

## ADMINISTRATIVE CONSIDERATIONS IN THE SMALL AND INTERMEDIATE FAMILY AGENCY \*

by NATHAN E. SKLAR

*Jewish Family and Children's Service  
Providence, R. I.*

THE problems that beset the executives of small or intermediate casework agencies are similar to those faced daily by the large agency executives. The operation is the same. There is a clientele to serve, a staff to direct, a Board for guidance and policy, and a community to whom to tell your function. To all these publics the executive must communicate in the most intelligible manner possible.

Casework agencies are no longer struggling with muddled concepts which confine their function to only a tangible, concrete service. Some agencies have experimented with a change in title hoping that more people will utilize its service. There is also experimentation in use of title for the worker. All this activity indicates that we are working to overcome the stigma of catering only to a group of individuals who are experiencing financial stress. We are moving to serve a community cross-section who need counseling. This striving for acceptance of a change in function by social work agencies has a carry over in the public field which is now promoting the concept of rehabilitation rather than investigation.

The ability of caseworkers to do counseling has been amply demonstrated and it has been accepted by large parts of the community. Even the inner insecurity of the casework profession has diminished; and certainly there is less conflict of opinion in the field about whether counseling should be undertaken.

Having accomplished all of this we can concern ourselves with the development and expansion of agency programs. The emphasis rightfully has been given to our preventative function. We can prevent family disorganization if early referrals are made. To this end, we are encouraging referrals from the school systems; we are conducting interpretation programs to rabbis, physicians, lawyers and others.

With the emphasis on counseling, we are encountering youngsters who require residential care, a most costly undertaking. Dealing with an emotionally disturbed child takes considerable agency time. In addition to the parent or parents being seen in the agency, there are school conferences, and more frequent needs for psychiatric consultations. Finally, the inevitable happens where the executive is forced to seek funds for the residential care program so desperately needed.

Tackling the problem of intensive care

for children is illustrative of the direction that Jewish family agencies in particular are taking. Not only does it involve policy decisions or additional funds for residential care, but, it entails expanding staff to do a more intensive job with the total family unit. As we are becoming more secure in making psycho-social diagnosis we tend to use our psychiatric consultant more and more to contribute his clinical thinking to shaping complete diagnoses and treatment courses to follow. The psychiatrist is really becoming a regular part of the agency staff and he is grateful for the opportunity to work with a progressive agency which is concerned with the family. A much broader approach can be taken to family treatment in an agency than is possible in the confines of a private psychiatric office.

Though the professional staff, casework and psychiatric, has mutual respect, teamwork, and acceptance of the counseling job to be done, there is still the Board to be won. There are mixed responses in the Board. There are those Board members who are opposed to the agency going into a mental health program as they do not yet fully understand the need for a changing role of the casework agency. Then there are those Board people who are appreciative of this preventative role of this agency and who understand the social need to diagnose and treat disturbed youth. On another level, that of fund raising and allocations, other problems are met because of the expense of the undertaking—especially the expense of providing resident treatment care.

The lay people do not have an example set them by unanimity of understanding by social workers or by professionally led communal agencies. Family agencies have not always been understood or respected by the Chests and Federations. It is possible that this lack of understanding has not been allayed by the

not infrequent practice of agencies who ask for allocations of funds for ill defined programs, with indefinite costs, involving indefinite numbers of children.

With respect to residential care of children—as an example of a costly program—fund raising bodies are willing to underwrite the large costs of care for one or two children, but they balk if the number of children promises to be indefinitely large. The executive should be aware of this wariness—in fact he too should be chary of committing too large a proportion of his budget to the high cost of resident care for a few children.

Another facet of agency operation that is gaining recognition is that of reaching out to families who are referred but prove to be resistant. Sometimes the resistant individual is the child or adolescent, sometimes the parent, sometimes both. Techniques and methods have to be shaped to meet these resistances. The agency may have to carry the initiative for some time before the client is won over to some degree of voluntarism. We feel that this takes a good deal of staff time but is essential. Referral sources which become aware of this “reaching-out” orientation in the agency will have a more positive attitude toward the agency.

We have followed through on the few juvenile delinquency situations in our community in the same manner. We go to court prepared to offer a rehabilitation plan for the family with the understanding that the parents must be in agreement with the recommendation of the court that they be seen in the agency with their youngster. This may seem authoritarian. However, its authoritarianism is mitigated since the agency has offered the plan in the clients' presence in the court room. The parents realize that the agency is not punitive and tend to accept it as understanding friends.

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This aggressive casework when practiced with many of the hard-to-reach clients conveys to the Board the professional interest not only in the choice psychological problems but in all situations where casework can be of help. Implied in this across-the-board type of agency operation is cooperative work

with other Jewish functional agencies, such as community centers. We reach more people in this way and are more readily understood. A narrow concern on our part with highly psychologic problems alone tends to cause concern to our Board and to others in our constituency.