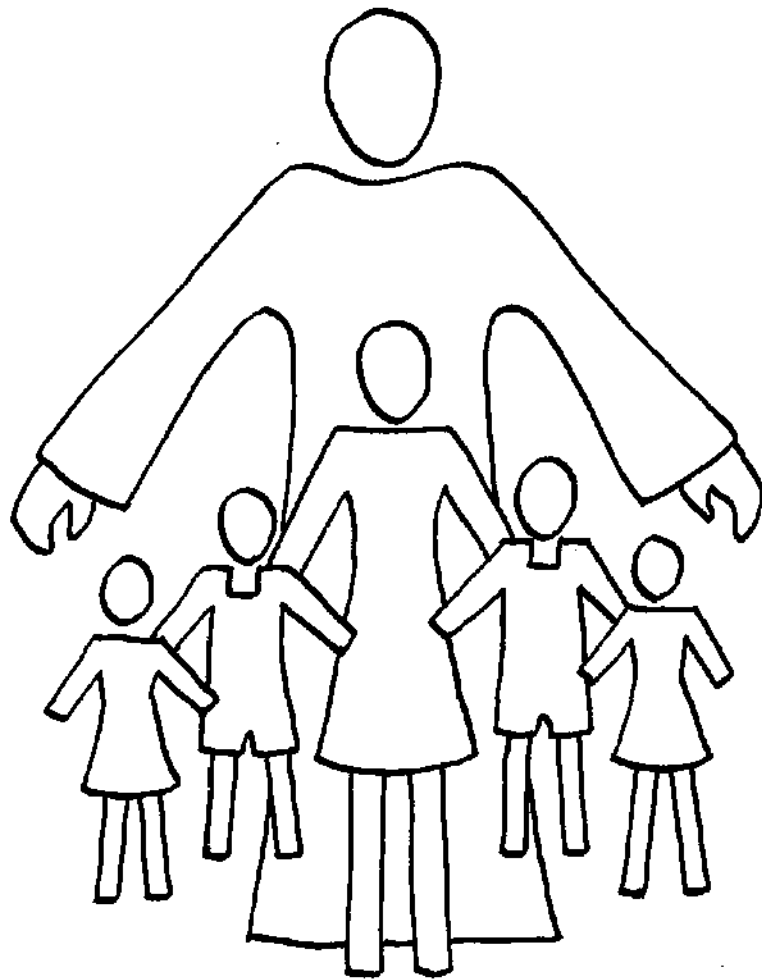


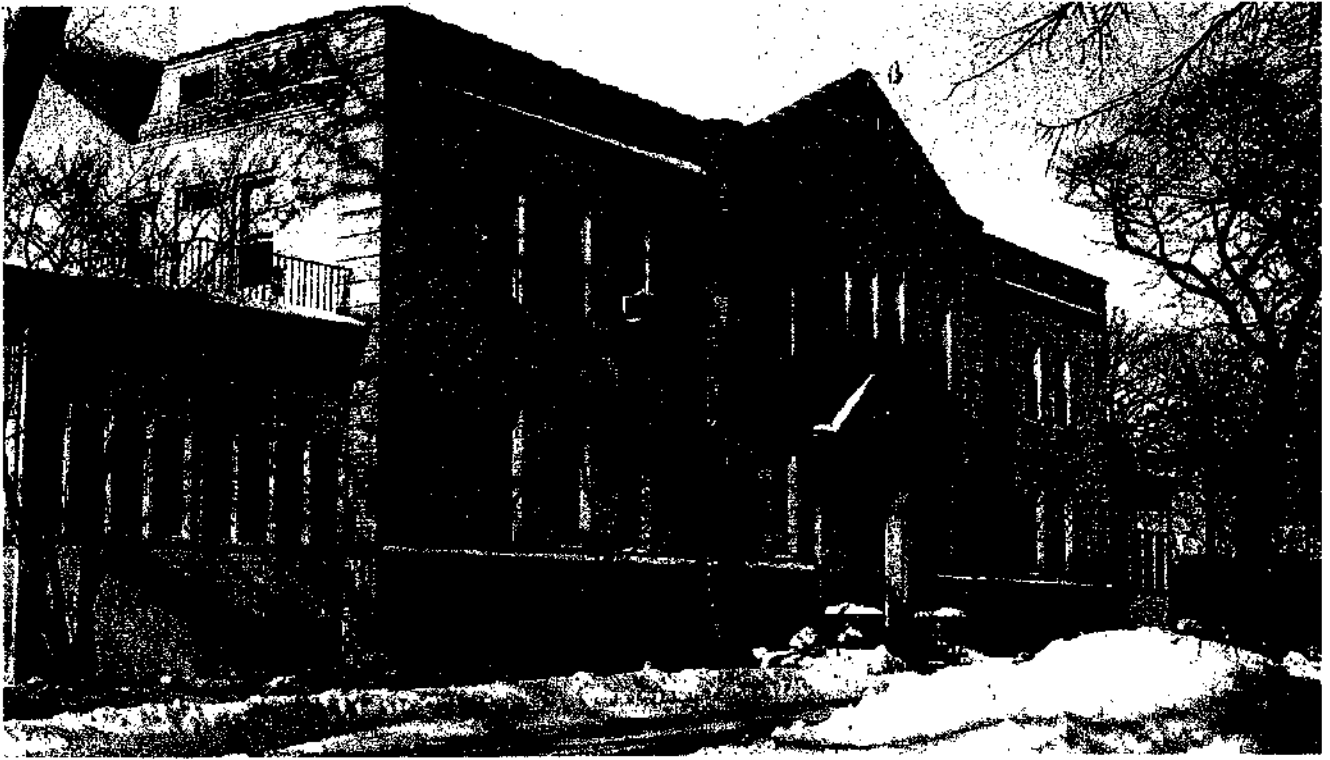
1882

The Sheltering Arms



101 YEARS OF CARING

1983



The Sheltering Arms

101 YEARS OF CARING



A look at the years 1882-1983 and beyond



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1882-1942:

The Beginning: Sheltering Arms as an Orphanage

by Paula Karl

The history of Sheltering Arms is the story of dedicated, caring people. From its inception under the loving, spiritually-guided hands of the first consecrated sister of the Diocese of Minnesota, Sister Annette Reif, through the growth years from tenement home with six children in 1882 to the building completed in 1910 to the present, Sheltering Arms is most especially people attempting to follow in Christ's footsteps. Indeed, they truly did "suffer little children to come . . ."

The roll call of individuals summoned to serve must start with Sister Annette, who, with a gift of \$32 from a Brainerd Sunday School, opened the first home for destitute and orphaned children in the state. She brought the energy and experience gleaned from her years as founder and matron of first the Cottage Hospital and then its antecedent, St. Barnabas.

Church friends were in evidence from the beginning effort. The first home was scrubbed and prepared for six children. Before the first month was out, nine children had found protection under its roof. By year's end, 24 children had been cared for and Sister Annette's ability to stretch a penny had been put to the test. She was only 75 cents in the red by the end of the twelfth month.

Expansion was possible with the gift of three lots in a new area of Minneapolis. In its second year the home became an official diocesan institution. As such, a Board of Directors representing the Episcopal churches of St. Paul and Minneapolis was formed. This Board took upon itself the fund raising and financial aspects of running the home — those aspects that were proving to be a drain on Sister Annette.

In April of 1885, with Sheltering Arms a viable, growing institution, Sister Annette severed her ties with the home and went on to new endeavors. One of those was the Home for Aged Women in St. Paul, now called the Church Home. The Board of Directors of Sheltering Arms assumed the role of overseer of the orphanage.

The years 1884-1900 were years when the financial footings of the home were established. Pleas and reports from the board encouraged more contributions, and those contributions enabled sustenance, then growth, and finally endowment for these later years.

Some telling words form the pleas: "He gives twice who gives quickly;" "Less work

for Him means more suffering for His children;" ". . . and solicited money in small sums until he had raised enough to build a barn and buy two cows."

Donation Day became an annual ingathering for the home. One year the result was quite visible: "The new furnace used for the first time worked a charm."

The new building, completed in 1884 with the addition of the Holy Innocents Chapel, was Sister Annette's dream fulfilled. Thirty children benefited by the standards of loving devotion and discipline set by the good sister. These qualities have transcended time and are apparent in the work of Sheltering Arms today.

Bishop Whipple assisted the women of the Board in the financial concerns of the home. The outstanding mortgage defied the ABC chain letter, the "modest paper bags" to be filled by congregations to hold the home over. Concrete action had to be taken to eliminate the mortgage. A special committee was to deal successfully with this, as it would in the future with additional building programs.

Sheltering Arms was always closer to a home in atmosphere and caring than an institution. The gentle, loving care of the children of all creeds and nationalities continued through the years. The matron, her assistant, the head nurse and the practical nurses and domestic staff never forgot the precepts of Sister Annette. The members of the board provided opportunities for the children to get away for a day in the country — days at Minnetonka, at the Exposition, at garden parties and backyard picnics.

By 1889 the children were being educated in the public schools and doing at least average work. Religion was central to the children's training. The Holy Innocents Chapel refurbishing was of prime importance and the board had a special standing committee maintain a busy schedule of services.

In 1900 a new growth plan was deemed necessary. A home designated to serve 30 children was bursting at the seams attempting to care for 40 or 50. With Bishop Gilbert's death, a memorial was desired — a new hospital wing to bear his name. The two needs were joined and new building plans put forth.

Work by the Board increased as the home expanded. Five members were added to bring the Board to 20 dedicated churchwomen. They worked committees from ways and means, grounds, home, to

the children's committee, whose work was to investigate the children and make way for adoptions when feasible. The Board members did much of the renovation and refurbishing of the home themselves.

With a bequest of 125 acres of land along the Mississippi River and \$32,897 from Richard Martin, plans could now go forward for a new building. Reverend Haupt, a man of talent, took on the responsibility to raise the remaining funds necessary. The new Sheltering Arms facility was completed in 1910 on the treed and spacious site we know today.

Moving day was April 10, 1910. The acreage around the home allowed for a bountiful vegetable garden that went far to supplement the children's winter diets. For the next 27 years, two women, Miss Ethel Lings and Mrs. Ella Lembke, managed the home and the children. The first year in the new site brought 300 applications to the Board. The capacity was only 70. As before, the home always stressed the natural parents' ties to the children.

Health care changed with the times and with the numbers of children. Epidemics became more common necessitating a competent nursing staff and a doctor be on call. For the number of children and their closeness, life at the home was very healthful and the children all gained weight.

A junior board of younger women did much to enrich the lives of the children and the comfort of the home. They provided the extras of gym equipment, lockers in the playroom and a horse. Charley, the horse, lived to a ripe old age and finally was put down in 1942.

Summer vacation was full of summer picnics and as many days at the lake as possible, with a daily study hour to keep academic progress flourishing.

Financial burdens still plagued the home. Bequests and special mailings to friends requesting funds kept the home solvent. Bequests were large and small; Miss Jennie Longworth gave her life savings of \$600, "that it might be used to bring into the lives of the children happiness her own childhood had lacked." There is mention in several places in the board minutes when times were tight at Christmas that Miss Longworth's kindness did in fact make Christmas special for a girl or boy.

In 1918 the Community Chest was founded which included Sheltering Arms as a designee of funds gathered in this organized appeal. This new funding, coupled with the new rules and regulations,

became part of the expanded role of the children's committee. The new role of the home is evidenced in the report of 1921, which states 42 children were cared for and returned to their homes in that year.

In 1922, the Church Memorial Chapel was built and consecrated on the Sheltering Arms grounds. It is fitting that this beautiful church should continue into the new era.

Sheltering Arms became financially secure with funding for new ventures into the following decades by a bequest from E.C. Whitney, who as a young man had placed his very ill wife in the care of the Cottage Hospital. Her recovery and his subsequent wealth made him a special friend to both St. Barnabas Hospital and Sheltering Arms.

Further change was afoot in the public sector with the passage of the 1937 Social Security Act which gave aid to dependent children, thereby keeping families intact.

The state had also exercised its franchise and set up facilities for the care of indigent children. As these changes were taking place, so the home changed. Demand for care of boys over five decreased while care for children under five rose. The former program was terminated in 1938 while the nursery program grew.

In 1940 a new need was felt, that of the girl from age 5 to 16 in need of security, caring and space to grow into womanhood. The home stepped in admirably, providing reorganized dormitories for privacy. Support and time were given in unlimited measure by the Board. Care for bodies and minds was provided along with training toward self-responsibility.

Programs for the children also expanded with demand. WPA help came in the form of tap dancing and music lessons, social and natural science classes and physical education. The children had Brownie and Girl Scout troops and in the early '40s, and a Camp Fire Girl troop in which they asked their friends from school to participate as well. The minutes of the Board meetings report on the scholastic and social attainments of the children. The hurts and pains they experienced are also recorded, again displaying the love the Board members showed to these children.

Loyalty to Sheltering Arms followed the children into adulthood. In 1941 blankets were purchased at discount from a young salesman who had been an inmate as a child. Literally hundreds of children benefited from the caring and love that first came from Sister Annette and later from

the many Board members through the years and the unusually perceptive staff Sheltering Arms has always attracted.

Sheltering Arms has always looked for ways to serve. During the Blitz of London it was suggested the home provide refuge for British children; when our own nation was drawn into the conflict, it was suggested that children from the coasts be brought for asylum. A day-care facility was pursued to aid mothers working in defense plants.

The biggest challenge of all was to be made in 1942, when the Board of Sheltering Arms was approached by St. Barnabas Hospital to pursue a new kind of partnership. The hospital had adopted the Sister Kenny technique for the treatment of poliomyelitis and was searching for a facility to provide convalescent care for the children and adult victims of the disease.

The challenge of new and more extensive service was accepted and the Board of Sheltering Arms, with courage (there was an active group working against the change) and foresight and continuity, arranged for the redesigning and modification of the home into its next use.

The same concern that was shown children from the beginning was shown in the last days as an orphanage. The girls left the home to go to new, carefully selected placements with new wardrobes and the certainty that their friends at Sheltering Arms would always be there.

The decisions were difficult; the change-over was costly and dearly protected funds were relinquished that the change-over might be expedited. The Board was intrepid and a convalescent hospital for the treatment of poliomyelitis capable of providing nursing for 80 patients became a reality.

The years from 1882 to 1942 saw Sister Annette's dream for a place for children in grave need come to full fruition. Children and adolescents in their greatest need would be served in the next era of Sheltering Arms history. The Board of Directors would continue to serve in the same responsible way, providing a continuity that is evidenced even today, as another chapter of service to children is entered.

Acknowledgements:

*Francis Elizabeth Gordon;
The secretaries and presidents of the
Boards of Directors of Sheltering Arms;
The minutes of Board meetings;
The year books through 1942.*

Sister Annette Relf

opened the organization and philosophy of the home to the winds of change. The reputation and the day-to-day care and fitness of the children impressed state inspectors. It is fair to say other state institutions benefited by the example of Sheltering Arms.

One result of the change in the Child Welfare Code was the shift from long-term custodial care, given by Sheltering Arms, to a more temporary care. The new foster home program implemented throughout the state changed facilities such as Sheltering Arms to short-term care, preceding foster home placement or assisting families needing only short-term assistance until they could be reestablished.

Record keeping and report writing



1943-1955:

The Polio Hospital Years

by Bill Poehler and Clomary Hayes

"A crippled children's hospital should be full of hope and love, fun and laughter, not the slave of rules and regulations. Do not be proud of your building and stones and mortar, but of the fun and laughter that will echo from its wards."

— Dame Agnes Hunt

An administrator of a convalescent hospital for children in England penned these words to reflect her philosophy. The statement, consistent with the ideas upon which Sheltering Arms was founded, was adopted by the new staff as the building and property on West River Road in Minneapolis entered its second phase: a ministry to God's children suffering from polio.

Sheltering Arms had been founded to help disadvantaged, indigent and poor children in the Minneapolis-St. Paul area when there were no programs available for

them. The need for such a facility remained great for over half a century and the arms were always held open, ready to care for those in need.

New trends in social welfare began to develop in the 1930s, however, and more and more children were taken from orphanages and placed into foster homes. At the same time, the degenerative disease of poliomyelitis had become a severe problem and epidemics were frequent. Patients often suffered crippling effects for life.

A woman named Sister Kenny arrived in the Twin Cities about that time and was to play a significant role in the future of Sheltering Arms.

Sister Kenny had developed a treatment for polio in her work as a "bush nurse" in Australia. She came to the United States, arriving in Minneapolis after being referred by the Mayo Clinic to Drs. Wallace H. Cole and Miland E. Knapp at the University of Minnesota. Through Dr. Knapp she saw



polio patients at St. Barnabas Hospital and made recommendations for their treatment.

There were problems with keeping the 16 polio patients on the surgery ward at St. Barnabas, however. They were too lively for a critical care setting, and the hospital board decided a place was needed for polio victims to be treated beyond its walls.

At a special meeting of the Sheltering Arms Board on March 30, 1942, Bishop Keeler explained that as social conditions changed, institutions such as children's homes had to change to meet new needs. He then turned the meeting over to Bolles Rogers, president of the St. Barnabas Hospital Board, for the unfolding of a plan to use Sheltering Arms in a new way.

Rogers told of Sister Kenny's new method of treating polio and of the hope to establish a hospital where patients could receive treatment and doctors and nurses could be trained in the Kenny method. As an extension of St. Barnabas, Sheltering Arms could be used to meet this need.

So with the enthusiastic support of the Bishop and the hospital board, the Board of Sheltering Arms accepted the proposal and bravely entered into a new era, one that would again be marked by hard work and devotion. Begun was a cooperative effort with St. Barnabas Hospital to provide care for polio patients in both acute and convalescent stages, employing the Sister Kenny hot-pack treatment and Kenny therapy.

A full-scale remodeling program got underway as soon as the last of the children were discharged from the home. Dormitories were transformed into hospital wards and an elevator was installed. Later, a sun room would be added along with an isolation ward in the rear of the building.

St. Barnabas provided the necessary equipment and personnel for the new facility. Drs. Cole and Knapp, heads of the University of Minnesota departments of orthopedic surgery and physical therapy, respectively, were in charge of the medical staff. Dr. Edward Huenekens became the chief of staff for pediatrics, and Diane Mennenga became head nurse. Sister Kenny had already trained two St. Barnabas nurses as Kenny therapists and they were put to work full time at Sheltering Arms.

The Board of Sheltering Arms retained charge of the physical properties of the home, and Mrs. Josephine Poehler remained on as superintendent, while Miss Nellie Gorgas, superintendent of the hospital, supervised the medical aspects of

the transition.

With great hopes and a continuing sense of purpose, Sheltering Arms again opened its doors, this time to polio patients, on February 22, 1943. The same policy of admitting patients without distinction of race or religious affiliation was followed. Its endowment would be used for the many who were unable to find other funds from insurance or the National Foundation for Infantile Paralysis.

Treatment consisted of a series of hot packs administered throughout the day to muscles (never to joints). Sister Kenny had worked with the Munsingwear Company to develop a wool that could be boiled in a sterilizer and would cool off as it was applied to relax muscle spasms. After a series of hot packs, a therapist trained in the Kenny concept administered treatment known as "muscle re-education." This treatment involved the patient's cooperation.

Occupational therapy was also an important part of the Kenny treatment. Although it was meant primarily to strengthen patients' still-useful muscles, several developed new occupations as a result. One patient, a jeweler, taught watch repair to another patient who was then able to use these hand skills in a factory job after leaving Sheltering Arms. Others were aided by referrals to the Division of Vocational Rehabilitation. Workers from that agency would come to the hospital to assist patients in obtaining further education, job training and job placement.

Polio patients represented a cross-section of life. There were infants, children, housewives, attorneys, ministers and physicians. Older men had the hardest time adjusting to being helpless and made every effort to show they were still in control. They might even be found playing poker by flashlight in the men's ward late at night. Others ran businesses from their beds with the help of their wives, and one man learned accounting during his convalescence.

Under the direction of Mrs. Poehler, the staff played a critical role during the polio hospital years at Sheltering Arms. Patient response to a questionnaire revealed that the most important part of the program to them was the encouragement of the staff. Staff members were encouraged to see each patient as an individual and respect them as persons. The staff's encouragement to patients was limited to what was realistic, but never took away hope.

Staff members were chosen by their



cheerfulness with patients in addition to their training and ability, and a loving environment permeated the wards. Frowns were returned with smiles, and understanding support was given to those who had difficulty coping with the loss of muscles.

"The success of this morale treatment," wrote columnist George Adams of the *Minneapolis Tribune* in 1944, "is testified to by the fact that persons visiting the hospital to cheer up the patients have returned again and again to be cheered by the patients."

Recreation was emphasized at Sheltering Arms as a way to release the frustration that built up in some patients after a long day of itchy wool hot-pack treatments.

"Life begins at 3:30," the patients would say, and they would walk or roll into the sun room which became the center of activity. Many afternoons spent there provided an opportunity to enjoy a wide selection of showcase entertainment. George Grimm from the *Tribune* often entertained patients with amusing stories, and big-band jazz was performed live on several occasions. Sister Kenny even brought Rosalind Russell to the hospital when she was starring in the Hollywood production of the Sister Kenny story.



In warm weather, many would go outdoors and roll around the driveways in their wheelchairs to watch the River Road traffic, or inspect the gardens, barn and horse. Picnics at the fireplace were popular, and many invited guests for their own private parties. In summer, friends frequently took patients out for drives.

The patients became quite skilled at planning their own entertainment as well. A group of teen-age boys published a paper entitled, "The Clutch," and often featured sketches of the staff. They also printed a paraphrased version of the popular song, "Pistol-Packin' Mama," retitling it, "Polio-Packin' Mama."

One of the most ambitious efforts came from the youngsters in the children's ward. They conceived the idea of a play in which Cinderella and the Fairy Godmother both are stricken with infantile paralysis, and are transported to Sheltering Arms. With some help from an older patient, "Cinderella Has Polio" was produced in the sun room before a thrilled audience.

There were many volunteers over the years who helped care for and entertain the patients. They were kept busy with parties and rides to football games, movies,

restaurants, shops, and to their homes on weekends. An annual highlight was the trip to the Shrine Circus, which the adults enjoyed as much as the children. The Sheltering Arms station wagons and Smith Ambulance limousines would drive around the sawdust ring ahead of the elephants, and plenty of big strong Shriners were on hand to help patients in and out of their seats.

Support for the hospital extended beyond volunteers, and many community and national agencies pitched in. The Minneapolis Public School Board installed an executive at Sheltering Arms which enabled one girl to graduate from Roosevelt High School. Sheltering Arms provided a very capable teacher for children in the first through eighth grades.

The National Foundation for Infantile Paralysis (March of Dimes) was very cooperative with the hospital and provided good public relations. Articles about Sheltering Arms were a regular occurrence in the Minneapolis newspapers.

Sheltering Arms also had a very good relationship with other community hospitals and with the Kenny Institute, which helped provide therapists in times of

epidemics.

An Episcopal chaplain held weekly services in the chapel and sought to encourage patients in their faith. The last chaplain at the hospital was Perry Giffilla.

There was also usually a medical intern and his wife living at Sheltering Arms, so that he would be on call in the evenings. This provided round-the-clock medical care and the interns were grateful for the housing.

When the hospital first opened it was licensed for 35 patients. It expanded as polio became widespread and in September 1952, at the peak of an epidemic, there were 101 patients within its walls. But whatever the number, Sheltering Arms rose to the challenge and provided loving care to each patient. In its 12 years as a hospital, Sheltering Arms cared for 2,047 polio victims from across the United States, an even one boy from Norway.

Then a miracle occurred. Dr. Jonas Salk perfected a vaccine for polio and soon the hospital had fewer and fewer patients. Other convalescent patients were taken in until, in 1955, Sheltering Arms entered yet another phase of its continuing mission to the children of God.



photo by Minnesota Historical Society



Dr. Harriet E. Blodgett



photo by Darlene Pfister, Minneapolis Star & Tribune



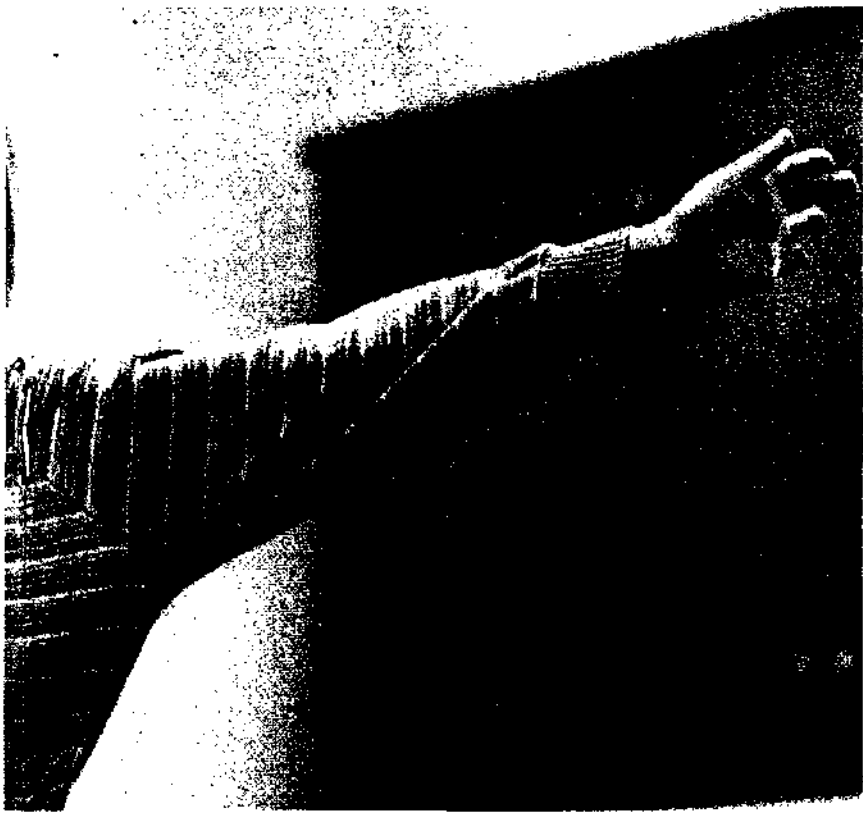


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1955-1983:

A Day School and Research Program for Mentally Retarded Children

by Harriet E. Blodgett, Ph.D.
Program Director

The story of the development of the school begins in the winter of 1954-55. With the closing of the polio hospital in sight, the Board of Directors of Sheltering Arms turned to the Hennepin County Community Welfare Council for advice and information about needs in the community which Sheltering Arms might help to meet. The Community Welfare Council, in turn, appointed a committee to study needs and develop a recommendation.

This was a prestigious committee. Under the chairmanship of Dr. Maynard Reynolds of the University of Minnesota, the committee included representatives from the University, the Welfare departments of Hennepin and Ramsey counties, parent organizations and public schools.

The committee presented its report to the Board of Directors in the spring of 1955. It recommended that Sheltering Arms develop, in cooperation with the Minneapolis Public Schools, a school program for mentally retarded children which would emphasize the creation of suitable curricula for trainable retarded children, exploring and meeting needs of parents and families, and researching problems of mental retardation as permitted by time and financial constraints. The partnership of Sheltering Arms and the Minneapolis Public Schools gave the schools responsibility for providing teachers, transportation and basic budget for school equipment and supplies, while Sheltering Arms was to provide the building, grounds, maintenance, staff other than teachers, and other financial support as necessary.

Every new project concerning human need comes into existence through the interaction of various social forces, and as it continues, both affects and is affected by social forces. The climate in Minnesota was "ripe" for the creation of this school.

The National Association of Retarded Children (now called "Retarded Citizens") had been founded in Minnesota in 1950. Also in Minnesota, a group called "Parents and Friends of the Mentally Retarded" had been functioning for a few years prior to that. Its purposes and concerns were many and wide-ranging, including extension and improvement in education, work training, work opportunities, social services of all kinds, residential care, community education and understanding.

Educational provisions for the retarded

varied widely. Most cities and larger towns provided special education in some form for the educable retarded, at least through the elementary school years. High school-age programs generally did not exist, however.

Provisions for education of trainable and below-trainable ability levels in 1955 were limited to state institutions, a few private residential centers and very few scattered public school classes. Parents of trainable children who did not have the financial resources to pay for private residential care had to choose between keeping their child at home with absolutely no services, or placement in a state institution.

Into this scene came Sheltering Arms School, opening its doors in September, 1955, to about 35 students in three classroom groups — two for trainable youngsters, one for educables.

These students had been selected by the child study (now psychological services) staff of the public schools, and were in the six- to ten-year-old age bracket. Most of them had no previous school experience. After the admission of this initial group, all applicants to the school were seen at Sheltering Arms for psychological evaluation.

Over the first several years, the number of applicants exceeded the number of available spaces by a ratio of about 4:1; obviously, we had to develop some criteria for selection. We developed and continued to use those criteria until the most recent years in which our number of applicants decreased as a result of increased educational options for retarded children.

The criteria were: 1) difficulty of diagnosis and prediction (since we were concerned with studying retardation problems, not just with serving retarded children, we felt that we should work with children who presented complex problems); 2) variety of causes; 3) heterogeneous family situations; 4) willingness of parents to participate and cooperate, both in research activities and in the parent education program.

We quickly saw the need to expand our age range and increase the numbers of children we could serve. During the second half of our first year, we opened a half-day program for older trainable youngsters, ages 11 to 14. This was a pilot experimental group.

It should be noted that there was no such thing as a curriculum planned for trainable children. For that matter, there wasn't much in the way of a curriculum planned for educable children, either. There

was very little available in educational materials and supplies geared to the needs of retarded children — very much in contrast to the present-day situation in which every day's mail brings catalogs full of materials and equipment for special education.

Expansion in size of the school took place gradually over the years. In 1956, we opened the class for older trainables started the year before as a pilot project. In 1958, we opened a class for older educable youngsters, ages 11 to 14. That brought our enrollment to about 58. Our final class to be added was for young educable children; this began in 1967 and brought our total capacity to 66.

We continued the six classes until the last year of the school, 1982-83; this final year we rearranged our trainable children into two groups, an older and a younger class. Total enrollment for our final year was 45, divided into five classroom groups.

Our early years were frantically busy ones. Staff members were constantly "brainstorming," developing materials, techniques, report forms, rating scales and simultaneously moving toward a more coherent philosophy of working with retarded children. It was a period of rapid development for special education, largely as a result of the 1957 special education legislation in Minnesota. The ruling encouraged expansion of school provisions for the retarded, mandating services for educable children and providing permissive, although not mandated, services for trainable children.

Educational services were not made mandatory for trainables until 1972. We wrote a book-length manuscript about school programs for trainable children. Although it was never published, we used the content many times in our advisory role with the development of public school classes for trainables. We consulted with school boards, superintendents and special education directors around the metropolitan area and many professional people observed our classes.

We were also invited to report on our early research activities at various national, regional and local meetings. We were involved with the development of daytime activity centers throughout the state, and made available copies of the rating scales, report forms and parent report forms which we had developed.

Many tours of the school were given to professional visitors, public school people and students from colleges and universities.

We offered practicum placements to graduate students in child clinical and school psychology and social work, and to undergraduate students in special education. We also developed a volunteer program; several of our Board members were among the first volunteers. Not only did the volunteer program contribute to people's understanding of retardation, but it was also of tremendous practical help to us in the days before we had classroom aides.

For several years, our neighboring Breck School encouraged high school students to volunteer at Sheltering Arms, and for several of them this experience contributed to a career choice in special education or a related field. We wrote articles and a couple of books, and gave many talks on retardation to parent groups, professional groups, in-service training sessions and conferences.

Among the social forces which impinged on our work was the Governor's Advisory Board on Handicapped, Gifted and Exceptional Children. I served on this Board for a number of years as it worked with the State departments of Education and Public Welfare to expand and improve services for handicapped children.

Another important development was the growth of daytime activity centers which supplemented the slowly increasing educational provisions for trainable children. After the public schools assumed educational responsibility for trainables, the daytime activity centers, in general, modified their programs to serve either preschool or postschool groups. They also modified their title; "daytime activity centers" became "developmental achievement centers."

Under the leadership of Dr. Evelyn Deno as director of special education in the

Minneapolis Public Schools, expansion and improvement of programs for retarded adolescents began to occur. Project 681 in the Minneapolis schools paved the way for the Cooperative School and Rehabilitation Center (CSRC) which for a long time served the "less able" (i.e., mostly trainable) retarded adolescent. More recently, CSRC divided into two geographical locations: Portland School, serving the southern suburban area, and Cavanaugh School, serving the northern suburbs through a cooperative special education district.

Meanwhile, the programs for trainable children in Minneapolis which had been housed at Motley School before educational services for the trainable were mandated by law, moved to Emerson School and doubled in size in 1972. In the years since then, Emerson School has further developed its programs for adolescents with the creation of "satellite" placements on a part-time

photo by Darlene Pfister, Minneapolis Star & Tribune





photo by Darlene Pfister, Minneapolis Star & Tribune

basis in "regular" junior and senior high schools, thus implementing the requirement of "least restrictive alternative." The growth of area vocational and technical schools has also offered some opportunities for specialized training to some of the more capable retarded adolescents.

The passage of P.L. 94-142, the 1975 federal law dealing with the education of all handicapped children, was intended to correct many inequities in the public school systems of the country and there is no question but that many inequities existed and did need to be corrected.

The law built in requirements for parent participation in planning, "due process" procedures, individual educational plans, regular reviews, and the provision of services which, while strictly speaking not educational in nature, were necessary if the education provided were to be effective.

The chief purpose of the law was clearly to provide a guarantee that every handicapped child be given an appropriate public school education. No one can quarrel with this intention. In states with poor educational programs it probably had produced some good changes. In states where programs were already good, however, its effects are considerably more mixed in quality.

The law has created some difficulties, in my judgment, such as inordinate amounts of paper work; emphasis on objective documentation, which may shift teaching efforts from something important but not necessarily "countable" to something less important but more easily counted; insistence on a child's placement in the "least restrictive alternative," a philosophy which has by no means demonstrated its effectiveness for handicapped children, particularly when the handicap is mental retardation.

When a child has a sensory handicap or a physical handicap, the task of education is to find an alternate route to learning, bypassing the handicap. When the handicap is mental retardation, however, there really cannot be an alternate route to learning because the handicap itself is all-pervasive.

These, then, have been some of the social forces affecting our school and its program.

We've carried out a number of special projects. One was a pilot effort of including a few blind retarded children in our classes, a project which was partly supported by the Huested Foundation. We found that although it was possible, it did require more manpower than we could provide on a

regular, ongoing basis.

Another major undertaking was a contract with the U.S. Public Health Service to plan and carry out a training program in mental retardation. This we did during the 1964-65 school year, providing an eight-week period of training which included practicum placements in many community agencies, a lecture series and extensive reading assignments. Thirty-nine trainees from 11 states participated in three training periods. This experience was put to good use a little later when we worked with St. Mary's Junior College in setting up a two-year training program for child development technicians.

Our parent program has been a vital part of our purpose and our effort.

From the very outset, we viewed parent education as being of importance at least equal to that of education of the children. When they applied for admission of their child, parents agreed to take part in research activities and to attend meetings.

The monthly evening meetings provided regular classroom visits and contacts with teachers, and a talk on some aspect of retardation. Occasionally we used a film or an outside speaker, but one of the real advantages was that my everyday contacts with the children made it possible to "tailor-make" the talks to fit the needs of the parents. Topics included such things as causes of retardation, the course of mental development, intelligence testing, reasons for learning difficulties, and emotional and social development.

About once a year we devoted an evening to adult adjustment and emotional health; parents always seemed to enjoy that evening especially. When we had acquired a group of "alumni parents" we invited a panel of them to one meeting a year to talk about events and experiences after their child had left Sheltering Arms. Up until the late 1970's, our attendance at parent meetings was regularly between two-thirds and three-fourths family representation.

For several reasons, some having to do with changes in our population and some with broader changes in social climate, parent attendance started dropping and has levelled off at about 40 percent family representation. In the most recent couple of years, we have decreased the number of meetings from nine per year to six per year and experimented with providing dinner meetings and transportation. These changes have not affected attendance. I think that one other reason for the drop in



photo by Darlene Pfister, Minneapolis Star & Tribune

attendance is that, with the mandatory educational provisions, parents have not had to worry about their child's attending school and consequently have felt less motivation to be supportive of the school's efforts.

Our research undertakings have been chiefly descriptive and fact-finding in nature. For many years we asked parents to take the Minnesota Multiphasic Personality Inventory and a parent attitude test as part of their application. We used the Multiphasic results clinically in our work with parents, and also did a comparison study of Multiphasic profiles as related to children's behavior patterns.

We have asked parents to complete a monthly report of life at home, using an outline we provide. These reports have been very valuable to us in understanding a child's home setting; they have also been valuable to parents in sharpening their observations and in seeing ways in which they themselves may be contributing to problems and difficulties.

We also developed a behavior rating scale and each year completed a rating for each child; after each staff person had done the rating we met as a group to compare, discuss and when indicated, modify our judgments. These ratings permit comparisons by age, sex and ability level, and also permit comparison over a period of several years.

As a staff, we prepared a school curriculum for trainable children and in conjunction with this, a chart summarizing materials, purposes and values of various educational activities. In cooperation with our medical advisor during our early years, we also carried out a medication study to evaluate the effects of several tranquilizing medications on children's behavior. Later we enlisted the medical help of Dr. Elizabeth Jerome to study the use of megavitamin treatment of children with autistic-like behavior patterns.

We did a "sib study," in which about 90 teen-agers who were brothers or sisters of retarded children participated in a Q-sort technique to explore their attitudes and feelings about their retarded sibling. We also carried out a statistical analysis of the consistency of intelligence test scores for our total population, and did a follow-up study of our former students.

We made our school population available to graduate students and contributed to many master's degree and Ph.D. dissertations. We have made ourselves available for "interviews" with students preparing papers from high school through graduate school. Classroom observations of individual children were made and we analyzed them in terms of use of materials, quality of social interactions, and the role of the teacher.

A "five-year report" was prepared in 1960 which presented the results of the research activities which had been undertaken at that time. Our research and service activities led to the publication of several short papers and two books. Of the graduate student research, Grace Warfield's Ph.D. dissertation, an evaluation of our parent education program as perceived by parents, is of special interest.

In addition to the regular evening meetings, parents have had the opportunity for other kinds of interaction with staff.

Teacher-parent conferences have always been held, long before P.L. 94-142 mandated them. Parents with any problem were always free to consult with the social worker, the program director, their child's teacher or all three.

In recent years we have held morning mothers' meetings usually every month. Although the group is likely to be small — ranging from seven to 12 — those who come seem to enjoy the informal time together and the chance to discuss whatever is on their minds over a cup of coffee. We have felt free to ask parents to



1983 GRADUATES: (back row) Amy Schmit, David Stedman, William Masterman, Loyce Lobster, Jeffrey Miller; (front row) James Wynsteker, Scott Goring, Joseph Jaeger, Andrea Thiele, Thomas Chandler.

Photo by H. Larsen Shubb

come in for a conference whenever we have a concern about a child, and most of them have felt equally free to ask for help, not just about their retarded child, but about others in the family as well.

The parent group has had a variety of fund-raising projects and has contributed financial support to the teachers for special materials, the Special Olympics, Camp Friendship and summer park programs. It has also sponsored an annual alumni-family-staff picnic in the spring of each year. Parent leadership also provided Cub Scout and Girl Scout programs.

Several "good luck" factors have contributed greatly to the uniqueness of the Sheltering Arms School. One, of course, is the geographical setting itself. All the beautiful outdoor space has made possible activities usually not available in schools — bicycle riding, sliding and cross-country skiing in the winter, "exploring" walks, picking wild flowers and collecting leaves for art projects.

The building has a pervasive feeling of warmth and charm. Visitors often comment that it "doesn't feel like a school."

The addition of the gymnasium and auditorium in 1968 greatly expanded our program potential; it was then that the public schools assigned us part-time physical education and music consultants. Before that it had been the classroom teachers who provided, as best they could, physical education and music experiences.

As our physical education program developed, it contributed to our increased participation in Special Olympics, which has been an excellent experience for our youngsters. Speech therapy has also been part of our program for many years although we have never had as much speech time as we felt we really needed.

Another major factor in our uniqueness has been the excellence and the stability of our staff. In all the 28 years we have had only 21 different teachers. Of those who left, five completed Ph.D. degrees in some branch of psychology or special education. Of those who stayed, periods of service ranged from one to 20 years. We have had

only four social workers: Josephine Poehler, who was with us the first year; Mildred Lohr, for 14 years; Evelyn Ostrum, for 12 years; and now Wanda Washington for our last year.

Our classroom aides have been equally committed to the school and have contributed equally to staff consistency. Charlotte Snowberg, variously entitled "program secretary" or "administrative assistant," has been here for 24 years. Our building staff, which has probably had a few more changes of personnel, has still been unusually stable and has contributed very positively to the overall atmosphere through their contacts with the children.

John Gregg, during his years as business administrator, often referred to the staff group as "the Sheltering Arms family," and with good reason. While stability of staff does not necessarily mean excellence of staff, in this case it surely has.

During our years as a school, we have served a total of 356 children — 129 girls and 227 boys. Our ratio of boys to girls has consistently been nearly 2:1. This may seem a relatively small number for a twenty-eight-year span until one considers that the majority of them were here for a period of years. If we choose to look at the number of years of schooling provided for these 356 students, it adds up to a total of 1,613.3 years, or an average of 4.5 years per child.

If we take a statistical look at placement and transfer facts:

	Number	% of total
Stayed through graduation age	177	57
Family moved out of town	42	14
Residential placement before graduating	32	10
Dropped for lack of progress or a move to more appropriate program	38	12
Terminated by medical crisis or death	11	3.5
Transferred by choice of parent	11	3.5
Total	311	100.0

The most frequent reason for a child to leave Sheltering Arms has been that he

reached age 14, our graduation age. The next most frequent reason has been a family move out of town.

Some children whose attendance was brief were particularly difficult or puzzling, and we had been asked to provide a trial period of observation to help determine suitable educational plans for them. A few children left to enter residential facilities, often because of a change in the family situation such as the death of one parent. A very few children left because their parents, not accepting the fact of their retardation, chose a different school placement. Three children died during the time they were attending school here.

Throughout our history, we have been most fortunate in having a Board of Directors which was interested and supportive. We have had unusual freedom to be genuinely professional in carrying out our purposes and trying to achieve our goals.

We have been equally fortunate in our relationships with the Special Education Department and the Psychological Services Department of the public schools. We have been encouraged to try new things, to explore, to work hard on parent education, to observe, to evaluate, to draw conclusions, and to report on our experience. The public schools value our ability to be flexible.

Our situation had been unique in allowing us to give our first and major allegiance to the highest level of professional service we could attain. We see an ongoing need for the kind and quality of educational services we have provided for children, for the continuance of our family-oriented philosophy, and for the quality of parent services and parent education we have offered.

We have been fortunate that our school could exist and develop free of political pressures, free of bureaucratic problems, able to operate on the basis of the best professional information we have, able to speak with honesty and directness in every area of communication, to every audience, in every situation.

1983 and beyond

Foundation for the Future

by Darlene Haskin
President, Sheltering Arms Board of Directors

In September of 1981, the Sheltering Arms Board of Directors began an intensive, long-range study of its philosophy, its present program and its future directions. Community leaders from the metropolitan area were invited to speak and participate in panel discussions.

Representatives from the University of Minnesota, the United Way, the McKnight Foundation, the Minneapolis Public Schools and the Episcopal Diocese of Minnesota presented their views on the unmet areas of need for children in Minnesota. Members of the Board of Directors visited several

schools and programs for children already under way and compared and contrasted those programs with its own. Extensive research was done in the areas of mainstreaming the developmentally delayed into the public schools and Public Law 94-142 and its specific impact on the Sheltering Arms School.

Following eighteen months of discussion, prayerful consideration and diligence, the Board of Directors voted to discontinue the school for the mentally retarded at the end of the 1983 school year. It further voted to

become a foundation, granting funds to qualified and worthy programs which support children. In September of 1982, the Board of Directors authorized the sale of its property to the Episcopal Church Home for construction of a 237-unit cooperative apartment complex for individuals 55 years of age and older who are able to live independently.

The new foundation will continue 101 years of uninterrupted service to children with need in the tradition of its founder, Sister Annette Relf.

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1982-83 SHELTERING ARMS STAFF

Dr. Harriet E. Blodgett	Program Director
Mr. Frederick Conrad	Business Coordinator
Ms. Wanda Washington	Social Worker
Mrs. Charlotte Snowberg	Administrative Assistant
Mrs. Margaret Reiners	School Clerk
Mrs. Cleon Anderson	Teacher, Room 202
Ms. Toby Elkins	Teacher, Room 103
Mrs. Florence Fiskum	Teacher, Room 102
Mrs. Sherrill Flora	Teacher, Room 203
Mrs. Mary Nikle	Teacher, Room 201
Mrs. Sally Bervig	Teacher Aide, Room 201
Mrs. Jeanne Dalen	Teacher Aide, Room 202
Mr. Michael Lutsey	Teacher Aide, Room 203
Mrs. Lucille Peterson	Teacher Aide, Room 103
Mrs. Betty Quick	Teacher Aide, Room 102
Mrs. Shirley Pribula	Floating Teacher Aide
Janet Ulvin	Music Teacher (Part-time)
Mary Burns & Carol McQuire (& Cluster Staff)	Speech Clinicians (Part-time)
Kari Henningsgaard	Phy. Ed. Teacher
Mrs. Judy Schullo	Dietary-Cook
Mrs. Evelyn Olson	Dietary Assistant
Mrs. Delores Griep	Housekeeper
Mrs. Betty Himmler	Housekeeper
Mr. Harold Moje	Maintenance

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