Family-Centered Child Welfare Services: New Life for a Historic Idea

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The recent emphasis on permanency planning in child welfare has strengthened the resolve of policy makers and service providers to serve the families of dependent children better. Permanency planning asks child welfare services either to reunite children in care with their families of origin or to find permanent substitute families for children, but the goal of a permanent family for every child has been much easier to articulate than it has been to achieve.

Permanency planning poses an enormous challenge to child welfare services. It demands that agencies reorient their entire focus from child placement to family support, asking nothing less of child welfare agencies than that they break with over 100 years of tradition. Historically, family welfare services (including income maintenance, homemakers, and counseling) were developed to support the worthy poor and the vulnerable; child welfare services were developed separately to save or rescue children from unworthy, immoral, heathen, or absent (by death or desertion) parents [Abbott 1938; Breckenridge 1924; Brenner 1971; Thurston 1930]. Later, the influence of Freudian psychology in childern's services unwittingly pitted the children in care against their mothers, describing their mothers as schizophrenogenic, castrating, or hysterical. And, more recently, policy and fiscal incentives have strengthened

the emphasis on out-of-home care and contributed to the neglect of in-home services to dependent children and their families [Allen and Knitzer 1977; Billingsley and Giovannoni 1970; Jones et al. 1976; Mayor's Task Force 1980].

What evidence is there to suggest that the permanency planning movement can be strong enough to break with this past, and that it will generate not a short-lived fad but rather an enduring shift of emphasis in child welfare services? I suggest that current interest in serving families of dependent children is stronger and more sustainable than past efforts because some key, formerly missing, resources are now present that will permit us to deliver such services effectively, efficiently, and with political and policy support.

Supportive Climate of Opinion

There now exists a more realistic climate of opinion that is greatly supportive of the private family on the one hand, and growingly cognizant that the family is not necessarily Mom, Dad, and two kids, on the other. Public policy that values the family and protects it from unwanted governmental intrusion has become basic to the platforms of liberals as well as conservatives, Republicans as well as Democrats [*American Family Report; Conservative Digest* 1980]. Further, these platforms have grass roots support: parent's groups have aligned with politicians to criticize the perceived overreach of professionals and government in assuming responsibility for raising the nation's children. From Tough Love, to statutes holding parents responsible for youthful misbehavior, to tax breaks for parents who elect to send their children to private schools, to attempts to require parental permission to receive contraceptives, to stronger PTAs, parents are increasingly demanding and being given the right to raise their own children. While essentially a movement of the middle class, parent empowerment can nevertheless provide an ideology for and legitimate efforts to help poor and troubled families remain together.

In addition, facts such as those presented in the 1980 Census [U.S. Bureau of the Census 1980]—only 20% of American families with children under 18 have a working dad and a nonworking mom [Census Bureau 1983]—force us to recognize that many different kinds of families are common and "normal." Social workers can no longer assume that families with single parents, or with two working parents, or with adopted children, or with no children, are inherently more troubled, more problematic, or less workable than the "American dream family" is. When we consider more and different types of families as "normal" and potentially strong, the impulse to remove children from what otherwise would be considered immoral or pathological environments

can be replaced with the resolve to help the family cope with stressful situations (even if temporary, protective placement is part of that help).

The parent empowerment movement has fueled the growth of parenting classes, mothers' centers, mutual aid groups, and child care programs centered on the value of strengthening the family by supporting the parent(s). The recognition that the needs of healthy, middle-class parents are not altogether different from those of poor, stressed parents has generated a cross-fertilization of ideas and program models between family support services and services for disadvantaged and troubled families. And the recognized similarities of human needs and program responses has extended the voice and concern of the family support movement to the less fortunate.

Technology

The technologies of helping families effectively are now present, if nascent. Simply put, until recently we have not had available some of the concepts and methods that are essential to help families effectively.

The experience of residential group care exemplifies how important the development of verifiable treatment theories and methods is to gaining policy and budget support. Aided by a setting that provided a living laboratory for research—staff professionals with clinical research expertise and the resident children readily providing experimental and control groups—residential care technologies developed earlier than family service technologies [Mayer et al. 1977; Shyne 1973; Whittaker 1979; *Residential Child Care Guidebook* 1978]. Residential treatment breakthroughs helped maintain and legitimate children's institutions, bringing them from days when orphanages were being disparaged as anachronisms to days when residential treatment centers were considered the elite child welfare programs.

Perhaps new service methods and research can similarly legitimate family-centered child welfare services. Concepts borrowed from other disciplines and applied to family work—systems theory, the emergence of family therapy as a practice specialty, the growing recognition of the legitimacy of delivering concrete services in the course of "professional" treatment, and the development of empirically supported and cost-effective brief treatment techniques—are all making strong contributions to the design and delivery of family-centered child welfare services [Compher 1983; Hartman 1981; Hutchinson 1983; Maybanks and Bryce 1979; Tolson and Reid 1981].

On the surface, these family-centered services often do not look "new" at all: they look like turn-of-the-century "visiting" work. Certainly one of their accomplishments has been successfully resurrecting some good practice

ideas that shouldn't have died. But these services have also gone far beyond
social casework pioneer Mary Richmond, ridding themselves of her day's
judgmentalism and applying new knowledge and techniques not available to
our foremothers. Breckinridge's *Family Welfare Work: Selected Case Read-
ings* [1924] illustrates these similarities and differences beautifully. Like many
providers of these new family-centered child welfare services (called "family
preservation," "family-based," "home-based," or "services to children in
their own homes"), Breckinridge's social workers did most of their work in
the clients' homes and neighborhoods. Like the "new" family workers, these
early workers gave serious attention to the needs—especially the concrete
ones such as food and housing—defined by clients, spent enormous amounts
of time getting and keeping natural helping networks (relatives, landlords,
neighbors) involved, timed visits to meet family needs and respond to crises,
and used helping teams (homemakers, visiting nurses) freely. But, most sig-
nificantly, within the limits of Progressive Era morality and paternalism, these
workers held, as we do, the goal of keeping the family together. And so long
as the client shared that goal (our foremothers had little sympathy with fathers
who wanted or had to desert, and with couples who wanted to separate and
divorce), the family was in charge of the help it got.

Yet, workers of Breckinridge's day, unlike the new family workers, were
at a loss in diagnosing and treating problems of family dysfunction. The
quality of the housekeeping was their major measure of family pathology and
improvement. Programs to supplement the incomes of poverty-stricken fam-
ilies were insufficient to help "worthy" families and not made available to
"unworthy" ones. Marital unhappiness was simply disallowed, viewed as
immoral or impractical. Rest in an asylum was the only help available to
people with mental or behavioral problems. Insufficient hygiene was consid-
ered the root of child neglect, as was insufficient discipline of the unruliness
of children. In contrast, the development of public welfare programs—AFDC,
Medicaid, food stamps, housing assistance—give today's workers more con-
crete resources with which to help families. Also, contributions from family
systems theory, the ecological perspective of social work practice, structural
and strategic family therapy, task-centered social case work, and practice
research methods have made available to our workers technologies of veri-
fiable effectiveness in helping troubled or vulnerable families.

New Roles for Professionals, Paraprofessionals, and Parents

Recent reexamination of the roles and practices of professionals in serving
children are generating new ideas and alternatives for strengthening services

to families. The antiprofessional ideology of the 1960s called public attention to intrusive and judgmental social work practices, to ethnic and socioeconomic distances between professionals and clients, and to the absence of empirical evidence that professionals are more effective than paraprofessionals or lay helpers. The "backyard revolution" of the 1970s placed renewed attention on decentralized community-based service delivery and the use of community residents in providing services; clinicians sitting in "downtown" offices were viewed as inaccessible and unresponsive. The rekindling of self-help movements in the 1970s and 1980s, supported both by the conservative call for less government involvement in human services as well as by the liberal assault on professionals' hegemony in service delivery, has spawned programs emphasizing community control and mutual aid [Boyte 1980; Hallman 1984; Illich 1977].

Concerned professionals have contributed to the ferment: lawyers have challenged "legalese" and other kinds of professional obtusiveness, fought for people's rights to refuse professional treatment and to receive the least intrusive treatment methods available, and exposed the psychic and economic costs of too much litigation. Research psychologists and social workers have documented the failure of various professional therapies to demonstrate cost-effectiveness, and a few of their colleagues have developed less intrusive and less costly ways to use and support self-help groups and natural helping networks [Romig 1979; Whittaker 1983; "Strengthing Families Through Informal Support Systems" 1979].

What all this suggests for child welfare services is that there is a strong, supportive public as well as a professional climate of opinion for community-based services, brief and nonintrusive treatment methods, programs that employ paraprofessionals and lay helpers liberally, and programs that adapt family empowerment principles. Parents Anonymous, family dispute resolution in divorce cases as well as with children in conflict with their parents, and the volunteer program SCAN are three products of this climate of opinion. Family-centered child welfare services that use parent groups, paraprofessional parent aides, and brief treatment are another.

Community-Based Organizations

The growing organizational strength and sophistication of community groups gives them new institutional viability in contracting with child welfare agencies to help provide family-centered services [Boyte 1980; Hallman 1984; Whittaker 1983]. As we have seen, community groups are a logical provider of these services, solely or in partnership with professionals. The distances—

geographic, life experience, cultural, and professional—that make services provided in the home and available on a 24-hour basis so uncomfortable for families and child welfare agencies alike are obviously not characteristic of community groups. Nurturing informal and natural helping networks, advocating for better housing and schools, obtaining income maintenance and health care benefits, and recruiting paraprofessional role models are activities at which community groups excel.

Because these groups have frequently been in conflict with child welfare agencies, and because they have frequently been organized so informally that entering into a contract with them would have been impossible, formal collaborations between child welfare agencies and community groups have not been extensively developed. Recently, however, the greatly increased reliance on community groups to provide public services—results of efforts to save money, appease voters, and respond to the ''less government is better'' climate of opinion—has encouraged community organizations to place greater priority on organizational development. Many United Ways, several foundations, and the federal government have made available technical assistance programs to help community groups develop fiscal and program auditing procedures, strengthen their boards, expand their memberships, articulate their missions, and plan programs accordingly. Thus, more and more, community groups can be reliable, accountable, and excellent providers of child welfare services.

Although conflict between community groups and child welfare agencies will persist—child welfare agencies, after all, are the people who fail to investigate reports of child maltreatment promptly enough, or who snatch children from their parents, or who won't snatch children from bad parents— the values of and the need for services to support and strengthen vulnerable families are something about which both community groups and child welfare agencies can heartily agree. Both will profit enormously from this shared belief.

Lessons from Deinstitutionalization

An alternatives-to-foster-care movement in the 1980s has the benefit of the recent experiences of the alternatives-to-institutions movement of the 1960s and 1970s. In many ways, the arguments for developing services for families as an alternative to child placement are similar to ones for developing community-based services for the mentally ill and developmentally disabled. Two concepts of the deinstitutionalization movement—normalization and the least restrictive alternative—are ones that now have wide professional acceptance and lend support and legitimacy to family-centered child welfare services.

For, certainly, serving children in their own homes is more normal and less restrictive than removing them. Another contribution of the deinstitutionalization movement that has helped pave the way for family-centered child welfare services is its development of services that are provided in neighborhoods by indigenous paraprofessionals teamed with professionals, at less cost than institutional care, for the purpose not of "cure" but rather of helping clients become self-sufficient. Because of ground broken by the deinstitutionalization movement, family-centered child welfare services seem more a logical part of, and less a radical departure from, good social services provision [Biklen 1979; Handler and Zatz 1982; Wolfensberger 1972].

The failures of the deinstitutionalization movement further provide important lessons for family-centered child welfare services toward securing policy, public, and professional support [National Association of Social Workers News 1985]. Thanks to deinstitutionalization, we are reminded not to overstate the promise of family-centered services. These new services sometimes can provide an effective alternative to foster care placement, and they sometimes can help decrease the length of foster care placement. Thanks also to the deinstitutionalization experience, we are reminded not to overemphasize expected cost savings to the exclusion of other arguments for developing family-centered services. Focusing the case for family-centered services on the cost savings issue gives rise to a false premise that savings from reductions in foster care will be used to support family services. It was in part on this premise that the deinstitutionalization movement focused first on closing down institutions and then on developing community-based services. But savings from the former often did not find their way into budgets for the latter. Although family-centered services may in fact prove cost-effective relative to foster care, and although their planners may successfully and aggressively pursue agreements to transfer budgets from foster care to family services, the basis of the argument for developing these services ought to be made on grounds broader than any hoped-for cost-savings—namely, values, practice wisdom, and client preference.

Public Law 96–272

One reason that efforts to serve families intensively have not been sustained in the recent past is that they were outside the mainstream of child welfare policy and budget priorities of the day. At least "on the books," this is no longer true: the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96–272) mandates the provision of more and better services to families in order for states to be eligible to draw down federal child welfare dollars.

This law requires that states demonstrate that reasonable efforts to preserve families have been made before children are placed in foster care, and that services be provided for families of children in foster care to hasten their return home. Although the federal government has been slow to issue regulations and less than rigorous in enforcing compliance, the law has nevertheless begun to generate unprecedented policy interest and support in developing services to families of dependent children [Dodson 1984; Koshel and Kimmich 1983].

Conclusion

Much work clearly lies ahead: developing model services and structures of service delivery, obtaining sufficient financial support, designing accountability and evaluation processes, determining the extent to which we can afford to extend services to families in need but not imminently facing the foster care system, developing processes to permit widespread sharing of ideas and program models. The most ambitious task will be that of ensuring that family-centered services have a permanent and important niche in the continuum of child welfare services. With the help of the path broken by our ancestors at the turn of the century, and with some significant contributions to the field more recently, the prospects for developing effective and sustainable family-centered child welfare services are bright.   ♦

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