cottage the social worker assigned to the cottage in which the youth is sent should move forward with the gathering of social history material if the material has not been received in two weeks from the commitment date. The Guidance Committee meets with the social worker and each youth at the cottage once a month. The first such meeting with the youth often serves as an extension \(\ldots\)

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\(^1\) Modification of the orientation procedure from the original plan has been necessitated because of the increase in commitments. Originally students remained longer in the orientation cottage. The child met formerly with the Student Guidance Committee at which time social histories were available and each case was evaluated carefully and a treatment plan formulated. Now, some of this function is continued after the child has been transferred from the orientation cottage.
the initial conference. The caseworker is expected to present social history material. This helps the committee to plan better for the youth. Often his program is changed in part or in total as a result of material presented. The same committee reviews with the youth and the social worker the youth's movement monthly. Changes in his program may be made on the basis of the youth's changing needs.

With these exceptions, casework services at Boys' Village are expected to meet the standards of Health, Education, and Welfare and the National Association of Training Schools and Juvenile Agencies, and the Maryland State Department of Public Welfare. The following is a restating of the standards as set forth for the caseworkers:

(1) He should gather and evaluate significant material from appropriate sources to be used as a basis for the initial (or intake) case conference and, as a member of the treatment planning committee, aid in planning the treatment program for the individual. (2) He should discuss such material at the conference and share it with other staff members who will be working with the child. (3) He should maintain a continuing relationship with the child, keeping alert to, and calling attention to imminent or changing needs, and interpreting these to other staff members. (4) He is responsible for recording the student's progress reports, case conference summaries, reports from various staff members, reports from the community, and in general, maintaining the individual record of the student. (5) He should maintain a continuing relationship with the families of the children, geared toward better understanding of the student's problems and improvement of the family relationships by serving as the liaison between the child and all contacts he has with the outside community, including visits from relatives, emergency home visits, vacation visits, and contacts with other social agencies concerned with the child or his family. (6) He should assist the staff and the local community in becoming more aware of the needs of children as individuals by actively participating in the in-service training, staff development, and public relation program.

If the youths in the training school are to benefit from these services each should be assigned to a social worker. This does not mean that every student will have or should have sustained contact with the caseworker on an intensive basis. It may simply mean the caseworker will be available to the child and other staff members who are working with the child, and will have a continuing interest in the execution of treatment plans while the child is at the institution. The manner in which these functions are discharged will vary from one caseworker to the other depending on the analysis of the situation in which the child may need service and the background and ability of the worker. However, if casework services are to meet the standards as set forth by the Children’s Bureau and the National Association of Training Schools and Juvenile Agencies they must come up to the criteria stated above.

This investigation is designed to analyze the casework services at Boys’ Village of Maryland to determine if the services are up to standards.

**BOYS’ VILLAGE – HISTORY**

Boys’ Village of Maryland is located just off Route 301 at Cheltenham, Maryland, in Prince George’s County. It is some eighteen miles southeast of Washington, D. C. and some forty miles south of Baltimore, Maryland. The plant is raised on a 1200 acre site. The present structure consists of ten cottages, administration building, hospital, academic and vocational school with a gymnasium, maintenance building, central

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1 *Guides and Goals, op. cit., p. 60.*
kitchen, greenhouse, staff residence for persons living alone and several for staff with families, the superintendent's home, and several other dwellings for administrative personnel and farm houses.

The incarceration of Negro boys who were found to be dependent, neglected, and delinquent along with adult offenders in local jails was called to attention in the Grand Jury Report of 1867. The report recommended that the community make some provisions for the instruction and reformation of these children. As a result of the recommendation the House of Reformation for Colored Boys, now Boys' Village of Maryland, received its Articles of Incorporation on April 11, 1870 from the Maryland General Assembly.

A group of Quakers provided land and money for the establishment. When its doors were opened on February 4, 1873 with the admission of two Negro boys, the institution was a private one. It provided each student with both academic and vocational programs. A farm was maintained and the chief source of labor was the youths. Some of these youths worked in a nearby broom factory. The labor of these youths afforded some revenue to the institution for operational purposes. Other sources of income for the institution was provided through the counties which committed the youths. The counties were required to pay a fee for each youth committed.

In July 1934, the Child Welfare League of America completed a study of the institution's program. The league did

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1 Grand Jury Report Baltimore City: September, 1867.
the study at the request of the Honorable Thomas J. S. Baxter, then the Juvenile Court Judge for the city of Baltimore and at the request of the Board of Managers of the institution. The purpose of the study was to evaluate the program and submit plans to develop the program more fully.¹ Among the recommendations made by the league was that the institution become completely controlled by the state.² As a result, the Grand Jury appointed a committee to see the institution first hand. Upon visiting the plant and noticing the hazardous conditions, the committee recommended that the state acquire the institution and that it be placed under the complete jurisdiction of the state. So in 1937 it became a state institution and the name was changed to Cheltenham School for Boys.³ In 1949 the name was changed again. This time to Boys' Village of Maryland. During the same year the institution received its first professionally trained superintendent.⁴

On the 28th day of February, 1961 the Attorney General upheld the Maryland Court of Appeals in a decision that prohibits segregation of races in State Training Schools. Boys' Village received its first two white youths on July 1, 1961.⁵

⁵Manual of the Department of Public Welfare, State of Maryland, Part VI.
Re-evaluation of the causes for and methods of correcting delinquency has from time to time necessitated changes in the programs designed by institutions that work with juvenile delinquents. Boys' Village, like other institutions, has undergone changes. The early approach to delinquency was militaristic with emphasis on reform. In 1957 Maryland spelled out the responsibility of its training schools. The responsibility is to care for and train those youths committed to them. Boys' Village discharges its responsibility through the team approach in treatment. The school accepts boys between the ages of 14 to 15½ years. The present capacity is 275.

THE PROBLEM

A study of the casework services at Boys' Village of Maryland is made to determine if these services are up to standards according to the criteria set forth by the Children's Bureau of Health, Education, and Welfare and the National Association of Training Schools and Juvenile Agencies, and the Maryland State Department of Public Welfare.

PURPOSE OF STUDY

The purpose of the study is to aid the administration of Boys' Village of Maryland in an evaluation of the School's casework services. The administration is interested in knowing where improvement in the services may or may not be indicated.

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1Ibid., Part VII, p. 1.


METHOD OF PROCEDURE

Data used in the study was gathered in February, 1966 by making use of a questionnaire. The instrument was given to all social workers at Boys' Village who carry a case load. A case load is the assignment of at least one cottage.

The group of social workers who answered the questionnaire were seated in a room together to complete the questionnaire. No identification of persons completing the questionnaire was desired. Therefore, the instrument did not require any identifying information such as names. All questions were answered by checking "yes" or "no". Those persons completing the questionnaire were instructed to check "yes" if in their opinion the item was true at least 95% of the time and to check "no" if in their opinion it was true less than 95% of the time.

There were eight groups of items that were specifically related to the theory of social work practice in a training school. (see Appendix "A"). Each group was composed of six sub-items. If the group of social workers who completed the questionnaire agreed five out of seven that the sub-item was true, the sub-item was accepted as being representative of what they do. If a total of 71.5% of the sub-items under each item was true, the social work principle was considered as being carried out at Boys' Village.

The instrument is not absolute and those completing it were subject to human error. This was taken into consideration in this study by accepting any sub-item as true if five workers out of seven answered the sub-item "yes" and by
considering that the social work principle as being carried out if the item was 71.5% positive. The size of the population participating in the study was 100% of the casework staff or a total of seven social workers.

SCOPE AND LIMITATIONS

Only the casework services were investigated in this study as the entire program of the several services were too broad to be evaluated in the time period allowed for the study. Only those social workers carrying case loads were asked to complete the questionnaire as they are the persons who implement the principles. This did not include the director of social services and the two supervisors of social services as they are not directly involved in the individual service with the students at Boys' Village. The study will have significance primarily to Boys' Village since it involved the casework services at that school only. It may have incidental significance to other training schools. The study is a descriptive project to reveal what is rather than a comparative study. Finally, the inexperience of the student doing the research is a limiting factor.
CHAPTER II

AN INTERPRETATIVE EVALUATION OF CASEWORK SERVICES AT BOYS' VILLAGE

Since casework services at Boys' Village are expected to meet the standards set forth by the Department of Health, Education, and Welfare and the National Association of Training Schools and Juvenile Agencies, an examination is made of these services to measure their quality in comparison with the stated standards (see p. 12).

Ideally, caseworkers in a training school are expected to collect information pertinent to the youth's psychosocial-economic background to be used as a basis for beginning treatment. Caseworkers at Boys' Village engage in the practice of social history taking by collecting information about the student from several sources. If any part of the service is to be acceptable, for purpose of this study, five of the seven social workers (71.5%) must do that part of the service. Likewise, the whole principle of social history taking must be done on an average of 71.5%, which is equivalent to five of the seven social workers rendering the service, before the service is considered acceptable. The same holds true for other services included in the study.

It is desirable to have certain information accompany the youth when he is admitted to the institution. Sometimes this does not happen. When information does not accompany
the youth, or is not received at the end of two weeks the seven caseworkers at Boys' Village request the needed information from the court and/or other community sources.

In order to complete the social history for beginning treatment, information is needed from institutional sources. These include such areas as cottage life, hospital, academic school, testing service, and vocational training. This means that the caseworker should contact these areas after the youth has been in the institution for a short time. Such information is important since the best possible program should be planned for the youth. Cottage parents will have had some time to observe the youth and should be able to make some suggestion as to the type of peer group the youth is likely to benefit from. Academic placement should be based on test scores. If there are specific behavior and medical problems these should be known.

One hundred percent of the caseworkers at Boys' Village communicate with cottage parents about the student and gather verbal information for the social history. The same percentage of workers obtained medical information about the student from the institution's hospital. In the effort to incorporate information around the youth's scholastic capability and conduct, 85.7% of the caseworkers obtained information from the school. Information is obtained from testing service by 100% of the workers and from the training area by 85.7% (six out of seven) of the workers. The group of seven caseworkers tend to carry out the overall principle of social history taking on an average of 95.2% of the time.
According to the Department of Health, Education, and Welfare, the caseworker should make the social history available to the initial Guidance Committee. Upon doing so, the worker should share in the interpretation of the social history material and in the planning of a treatment program for the youth. In order to carry out this service, the caseworker must participate with the Guidance Committee in the initial case conference by sharing all available information about the youth with the Committee. The worker should make specific recommendations to the Committee on the basis of his professional interpretation of the material. When a treatment plan has been decided upon, the caseworker should share the plan with all persons who will help implement treatment.

At Boys' Village, 57.1% of the caseworkers participate in the initial case conference. Social history material is shared with the Guidance Committee by 71.5% of the casework staff. Only 57.1% of the casework staff make specific recommendations to the initial Guidance Committee toward the planning of the youth's treatment program. Of those workers who share in planning a treatment program for the youth, only 57.1% feel that their recommendations receive equal consideration. Once a treatment plan is decided upon, it should be discussed with all staff who will be involved in implementation. Such a discussion should be aimed at making sure the team is clear on what is to be done and who is to do what. The caseworker serves as liaison between the Guidance Committee and other staff. Therefore, it is the caseworker's responsibility to discuss treatment plans with other staff. This part of the service is
carried out by the workers at Boys' Village on an average of 42.9% of the time. Other information from the initial conference about the youth is shared with other staff by 71.5% of the casework staff. The overall principle of casework participation in the initial case conference with the Guidance Committee is carried out by the casework staff on an average of 59.5% of the time.

The third area of casework service is that of establishing a continuing relationship with the youth. Such a relationship should free the youth to call on the caseworker at anytime for help with any problem. If this kind of relationship is to exist, the caseworker must make a concerted effort to establish it. To do so, the worker should make himself available to the youth when the youth feels the need to talk with the worker. The youth should be helped to feel that he can talk with the worker in informal settings instead of just at the office or at scheduled conferences. This may be done by an occasional visit to the cottage by the caseworker. In an effort to establish continuing relationships, the worker should visit the youth when he is in detention. The caseworker should show the youth a feeling of warmth, acceptance, and understanding.

The seven caseworkers (100%) at Boys' Village are available to the youth as often as the youth seeks the worker. This means that the youth may set the interval of personal interviews rather than feeling that the worker can be seen only at certain times. The seven caseworkers agree 100% that they spend some time in the cottage so the youth may get to know them outside the office. This also gives the worker a chance to observe
the youths in a more relaxed situation. This tends to add a personal touch to the worker-client relationship. Five of the seven workers (71.5%) show interest in the youth when they are in detention by visiting with the youths during periods of detention. All seven workers take responsibility for helping the youth with his personal problems. Here, again, this could help develop a more personal kind of relationship. It is felt that relationships are established easier when the youth is not criticized by the caseworker. Three of the caseworkers (42.9%) criticize the youth when he misbehaves. All seven workers (100%) leave punishment to the disciplinary committee. There seems to be a common feeling that relationships are not easily established in a help-giving situation when the helper renders or recommends punishment. The caseworkers at Boys' Village tend to carry out the principle of establishing continuing relationships on an average of 88.9% of the time.

When good relationships are established between the caseworker and the youth the way is usually open for the worker to be aware of the youth's needs. From time to time the youth's needs may change. When changes come about they should be made known to others who work with the youth. The caseworker also helps the youth recognize any change in needs that may come about. The caseworker should initiate changes in the youth's treatment plans as changes in needs occur.

The seven (100%) caseworkers at Boys' Village look for changing needs on the part of the youth. They discuss the changes with the youth and give the youth a chance to share in any decision about his needs. All seven caseworkers interpret the youth's change in needs with others who are working with
the youth. All of the caseworkers instigate changes in the youth's program according to the change in needs and make the program changes known to all persons involved in the implementation of treatment plans. The service around changing needs is carried out in all aspects 100% of the time by the caseworkers at Boys' Village.

The youth's record is a very important document as it serves as a day to day log of what is going on with the youth. It is expected that the record will show where the youth is in treatment. It should show any contact that is made with the community about the youth. It should also show what staff is involved in the implementation of treatment. Boys' Village does not require extensive record keeping but does expect brief recordings on all activity regarding the youth, and expects all reports about the youth to be entered in his record.

Only 57.1% of the caseworkers at Boys' Village record the youth's progress or movement on a regular basis. The same percent keeps a summary of all conferences about the youth in his record. When reports are made about the youth from other staff, 85.7% of the caseworkers record or file these in the student's record. The seven caseworkers participate 100% in recording or filing reports from the community about the student.

Of the seven caseworkers, 71.5% record their own contacts with the student or contacts they make with others about the student. Another 85.7% of the workers record all action taken on behalf of the student. The record keeping service is carried out on an average of 76.2% by the seven caseworkers at Boys' Village.
The training school caseworker is expected to extend his services beyond the youth who is committed to the institution. With emphasis being placed on family treatment, the worker is expected to know the youth's family to some extent and to render at least limited services to the family.

In the effort to establish family contacts 85.7% of the caseworkers at Boys' Village correspond with the youth's family. The caseworkers participate 100% in encouraging the youth's family to keep in contact with the youth by visiting with the youth while he is at the institution. They also encourage the family to contact the youth by writing to the youth. Family relationships are encouraged by 71.5% of the caseworkers by encouraging the youth's to keep in contact with their families. When the family visits with the youth 85.7% of the caseworkers make the effort to establish a relationship with the family by holding conferences with the family, or by family interviews. Only 57.1% of the caseworkers make contact with the family to keep the family informed of the youth's progress or movement.

Often the youth's problem has come about because of a lack of understanding between the youth and his family. A definite service can be offered by the caseworker in helping bring about a better understanding toward the improvement of family relationships. When the family visits the youth, 85.7% of the caseworkers offer a service to this end. The caseworkers at Boys' Village carry out the service around family contact on an overall average of 80.8% of the time.

The fact that the youth will return to the outside
community should not be overlooked. The youth usually has some apprehensions about returning to the community and needs some help toward getting ready to return. This is not overlooked at the training school. The caseworker is expected to serve as liaison between the youth and the community. This may, and often does mean planning trips back to the community for the youth. It also means contacting various community agencies that will render services to the youth both before and after his return to the community.

The caseworkers at Boys' Village offer this service to the youths who are committed to the institution. In case of emergencies regarding the youth's family, all seven (100%) of the workers plan for the youth to go home to his family. After the youth has been at Boys' Village for a period of three months with good behavior, except that he has been committed for a stated period of time, he is eligible for vacation. When the youth is committed for a stated period or a flat commitment, he must complete one-half of his commitment before he is eligible for vacation. When the youth is eligible for vacation, 35.7% of the workers help plan vacation visits back to the community with the student. When the student is eligible for vacation but for such reasons as not having any place to go vacation plans cannot be made, 100% of the caseworkers are active in planning other trips to the community with the student. The trips include movies, games, etc.

Before the youth leaves the training school, there are community agencies that should become active in planning for the youth's return to the community. Plans must be made for
the youth to appear in court for his release. Each youth must receive after-care supervision when he leaves the institution. This supervision is rendered either by the probationary department of the juvenile court or by the various sections of public welfare. If the youth remains within the compulsory school age law, plans must be made for him to return to school upon his release. The exception is, plans are not made for the youth to return to school if he has been legally excused due to clinical reasons. Of the seven caseworkers at Boys' Village, 100% plan with the court for the youth's release by letting the court know of the youth's readiness for release and requesting a date for the youth's appearance in court. In many cases the after-care agency has had no contact with the youth and/or his family. Often, the agency will need some assistance in planning placement and supervision for the youth. This means that the training school caseworker should assist the after-care agency on behalf of the youth. The service is rendered by 85.7% of the caseworkers at Boys' Village.

Many times, while the youth is still at the training school, he will need services from various community sources. The training school is for the most part a self-contained community. However, like any other community, it does not have facilities to meet all the needs of its population. Some of such needs are intensive medical care, eye care, and speech therapy. Often these and other needs that the training school is not prepared to meet arise. The youth should have such needs met. To do so, it becomes necessary to find them in the outside community. The youth is not in the position to find sources
to meet these needs and must therefore, depend on someone to
do it for him. In such events, the caseworker is again expected
to act on behalf of the youth with the outside community. This
service is rendered by 85.7% of the caseworkers at Boys' Village.
The overall service of helping to keep the institutionalized
youth in contact with the outside community is carried out by
the caseworkers at Boys' Village on an average of 92.9% of the
time.

The training school should have an in-service training
program designed for the continued development of its staff.
Boys’ Village does have such a program. The casework staff is
requested to attend but it is not mandatory. Of the seven
caseworkers there, 71.5% take an active role in the staff
development program. The same percentage make use of the in-
service training without any pressure from the administration.
Caseworkers are expected to gain knowledge by seeking a better
understanding of other services that are included in the train-
ing school's program. The seven workers (100%) make the effort
to gain such knowledge.

The workers may service the institution by rendering
a service to the outside community. Often, the outside community
is not aware of the program and problems of the training school.
There are many opportunities for training school personnel to
interpret the program to the community. Not only are there
opportunities but the casework staff as well as other staff are
expected to do this. Often, civic organizations that render
services to families and youths seek the help of professional
persons who work in these areas. Here, again is an opportunity
for caseworkers to render a service to themselves, the training school, and the community and at the same time improve their own skills and techniques. Of the seven caseworkers at Boys' Village, 71.5% take an active role in interpreting the school's program to the community. The same percent make themselves available to the community as a resource person in programs and projects that are professionally related to child care and development. Only 42.9% of the caseworkers share their knowledge of the needs of children with civic organizations. The total service of self development and servicing as a community resource is carried out by the caseworkers at Boys' Village on an average of 71.4% of the time.
CHAPTER III

CONCLUSION

According to the data, the caseworkers at Boys' Village carry out the principle of social history taking in all aspects. All items involved in the principle are above 71.5%, the point of acceptance. This indicates that questions around social history taking were answered "yes" by not less than five of the seven caseworkers. The overall principle is carried out on an average of 95.2%. It is concluded that this aspect of casework services at Boys' Village is up to the administration's expectation and does not warrant improvement.

Four aspects of the initial conference with the Guidance Committee are below the point of acceptance. This tends to show that less than five of the seven caseworkers perform these aspects of the service. Only 57.1% of the workers participates with the initial Guidance Committee in planning for the student. The same percent feels that their recommendations have equal consideration in case of difference around treatment, and make specific recommendations to the initial Guidance Committee as a result of social history material. Only 42.9% discuss treatment plans from the initial Guidance Committee with other staff members. The two remaining portions of the service are at a minimum (71.5%) point of acceptance. The overall principle is carried out on an average of 59.5%
of the time which means that the principle on a whole is not being
carried out by the caseworkers at Boys' Village.

This is a problem area at the institution for several
reasons. The institution does not have a controlled intake
and must take every youth the courts send. This creates an
overcrowded condition in the one orientation cottage. Youths
must be moved out of orientation much earlier than the administra-
tion desires. The school also has to accept youths who are
"detained" by the courts. These youths remain in the orient-
tation cottage until such time that they go back to court for
deposition. This limits the time the committed youth can
remain in orientation. Because of these problems, the committed
youth does not remain in orientation long enough for the cas-
work staff to become active in the case to any appreciable
extent.

It is concluded that the casework staff carries out
the service of establishing continuing relationships with the
client. However, 42.9% of the workers tend to criticize the
students for their behavior. This is indicative that some
workers need to improve in this area.

It is concluded that all of the caseworkers are con-
stantly aware of the student's changing needs. These needs
are called to the attention of others who share in the treat-
ment of the student's problem. The workers are instrumental in
bringing about changes in the student's program when the need
arises. These needs and changes are interpreted by the case-
worker to other staff members who are involved in the implemen-
tation of the student's treatment. The total service of
establishing continuing relations with the student is carried out 100% of the time.

Although the total principle around record keeping is carried out above the point of acceptance, it is noticed that only four (57.1%) of the workers record the student's movement and keep a summary of all conferences about the student in his record. Since the record is used by the team involved in treatment, it seems important that the record be up to date at all times so that the team will know where the youth is in treatment.

It is recognized that some caseworkers are responsible for the casework service of two cottages while others are responsible for only one. This may account for some of the shortcomings in record keeping. Even so, it appears that this should be an area of concern since these two factors are not up to the point of acceptance.

While 80.8% of the functions of establishing a relationship with the youth's family is carried out, which means that the service is acceptable on an overall basis, it is observed that only four (57.1%) of the workers keep the youth's family informed of the youth's movement. This indicates that certain workers need to improve in this area of contact with the youth's family. Again, the fact that some workers are responsible for two cottages could be a major factor. Perhaps the only way to improve on this and other problem areas would be by employing additional caseworkers so that each worker may be responsible for only one cottage.

It is evident, that the casework staff does keep the
student in contact with the outside community. All aspects of this principle are above the point of acceptance by a margin of not less than 14.2% or six out of seven workers. The service is acceptable with no indication of problems.

All items around the casework staff seeking self improvement and making themselves available as a community resource are acceptable except one. It appears that the workers do not share their knowledge of the needs of youths with civic organizations. Perhaps this is due to a lack of requests for such information from civic organizations. The problem may be that workers do not accept the responsibility when asked. For whatever reason, this element of the service is carried out by only three (42.9%) of the seven workers. Since the overall principle is carried out by the casework staff on an average of 71.4% of the time only, it must be concluded that the overall service is not carried out. It is observed that it falls 0.1% below (71.5%) the point of acceptance.

On the basis of the findings it is concluded that six of the eight social work principles involved in the evaluation of casework services at Boys' Village of Maryland are up to standards according to the criteria set forth in this study.
APPENDIX A

QUESTIONNAIRE

A. Collecting Information
1. When information about the student does not accompany him upon his admission, do you request it from the court and/or other community sources? Yes_____ No_____.

2. Do you obtain verbal information from the cottage parents about the student? Yes_____ No_____.

3. Do you obtain medical information about the student from the School's Hospital? Yes_____ No_____.

4. Do you obtain data around scholastic capability and conduct from the academic school about the student? Yes_____ No_____.

5. Do you obtain information from the vocational training area about the student? Yes_____ No_____.

6. Do you obtain information from the testing service about the student? Yes_____ No_____.

B. Initial Conference For The Student With The Initial Guidance Committee
1. Do you participate with the initial Guidance Committee in planning for the student? Yes_____ No_____.

2. Do you share all information about the student with the initial Guidance Committee? Yes_____ No_____.

3. Do you make specific recommendation to the initial Guidance Committee as a result of all the information you have on the student toward planning his treatment program? Yes_____ No_____.

4. In case of differences around treatment plans, does your recommendation have equal consideration? Yes_____ No_____.

5. When a treatment plan has been decided upon by the initial Guidance Committee do you discuss the plans with all staff members who will be working with the student? Yes_____ No_____.
6. Do you share information about the student from the initial Guidance Committee conference with others who work with the student? Yes_____ No______.

C. Continuing Relationship With The Student

1. Do you interview the student as often as he seeks you? Yes_____ No______.

2. Do you visit the student in the cottage at times other than at Guidance Review? Yes_____ No______.

3. Do you visit the student when he is in detention? Yes_____ No______.

4. Do you help the student with personal matters as contrasted to court related matters? Yes_____ No______.

5. Do you not criticize the student for his behavior? Yes_____ No______.

6. When the student's behavior is deviant according to your own values, do you not recommend punishment for him? Yes_____ No______.

D. Changing Needs of The Student

1. Do you look for changing needs on the part of the student? Yes_____ No______.

2. Do you call the student's changing needs to the attention of others who are working with him? Yes_____ No______.

3. As the student's needs change do you instigate changes in the treatment plan? Yes_____ No______.

4. Do you interpret the student's changing needs and treatment plan to others who are working with him? Yes_____ No______.

5. Does the student have a chance to discuss what he thinks to be his needs with you? Yes_____ No______.

6. Does the student have a chance to share in the decision about his change in needs? Yes_____ No______.

E. Keeping the Student's Record

1. Do you record the student's movement in his record? Yes_____ No______.

2. Do you keep a summary of all conferences about the Student in his record? Yes_____ No______

3. Do you record or file all reports from various staff members about the student in his record? Yes_____ No______.
4. Do you record or file all reports from the community about the student in his records? Yes____ No____.

5. Do you record your own contacts with the student or with others about the student in his records? Yes____ No____.

6. Do you record all action taken on behalf of the student in his record? Yes____ No____.

F. Family Contacts
1. Do you correspond with the student's family? Yes____ No____.

2. Do you encourage the student's family to keep in contact with the student by visiting the student and/or by writing to the student? Yes____ No____.

3. Do you encourage the student to keep in contact with his family? Yes____ No____.

4. Do you hold conferences with or interview members of the student's family when they visit the student? Yes____ No____.

5. Do you keep the family informed of the student's movement? Yes____ No____.

6. Do you attempt to help the family and the student understand each other better? Yes____ No____.

G. Community Contacts
1. In case of emergencies around the family, do you plan for the student to go home? Yes____ No____.

2. Do you assist in helping the after-care agency plan for the student's return to the community? Yes____ No____.

3. Do you help plan vacation visits back to the community with the student? Yes____ No____.

4. When the student cannot have vacations, do you plan other trips to the community with him? Yes____ No____.

5. Do you plan for the student to have benefit of needed resources in the community that are not available to him at the institution? Yes____ No____.

6. Do you aid the court in planning for the student's release by letting the court know of the student's readiness for release? Yes____ No____.

H. Self Development And A Community Resource
1. Do you take an active role in staff development programs? Yes_____ No_____.

2. Do you take an active role in interpreting the school's program to the community? Yes_____ No_____.

3. Do you share your knowledge of the needs of children with civic organizations in your community? Yes_____ No_____.

4. Do you make use of in-service training without any pressure from the administration when such training is available? Yes_____ No_____.

5. Do you seek self improvement help from staff personnel who are in other disciplines? Yes_____ No_____.

6. Do you make yourself available to the community as a resource person in programs and projects that are professionally related to your discipline? Yes_____ No_____.
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Others

Interview with Mr. Robert J. Sauls, ACSW, Superintendent of Boys' Village of Maryland, November 3, 1965.