

CHILD WELFARE

PROTECTING CHILDREN VERSUS SUPPORTING FAMILIES

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This paper discusses the issue of whether child welfare agencies should play a role in the area of prevention or focus solely on child protection.

INTRODUCTION

At one time the protection and apprehension of children were seen as the prime mandate of child welfare services. When abuse and/or neglect became apparent, the most common response was the removal of the child and placement in alternative care. Research studies and burgeoning professional literature over the past 40 years have raised questions concerning the appropriateness of this approach, and two parallel sets of findings have challenged policy and practice. One set of findings has to do with deficiencies in the services themselves (Maas & Engler, 1959; Millham et al., 1986). The other has to do with the enduring nature and importance of family ties, even in the face of extended separation (Family Rights Group, 1986; Kufeldt, 1979). The response has been the growth of programs and services aimed at preventing child abuse and neglect through support of families. Some provinces in Canada (e.g. Nova Scotia, Ontario and British Columbia) include an explicit focus in the legislation on the prevention of abuse and neglect in addition to dealing with child protection. It is no longer uncommon to see child welfare legislation specify that a range of preventive services to support families should be provided, with the objective of keeping children with their families wherever possible. Some provinces (e.g. Nova Scotia, Ontario and British Columbia) go as far as to prohibit the removal of children unless it can be demonstrated to the courts that (a) services have been offered and have failed; (b) the parents have refused the services; or (c) the services would not adequately protect the child.

This legislative approach unfortunately results in supportive services being available only to families where the children are deemed to be in need of child protection services. This leads to the major criticism that programs are only available to children and families once they have failed, whereas all vulnerable children and families need easy access to supportive

services. A further criticism is that despite the legislative requirement, the child welfare system is not adequately funded to provide the continuum of supportive services required. Furthermore, the range of supports required will vary, depending on the needs of the children and families. In addition, the impact of poverty and inadequate housing on children and families cannot be underestimated. In a recent article, Swift (1995) explores the roots of the perception that mothers are the parents primarily responsible for child neglect. Her article suggests that this focus on mothers has been at the expense of an understanding of, and efforts to change, the social and economic context in which child neglect occurs.

Legislation continues to target the family as the locus of problems. Workers still have no real mandate to deal with social and economic conditions as causal factors of child neglect. Casework, which remains the primary mode of child welfare intervention, continually reinforces this approach, encouraging workers to attend to family relationships and dynamics. The more recent trend toward the legalization of child protection (Bala et al., 1990)

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exacerbates this approach by requiring social workers to continually collect evidence against mothers in anticipation of future court action. Social workers assigned to work on cases of child neglect, then, come to appear as competent professionals not by challenging and changing conditions of poverty, violence, and deprivation, but by the identification and containment of maternal deficiencies and error (p. 87).

Comprehensive socio-economic policies that support children and families would lessen the need for children and families to access formal systems, such as child welfare and mental health. Once children and families do feel the need to reach formal service systems, services should be available through an integrated service delivery system, which is community-based and easily accessible.

SUPPORTING CHILDREN AND FAMILIES

One of the more positive developments in child welfare in the past decade has been referred to as intensive home-based services for families. The concept behind intensive home-based services, which include family preservation services, is to make extensive efforts to prevent removal and placement of children by providing concentrated help to families in crises. Such services can be provided both in reported cases of abuse and neglect, or where environmental situations might culminate in maltreatment if the family does not receive

help. Pecora et al (1987) describe family preservation initiatives as follows: *This service is distinguished from other child welfare services by the fact that workers carry low caseloads of between two and six families and typically work with families for brief periods of time (30-60 days). Therapists meet with clients primarily in the clients' homes and provide a wide variety of counselling, "concrete" services, such as transportation, house-cleaning and recreational services in order to improve family functioning and thereby prevent child placement (p. 2).*

Family support programs are linked by common principles that distinguish them from other formalized modes of social services. In contrast with social service delivery systems oriented toward ameliorating crises, family support programs adhere to the following principles: 1) a focus on prevention and a recognition of the importance of the early years; 2) an ecological approach to service delivery; 3) a developmental view of parents; and 4) the universal value of support (Weissbourd & Kagan, 1989; Zigler & Black, 1989).

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Initially, evaluation of family preservation was measured in terms of placements prevented. Research has shown that in some cases placements might not have happened anyway, and that not all families may be willing to avail themselves of the services (Cameron, 1995). Also, some placements are necessary. Where placement is necessary, delay through attempts at family preservation may be harmful to the children.

Once children do come into care we need to place greater emphasis on parental contact. The findings of some recent research on factors influencing the prospect of children returning to their parents from out-of-home care points out, however, that the maintenance of contact is only one aspect of a vital parent-child relationship *If the parents are encouraged to continue to exercise their authority and to fulfill part of their responsibility while the child is in care, by signing consent for medical treatment, supplying the child with pocket money, or bringing him or her home for the weekend or on long holidays, for example, they may be reassured that they have not been squeezed out of the picture, and are then more motivated to reunite the family (Tam & Ho, 1996, p. 264).*

The recent Gove Inquiry into child protection in British Columbia strongly criticized British Columbia's Ministry of Social Services for emphasizing supportive services to families at the expense of protecting children from abuse. Judge Gove points out that the death of five-year-old Matthew Vaudreuil could have been prevented if ministry social workers and

supervisors had seen Matthew as their primary client, instead of his mother, Verna Vaudreuil. Furthermore, he argues that the focus on examining family strengths, rather than the needs of Matthew, confused Ministry staff about their role (Gove, 1996). However, Gove recognized very clearly the need for supportive services for families. He recommended the implementation of the "Hawaii Healthy Start" program in British Columbia. This program, which was initiated in the state of Hawaii in 1985 as a three-year demonstration project, provides services such as early identification of families at risk; community-based home visiting and intervention services; linkage to primary health care services (medical, home and coordinated); and referral to community resources.

The outcome data confirmed that the screening and assessment process of the Healthy Start program was highly successful in identifying the families at high risk as well as those families not at risk. The preliminary data suggested that the Healthy Start home intervention services for high risk families were effective in averting the incidence of child abuse and neglect. The program experienced a 99.8% accuracy level of identification of families at low and high risk. Further analysis of child abuse and neglect data confirmed that abuse and neglect were successfully averted in 99.7% and 99.5% of cases respectively among the Healthy Start population (Wallice and Lewin, 1992).

The value of this type of program cannot be underestimated. As Fraser Mustard of the Canadian Institute for Advanced Research recently pointed out, "early childhood really does shape an individual's life chances: biologically, emotionally, in the capacity for coping and learning and financially."

The basic structure of the brain and the basic structure of the body's organs are determined at an early age. Since most of the architecture of the brain is developed in the first years of life, "an infant who is not well nourished and nurtured will have a less developed brain and a harder time when starting school." (*Toronto Star*, October 4, 1994)

THE ROLE OF THE CHILD WELFARE SYSTEM: PREVENTION VS. PROTECTION

The emphasis in Canada on the development of supportive services in the child welfare system has generated a number of issues to be considered, for instance whether child protection agencies should focus on protecting children from abuse and neglect, leaving prevention/supportive services to be delivered by other community-based organizations. Another question is whether the child protection worker can both protect children and function effectively in the role of therapist for the family. Wells (1985) describes this issue as it applies to case management.

The public agency workers also serve as a symbol of authority, helping the family while filling the mandate of the state to protect the child. Some child welfare agencies believe that assigning the helping and authority roles to

different workers is better for the client. Another school of thought supports combining these roles in one worker arguing that the family can accept both authority and aid from the same person. Role strain may be an inescapable part of case management in child welfare. Advocacy in child welfare is extremely complex as the child and parents may each desire different outcomes. At times the worker will have to make court recommendations on behalf of a child that do not represent the child's own preference (p. 131).



Social workers in the field of child welfare have traditionally performed both roles. The protection of children and support of families do not necessarily constitute opposite ends of the spectrum. There are situations where a therapist, someone other than the child welfare social worker, is required. Frontline workers complained to the Gove Inquiry that the Ministry switched priorities so often between family-centred and child-centred policies that they were unclear about how to respond to particular situations. Furthermore, the protection of children and support of families can be compatible in many situations. In recommending the

change from family-centred to child-centred policies, however, Grant & Mosoff (1996) recently stated that "the report is setting up a false dichotomy ... Many of the Gove report's recommendations are important and compelling and should be implemented without delay. However, we urge caution in setting up the idea that supporting families and protecting children are incompatible" (p. 19).

Although it is often the policy, and a legislative requirement, that children be maintained in their own homes wherever possible, certain events in a child's life make consideration of either temporary or long-term placement a necessity. Research on both sides of the Atlantic has also alerted us to the potential helpfulness to families of temporary care of their children (Kufeldt, 1995). A further issue is whether some children are being damaged by the failure to take them into care earlier. Other families demonstrate child neglect or other problems that do not necessarily warrant the removal of a child from the home. Various factors are considered by child protection agencies in deciding whether to investigate or not, such as the definition of child abuse and neglect in the legislation, or the referral source. Examining those factors and how they relate to each other, social workers must continue to exercise professional judgments that always place the protection of the child as their primary mandate.

Apart from deciding whether child welfare should focus on prevention or child protection

there is also an urgent need for improved instruments that would allow for greater discrimination in problem identification, enabling a more focused application of remedies. A positive development has been the use of formalized risk assessment systems by child protection agencies. "Risk assessment is the process of identifying and recommending relevant case information associated with child abuse and neglect to predict the likelihood of future maltreatment and to inform casework practice" (Schene, 1989). The monitoring instruments developed in the United Kingdom to assess outcomes for children in care have been a significant development as well. "The records were an effective means of identifying difficulties and discussing how to address them" (when used with children living at home) (Ward, 1995, p. 83). The Looking After Children Project (Parker, Ward, Jackson, Aldgate & Wedge, 1991; Ward, 1995) offers considerable potential for ensuring that children and youth in care receive the attention that should be provided whenever the state assumes the role of "parent" for children and youth. The assessment and action records that were developed through this project have been designed to enable the practitioner to measure children's progress, to assess the standard of care which they are receiving, and to plan improvements. A number of provinces in Canada are considering implementation of the "Looking After Children in Care" instruments. Other promising approaches include mediation (Maresca, 1995; Palmer, 1989; Savoury, Beals & Parks, 1995), approaches like the Family Decision Making model (Burford & Pennell, 1995) and Individualized Wrap-Around Strategies for Foster Children with Emotional/Behavioural Disturbances and Their Families (McDonald, Boyd, Clark & Stewart, 1995).

CONCLUSION

During this era of decreasing resources and increasing accountability with a focus on outcomes, the debate as to whether child welfare should focus solely on child protection versus a broader preventive role is yet to be determined.

Many of the states and communities are trying to transform the way they respond to families that encounter the child welfare system regardless of where a state or community chooses to begin the reform process, it ultimately must encompass not only the entire child welfare system but every other system that serves vulnerable families and children (Usher, Gibbs & Wildfire, 1995, p. 874).

In Alberta and British Columbia a major overhaul of child welfare services is already underway. In Prince Edward Island child welfare services are now part of the Department of Health and under the administration of four regional health boards. Newfoundland is planning to move in the same direction. A common theme in all of those re-organizations is the need to re-create a more integrated community-based service delivery system for children and youth. Supportive services for families involved with the child welfare system will probably continue to be an integral part of the child welfare system, since the majority

of children still remain with their families despite concerns related to child abuse and neglect. Child welfare legislation in many jurisdictions dictates that child protection agencies provide supportive services. However, many of the individuals involved with the child welfare system would obviously have benefited from supportive services if they had been available earlier in their life. The child welfare system is unable to address this gap in early intervention and support in an effective way. Organizations which are community-based and supported from a multi-disciplinary approach are better positioned to promote healthy development and overall well-being. In many regions or communities, there are already a variety of organizations, including child welfare, mental health, education and various social service organizations which are engaged in providing a range of supportive services to children, youth and families. However, as Judge Gove points out in his report, these services are often uncoordinated and fragmented. What is needed is an integrated

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community-based approach to services for children and families. Child welfare organizations can play a leadership role with health, education and justice ministries in redesigning the current approach to supporting children, youth and families. The protection of children at risk of abuse and neglect must continue to be an important part of the redesigned service system. Child welfare professionals, by seizing the opportunity to participate actively in the redesign of services for children and families, must ensure that the protection of children continues to be an integral part of children's services.

In conclusion, we are at a critical juncture where we need to be focused more on desired outcomes for optimum development of children. The current problem-definiton/deficit model has not served children and families well. We need to encourage and empower front-line workers, caregivers, children and families to identify, clarify and express their wants or needs. Funders, practitioners and researchers need to examine further the questions we have posed. Our challenge is to change our approach to child welfare services, so that we support what is working effectively and redirect those resources and energies that will provide the supportive environment for improved service outcomes. The results will not only mean more supportive services for children and families, but also more rewarding experiences for staff in child welfare. They may even produce more cost-effective services!

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REFERENCES

- Bala, N., Hornick, J. & Vogl, R. (1991). *Canadian Child Welfare Law, Children, Families and the State*. Toronto: Thompson Educational Publishing, pp. 5.
- Cameron, G. (1995). The nature and effectiveness of parent mutual aid organizations in child welfare. In J. Hudson & B. Galaway (Eds.), *Child welfare in Canada: Research and policy implications*. pp. 66-81. Toronto: Thompson Educational Publishing.
- Family Rights Group. (1996) *Promoting links: Keeping children and families in touch*. London: Family Rights Group.
- Gove, T. J. (1995). Report of the Gove Inquiry Into Child Protection in British Columbia. Victoria, British Columbia, Ministry of Social Services.
- Grant, J & Mosoff, J. (1996) After Gove, a fear: "A drastic increase in apprehensions". Supporting families, protecting children. *Entourage*, Spring, 18-19.
- Kufeldt, K. (1995). Inclusive care, separation management and role clarity in foster care: The development of theoretical constructs. In J. Hudson & B. Galaway (Eds.), *Child welfare in Canada: Research and policy implications*. pp. 337-350. Toronto: Thompson Educational Publishing.
- Kufeldt, K. (1979). Temporary foster care. *British Journal of Social Work*, 9 (1), 49-64.
- Mias, H. & Engler, R. (1959). *Children in need of parents*. New York: Columbia University Press.
- Maresea, J. (1995). Mediating child protection cases. *Child Welfare*, LXXIV, 3, 731-742.
- McDonald, B.A., Boyd, J.A., Clark, H.B. & Stewart, E.S. (1995). Recommended individualized wraparound strategies for foster children with emotional/behavioural disturbances and their families. *Community Alternatives, International Journal of Family Care*, 7, 2, Fall 1995, 63-82.
- Millham, S., Bullock, R., Hosc, K. & Haak, M. (1986). *Lost in Care*. Aldershot: Gower.
- Palmer, S. (1989). Mediation in child protection cases: An alternative to the adversary system. *Child Welfare*, LXXVIII, 1, 21-31.
- Parker, R., Ward, H., Jackson, S., Aldgate, J. & Wedge, P. (Eds.) (1991). *Looking after children: Assessing outcomes in child care*. London: HMSO.
- Pecora, P.J., Fraser, M.W., Haapala, D. & Bartlome, J.A. (1987). *Defining family preservation services: Three intensive home-based treatment programs*. Salt Lake City: University of Utah Social Research Institute.
- Savoury, G.R., Beals, H.L. & Parks, J.M. (1995). Mediation in child protection: Facilitating the resolution of disputes. *Child Welfare*, LXXIV, 3, 743-762.
- Schene, P. (1989). Welcoming Remarks. In P. Schene & K. Bond (Eds.), *Research issues in risk assessment for child protection* (p.7), Denver, CO: American Association for Protecting Children.
- Swift, K.J. (1995). An outrage to common decency: Historical perspectives on child neglect. *Child Welfare*, LXXIV, 1, 71-91.
- Tam, T.K. & Ho, M.K.W. (1996). Factors influencing the prospect of children returning to their parents from out-of-home care. *Child Welfare League of America*, LXXV, (3), 253-268.
- Usher, C.I., Gibbs, D.A. & Wildfire, J.B. (1995). A framework for planning, implementing, and evaluating child welfare reforms. *Child Welfare League of America*, LXXIV, (4), 859-876.
- Waihee, J. & Lewin, J. C. (1992) Healthy start, Report to the sixteenth legislature. State of Hawaii, Department of Health, State of Hawaii, p. ii.
- Ward, H. (Ed.) (1995). *Looking after children: Research into practice*. London: HMSO.

- Weissbourd, B. & Kegan, S.L. (1989) Family support programs: Lessons from the pioneers. *American Journal of Orthopsychiatry*, 59 (1), 20-31.
- Wells, S.J. (1985). Children and the child welfare system. In M. Weil & J.M. Karls (Eds.). *Case management in human service practice*. San Francisco, CA: Jossey-Bass.
- Zigler, E. & Black, K.B. (1989). America's family support movement: Strengths and limitations. *American Journal of Orthopsychiatry*, 59 (1), 6-19.

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