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## **A Survey of Children Admitted to Church of God Home for Children in Sevierville, Tennessee, January 1965 to December 1967**

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To the Graduate Council:

I am submitting herewith a thesis written by Dorothy Jones Farnham entitled "A Survey of Children Admitted to Church of God Home for Children in Sevierville, Tennessee, January 1965 to December 1967." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Social Work.

Paul Zarbock, Major Professor

We have read this thesis and recommend its acceptance:

Ruth Sellards, Lawrence H. Gangaweaver

Accepted for the Council:

Carolyn R. Hodges

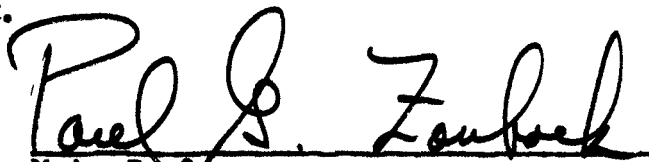
Vice Provost and Dean of the Graduate School

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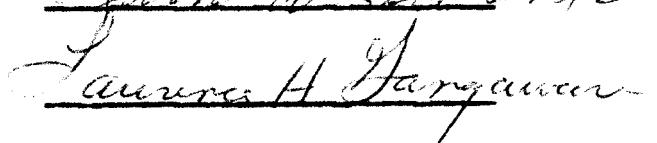
July 30, 1968

To the Graduate Council:


I am submitting herewith a thesis written by Dorothy Jones Farnham, entitled "A Survey of Children Admitted to Church of God Home for Children in Sevierville, Tennessee, January 1965 to December 1967." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science in Social Work.

  
Major Professor

We have read this thesis and  
recommend its acceptance:

Accepted for the Council:

  
Vice Chancellor for  
Graduate Studies and Research

A SURVEY OF CHILDREN ADMITTED TO CHURCH OF GOD HOME  
FOR CHILDREN IN SEVIERVILLE, TENNESSEE,  
JANUARY 1965 TO DECEMBER 1967

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A Thesis  
Presented to  
the Graduate Council of  
The University of Tennessee

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science in Social Work

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by  
Dorothy Jones Farnham  
August 1968

### ACKNOWLEDGMENTS

Acknowledgments are extended to the administration of the Church of God Home for Children, Sevierville, Tennessee, for their cooperation in supplying the data for this study.

The writer deeply appreciates the guidance of Miss Jane Guy, Mr. Paul Zarbock, and Mrs. Ruth Sellards.

## ABSTRACT

It was this study's purpose: (1) to determine if those children admitted to the Church of God Home for Children had legal residence within a 100-mile radius of the institution and (2) to learn if most admissions were referred by ministers of the Church of God.

A schedule was formulated for use in collecting the data. Tables, taken from the schedule, were made so as to examine the hypotheses and indicate areas in which further research could be indicated.

The findings of this study would show the state of residence for those children accepted has changed to include a wider geographic area. Although 57 percent of accepted referrals came from ministers, the figure could be questioned as to level of significance. This thesis found a decrease in the population even though the age and sex for admission has remained constant.

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## CHAPTER I

### INTRODUCTION

This study was prompted by an interest of the writer who, as a second-year student in The University of Tennessee Graduate School of Social Work, had her field placement in the Church of God Home for Children in Sevierville, Tennessee. In light of the changing needs of those dependent and neglected children, who today would be admitted to institutional care, the Director of Social Services encouraged a survey study of this type because he believed it would be beneficial not only to the Social Service Department but also to the Administration and Board of Directors as well.<sup>1</sup>

#### I. PURPOSE

During the decade ending in 1960, the number of children in institutional care rose less rapidly than the child population as a whole. In institutions serving the dependent and neglected child, there were 25,000 fewer children than a decade earlier. This was a decline of 25.6 percent and came at a time when the nation's population had increased substantially. In 1933, an estimated 144,000 children

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<sup>1</sup>U. S. Dept. of Health, Education and Welfare, American Children and Youth in Institutions: A Demographic Analysis, Children's Bureau (Washington: Government Printing Office, 1965), p. 4.

resided in these facilities. This figure was double those in these institutions in 1960. The decline during the 1950's, therefore, continued a trend that had been underway for many years. Three groups of forces, in the main, contributed to this trend. They were (1) advances in the national standard of living and improvements in the nation's health which have greatly reduced the numbers of children admitted to institutional care for reasons of death, illness, or poverty of parents; (2) alternate arrangements for the child to remain with his parent(s) or acquired substitute parent(s) made possible through Old Age Survivors and Disability Insurance, Aid to Families with Dependent Children, and adoption; and (3) the role of the institution as a method of child care has come under critical scrutiny of professionals in child psychology and child welfare, which has resulted in a more limited and selective use of institutional care. In March, 1964, the Children's Bureau estimated that 77,300 dependent and neglected children were in institutions. This was a 5 percent reduction from the Bureau's estimate in 1960. It was interesting that during this same period the nation's child population increased by 9 percent.<sup>2</sup>

## II. RESEARCH HYPOTHESES

For study purposes the following hypotheses were set forth:

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<sup>2</sup>Ibid., pp. 4-7.

1. Children admitted to the Church of God Home for Children for institutional care had a legal residence within a 100-mile radius of the institution.
2. Children admitted to the Church of God Home for Children for institutional care were referred by ministers of the Church of God.

Recasting the research hypotheses into null hypotheses form so as to facilitate measurement and observe change, if any, the following hypotheses were generated:

1. There was no particular geographic area from which children in the Church of God Home for Children were referred.
2. There were no significant differences in the numbers of referrals to the Church of God Home for Children when the numbers of children referred by ministers and non-ministers were compared.

### III. SCOPE AND METHOD

In December, 1962, at the time the Social Service Department was established, there were 221 children in institutional care. The Director of the Department was instrumental in indicating to the Administration and the Board of Directors the need to reduce this number of children so as to better meet their individual needs. Consequently,

fewer children were accepted in the years 1963 and 1964.<sup>3</sup>

All children accepted for institutional care to the Church of God Home for Children from January, 1965, through December, 1967, were included in this study. Those cases admitted for foster care were not studied since the purpose of this study was directed toward the changing needs of the child in the institutional setting.

A schedule was formulated for use in collecting the data. Tables, taken from the schedule, were made so as to examine the hypotheses. Variables in the schedule were used to show trends or patterns in the admission of children for institutional care to the Church of God Home for Children during the past three years.

It was assumed the case records of those children admitted for institutional care during the time period of study would be available and accurate.

#### IV. DEFINITION OF TERMS

The terminology used in this study has been defined:

Children's Institutions. "A group of unrelated children living together in the care of a group of unrelated adults is defined as a children's institution. It is a

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<sup>3</sup>Interview with Paul E. Duncan, Director of Social Services, Church of God Home for Children, Sevierville, Tennessee, March, 1968.

24-hour residential group care facility."<sup>4</sup>

Legal Residence. The child's legal residence was determined by the residence of the responsible parent(s) or relative.

Age of the Child Admitted. The last birthday of the child was used in determining his age.

Dependent and Neglected Child. "These are children whose homes have been broken by death, illness, desertion, neglect or other social crisis."<sup>5</sup>

## V. SETTING

The Church of God Home for Children, Sevierville, Tennessee was established in 1949. It was located in northeastern Tennessee in the foothills of the Great Smoky Mountains National Park as a private agency, conducted under the auspices of the Church of God, offering institutional care, foster home care, and adoptive services to the dependent and the neglected child. It was licensed by the State of Tennessee and governed by an unpaid Board of Directors with 22 members. Its religious philosophy was outlined by the Council of Ordained Ministers of the Church of God.<sup>6</sup> The general church has contributed

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<sup>4</sup>Alfred Kadushin, Child Welfare Services (New York: The MacMillan Company, 1967), p. 57.

<sup>5</sup>U. S. Dept. of Health, Education and Welfare, American Children and Youth in Institutions: A Demographic Analysis, Children's Bureau (Washington: Government Printing Office, 1965), p. 6.

<sup>6</sup>By Laws of the Church of God Home for Children, Article II. (Mimeographed.)

84 percent of the annual budget.<sup>7</sup>

The writer has not gone into more detail regarding the history and the background of the Church of God Home for Children because such information was included, in depth, in the thesis of J. Delbert Mitchell and Edna Earle Pressley in 1966.<sup>8</sup>

The Social Service Department of the Church of God Home for Children, hereafter referred to as the Home, was established in December, 1962. The development of this Department was prompted by the needs of those children admitted to institutional care being more emotionally disturbed and requiring more than routine custodial care. For this reason, the Administration and the Board of Directors saw the need for a person with professional training to direct the Social Service Department.

In an effort to strengthen the existing programs and to initiate new services to the children it serves, in the later part of 1962, the Home established a Social Service Department...The function of the Department is to utilize those methods and techniques of social case work that will strengthen the intake policies and procedures and will promote the growth and development of the children who receive care and supervision from the Home.<sup>9</sup>

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<sup>7</sup>Budget, 1966-67, Church of God Home for Children, Sevierville, Tennessee, "Proposed Receipts." (Mimeographed.)

<sup>8</sup>J. Delbert Mitchell and Edna Earle Pressley, "A Comparative Study of the Degree of Social Functioning of Children in the Church of God Home for Children, Sevierville, Tennessee, and Children Receiving Services from the Child and Family Services, Knoxville, Tennessee" (unpublished Master's thesis, The University of Tennessee, School of Social Work, Knoxville, Tennessee, 1966).

<sup>9</sup>Manual, Church of God Home for Children, p. 1. (Printing date unknown.)

The Home was duly chartered and licenses as a private child caring and child placing agency of the State of Tennessee providing three types of care: institutional group care, foster family care, and adoption.

The intake policy, as set forth in the Manual, should entail careful investigation of each individual child prior to admission and should include discussions with his family, personal observations of the worker, as well as information from collateral sources such as the Department of Public Welfare, school, physician, and local pastor. Because of the wide area served, this would not always be possible, and such placements should be discouraged. The Director of Social Services would, after all information was obtained, have a conference with the Administrators and the case worker in order to evaluate the needs of the particular child under consideration. The final decision for rejection or acceptance would rest with the Board of Directors, who meet nine times a year.

Termination of placement should always be a case work decision. The child, as well as his parent(s) or parent substitutes, should be prepared for this termination. In some situations, case work help would be made available to the child and his parent(s) after his return home. This help would come from the home or through a referral to an appropriate agency.<sup>10</sup>

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<sup>10</sup>Ibid., pp. 1-7.



In December, 1962, there were 221 children in residence. Children of employees were included in the total population. The Home was licensed in 1962 by the State of Tennessee for 225 children and re-licenses in May, 1965, for 175 children.

In an effort to reduce the number of children in residence, the Social Service Director, Mr. Paul E. Duncan, who at the time of this study functioned in the same capacity, was more selective in the children admitted. It was he who made the Administration and the Board of Directors aware that the preschool age child should be cared for in the foster home setting rather than the institutional group setting. He was instrumental in houseparent(s) having fewer children in their care so as to better individualize each child.

Since June, 1967, the Department has had two professionally trained social workers on the staff. One staff member with no professional training would be considered a case aide, and the Department also has its own secretary.

Prior to 1962, only the high school age child attended the public school. The younger school age child attended school on the campus. Today, all children would be enrolled in the public schools. Those children who are 16 years or older could have employment during the summer months in nearby Gatlinburg, Tennessee. The Sevierville Junior Chamber of Commerce has sponsored a little league baseball program. Trips of interest have been arranged on a scheduled basis so as to afford the opportunity to learn something of the wider community.

Any child who has the seeming ability and interest could attend Lee College, a Church of God School, in Cleveland, Tennessee. The Home would assume the financial obligation.<sup>11</sup>

The philosophy of the Home was set forth in the Church of God Home for Children Manual. "Although there are others, four ministers have been identified which are basic to child care. They are: (1) love and affection, (2) conservation and rehabilitation, (3) evangelism, and (4) education."<sup>12</sup> "So as to best serve the individual child, his physical, emotional, mental, and spiritual needs will be considered in relation to the Home's ability to meet these needs."<sup>13</sup> "It follows, therefore, that removal of a child from his own home should be considered only after every effort has been exhausted to salvage the home."<sup>14</sup>

Those certain children for whom institutional care has been found appropriate, as listed in the Manual are: "(1) older children who need only temporary care, (2) children who have experienced extreme rejection, neglect, abuse, or deprivation in their own home and, consequently, cannot accept the personal relationships of a

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<sup>11</sup>Interview with Paul E. Duncan, Director of Social Services, Church of God Home for Children, Sevierville, Tennessee, March, 1968.

<sup>12</sup>Manual, Church of God Home for Children, op. cit., p. 3.

<sup>13</sup>Ibid., p. 6.

<sup>14</sup>Ibid., p. 8.

foster family, (3) children, who because of their particular problems and behavior, could not be tolerated in a family, and (4) the adolescent child."<sup>15</sup>

"There are other children for whom more personal care is advisable. These include babies and preschool age children, who because of their young ages, would have needs that could best be met in the foster family home or in an adoptive home."<sup>16</sup> Those children who required long-term care and could accept close foster family relationships and those who suffered from severe physical, mental, or emotional problems would not be recommended for institutional care.

As the writer has explained, the establishment of the Social Service Department in 1962 brought about many changes in the Home. Whereas there were, in December, 1962, 221 children in residence, as of December, 1967, there were 107 children--54 boys and 53 girls. The 53 girls have been housed in cottage-type dwellings with 14 girls to a cottage. Each cottage has apartment space for the houseparent(s). The boys have continued to live in a dormitory which has been divided into six sections with no more than 10 males to a section. Each section has a houseparent(s) in charge and plans have been made to build cottages for these boys. A total of 10 units, four cottages for girls and six sections for boys, have been supervised by five couples and five women acting as housemothers.

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<sup>15</sup>Ibid., pp. 10-11.

<sup>16</sup>Ibid., p. 11.

## CHAPTER II

### REVIEW OF THE LITERATURE

In reviewing the literature, the writer focused on the subject matter related to the present-day beliefs regarding institutional care for the dependent and neglected child with special emphasis given to the child for whom institutional care would be considered appropriate.

Institutional care could be considered an expression of society's concern for children. The need for this service could be due to difficulties in the family situation, problems of the parents, problems of the child, or lack of suitable community resources which would prevent the care or treatment he required at home. This service would require provision not only for care and protection but also for treatment. It would necessarily involve working with the parents as well as with the child. As a total service for the child and his family, institutional care should use the knowledge and the skills developed in a variety of related fields; but social work would be the professional field that would carry the primary responsibility in providing a child welfare service.<sup>1</sup>

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<sup>1</sup>Child Welfare League of America Standards for Services of Child Welfare Institutions (New York: Child Welfare League of America, Inc., 1963), p. 1.

These children came from homes less often broken by death than made undesirable by a variety of family problems. . .

Their problem is no longer lack of a roof over their heads, food in their stomachs and clothes on their backs. Rather, too little love, too much or too little discipline or indulgence, or combinations of these factors have led to youngsters' variously expressed problematic behavior.<sup>2</sup>

Kadushin showed this same finding but added that when the situation was so precarious as to require substitute care, the foster home was usually the first choice. The institution, then, was left to serve the most difficult cases.<sup>3</sup>

Gula, too, found the institution was absorbing the more severely disturbed, aggressive(ly) delinquent and severely retarded child because the community resources were caring for larger and larger numbers of the younger, less disturbed or less retarded children either in their own homes or in the foster family home.<sup>4</sup> The dependent and neglected child who was admitted for institutional care today was a victim of circumstances he found difficult to understand. Zietz pointed out, however, that institutional care and foster care should no longer be seen as competitive services, but rather as

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<sup>2</sup>Susanne Schulze (ed.), Creative Group Living in a Children's Institution (New York: Associated Press, 1951), p. 6.

<sup>3</sup>Alfred Kadushin, Child Welfare Services (New York: The Mac-Millan Company, 1967), p. 549.

<sup>4</sup>Martin Gula, Child Caring Institutions (Washington: Government Printing Office, 1958), p. 4.

distinctive services each with advantages and disadvantages which should be considered in relation to the needs of the individual child and his parent(s). Institutional care should provide certain advantages to the child who would need them. These include: (1) a controlled environment, (2) experiences in group living, (3) the opportunity for less involved relationships, and (4) opportunity for greater permissiveness for acting out or withdrawing in a group setting. Those children damaged by emotional deprivation and rejection would have the need to develop warm but casual relationships with a variety of adults. The hostile, lonely child would have the need to punish the adults, who would be in authority, by aggressive, destructive, or cruel behavior which could not be acceptable to the foster parents. In the institution this type of child would be given the security of a routine schedule which could afford him the time to work through his problems at his own pace since there would be no immediate need for substitute parental relationships for which he would have neither the need, the desire, nor the capacity to form. The institution, too, would offer a variety of activities which could help him to grow to become a mature and independent individual.<sup>5</sup>

Kadushin related the uniqueness of the advantages that should be found in the institution that were not possible in foster care.

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<sup>5</sup>Dorothy Zietz, Child Welfare: Principles and Methods (New York: John Wiley & Sons, Inc., 1959), pp. 357-359.

This enumeration followed the thinking of Zietz with more emphasis placed on the opportunity afforded the staff in the institution through daily contacts and observations to arrive at a more accurate social diagnosis.

The institution, Kadushin found, was better for short term placements because it would make fewer demands in terms of the emotional involvement of the child than would a placement in a foster family home. Hence, no deep ties would be formed that would need to be broken. Siblings, who wanted to and should be kept together, could better adjust to an institutional setting. In neither instance would institutional care be recommended for the infant or the child under six years of age who could not profit from group living and would need the more intensive relationship and mothering which should be available in a foster family setting.<sup>6</sup>

In the light of what the institutional setting has to offer the child, it would follow that there would be disadvantages for the child who was not appropriately placed in this setting. These would be: (1) less individualization, (2) less personal concern, (3) lack of privacy, (4) lack of feeling of belonging, (5) necessity of relating to large numbers of nonrelated children and adults,

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<sup>6</sup>Alfred Kadushin, Child Welfare Services (New York: The MacMillan Company, 1967), pp. 521-524.

(6) over-stimulation, (7) deprivation in one form or the other of experiences children need, (8) insufficient opportunities to make decisions and to learn to take responsibilities, and (9) fewer possibilities for individual choice because of the necessity for rules.<sup>7</sup> These same disadvantages were enumerated in part by Kadushin, Zietz, Keith-Lucas, and other contemporary authors. Placement in an institution then would not meet the needs of the child under six years of age nor the infant who would need the personal attention and individualization of the foster family home. Each author whose work the writer reviewed in making this study--with the exception of Wolins and Piliavin, whose findings will be discussed later--held to this point of view. These same authors found the institutional setting best for the adolescent whose needs would be very different from those of the young child or the infant. A distinct feature of institutional care would be that it involved a group situation. The group would be expected to develop its own code of behavior to which it would expect members to conform if they would choose to be accepted by and included in the group. It should be kept in mind that ideally most of the children served in the institution should be teen-agers. Regardless of the studies and research that have been done with regard to the age of the child who could best profit from institutional

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<sup>7</sup>Child Welfare League of America Standards for Services of Child Welfare Institutions (New York: Child Welfare League of America, Inc., 1963), p. 7.



care, studies in 1960 showed that 5 percent of the children in institutional care were five years and younger. This would point up the gap between reality and the ideal. Although this would not always be the case, research has shown that the adolescent, who has the need to identify with his peer group, would be seeking his own identity and could be rebellious against parental authority would be best served in the institution. In the institution there would be a variety of adults from whom the adolescent could select objects of identification. Faced with the problem of emancipation from close family ties the adolescent, in the institutional setting, would have easy access to a peer group without the emotional investment. The acting out child, not including those under six, who would need the controls, limits, structure, and orderliness of the institution, could better adjust in institutional care than in foster home care since his behavior would not be acceptable to the foster family who would not be in the position to exercise the necessary controls.<sup>8</sup>

The writer, in reviewing the literature, found the following quotation pertinent:

As we review the literature from the middle of the nineteenth century to the middle of the twentieth century--in order to trace the course of professional arguments on the issue, (institutional vs. foster family care) we were struck by its repetitiveness. . .

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<sup>8</sup>Kadushin, op. cit., pp. 524-528.

Current interest in the merits of institutional and family care has stimulated new writing on the subject, and new materials relevant to our argument are available. . .

But our argument is made, we believe, in the century of debate covered. Adding a few more articles, another view, cannot change our basic conclusions about the discourse and its patent sterility.<sup>9</sup>

There would seem to be, according to Wolins and Piliavin, some consensus that the institutional setting should be considered best used for the adolescent, children who would be extremely uncomfortable in close relationships, and children whose parents could not tolerate the competition of foster parents. Wolins and Piliavin found meager support, by systematic empirical evidence, for these assumptions. They found there had been little research done to resolve the controversy regarding the merits of institutional care vs. foster care with regard to mitigating the problems of the individual child placed in either type of care. Assumptions, they found, held by foster care workers have not been proven by empirical findings.<sup>10</sup> Mass, for example, found that nursery age children who had been removed from their mothers during the blitz of London in World War II had grown into reasonably well-adjusted adults.<sup>11</sup> A study done by Rabin in 1957

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<sup>9</sup>Martin Wolins and Irving Piliavin, Institution or Foster Family, A Century of Debate (New York: Child Welfare League of America, September, 1964), p. 1.

<sup>10</sup>Ibid., pp. 30-31.

<sup>11</sup>Henry S. Mass, "The Young Adult, Adjustment of 20 Wartime Residential Nursery Children," Child Welfare, 42:57-72, June, 1963.

likewise showed that those children reared away from their parent(s) in an Israeli Kibbutz had not seemed to show the attributes that, according to theory, should have resulted in their separation.<sup>12</sup> A universally accepted axiom among American foster care workers has been that the child under six years of age should never be placed in an institution. This particular tenet of these workers has been based on empirical evidence. It has stemmed from the work done by Spitz and Bowlby during and immediately following World War II. This study showed that young children were adversely affected emotionally by being placed in an institutional setting. Recently it has been recognized that these studies were not always well designed, and sketchy and questionable criteria were often used. Thus, it would not be surprising that recent research would throw the findings of Spitz and Bowlby into question.<sup>13</sup>

Would the admitted lack of research-based knowledge imply that current assumptions are necessarily involved? Keith-Lucas has pointed out the need for more scientific research but holds that group care for the pre-school age child and the infant should be avoided.<sup>14</sup> This same

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<sup>12</sup>A. J. Rabin, "Personality Maturity of Kibbutz (Israeli Collective Settlement) and Non-Kibbutz Children as Reflected in Rorschach Findings," Journal of Projective Techniques, 21:148-153, May, 1957.

<sup>13</sup>Martin Wolins and Irving Piliavin, Institution or Foster Family, A Century of Debate (New York: Child Welfare League of America, September, 1964), pp. 31-32.

<sup>14</sup>Alan Keith-Lucas, The Church Children's Home in a Changing World (Chapel Hill, North Carolina: The University of North Carolina Press, 1962), p. 10.

opinion has been held by The Child Welfare League of America as well as all the other authors whose works the writer reviewed. The history of social work and other professions has taught that it could well be that current assumptions could be incorrect. The meager knowledge in the area under discussion could be due, in a large part, to insufficiencies in current social science theory and research. The social work profession has not fully documented a coherent set of views concerning the attributes of good programs; and it would, therefore, be expected that opinion swings would continue with no sounder basis than current tenets. Practice theory should be founded upon a systematic and empirical basis so as to assure growth.<sup>15</sup>

No other author, whose works were reviewed by this writer, could give the "touch" in his writing as that given by Keith-Lucas whose writings reflected a "feel" for the church home for children as well as for the children in their care. "Probably no activity in social service or in the church has developed and changed so radically in the past 20 years as that of the church home for children."<sup>16</sup> The church home of yesterday was a little community set apart with problems which centered around raising money for food, clothing, necessary buildings and maintaining christian training and discipline

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<sup>15</sup>Elizabeth Herzog, "Research, Demonstrations and Common Sense," Child Welfare, 41:243-247, June, 1962.

<sup>16</sup>Keith-Lucas, op. cit., p. 3.

for those children in care. Today, the church home should face up to its new challenge. The philosophy of a decade ago was to shelter the child from all temptation and keep him good through his environment. Children continue to need guidance and protection, but the church must realize the Christian should not live apart from the world but rather should practice his Christian principles in the world, not sheltered from temptation, but able to handle it successfully.<sup>17</sup>

Whether the child should be placed in foster home care or institutional care would be secondary to the primary decision which would involve whether or not to remove the child from his home. Should such a decision be made, it would then follow that the institution should learn enough about the individual child and his parent(s) to determine if the institution, through its program, available resources, and staff, could or could not provide the service that the child and his parents would need.<sup>18</sup> Since it should be the aim of every institution to eventually return the child to the parent's(s') home, whenever possible, the parent(s) should be involved in the intake study since the parent(s) would have more knowledge about the child. The parent(s) should be encouraged to visit so as to maintain the natural tie so important to the well being of the child. Another factor then which

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<sup>17</sup>Ibid., pp. 3-9.

<sup>18</sup>Child Welfare League of America Standards for Services of Child Welfare Institutions (New York: Child Welfare League of America, Inc., 1963), p. 22.

should be considered in admitting a child for institutional care would be the distance his parent(s) live from the institution, since this would in most instances mean fewer visits. If the parents could understand their responsibility--so far as involvement with the institution--and the institution would in turn fulfill its responsibility, the child would be more accepting of placement. As preparation for admission, both the child and the parent should, if possible, visit the institution. The institutional staff and the group with whom the child would live should be prepared for his arrival.<sup>19</sup>

Institutional care should not become a prolonged way of life. It should be planned with a foreseeable termination. "The institution should be an interim, not a terminal, resource."<sup>20</sup> Studies which have been done have shown the adverse effects of long-term institutional care. According to Keith-Lucas it has been shown that the institutionalized child, upon his return to the community, would be very unlikely to get into serious trouble and could be successful by worldly standards, a good follower, but seldom a leader, who generally would be unable to make any deep and lasting relationships in either friendships or marriage; nor would he be creative.<sup>21</sup> Once a child has been

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<sup>19</sup>Alfred Kadushin, Child Welfare Services (New York: The MacMillan Company, 1967), pp. 524-531.

<sup>20</sup>Martin Gula, Child Caring Institutions (Washington: Government Printing Office, 1958).

<sup>21</sup>Alan Keith-Lucas, The Church Children's Home in a Changing World (Chapel Hill, North Carolina: The University of North Carolina Press, 1962), p. 11.

admitted to an institution, so as to avoid being overlooked, there should be a periodic review of the situation. When the institution has given the child the ~~maximum~~ benefits available, termination should follow. To hold a child beyond this period would mean denying him some measure of a more normal life.

In 1960 a survey showed that although 42 percent of those dependent and neglected children in institutional care had been there for less than one and one quarter years, one in five had been there for five years or longer. It would be in this area that the social worker who had helped the child adjust to institutional living should feel the same responsibility in helping him return to life in the community. Intake, then, into life in the institution and discharge from this same institution would be equally important and only different steps in the same process.<sup>22</sup> "Rehabilitation must ultimately take place in the community. Institutionalization is, at best, a successful removal from the community in order to help the individual increase, equip, and prepare himself for his return."<sup>23</sup>

Custody and care do not require professional services; treatment does. "The most important part of treatment in any institutional setting is the mental hygiene of the whole living situation."<sup>24</sup>

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<sup>22</sup>Alfred Kadushin, Child Welfare Services (New York: The MacMillan Company, 1967), p. 531.

<sup>23</sup>Alfred Kahn, When Children Must Be Committed (New York: Citizens Committee for Children of New York, 1960).

<sup>24</sup>Gisela Konopka, Group Work in the Institution (New York: Associated Press, 1954), p. 11.

The institution today serving the dependent and the neglected child should move toward an increase in the number of social workers, psychiatrists, psychologists, and remedial teachers on the staff. This would correspond with the trend toward upgrading the non-professional staff, particularly the all-important houseparent staff. "The test of good institution work will always be whether the individual who was placed in it can successfully and happily get along in the outside world. The test does not lie in conformity inside the institution."<sup>25</sup>

The institution has one primary commodity to offer which would not be found in the foster home and that would be group living. It would be most important that the institution of today keep before it certain questions regarding group living.

"What are the values of group living? What children need to live in a group, and what children are harmed by it? How can groups be structured to be of the greatest help to children? How big should a living-group be? What mixtures of age, sex interests, or personality should be included in a group? How can group members be close enough to help a child and yet not become cliques or powerful weapons to stifle a child's initiative?"<sup>26</sup> The church institution should no longer live to itself, caring only for a favored flock, but should rather maintain close working relationships with the parent(s), the

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<sup>25</sup>Ibid., p. 19.

<sup>26</sup>Ibid., p. 34.



public agency, the private agency, and other child caring institutions.<sup>27</sup>

"Indeed, although at one time the institution was full of forgotten children for whom no one was too deeply concerned except when they caused trouble, it is probably true today that there are fewer forgotten children in the institution than there are in other forms of care."<sup>28</sup> Had the institution accepted the role assigned it by the social thinkers of the 1930's and the 1940's, it would have become a dumping ground for those children whom society could not as yet know how to treat or a waste basket for the rejects. Today, they would be considered respectable but should not too readily accept the role assigned them by the social thinkers of today. This would not mean the social thinkers would necessarily be wrong, but in order to grow and give better service, it would be necessary to use knowledge which was gained from the past. The institution of today could not have moved into the favorable position it now holds in the child welfare world had those people who staff it not learned a feeling of responsibility for every child, a virtue which the child welfare field could greatly use.<sup>29</sup>

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<sup>27</sup>Alan Keith-Lucas, The Church Children's Home in a Changing World (Chapel Hill, North Carolina: The University of North Carolina Press, 1962), p. 9.

<sup>28</sup>Ibid., p. 27.

<sup>29</sup>Ibid., p. 29.

## CHAPTER III

### PRESENTATION OF THE DATA

This study was designed to examine the hypotheses as well as indicate to the administration in what ways the Home was meeting the needs of those children admitted for care in light of present-day child caring philosophies. It would follow that this study could be beneficial to the administration in making future plans. It was felt this study could possibly indicate the need for more research in the indicated areas.

In Table I, the study population was broken down so as to show a pattern of change, if any, in the mean age of those children admitted for care during the time period of the study. Tables II and III were taken from Table I so as to point up any differences in the sexes with regard to admission. These tables will be discussed together so as to show relative findings. During the study period, a total of 86 children were admitted.

In 1965, 37 children were admitted; 26 were males with a mean age of 9.5 years. The 11 females had a mean age of 9.6 years. In this year there were two males under six years of age and no females admitted. In 1966, 14 males and 12 females were admitted, and the mean age for each increased. The mean age rose to 11.3 years for the boys while that of the girls rose to 11.4 years. Two females under six years

TABLE I  
DISTRIBUTION OF STUDY POPULATION BY  
MEAN AGE AT TIME OF ADMISSION,  
YEAR, AND SEX

Age	Year						Total
	1965		1966		1967		
	Male	Female	Male	Female	Male	Female	
Under 6	2	0	0	2	1	2	7
6-8	10	2	2	2	7	3	26
9-11	9	5	5	4	5	1	29
12-14	4	4	6	1	2	1	18
15-16	1	0	1	3	1	0	6
Total	26	11	14	12	16	7	86
Mean Ages	9.5	9.6	11.3	11.4	9.2	7.5	9.5

TABLE II

DISTRIBUTION OF MALE STUDY POPULATION  
BY MEAN AGE AT TIME OF ADMISSION  
AND YEAR

Age	Year			Total
	1965	1966	1967	
Under 6	2	0	1	3
6-8	10	2	7	19
9-11	9	5	5	19
12-14	4	6	2	12
15-16	1	1	1	3
Total	26	14	16	56
Mean Ages	9.5	11.3	9.2	9.6

TABLE III

DISTRIBUTION OF FEMALE STUDY POPULATION  
BY MEAN AGE AT TIME OF ADMISSION  
AND YEAR

Age	Year			Total
	1965	1966	1967	
Under 6	0	2	2	4
6-8	2	2	3	7
9-11	5	4	1	10
12-14	4	1	1	6
15-16	0	3	0	3
Total	11	12	7	30
Mean Ages	9.6	11.4	7.5	8.5

of age were admitted and no males. The year 1967 showed a decrease in the mean age for both sexes. There was also a decrease in admissions with only 23 children--16 males and seven females--received for care. The mean age for the males dropped to 9.2 and the females to 7.5. One male and two females under six years of age were received in the institution. The 86 admissions--56 males and 30 females--had a mean age of 9.0. Again in comparing the sexes as to the age group having the most admissions, there was little difference between the sexes. Of the 56 boys, 19 were between the ages of six through eight, 19 were nine through 11, and 12 were 12 through 14. The same ratio was found with the 30 females with seven whose ages ranged from six to eight, 10 were nine through 11 and six were between the ages of 12 to 14. Of the 86 children placed at the Home during the studied years, 73 were in the age group from six years through 14 years. There were only three males and three females whose ages were over 14.

Table IV showed the source of referral for the 86 children. In the parental bracket, two mothers made referrals and four fathers. Relatives made 12 referrals with grandparents comprising half of these. Ministers of the Church of God made 44 referrals, 17 in 1965, the same number in 1966, and 10 in 1967. The State Overseer for the Church of God in Indiana in 1965 referred seven children from one family. The position of the State Overseer, as defined by Mr. Paul Duncan, Director of Social Services Department, was that of an ordained minister who has

TABLE IV

DISTRIBUTION OF STUDY POPULATION BY SOURCE  
OF REFERRAL AND YEAR OF ADMISSION

Source of Referral	Year			Total
	1965	1966	1967	
Parental				
Mother	1	0	1	2
Father	4	0	0	4
Relative				
Grandparent	0	4	2	6
Other	3	0	3	6
Church of God				
Pastor	17	17	10	44
State Overseer	7	0	0	7
Agency				
Public				
Department of Public Welfare	2	1	4	7
Mental Health Center	0	1	1	2
Juvenile Court	0	0	1	1
State Psychiatric Hospital	0	0	1	1
Private				
Child and Family Service	3	1	0	4
No Record	0	0	2	0
Total	37	26	23	86

the responsibility for the Church activity in his respective state, including the appointment of pastors.<sup>1</sup>

The Department of Public Welfare made seven referrals; four came from private family service agencies, and one from Juvenile Court. Two were made by a mental health center and one by a state psychiatric hospital. Two case records had no source of referral indicates. These two cases involved siblings who were admitted in 1966 for a period of four months because their mother had entered a tuberculosis hospital.

The writer had difficulty in tabulating Table V because most children were admitted for not one reason but several. Hence, the totals shown in this table would not correspond to the total population study but would rather point up the complexity of family problems which today result in institutional care for children. The writer, then, tabulated each contributing factor as listed on the table so as to show those reasons found most often. Neglect, desertion, and death of one or the other parent were found to be the factors most often responsible for admission. Of the 86 cases studied, neglect was a factor in 34; whereas, desertion by one or both parents was a contributing factor toward 37 children moving into institutional care. There were 11 cases in which finances were a partial reason for referral and admission. Thirteen children moved into institutional care because

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<sup>1</sup>Interview with Paul E. Duncan, Director of Social Service, Church of God Home for Children, Sevierville, Tennessee, March, 1968.



TABLE V

DISTRIBUTION OF STUDY POPULATION BY REASON  
OF REFERRAL AND YEAR OF ADMISSION

Reason for Referral	Year			Total
	1965	1966	1967	
Parental Neglect	15	15	4	34
Illness				
Mental	5	0	6	11
Physical	5	2	4	11
Financial	3	1	7	11
Desertion				
Mother	11	7	5	23
Father	4	4	5	13
Death				
Mother	1	12	6	19
Father	12	5	1	18
Both	7	0	0	7
Unable to Adjust - Foster Care				
Custody of Referring Agency				
Public	1	1	3	5
Private	1	0	0	1
Other	0	1	4	5
Total	65	48	45	158

of the death of their mother, and 17 had suffered the death of their father. Again, the writer would point out that this study does not show how many of these children with one parent who had died were neglected or deserted by the surviving parent.

There were only seven orphans admitted during the time period of study. These orphans represented two families, one with five siblings and the other with two. The mental and/or physical illness of either parent was found in 22 referrals for admission with each condition responsible in part for 11 children or a total of 22. Six children, five from a public agency and one from a private agency, were admitted because they could not adjust to the foster family setting. The ages of these children, four boys and two girls, ranged from 10 through 16 years. Five children in the Home were there for reasons listed under "other." Three of these children had been in psychiatric hospitals. Though ready to leave that setting, they continued to need group treatment, available in the institutional environment, prior to returning to their homes. Two children, siblings, had been discharged prior to the time period of this study and were re-admitted because they could not adjust to living in the home of a relative.

At the request of Mr. Duncan, Table VI was developed. These data, so central to the hypotheses, were analyzed more intensively in Table VII and Table VIII.

TABLE VI

DISTRIBUTION OF STUDY POPULATION  
BY STATE OF RESIDENCE AND  
YEAR OF ADMISSION

Location	Year			Total
	1965	1966	1967	
Tennessee				
Within 100 miles	18	9	3	30
Farther than 100 miles	0	0	2	2
State Other Than Tennessee				
Farther than 100 miles	19	17	18	54
Total	37	26	23	86

TABLE VII

DISTRIBUTION OF STUDY POPULATION  
BY STATE OF RESIDENCE AND  
YEAR OF ADMISSION

State	Year			Total
	1965	1966	1967	
Alabama	5	4	1	10
Florida	1	0	3	4
Georgia	4	1	4	9
Indiana	7	0	0	7
Louisiana	0	0	1	1
Maryland	0	7	0	7
Michigan	0	0	3	3
Mississippi	0	4	0	4
Tennessee	18	9	5	32
Virginia	0	1	6	7
West Virginia	2	0	0	2
Total	37	26	24	86

TABLE VIII

DISTRIBUTION OF STUDY POPULATION BY  
FAMILIES' STATE OF RESIDENCE  
AND YEAR OF ADMISSION

State	Year			Total
	1965	1966	1967	
Alabama	1	1	1	3
Florida	1	0	1	2
Georgia	1	0	3	4
Indiana	1	0	0	1
Louisiana	0	0	1	1
Maryland	0	1	0	1
Michigan	0	0	1	1
Mississippi	0	1	0	1
Tennessee	8	4	5	17
Virginia	0	1	3	4
West Virginia	1	0	0	1
Total	13	8	15	36

These tables should be discussed together, however, so as to give an over-all picture of the state of residence of those children admitted for care during the time period of study. Table V (page 32) showed that 30 children from Tennessee, who were living within 100 miles of the Home, were admitted during the three-year study period. Eighteen were admitted in 1965 with a decline to nine in 1966 and three in 1967. These same children, as to year of admission, represented respectively eight, four, and three family groups. Two children from Tennessee, with their residence more than 100 miles from the Home, came from separate families. No child from a state other than Tennessee who lived within 100 miles of the Home was admitted. Those states of the legal residence of the child and parent(s) were listed in Tables VII and VIII. Analysis of these tables would show little evidence that any particular state other than Tennessee had a significant number of admissions. These tables would show that 56 children were admitted for care whose legal residence was more than 100 miles from the Home.

Table IX was further analyzed as to families appearing in Table X, so as to give a more accurate picture of the study population with regard to religious preference. During the years 1965, 1966, and 1967, 36 children were admitted whose parents were of the Church of God faith. Twelve of these children were admitted in each of the study years. They represented respectively, as to years, four, three, and seven families. The study found all other children, 26, whose

TABLE IX

DISTRIBUTION OF STUDY POPULATION BY  
RELIGIOUS PREFERENCE OF PARENTS  
AND YEAR OF ADMISSION

Religious Preference of Parents	Year			Total
	1965	1966	1967	
Church of God	12	12	12	36
Other Protestant	11	12	3	26
No Record	14	2	8	24
Total	37	26	23	86

TABLE X

DISTRIBUTION OF STUDY POPULATION BY RELIGIOUS  
PREFERENCE OF FAMILIES AND  
YEAR OF ADMISSION

Religious Preference of Families	Year			Total
	1965	1966	1967	
Church of God	4	4	6	15
Other Protestant	3	4	2	9
No Record	5	2	5	15
Total	12	10	14	36



religious preference was known, came from families of the Baptist faith. These children represented nine families. Twenty-four children were admitted with no knowledge of their parent's(s') religious preference. These children represented 12 family groups.

The legal custody of the child at the time of admittance, as shown in Table XI, would need some explanation with regard to the total of nine parents who had legal custody at the time their child was admitted. Those four children admitted in 1965 represented one family group and were admitted because their father was in a psychiatric hospital and their mother was physically unable to care for them. In 1966, three children, two from the same family, whose parents had custody, were admitted. One child had been in a mental hospital and needed group treatment care prior to returning to his parents' home. The other two were in care for four months while their mother was in a tuberculosis hospital. In 1967, two children who had been in psychiatric hospitals, separate families, were receiving care in group treatment so as to better adjust to their own homes. The writer was unable to understand the fact that the Department of Public Welfare had custody of 23 children and had referred only seven (refer to Table IV, page 30). Mr. Duncan explained the Home contacted the Department of Public Welfare in the state of the child's legal residence and asked this agency to assume custody, whenever possible. This was done as a protection to the Home and also to receive state funds in

TABLE XI

DISTRIBUTION OF STUDY POPULATION BY  
LEGAL CUSTODY AND YEAR OF ADMISSION

Legal Custody	Year			Total
	1965	1966	1967	
Parents				
Mother	7	5	1	13
Father	4	11	5	20
Both	4	3	2	9
Relative				
Grandparent	0	0	5	5
Other	3	4	3	10
Agency				
Public	18	1	4	23
Private	1	1	0	2
Court	0	1	1	2
No Record	0	0	2	2
Total	37	26	23	86

payment for care.<sup>2</sup> Two children from the same family were admitted in 1967 after having been discharged in December, 1965. The custody of these two children was not indicated in the records.

There were 11 children whose parents were living together (see Table XII). Table XI, page 41, would show nine children in the years 1965, 1966, and 1967, in the legal custody of their parent(s). The year 1967 (Table XII) showed an addition of two more children whose parents were living together. These children, siblings, were removed from their parent's(s') home because of neglect. The Department of Public Welfare had custody, but the parents' continued to live together. Twenty-three children were from homes broken by divorce, and eight had parents who were separated. Nineteen children had lost their mothers through death, and 18 had lost their fathers in a like manner.

Table XIII has indicated that 42 pre-admission social studies were done by the Department of Public Welfare. Table IV, page 30, showed only seven children were referred by the Department of Public Welfare. This would mean the Department was asked to give background information for 35 children whose referrals had come from other sources. One summary was done by a mental health clinic and one by a state psychiatric hospital. The Juvenile Court provided social studies for three children, and private child and family agencies submitted five studies.

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<sup>2</sup>Interview with Paul E. Duncan, Director of Social Service, Church of God Home for Children, Sevierville, Tennessee, March, 1968.

TABLE XII

DISTRIBUTION OF STUDY POPULATION BY  
PARENT(S) MARITAL STATUS AND  
YEAR OF ADMISSION

Parent(s) Marital Status	Year			Total
	1965	1966	1967	
Living Together	4	3	4	11
Divorced	8	4	11	23
Separated	5	2	1	8
Deceased				
Mother	1	12	6	19
Father	12	5	1	18
Both	7	0	0	7
Total	37	26	23	86

TABLE XIII

DISTRIBUTION OF STUDY POPULATION BY  
PRE-ADMISSION SOCIAL STUDY AND YEAR

Pre-Admission Social Study	Year			Total
	1965	1966	1967	
Public Agency				
Department of Public Welfare	20	10	12	42
Mental Health Clinic	0	0	1	1
Juvenile Court	8	0	3	3
State Psychiatric Hospital	0	0	1	1
Private				
Child and Family Services	3	1	1	5
Church of God				
Social Service Department	14	5	1	20
Minister	0	7	2	9
None	0	2	2	4
Total	37	26	23	86

In 1965 the Social Service Department of the Home did 14 studies, but in 1966 they completed only five. This number was reduced to one in 1967. Mr. Duncan has indicated this could have meant studies done by the Department were more thorough and had not resulted in admissions.<sup>3</sup>

Ministers of the Church had given information on nine cases; whereas, (refer to Table IV, page 30) they were responsible for 44 accepted referrals. Four children were received into institutional care with no pre-admission social study.

Thirty-eight of those 86 children admitted for care during the study period were discharged. Table XIV was broken down as to sex and also months in residence. Fifteen children, six females and nine males, remained in care less than six months. Six left the Home--three females and three males--between six and 11 months. After having been in care from 12 to 17 months, four children were discharged. Only one child left after having been in the Home for a period of from 18 to 23 months. Eleven boys, no girls, had remained in care from 24 to 29 months. One girl was discharged after a period of from 30 to 35 months.

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<sup>3</sup>Ibid.

TABLE XIV

DISTRIBUTION OF STUDY POPULATION BY  
MONTHS IN RESIDENCE AND SEX

Length of Time in Residence	Sex		Total
	Female	Male	
Less than 6 months	6	9	15
6-11 months	3	3	6
12-17 months	1	3	4
18-23 months	1	0	1
24-29 months	0	11	11
30-35 months	1	0	1
Total	12	26	38

## CHAPTER IV

### CONCLUSIONS

The writer had felt the demographic variables, as illustrated by age, sex, and number of children received into institutional care during the study period, could reflect patterns of change in the Home. It was for this reason Table I, page 26, was developed and later expanded into Table II, page 27, so as to show the sex of those children admitted for institutional care. These data produced a mean age figure for all children of 9.0 years. For the total male population the mean figure in years was 9.6 and for the females 8.5. In 1965 the mean age for both sexes was almost the same with that of the boys being 9.5 and the girls 9.6. The year 1966 saw the mean age of admissions increased for both sexes with the male being 11.3 and the female 11.4. This pattern of increase, however, was not found in 1967 since the mean age for both sexes decreased below that of 1965. In this year, the mean age for the males was 9.2 and the females 7.5. Despite some variance, the three-year time period of study would suggest a stability in the age variable. Since both sexes had a mean age of 9.0 as related to admission, the Home would be receiving into group care the pre-adolescent child. These entries would be in a period of physical and psychological transition. Each would soon be experiencing marked changes in physical development as well as associated emotional upheaval related to sexual maturity.



There was a marked decline in the number of admissions in each of the study period years with the decrease more evident in the number of females than in the males. Of the 86 accepted referrals, 65 percent were males and 34 percent were females. Each year in the study period showed more boys than girls accepted for institutional care as illustrated by the 26 males as compared to the 11 females admitted in 1965 and the 14 males and 12 females in 1966. Only 23 children were received in 1967. Again, more males than females were admitted for group care.

The steady increase of pre-adolescent males in group care would indicate the need for married couples to function as houseparents because these young boys moving into sexual maturity would thus have a male figure to whom they could relate.

The writer had believed the Home would be concerned in the change, if any, in the referral sources of accepted children. Table III, page 28, designed to show these sources, indicated a decrease in the accepted referrals which come from parent(s). Five children in 1965 who were referred by their parent(s) were accepted for group care. No child was accepted in 1966 whose parent(s) had made the referral, and only one child in 1967.

Ministers of the Church of God were responsible for 91 percent of the accepted referrals in 1965. Examination of these data in 1966 denoted a reduction in the study population to 26 with ministers of the Church having initiated 65 percent. This percentage dropped to 43 in

1967 and the number of entrees also decreased to 23. Thus in each year there was a decrease in raw numbers as well as an associated sharp decrease in the percentage of ministerial referrals accepted for group care.

Although outside agency referrals provided only 16 percent of the new population from 1965 through 1967, the Department of Public Welfare was responsible for seven of these 15. Each year would indicate an increase in admissions from this source. Whereas, accepted referrals from other outside agencies during this same period would show a decline.

The increase of accepted referrals from the Department of Public Welfare and the decrease of those from ministers of the Church and parent(s) would appear to reflect a closer screening of applicants. This could mean the Home would move from an inclusive institution to an exclusive one.

Table VI, page 34, related to the state of legal residence of the study population. There was a marked decline each year in the number of admissions from Tennessee. To illustrate, 49 percent of the studied group in 1965 had legal residence in Tennessee; in 1966 only 35 percent, and in 1967 this was decreased to 21 percent. This pattern of change could indicate the service of the Home had become known to both individual(s) and agencies who represented a wider geographic area.

Table VII, page 35, listed each state represented in the study to determine if any state(s) produced a high percentage of accepted referrals. Although nine of these 11 states would be considered southern, no definite pattern was evident. The non-southern states,

Indiana and Michigan, reflected unique family circumstance but no pattern. It could be concluded that Tennessee, Alabama, and Georgia, in that order, were the primary states represented.

The religious preference of parent(s) as shown in Table IX, page 38, disclosed 41 percent of the total study population had parent(s) who were members of the Church of God. There were 26 children whose parent(s) had denoted a preference for other Protestant faiths. As the writer has discussed in Chapter III, each of these cases had preferred the Baptist church. In 24 records no religious preference was given. Adding this number to those children whose parent(s) were Baptist, there would be a total of 50 children, representing 58 percent of the study population, who were not affiliated with the Church of God.

In the examination of each study year a pattern appeared as to religious preference. In 1965, 32 percent of those cases accepted had parent(s) who had signified they were members of the Church of God. Although the number of admissions dropped the following two years, the percentage of Church of God children rose to 46 percent in 1966 and in 1967 to 52 percent. If this pattern of change should continue, the Home could find itself in the position of serving only those children whose parent(s) were affiliated with the Church of God.

In summing up the findings of these data, the hypothesis which stated the children received for institutional care would live within a 100-mile radius of the Home was rejected since only 36 percent of

the study population would be discovered in this group. It should be noted that Kadushin believed this factor would have a marked effect on the adjustment of those children in care because it could result in fewer visits from their parent(s).<sup>1</sup>

The second hypothesis of no difference between ministerial and non-ministerial referral sources was also rejected. Although 57 percent, the figure referred by ministers of the Church of God, could be questioned as to the level of significance, a difference would exist.

Finally, this thesis would suggest that the establishment of the Social Service Department in 1962 was instrumental in affected changes in the Home. The population figure decreased even though the age and the sex for admission has remained constant. The state of residence for those children accepted has changed to include a wider geographic area. The specific religious affiliation of parent(s) referring children was shown to be in a state of transition with an increase in the percentage of Church of God affiliated parent(s) noted.

In the time and space limitations involved in any research project, the writer would be obliged to ignore interesting side issues that grew up along the way. Some interesting questions evolving out of this thesis suggesting further research would include:

(a) What particular psychological, educational, and social

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<sup>1</sup>Alfred Kadushin, Child Welfare Services (New York: The MacMillan Company, 1967), p. 524.

variables would go into the referral of children in the minds of the referring ministers?

(b) How would these variables be measured by the Social Service Department of the Home?

(c) Would ministers vary in their perception of the services offered by the Home?

(d) What variables blocked the acceptance of children to the Home?

(e) Finally, the image of the Church of God Home for Children as perceived by the congregations could be explored from many dimensions. These congregations fund and infrequently visit the Home. Their understanding of the organization would be important.

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## APPENDIX

### SCHEDULE

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Date of Referral: \_\_\_\_\_ Date of Admittance: \_\_\_\_\_

Source of Referral:

Parental ( ) Mother ( ) Father ( ) Other \_\_\_\_\_  
Church ( ) Pastor ( ) Board Member ( ) Other \_\_\_\_\_  
Agency ( ) Public ( ) Private ( ) Other \_\_\_\_\_

Reason for Referral:

Parental: Neglect ( ) Illness: Mental ( ) Physical ( )  
Financial ( ) Desertion ( )  
Death: Mother ( ) Father ( ) Both ( )

Child(s) Residence at time of Admittance: \_\_\_\_\_

Child(s) Living Arrangements at time of Admittance:

Parent(s) ( ) Mother ( ) Father ( ) Relative \_\_\_\_\_  
Other group caring institution: Public ( ) Private ( )

Parents religious preferences: Church of God ( )

Other Protestant Church (specify) \_\_\_\_\_  
Non-Protestant ( ) None ( )

Legal Custody at time of Admittance:

Parent(s) ( ) Relative ( )  
Agency: Public ( ) Private ( ) Court ( )

Parents Marital Status:

Living Together ( ) Divorced ( ) Separated ( )  
Deceased: Mother ( ) Father ( ) Both ( )  
Unknown ( )

Pre-admission social study completed:

Public Agency: Department of Public Welfare ( ) Mental Health Clinic ( )  
Juvenile Court ( ) State Psychiatric Hospital ( )

Private Agency: Child and Family Service ( )

Church of God: Social Service Department ( ) Minister ( )

None ( )

Date of Discharge: \_\_\_\_\_

Length of time in Residence: \_\_\_\_\_

## VITA

Dorothy Jones was born in Concord, Tennessee, on September 18, 1918. She was educated in the elementary schools of Knox County and was graduated from Karns High School in 1935. The following September she entered The University of Tennessee, receiving a Bachelor of Arts degree, with a major in Sociology, in June, 1939. She is a member of Phi Mu Sorority, Alpha Lambda Delta, and Mortar Board. Following her graduation she was employed by the Tennessee Department of Public Welfare in Knox County.

After her marriage in November, 1940, to Edward L. Farnham, she continued working for the Department until June, 1942. She has two sons and a step-daughter.

Her husband died in August, 1960, and in May, 1961, she returned to the Knox County Department of Public Welfare. In September, 1962, she entered the Graduate School of Social Work of The University of Tennessee. She was graduated in August, 1968, with a Master's in Social Work. She is presently employed as a caseworker for the Florence Crittenton Agency, Knoxville, Tennessee.