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Child Welfare Social Work

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CHAPTER 1: Child Welfare as a Field of Social Work and Public Policy



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CHAPTER 1

Child Welfare as a Field of Social Work and Public Policy



It is 10:00 P.M., and Robert, a long-time child welfare supervisor, has changed the channel to watch *NYPD Blue*. His wife, Kathy, a pharmacist, looks up with a pained expression; she thinks the show is lowbrow and distasteful, and the jumpy editing style gives her a headache. In spite of her view, though, she will usually sit with Robert while he watches his

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his show. Generally, she reads a magazine and falls asleep before the second round of commercials.

In the episode this night, one of the veteran female detectives is introduced to another female detective who's been assigned as her new partner. Then, a young woman with wild hair, disheveled clothes, and the nervous mannerisms of a cocaine addict enters the squad room and blurts out, "I need to see a detective. My baby is missing."

The two detectives look at each other, eyebrows rising in alarm, and one says, "Okay, how long has your baby been missing?"

The woman replies, "I don't know. It depends on how you look at it. Either a few hours or a few years."

The detectives roll their eyes and one snaps, "Come on back here. We've got to straighten this out." During the questioning, the woman's fidgeting increases and she says, "You see, I just got out of the joint. I was in for three years on a drug charge. But I'm clean now and want to get my life back. I left my baby with a friend, and when I went to get her, she said that she doesn't have her anymore."

One of the detectives asks, "Why did you leave her with a friend? Why didn't you call social services for help?"

The mother answers, "Oh, no. I didn't want the government involved! They came out once and accused me of abusing my daughter and threatened to take her away."

She explains that her friend offered to take care of the child until she got out of prison.

A detective asks, "Didn't you write to her when you were in prison to see how your baby was doing?" The mother says that she wrote two or three times, but her friend never answered.

The detectives go to the apartment of the friend, who, predictably, has a very different story. She says the mother left the baby with her "for a couple of hours" and never returned. Pointing to the torn curtains, threadbare carpet, and peeling paint, she says, "Does it look like I can afford another kid?" She says she found another friend to care for the child but doesn't think the child is there any longer.

The detectives follow the trail of the child from one crummy-looking apartment and drugged-out-looking person to another, until they get to a residence on a leafy street with a doorman and a security guard. They are buzzed up to the apartment and then greeted by a well-dressed woman who appears to be in her thirties. They enter the apartment and find a clean, spacious room with toys, games, and stuffed animals all over the place. In the middle is an apparently happy and healthy little girl.

One of the detectives says, "Is this your daughter?"

"Yes."

"Is she your natural child?"

"No, we adopted her three years ago."

"We'll need to see some documentation of that: the adoption decree, her new birth certificate, something official like that."

Suddenly, the woman's face crumples like a soufflé pulled from the oven too soon.

"Oh, God," she says. "We never actually adopted her. She was being cared for by this really horrible woman, and she asked if we would take care of her. She left the baby, and we never heard from her again. My husband and I had been trying to get pregnant, with

no luck. We'd about given up hope, so we applied to adopt, and every agency told us it would take years. Then this woman appeared with this beautiful child and just gave her to us. I thought she was a gift from God. Please don't take her from me."

The detectives look at each other, then at the woman, and one says, "Hang on. Don't do anything rash. We'll get back to you."

At this point in the show, Robert notices that Kathy is not reading her magazine and has not fallen asleep. Her eyes are wide with alarm. "They wouldn't really take that little girl away from the only parents she has ever known, would they?"

"Well, yeah," Robert says, drawing on his ten years of experience working for the state child welfare department. "Those people have absolutely no legal claim on the child, and no one knows a thing about them. They look happy, healthy, and prosperous, but they could be the Steinbergs for all anyone knows" (referring to the infamous case of the New York City lawyer and his book editor wife who were arrested, convicted, and imprisoned for the abuse and murder of their informally adopted daughter).

"But after they studied the home," Kathy says, "they would return the child there if everything looked okay, wouldn't they?"

"No, the court would insist that the child welfare department make 'reasonable efforts' to reunite the girl with her birth mother."

"How long would that take? I mean, a few months is an eternity to a child that age. The birth mother is obviously never going to be able to actually care for the child. When could the 'real' parents get her back?"

Robert sighs and says, "It could take years, and before it is done, it is not at all unlikely that the child will be ruined."

Kathy jumps off the couch and says, "I don't want to watch this. I'm going to bed. I don't see why you insist on watching this stupid show anyway."

That child welfare should be the subject of television drama is not surprising. What's more dramatic than life, death, sex, violence, relationships, betrayal, abuse, exploitation, crime, mystery, pain, and guilt? All of these topics are central to child welfare. And television executives are well aware that they translate to top ratings. Prime-time episodes of *NYPD Blue*, *Third Watch*, *Boston Public*, and *Judging Amy* often tackle the thorny issues of child welfare.

The real world of child welfare social work is no less dramatic than its TV representation, but—no surprise—it is much more complex and infinitely messier. In the TV world, situations look clear and unambiguous. The issues are portrayed as black and white, right and wrong, good and evil. Nice people love children, protect them, nurture them, supervise them, and when necessary, firmly but lovingly discipline them. Bad people beat children, burn them, exploit them, and sexually molest them. On TV, the appropriate remedies in cases where children are mistreated are presented so they seem clear and simple: Turn the perpetrators over to the criminal justice system for stern punishment, and turn the children over to the social welfare system to be placed in warm and loving homes that will compensate for their unfortunate beginnings. In the real world of child welfare, of course, things don't go quite this way.

Definition of Child Welfare

Even the term *child welfare* is not simple or unambiguous. It originally described a general and wide range of activities to do with the well-being of children. Included in the “child welfare” entry in volume one of the *Social Work Yearbook*, published in 1929, are services for delinquent children, detention homes, child development research, parent education, visiting teachers, psychiatric clinics for children, compulsory education, vocational guidance, social hygiene (whatever that is), physically handicapped children, mentally defective children, dependent children, and neglected children (Ellis, 1929). In recent years, due to the publicity that has focused attention on the problem of child abuse and neglect, the term has been narrowed to mean almost exclusively *child protective services*, or services to protect children from maltreatment from their primary caretakers. Social policy scholars Kamerman and Kahn (1990) make these observations with some regret:

Most child welfare activities of public agencies are [now] largely directed toward the problem of child abuse and neglect. Agency efforts focus on investigating reports and protecting children when allegations are verified. Few resources remain for troubled families who do not fall under the purview of CPS [child protective services]. In many jurisdictions, there are few supportive services or treatment options for these families. Agencies often turn away parents with out-of-control or defiant children. Services for latency or early adolescent children also are limited. Chronic multi-problem cases in troubled families often are overlooked. In fact, if a case is not marked by dramatic events, it may receive only token processing and resources. . . . Most agencies focus almost exclusively on child and family crises. Chronic parenting problems are ignored. (p. 10)

The nineteenth edition of the *Social Work Yearbook* (1995), now called the *Encyclopedia of Social Work*, illustrates Kamerman and Kahn’s point, offering a narrowed definition of *child welfare* as services “designed to assist abused, neglected, or at-risk children and their families” (Liederman, 1995, p. 424).

Very few people in the field of child welfare social work, including the authors of this text, believe that the narrowing of the definition of child welfare has been a good thing. It has resulted in resources being diverted away from needed supportive and developmental services for children and families into services only for those in crisis. The result is that situations that start out fairly minor, such as a defiant teenager, a family with unsafe housing, or a crumbling marriage—situations that could be remedied with appropriate supportive services—become serious cases of abuse and neglect because needed services were not provided.

We agree that the restricting of child welfare to services for only the most serious cases is an undesirable development, but we also agree with the old proverb that “It is better to light a candle than to curse the darkness.” Social policy in the United States currently defines *child welfare* as services for children who are victims of abuse and neglect, and social work is the profession responsible for implementing this policy. Therefore, in this book, we provide coverage of services for families and children in situations where abuse and neglect has occurred or is suspected of having occurred. We would like to see the definition of child welfare broadened again to encompass a

wider range of services, but until that happens, we will play the hand we have been dealt. We accept and use the restricted definition of child welfare to mean child protective services.

Definition of Child Maltreatment

If we are going to define *child welfare* as services to protect maltreated children, then we also need to define *maltreatment*, another task that is not easy or clear. First, we must recognize that definitions of child maltreatment are rooted in time and place. Many childrearing practices that were considered acceptable in the past—for example, a frontier schoolmaster caning a wayward pupil—are now not only unacceptable but illegal. Conversely, some practices that were considered abusive or neglectful in the past—for example, choosing to educate your children at home instead of sending them to a formal school—are now considered perfectly acceptable. Moreover, practices such as female circumcision that are deemed acceptable in other areas of the world are considered horribly abusive in the United States, while spanking a child in a manner considered reasonable here constitutes abuse and is illegal in Sweden.

There is also the matter of fringe religious groups and subcultural groups that follow practices outside the mainstream definition of appropriate child care. The most common examples are cases where families deny medical care to children for religious reasons. Situations involving these citizens create a dilemma for social workers, who usually pride themselves on being culturally sensitive and accepting of diversity. Korbin (1987) has summed up this problem:

Failure to allow for cultural perspective . . . promotes an ethnocentric position in which one's own . . . cultural beliefs and practices are presumed superior to all others. Nevertheless, a stance of extreme cultural relativism, in which all judgments . . . are suspended . . . may justify a lesser standard of care for some children. (p. 24)

Social workers have tended to take a middle-of-the-road position on cultural differences in definitions of maltreatment. Relatively innocuous practices—such as that of Vietnamese immigrant parents engaging in coin rubbing, a practice that often leaves bruises on a child—have generally been ignored under the rubric of cultural sensitivity. Practices with more serious consequences, however—such as withholding medical treatment for severe conditions—have resulted in the imposition of state authority by social workers.

Although there are many perspectives on the definition of child maltreatment, the legal definition is the important one for child welfare social workers, for they operate under legal sanction. The current legal definition is contained in the 1974 Child Abuse Prevention and Treatment Act (CAPTA). It has been reauthorized and amended several times, most recently by the Keeping Children and Families Safe Act of 2003. According to CAPTA, child maltreatment means

the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child by a person who is responsible for the child's welfare, under circumstances which indicate that the child's health or welfare is harmed or threatened

thereby, as determined in accordance with regulations prescribed by the Secretary. (Section 5106g)

The definition goes on to define “a person who is responsible for the child’s welfare” to include employees of residential care facilities and any staff person of any organization providing out-of-home care.

CAPTA is a federal law, but the laws that actually authorize intervention into homes by child welfare social workers are state laws, so it is necessary to look at the definitions of maltreatment contained in state statutes. While there are many similarities among state definitions, there are also many differences. Wells (1996) has looked at the state laws and observes this:

Some states emphasize that physical abuse or neglect is defined by the presence of serious injury. Other states explicitly include or exclude a variety of conditions, such as a positive drug toxicology in a newborn, truancy or educational neglect, children being left alone, head lice, and parents’ behavior not resulting in specific observable harm to the child. (p. 347–348)

Because all of the laws, federal and state, leave many terms undefined—for example, *serious injury*, *educational neglect*, *sexual abuse*, *negligent treatment*—there have been a number of attempts to achieve greater precision. Probably the best to date resulted from an effort by the National Center on Child Abuse and Neglect to develop definitions that provide a valid basis for collecting data on the incidence of child maltreatment. A summary of the National Center’s definitions is provided in Figure 1.1.

In the final analysis, the definition of child maltreatment is always going to be somewhat subjective. Defining child maltreatment is similar to defining pornography, in that it is going to involve the vague test of whether the average person applying community standards would consider an act to be abusive or neglectful. As U.S. Supreme Court Justice Potter Stewart said regarding pornography, “I shall not today attempt further to define the kinds of material I understand to be embraced . . . [b]ut I know it when I see it” (*Vacobellis v. Ohio*, 1964). Social workers end up in the difficult and uncomfortable spot of having to accurately read community standards and uniformly and accurately apply them.

The Size of the Problem

Child maltreatment is a difficult phenomenon to describe with precise numbers, for several reasons. First, child maltreatment is something that people try to cover up. Ordinarily, a crime is added to statistical records when a victim (or eyewitness) reports the incident. Child maltreatment, on the other hand, gets noted statistically *only if someone reports it*. For this reason, the problem of child maltreatment is seen as analogous to an iceberg, where only a portion is visible and most of it remains hidden (NCCAN, 1988).

Note: An earlier version of this section appears in Philip R. Popple and Leslie Leighninger, *Social Work, Social Welfare, and American Society*, 6th ed. (Boston: Allyn & Bacon, 2005).

FIGURE 1.1 Incidents Defined as Child Maltreatment

Specifically what types of incidents are considered to be sufficiently serious to warrant intervention? A useful list was developed as part of the *National Study of the Incidence and Severity of Child Abuse and Neglect*. The forms of maltreatment identified identified are:

Physical Assault with Bodily Injury

1. Assault with implement (knife, strap, cigarette, etc.)
2. Assault without implement (hitting with fist, biting, etc., or means of assault unknown)

Sexual Exploitation

3. Intrusion (acts involving penile penetration—oral, anal, or genital; e.g., rape, incest)
4. Molestation with genital contact
5. Other or unknown

Other Abusive Treatment

6. Verbal or emotional assault (threatening, belittling, etc.)
7. Close confinement (tying, locking in closet, etc.)
8. Other or unknown

Refusal of Custody

9. Abandonment
10. Other (expulsion, refusal to accept custody of runaway, etc.)

Inattention to Remedial Health Care Needs

11. Refused to allow or provide needed care for diagnosed condition or impairment
12. Unwarranted delay or failure to seek needed care

Inattention to Physical Needs

13. Inadequate supervision
14. Disregard of avoidable hazards in home (exposed wiring, broken glass, etc.)
15. Inadequate nutrition, clothing, or hygiene
16. Other (reckless disregard of child's safety: driving while intoxicated, etc.)

Inattention to Educational Needs

17. Knowingly "permitting" chronic truancy
18. Other (repeatedly keeping child home, failing to enroll, etc.)

Inattention to Emotional/Developmental Needs

19. Inadequate nurturance/affection (e.g., failure to thrive)
20. Knowingly "permitting" maladaptive behavior (delinquency, serious drug/alcohol abuse, etc.)
21. Other

Other

22. Involuntary neglect (due to hospitalization, incarceration, etc.)
23. General neglect (more than two of codes 13–16)

Source: Children's Bureau, U.S. Department of Health and Human Services, *Study Findings, National Study of the Incidence and Severity of Child Abuse and Neglect*, Appendix A, "Data Forms for Child Protective Services Agencies" (Microfiche, September 1988), 50.

Another problem in gaining precise numbers to describe the problem of child maltreatment relates to the previous discussion of the lack of a clear, precise, and universally recognized definition of child maltreatment. This problem has been addressed and, although not totally solved, is moving toward resolution with a set of definitions and statistical reporting procedures being formulated by the federal government called the National Child Abuse and Neglect Data System (NCANDS). The following sections are based on NCANDS reports, and while they do not provide a perfect description, they do help us approximate the size and nature of the problem.

Number of Children Involved

According to NCANDS (2003) reports, 3,058,129 children were investigated by state protective services agencies in 2002 as suspected victims of maltreatment. This figure works out to a rate of approximately 36.6 children per 1,000 U.S. child

population. After investigation, 771,791 of these cases were substantiated. An additional 121,803 were *indicated*, a term that means there was enough evidence to warrant suspicion but no actual proof of the allegation. These numbers represent only those cases known to state protective service agencies—the part of the iceberg that is above the water, so to speak. Thus, they represent a substantial underrepresentation of the actual incidence, but how much of an underrepresentation is anyone’s guess.

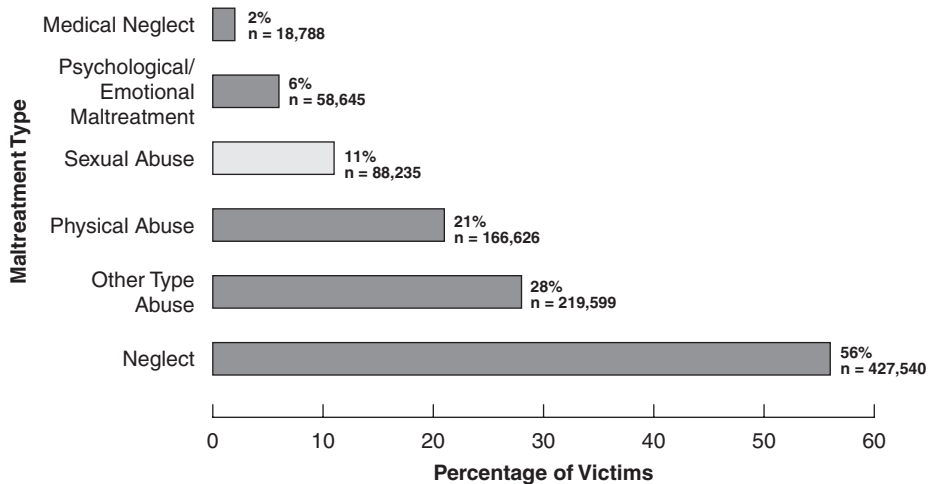
Types of Maltreatment

The NCANDS (2001) data on types of maltreatment are summarized in Figure 1.2. As the graph shows, neglect is by far the most frequently reported type of maltreatment (56 percent of reports). An interesting study by Drake and Johnson-Reid (2000) found that regardless of the reason for an original referral, subsequent referrals were most likely to be for neglect. This leads to the conclusion that neglect is probably present as a secondary problem in nearly all child maltreatment referrals.

Gender

The NCANDS (2001) data show that reports of maltreatment are fairly evenly divided between boys and girls. In 2001, 48 percent of substantiated reports involved boys and 51.5 percent involved girls. The proportion of reports involving girls has

FIGURE 1.2 Types of Child Maltreatment (Percentages of victims who experienced abuse and neglect, 1999)



Source: U.S. Department of Health and Human Services Administration on Children, Youth, and Families, *Child Maltreatment 1999: Reports from the States to the National Child Abuse and Neglect Data System* (Washington, DC: U.S. Government Printing Office, 2001).

been increasing in recent years, up from 51.1 percent in 1983, because of the increase in sexual abuse referrals, which predominantly involve female victims.

Social Class

Although it is true that child maltreatment occurs in all social classes, the data indicate that it is most common among families in lower socioeconomic levels. In a 1969 survey of abusive families, Gil (1970) found that nearly 60 percent had been on public assistance at some time and that slightly more than 34 percent were receiving welfare at the time of the report. Today, more than half of the children removed from their homes because of abuse and neglect come from families receiving TANF (i.e., public assistance). Looking at data from the most recent National Incident Study, Lindsey (2004, p. 181) has observed that the likelihood of fatalities and severe injuries to children is highly correlated with poverty. The rate of severe injuries for families with annual incomes below \$15,000 was 22 times greater than that for families with incomes above \$30,000. The rate for fatalities was 60 times greater for poor families.

These figures have often been rejected, based on the theory that poor people are more susceptible to being reported to public agencies than middle-class people and thus that the figures reflect reporting bias, rather than an actual relationship between socioeconomic class and child maltreatment. However, social scientists have concluded that although poor people may be slightly overreported, it is probable that a greater proportion of poor children are maltreated (Pelton, 1989, pp. 37–42).

Race/Ethnicity

Studies of child maltreatment have consistently found that minority groups are overrepresented. Although approximately 24 percent of the child population of the United States is made up of minority group members, the NCANDS (2001) data indicate that 44 percent of the substantiated reports of abuse and neglect in 2001 involved minority group children. It is generally thought, however, that these figures represent differences in social class, rather than race/ethnicity. One study conducted by the American Humane Association found that when income was controlled for, the maltreatment rate for nonwhite children was actually slightly lower than that for white children (Mayhall & Norgard, 1983, p. 101).

Age

Maltreatment occurs throughout childhood, but clearly, the younger a child is, the greater the danger of serious harm. In the most recent analysis of the NCANDS (2001) data, children in the age group of birth to 3 years accounted for 28 percent of the victims. Overall, the rate of victimization was inversely related to the age of the child.

Trend

Probably the most significant finding of the national studies is not the absolute level of reporting but the extent to which reporting has increased over time. The NCANDS (2001) data show an increase in reports from 2,086,000 in 1986 (34 children per 1,000)



Younger children are at the greatest risk for maltreatment.

to 3,058,129 in 2001 (51 children per 1,000). It is doubtful that these figures represent anywhere near this large an increase in the actual *number* of children being maltreated. Rather, the figures probably reflect factors that increase the likelihood that incidents will be reported, such as the allocation of more federal money for reporting; the strengthening of state reporting laws (physicians, teachers, social workers, and other professionals who work with children are now required to report in all states); the redesign of state social service intake systems; the implementation of 24-hour hotline systems; and the massive public awareness campaigns of the 1970s. The rate of increase in estimates of child maltreatment began to slow in 1990 and appeared to have leveled off by 1994.

Disciplinary Perspectives on Child Maltreatment

In the winter of 1994, the police conducted a drug raid on the apartment of Maxine Melton on Keystone Street on Chicago's West Side. Shapiro (1999) describes what they found:

There were nineteen children in the apartment.¹ They were crammed, four and five together, on two stained and sheetless mattresses or on the living room floor, near the

1. The number of children involved eventually increased to 28; some of the children were not there that particular night (*Chicago Tribune*, February 15, 2004).

radiator, huddled under piles of dirty clothes, under a dirty blanket. They slept in their diapers or underwear. One slept on the floor naked. The children stank of filth. The youngest child was a few months old, and all the rest were under nine, except for a fourteen-year-old who weighed two hundred and eighty pounds and suffered from respiratory problems.

The teenage boy began trying to clean the house, clearing the floor with a snow shovel, hoping that things would not look so bad. Soiled diapers were shoved in the corner. Excrement and toilet paper clogged the single toilet. The bathroom light was out, and the faucet leaked cold water. There was no hot water. There were no towels, soap, or shampoo, and only a single roll of toilet paper. The kitchen sink was piled with dishes caked with spaghetti sauce. The stove was broken and thick with grease. Its door hung open. Cans of lard and some Kool-Aid sat in the pantry. Dripping water stained the bathroom sink black. Cockroaches ran across the floor and in and out of the open boxes of rice and cereal in the pantry. The plaster ceiling was cracked, and the green walls were pocked with holes. . . .

In the living room [police] watched a child sitting on the floor, sharing a chicken neckbone with a dog. In one of the bedrooms, they found the father of one of Maxine's children, lying on a king-size bed, watching television.

Five of the children were Maxine's. Eleven were the children of her four sisters . . . [who] had moved in with their children. So too had Denise Turner, the sister of Maxine's boyfriend, and her three children, one of whom, a four-year-old boy, suffered from cerebral palsy and whose skin was scarred with what the police suspected were cigarette burns. The other mothers were out. Maxine did not know where they had gone, except for her sister Diane, who was, at that moment, in labor at Bethany Hospital. (p. 1)

The Melton case received national attention because a freelance photographer happened to be on the scene and took dramatic videotape footage that he sold to the television networks. The case was consequently followed for years by the press and was the subject of at least one book. Other than the widespread public interest, however, as any child welfare social worker could tell you, the case was not at all unusual.

The question that comes up whenever there is a case like this is, How do we explain situations like that of the Melton sisters and their children? Are the Meltons sick and in need of treatment by physicians and psychologists? Are they evil and in need of spiritual guidance by clergy? Are they simply criminals who should be arrested and jailed? Or are they victims of an unjust and repressive social and economic system that places overwhelming burdens on them without providing resources and opportunities for help? Like the blind men describing different parts of the elephant, the answer depends on whose perspective you use.

The Law Enforcement Perspective

The *law enforcement approach* to child welfare emphasizes the criminal aspect of the problem and calls for the investigation of incidents, the arrest and trial of those responsible, and imprisonment, if the parties are found guilty. As will be discussed in

some detail in Chapter 2, the origins of child protective services are in law enforcement. The earliest child welfare workers were deputized agents who had the power to arrest suspects. This was natural and logical because assault on or neglect of a child was a crime. Early in the last century, the primary responsibility for child protection was delegated from law enforcement to social work. Critics of the child welfare system often lament this development, which they attribute to weak-minded liberalism that does not want to hold people accountable for their actions.

The real reason child welfare evolved from a function of law enforcement to a social work function had nothing to do with liberalism. The change was a pragmatic one. Two problems quickly became apparent with the law enforcement approach. The first was that if you arrest and jail a parent or caretaker, you still have the problem of what to do with the child and then what to do when the parent is released from jail and resumes caring for the child. Law enforcement agencies and personnel are neither equipped for nor interested in dealing with these aspects of cases. The second problem that became apparent was that even in cases in which the parents were so deficient that the courts terminated their rights so their child could be placed in some form of adoption or long-term care, there was no way to prevent them from having more children. Every experienced child welfare worker can regale you with stories of working with parents and finally having to go to court to terminate their rights, only to have the parents turn up again five years later with a new set of children, which means having to repeat the whole process.

The evolution of child welfare from law enforcement to social work has not been an unmixed blessing. Two significant problems remain. The first is that social workers, by training and by inclination, are not criminal investigators. Moreover, parents being investigated for child maltreatment are generally not cooperative subjects. They realize they are being investigated for acts that can have criminal or civil consequences, so they try to cover up what they have done. A social worker can easily miss clues and evidence that a trained and experienced criminal investigator would pick up on; the social worker therefore sometimes fails to substantiate a case of abuse and neglect that should have been substantiated. The second problem is that the child welfare social worker is forced to play two roles. First, the social worker arrives at the parents' house wearing an investigator's hat and proceeds to act in what is easily perceived as an intrusive and insulting manner; the worker maybe even takes the parents to court or removes the children. Then later, the social worker comes back wearing a social worker's hat and wants to help the parents; he or she even talks about building a productive relationship with the family. No wonder parents often do not trust social workers or their agencies.

In rural areas, where there is only one child welfare worker to do everything, there is no way around this problem of dual roles. In larger areas, agencies generally deal with the problem by separating the investigation phase of the case process from efforts to help the parents solve the problems that led to agency intervention. As will be discussed in Chapter 10, a case will be assigned to an intake/investigation social worker until the case is either closed as unsubstantiated or substantiated and opened for ongoing service. At the point it is opened, it will be assigned to a new social worker, who will work with the parents to develop a plan to solve the family's problems. This pro-

cedure helps to a certain extent, but the problem remains that the new social worker represents the same agency that has accused, investigated, and concluded that the parents are doing something wrong. Thus, the problem of conflicting roles remains. This problem has led to calls to return the investigative phase of child welfare cases to law enforcement agencies and to involve social work agencies only after cases have been investigated and substantiated (Costin, Karger, & Stoesz, 1996; Lindsey, 2004).

The Medical/Psychological Perspective

The medical approach to child maltreatment originated, appropriately enough, with the development of accurate and reliable diagnostic indicators of nonaccidental injuries to children. Prior to around 1950, if a child had an injury or a developmental problem, regardless of how suspicious, authorities had little choice but to accept whatever explanation the parents offered.

In 1946, radiologist John Caffey linked observed series of long bone fractures in children with what he termed some “unspecified origin.” Although Caffey (1946) suspected that some intentional infliction of injury might have been related to these fractures, he stopped short of actually specifying abuse as the causal agent. After nine more years of research, Caffey changed his attribution of “unspecified trauma” to “misconduct and deliberate injury” as the primary causative agent of the injuries that his X-rays were revealing.

After physicians developed reliable ways to diagnose nonaccidental injuries to children, they moved toward trying to understand and treat the underlying causes of injuries, causes they assumed to be psychological. They applied the same model to the behavioral problems as they had to the physical problems, an approach known as the *medical, or disease, model of deviance*. According to Conrad and Schneider (1992), it “locates the source of deviant behavior within the individual, postulating a physiological, constitutional, organic, or, occasionally, psychogenic agent or condition that is assumed to cause the behavioral deviance” (p. 35). In 1955, P. V. Woolley and W. A. Evans investigated the home situations of a sample of children displaying injuries of unexplained origins and found that the infants “came invariably from unstable households with a high incidence of neurotic or frankly psychotic behavior on the part of at least one adult” (p. 22). In 1960, a pediatrician, C. Henry Kempe (Kempe, Silverman, & Steele, 1962), put together the evidence amassed by radiologists and pediatricians, who were also beginning to be suspicious of parental explanations of strange illnesses and injuries among small children. He coined the term *battered child syndrome* to identify a cluster of nonaccidental injuries to small children.

The conceptualization of child maltreatment as a disease resulted in literally dozens of theoretical schemes developed by physicians, psychologists, social workers, and allied social scientists to attempt to explain and understand this phenomenon. These schemes have ranged from psychoanalytic theory (i.e., reactivation by the child of unresolved conflicts relating to the Oedipal situation, sibling rivalry, sexual identification—a reactivation that threatens the precarious emotional equilibrium of the parents [Kadushin, 1965]), to cognitive behavioral theory (i.e., people who maltreat children believe in harsh discipline, have a negative outlook on life, and have



Childrearing problems sometimes result from intrarole conflict, meaning that the parents can't reach agreement on who is supposed to do what for the child.

unrealistic expectations of their children's behavior and accomplishments [Winton & Mara, 2001]), to social exchange theory (i.e., people abuse children when the costs are lower than the rewards and controls are absent; people neglect children when the costs of properly caring for them are greater than the costs of not doing so [Gelles & Cornell, 1990]), and many others.

One theory that has been very influential in child welfare social work was developed by social worker and psychologist Alfred Kadushin (Kadushin & Martin, 1988) using concepts from role theory. Kadushin conceptualizes child welfare problems as a result of eight categories of problems in the role network of parents, children, and community:

1. *Parental role unoccupied.* For any of a large number of reasons, one or both parents are not present in a child's life.
2. *Parental incapacity.* The parent is present and may want to fulfill his or her role requirements but is prevented from doing so by physical, mental, or emotional inadequacy, or by lack of knowledge or training.
3. *Role rejection.* The parent, often because he or she did not want a child in the first place, either consciously or unconsciously rejects the parental role, resulting in varying degrees of failure in role performance.
4. *Intrarole conflict.* In a two-parent family, the parents are in conflict regarding role definitions. They fail to reach agreement about who is supposed to do what

for and with the child. For example, a child is frequently not picked up from school because each parent assumes it is the other's job.

5. *Interrole conflict.* The parent or parents are unable to discharge their childrearing responsibilities because of competition with other social roles. For example, a small child is often left alone until late at night because both parents are at their respective offices finishing up projects.
6. *Role transition problems.* There is a significant change in a parent's role resulting from the death or disability of a spouse, divorce, entering or leaving the job market, or any number of other life changes. Even in strong families, problems result from these role transitions. In families with marginal abilities, such changes can cause serious parenting problems.
7. *Child incapacity or disability.* An exceptional child places exceptional demands on parents. Even the most capable, organized, and well-adjusted parents are greatly taxed by the needs of a child with a physical or mental disability or emotional disturbance. Parents or caretakers whose abilities and resources are marginal will often be unable to meet the challenge.
8. *Deficiency of community resources.* Parents are sometimes unable to adequately fulfill their roles because of a lack of community resources. For example, a parent with a minimum-wage job is going to have a hard time finding adequate and affordable child care arrangements.

The bible of the medical/psychological perspective on any type of deviance is the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-Text Revision)*, published by the American Psychiatric Association (2000). For physicians, psychologists, and social workers to collect reimbursement from government agencies and insurance companies for services performed, they must find a diagnosis in the *DSM-IV-TR* to use as the basis of the claim. The authors of the manual classify the problem of child maltreatment as pathological. They do not, however, maintain that child maltreatment constitutes an independent category of mental illness. Rather, they assert that the clinical symptoms seen in child maltreatment cases are already represented by existing disorders such as posttraumatic stress disorder and major depression. The manual does list, under "V" codes, specific disorders related to child maltreatment, including physical abuse of a child, sexual abuse of a child, and neglect of a child. (The V codes are not considered major mental illnesses and diagnoses.)

The medical/psychological perspective on child maltreatment is currently the most widely accepted approach and the perspective adopted by most child welfare social workers. Critics say this perspective places too much responsibility on parents and caretakers, defining them as being in some way sick or otherwise deficient while placing too little responsibility on the social environment in which the problem occurs. These critics expound what is known as a *structural explanation*.

The Structural Perspective

The law enforcement perspective and the medical/psychological perspective both proceed from the assumption that child maltreatment results from and is the responsibility of individuals, generally the child's parents, who have some degree of

involvement with the child. The structural perspective looks at factors external to the child and parents to explain the problem. Beckett (2003) observes that child maltreatment takes place within a social context:

To fully understand child abuse we need to look beyond the particular individuals involved, or the particular family, and think about the workings of a society in which individuals and families are only tiny parts. We need to think of things like the way that relationships between adults and children are constructed in this society, for example, and about the power differences between men and women. Why is it that more abusers are men than women, for example? When looking at abuse involving black children or black adults, we need to consider the question of racism, as well as being aware of the possibility of different norms and expectations. (pp. 19–20)

Structural theorists identify poverty as the primary cause of child maltreatment. Poverty, they say, relates to child maltreatment on two levels: societal and individual. First, consider the level of the whole society. The fact that in 2002, more than 12 million American children lived in poverty—more than 5 million in families with incomes less than one-half of the official poverty line—is seen as an indictment of our whole society for child maltreatment. In Europe, a term that has become popular is *social exclusion*, meaning the poor are excluded from participating as full members of society, with too little access to activities and resources necessary for adequate childrearing.

Second, poverty is seen as a causative agent in child maltreatment on the individual level. Poor people often cannot afford the things necessary for adequate child care and thus are accused of maltreatment, even though they are doing the best job possible. Examples are numerous. Poor parents are forced to live in unsafe housing because it is all they can afford. Single parents working at minimum wage leave their children home alone because they cannot afford day care or place their children in cheap, unlicensed day care. In order to make ends meet, a poor parent takes in a boarder of unknown character, who may turn out to be a threat to the children. All of these things can subject a parent to charges of child neglect. Parenting is viewed by adherents to the structural perspective as a “catch 22” for poor parents: The parent who doesn’t keep a job is viewed as neglectful in not supporting the child; the parent who works but does not earn enough to pay for adequate child care is viewed as neglectful for not making better child care arrangements.

Structural theorists recognize that a poor parent has few options for escaping the pressures of parenting: He or she cannot hire a babysitter, cannot send the kids to summer camp, cannot send them to a movie for the afternoon, cannot say yes to a child’s demands for money to pay for activities and things the child sees other children enjoying. The parent gets angry and frustrated, perhaps to the point of abusing the child. The structural perspective maintains that this abuse could be prevented if the community provided more support to its poorest families.

The Social Work Perspective

Social workers have been involved in developing all the perspectives discussed thus far, but when we speak of the *social work perspective* on child maltreatment, we must remember that social work is the profession designated by society to actually man-

age cases of child maltreatment—that is, to do something about the problem at the individual level.

Police can investigate cases, jail parents and take their kids to the local emergency shelter or foster home, and go on to the next case. Courts can try parents and place them on probation, send them to jail, remove custody of the children, and then turn the whole mess over to the child welfare agency. Physicians can diagnose a case, treat the physical symptoms, and refer the case to the child welfare agency, at which point their involvement is done. Psychologists can test the parents and children, spend 50 minutes a week doing therapy with them, and send them back to the child welfare social worker at the end of each session. However, the ultimate responsibility for managing child welfare cases resides with child protective social workers; thus, their perspective on the problem of child maltreatment has to be pragmatic. During the 100-plus years that social workers have been dealing with child abuse and neglect, the following elements of a coherent perspective have been developed.

CHILD SAFETY The major responsibility, the number-one rule, of child welfare is to protect children from harm. This is a difficult rule to follow because, as will be discussed in Chapter 4, we do not have any really good, valid, and reliable ways of deciding just how much risk a child is experiencing. Child welfare agencies are criticized much more frequently for leaving children in homes that turn out to be dangerous, even lethal, than for removing children from homes that really aren't very dangerous. The professional response has been that agencies probably err more on the side of removing children who could have safely stayed in the home than on the side of leaving them in a dangerous situation, an approach that has been described by critics as “When in doubt, pull ‘em out.” O’Conner (2001) has criticized this tendency and encourages social workers to accept that

mistakes are an inescapable component of the human condition. And insofar as they are inescapable, insofar as they are a function of the limits of human intelligence and strength, they are not morally culpable, no matter how tragic their consequences. No one can be blamed when their best efforts are not enough. We can only be morally culpable when we truly have a choice, when there is something that we could do to help a child, and we know that we could do it, but we simply don't. (p. 317)

The problem is, child welfare social workers are all too aware that if they leave a child in a home—a home they erroneously identify as safe—and the child comes to harm, they will be held morally culpable by the community, in spite of having expended their best efforts.

FAMILY FOCUS Years of experience have taught social workers three truths about cases of child maltreatment. The first is that although the parents may have done awful things, in most cases, they are not awful people. The vast majority of parents involved in the child welfare system are not abusers or killers; they are simply people who are overwhelmed by problems, who have few resources, and who often have serious personal limitations. As a result, they have great difficulty keeping their children fed, clothed, schooled, and safe. In most cases, they recognize that they have problems and sincerely want to be good parents. The second truth social workers have realized is that nearly all the mistreated children they come in contact with still

love their parents and, if removed, want to go home. The third truth is that, except in the rare case of a healthy infant who can be quickly freed for adoption, the alternatives we have to offer children are not much, if indeed any, better than the situations we remove them from.

Given these observations, social workers have concluded that in most cases of child maltreatment, the best plan is this one: Work with the family to improve its level of functioning, and believe that with sufficient help and support the vast majority of parents will have the desire and capacity to care for their children and keep them safe. Shireman (2003) summarizes the social work perspective: “There is no dichotomy between the welfare of the child and the welfare of the family. Every child grows best in his or her own family, if the family can provide proper care. Any policy that supports family life supports the welfare of children” (p. 5).

CULTURAL SENSITIVITY AND COMPETENCE In the past, protective service intervention with a family was too often a social control activity fueled by hostility toward the practices of minority groups. In the early 1900s, a substantial disproportion of protective service investigations were of families of recent immigrants. In Italian neighborhoods in New York and Boston, a popular game among children was called “cruelty agent.” Basically a game of hide-and-seek, the twist was that the person who was “it” pretended to be an agent from the Association for the Prevention of Cruelty to Children (the predecessor to today’s child welfare agency, covered in Chapter 2). When this child found the children who were hiding, they pretended they were being taken away from their homes, never to be seen again. Obviously, the people in these neighborhoods considered child protective services to be a culturally insensitive, intrusive, and dangerous force.

Things have changed a great deal in the past 100 years. Child welfare social work now considers cultural competence a major value and professional skill. The ability to speak the languages of other cultures, especially Spanish, is useful to a social worker, and knowledge of and respect for alternative ways of childrearing and family life are considered essential. If a social worker finds a family practicing a culturally different style of childrearing, yet empirical evidence gives no cause to think the practice will result in any absolute harm to the child, the practice is to be tolerated.

There is no clearer example of how the approach of the child welfare system to minority cultures has changed than that of the system’s approach to American Indian children. In the not so distant past, these children were frequently removed from their families and sent to Bureau of Indian Affairs’ boarding schools, where the primary intent was to stamp out the influence of the child’s culture and replace it with the culture of the dominant white Christian society. In 1978, Congress enacted the Indian Child Welfare Act, which was based on the belief that “there is no resource more vital to the continued existence and integrity of the Indian Tribe than their children” and that “an alarmingly high percentage of Indian families are broken up by the removal, often unwarranted, of their children . . . by non-tribal public and private agencies” (Pecora, Whittaker, Maluccio, Barth, & Plotnick, 2000). Through a number of provisions, the act ensures that the culture of the Indian family and their children is respected and protected.

The Role of Child Welfare Social Work in U.S. Society

A number of years ago, there was a long-running TV series called *Mission Impossible*. More recently, there was a movie by the same name, starring Tom Cruise. The premise for these programs was a supersecret government intelligence agency that took on jobs that, while not actually impossible (for the Impossible Mission Force always managed to get them done), were so difficult that they *seemed* impossible.

Carrying out the task of child welfare in U.S. society involves dilemmas, contradictions, and just plain old problems that make it seem like an impossible mission. Primary among the problems are (1) deeply held values that give conflicting messages, (2) society's residual approach to social welfare, (3) preferences for both a family-centered and a child-centered approach to child protection, and (4) unrealistic expectations of what the state can accomplish on behalf of maltreated children.

Conflicting Value Systems

The task of protecting children is mission impossible enough, but U.S. society makes the job even more difficult by placing it at the intersection of two deeply held values—values that are contradictory in this context. The first is our humanitarian–moral orientation, which compels us to take care of those in need and protect the weak when they are mistreated. Williams (1970), in an analysis of American society, concludes that caring for one another, particularly those who are perceived as less fortunate and suffering through no fault of their own, is a key value. This value is behind all our efforts to set up systems to intervene in situations and to correct conditions leading to child suffering.

The second value system that affects our mandate to protect children is the American belief in freedom from unnecessary government interference in our lives. We tend to think the power of the government should be limited. The saying used to be, “We only want government to protect our shores and deliver our mail.” With the advent of successful private competitors to the postal service, this can probably be shortened to only wanting government to protect our shores. In any case, we certainly don't want the government involved in our families.

These conflicting value systems create a damned-if-you-do-and-damned-if-you-don't situation for child protective services. Agencies that move aggressively to protect children by removing them from situations deemed to be dangerous are accused of interfering in the private lives of families and oppressing people merely because they are poor.² Agencies that work with a family and do not remove a child who ends up being abused are criticized for failing to act in an aggressive and authoritative enough

2. See, for example, R. Wexler, “Take the child and run: Tales from the age of ASFA,” *New England Law Review*, 36 (October 2002), 129–152; Alliance for Family Rights, *How the state can kidnap your children legally* (New Hampton, NH: Author, no date); and S. Evans, “Presumed abusive: Parents feel mistreated by the system,” *Washington Post*, October 13, 1991, pp. B1 & B7.

manner to protect the child.³ In other words, the child welfare agency that places emphasis on working with families to help them keep their children gets accused of violating our basic humanitarian value of protecting the weak and suffering. And the agency that acts to remove the child to a better place to live is accused of overstepping its bounds and violating our fundamental value of minimal government interference in people's personal lives. Child welfare agencies simply have to live with the reality that, at best, they will be able to please some of the people some of the time.

Child Welfare Based on a Residual Model

In their classic work *Industrial Society and Social Welfare*, Wilensky and Lebeaux (1958) identified two basic societal approaches to social welfare, which they labeled *institutional* and *residual*. Here's their description of the first type:

[The institutional approach] implies no stigma, no emergency, no "abnormalcy" [on the part of those receiving services]: Social welfare becomes accepted as a proper, legitimate function of modern industrial society in helping individuals achieve self-fulfillment. The complexity of modern life is recognized. The inability of the individual to provide for himself, or to meet all his needs in family and work settings, is considered a "normal" condition; and the helping agencies achieve "regular" institutional status. (pp. 139, 140)

In other words, the institutional conception recognizes that life in modern society is so complex that nearly everyone will need help in dealing with the problems of daily living and that the level of help needed will be beyond the capacity of the basic social institutions of family, church, and market economy. Families cannot provide 100 percent of the care needed by their children; the economy cannot provide 100 percent employment for the entire population at all times; and families and churches cannot care for all the elderly, now that people are living many years past retirement and an ever-increasing proportion of the population is elderly. Social welfare is viewed as a first-line, permanent social institution.

Wilensky and Lebeaux describe the other approach to social welfare, the *residual conception*, as follows:

[The residual approach is] based on the premise that there are two "natural" channels through which an individual's needs are properly met: the family and the market economy. These are the preferred structures of supply. However, sometimes these institutions do not function adequately: family life is disrupted, depressions occur. Or sometimes the individual cannot make use of the normal channels because of old age or illness. In such cases, according to this idea, a third mechanism of need fulfillment is brought into play—the social welfare structure. This is conceived as a residual agency, attending primarily to emergency functions, and is expected to withdraw when the regular social structure—the family and the economic system—is again working

3. See, for example, R. Gelles, *The book of David, How preserving families can cost children's lives* (New York: Basic Books, 1996); KCTS/TV, *The unquiet death of Eli Creekmore* (New York: Filmmakers Library, 1989); R. L. Jones & R. Smothers, "Boys death called new sign of lapses in child welfare system," *New York Times*, March 4, 2004, p. B5.

properly. Because of its residual, temporary, substitute characteristic, social welfare thus conceived often carries the stigma of “dole” or “charity.” (p. 139)

In this conception, social welfare is not an institution but an emergency backup system. If the other institutions of society could be made to perform properly—the family to care for its children, the church to care for the less fortunate, and the economy to provide enough jobs for everyone—then social welfare programs would not be necessary.

The child welfare system in the United States is based entirely on the residual model. A child care situation has to become so bad that the child is in actual danger before services are offered to help with the problem. We will discharge an 18-year-old single mother with newborn asthmatic twins from the hospital to an un-air conditioned ghetto apartment in July, with no job and no family to help, and wave “Bye” and say “You be a good mother, now.” Two weeks later, when she shows up in the emergency room with the twins in respiratory distress, malnourished, with fleabites, we will declare that she is a bad mother and offer services to try to fix the situation.

Many families with a mentally ill child—even middle-class families with health insurance—have found it necessary to feign abuse or neglect so the state will take custody of the child and provide the services the family cannot afford. It is estimated that one in five families with mentally ill children in the United States has surrendered custody in exchange for treatment of the child (Barovick, 2002). Gutkind (1993) has chronicled the life of the Scanlon family, a family that was nearly destroyed by a mentally ill daughter before the state finally took custody when her middle-class parents could no longer afford her care. He reflects on the results of a residual system:

How much suffering and misery might have been avoided if the Scanlons had received the respite care for which they were so desperate—just a way to get out of the house a couple of times a week for a quiet dinner without worrying about “World War III” at home? How would their lives have been altered if a caseworker had been available to help Meggan focus upon her studies after school, to help her go to sleep at a reasonable hour without disturbing her parent’s privacy, to even awaken her in the morning and help her prepare for school? It is quite possible that after a few months of such intense intervention, at a cost of \$5,000 to \$6,000, Meggan and her parents could have learned to handle the medications that Meggan had been taking, combined with . . . family therapy, would have been more fruitful. [The state psychiatric hospital] might have been inevitable destination, but surely one needn’t attempt the most drastic, last-resort problem-solving approach first. (p. 234)

Because of our residual approach to child protection, by the time a case enters the system, the possibility of significantly improving the situation is slim, for the damage to child and family often is already too great.

Child-Centered versus Family-Centered Approaches to Child Welfare

The problems we have been discussing have led to two opposing views of the proper approach for state intervention with families where child maltreatment is alleged. The first approach is a traditional approach, with roots in the nineteenth-century child-saving

movement, and is known as *child-centered policy*. This approach advocates more aggressive government intervention and more emphasis on the permanent removal of children from parents who are deemed to be inadequate.

The leading contemporary advocate of this approach is Richard Gelles, Dean of the University of Pennsylvania School of Social Work and a nationally renowned expert on family violence. An interdisciplinary center has been established at Penn to promote this approach (Hughes, 1999). Gelles's arguments are most cogently laid out in a book in which he traces the death of a child he calls David, who was under the supervision of a state child welfare agency that left him in the care of his parents. The child was eventually murdered by his mother. Gelles (1996) writes:

Although David had twice been reported as being abused, he remained with his parents. David's death can be traced to the doctrine that requires social service agencies such as the Department of Children and Their Families to make "reasonable efforts" to keep or reunite abused and neglected children with their biological parents. It can also be traced to the larger ideology behind "reasonable efforts," the sacrosanct belief that children *always* (or nearly always) are better off with their biological parents. (p. 9)

Gelles goes on to say that the problem with the U.S. child welfare system

is a persistent unwillingness to put children *first* . . . both by supporting families so that abuse will not occur in the first place and by absolutely guaranteeing the future safety and developmental integrity of children who have been abused and neglected. (pp. 171–172)

The other approach to providing child welfare services is the *family-centered, or family preservation, approach*. It argues that children should be removed from their parents' care only under the most dire of circumstances and even then not until every possible effort has been made to prevent removal. The argument in support of this approach has several related parts. The first is that while there are children who are subjected to severe abuse (and the state should certainly act to protect them from harm), the vast majority of cases involve neglect, rather than abuse—neglect that results from poverty and other external problems. Therefore, the family preservationists argue, we should leave these children in their own homes and work to help their parents obtain the resources they need to adequately care for their children. This approach has the bonus effect of freeing up time and resources for work with the children who do have to be removed.

The second part of the argument for family-based services is child safety. Advocates argue that, far from ensuring a child's safety by foster care placement, we actually place most children in greater danger. Wexler (2002, p. 137), for example, points to national data on child abuse fatalities that show that a child is twice as likely to die of abuse in foster care than in the general population. The third argument for family-based services is the data we discussed earlier on how poorly children who grow up in foster care turn out. The final argument for family-based services is based on data indicating that children who receive intensive services in their homes are as safe as those placed in foster care and that the cost of delivering the services is much less than the cost of placement (Berry, 1992).

Several organizations advocate for a family-based approach to child welfare. The Family Preservation Institute at New Mexico State University, publisher of *Family Preservation Journal*, represents professional social workers and other social scientists. The National Resource Center on Family Based Services is supported by the Administration on Children, Youth, and Families of the U.S. Department of Health and Human Services. Two foundations, the Casey Family Foundation and the Edna McConnell Clark Foundation, have devoted significant resources to promoting family-based services. In addition, there is an independent advocacy group devoted to the promotion of family-based services: the National Coalition for Child Protection Reform. Interestingly, this group seems to have little or no contact with other groups that advocate family-based services. The reason seems to be that the coalition distrusts the professional advocacy groups, thinking them to be part of what Wexler (the coalition's executive director) refers to as the "child welfare establishment." The professional groups say Wexler often comes across as more of an apologist for maltreating parents than an advocate for their children. In any case, it's too bad the groups do not work together, since their agendas are very similar.

To understand these two approaches—child based and family based—we must note the two types of risk faced by a child who is referred to protective services. The first is the risk of harm to the child if left in a home with dangerous or inadequate parents, and the second is the risk of harm to the child if removed from the home when the removal is not absolutely necessary. As we have mentioned in several places, children who are removed from their homes are at risk of abuse and neglect in their new placements, and even children in good placements are still at risk for the serious adjustment and developmental problems of people who grow up in foster care. Child welfare workers at both policy and practice levels tend to be very risk averse and seek the least risky (though not always the best) plan for a child. O'Connor (2001), in a history of foster care, concluded his work with an interesting observation on risk that social workers would do well to ponder:

To make a risk-free decision about what to do with this child—or any child—the caseworker would have to combine the wisdom of Solomon with the omniscience of a deity, . . . which is to say there are no risk-free decisions in child welfare. All decisions are based, at least in part, on hunches, educated guesses, superstition, and prejudice. They have to be. And mistakes, inevitably, get made—not just regarding the initial disposition of the child but in every phase of foster care. Even the best trained, most intelligent, diligent, compassionate, and experienced caseworker, with all the best services at her fingertips, can decide to return children to parents who will kill them, or to keep children away from parents whose problems might easily be solved if they were not so distraught at the forced breakup of their family. (p. 322)

As discussed earlier, the vast majority of social workers in child welfare (with the notable exception of those at the University of Pennsylvania) are firmly in the camp of the family-based services group. Years of experience have revealed that for the majority of children referred for protective services, their own homes can usually be made safe, that is where they want to be, and their parents genuinely want to be good parents. For all these reasons, the child's own home is probably the best of a choice of bad alternatives.

The Reality of What Government Intervention Can Accomplish

In most people's minds, child welfare conjures an image of a beautiful infant who has been mistreated by evil, no-good parents. They envision a solution: The state swoops in, removes the child from its evil parents, and places the child in a good home for a happy-ever-after life. While this type of situation does occur, it is rare. The vast majority of cases are much more complex, the children are already seriously damaged when they enter the system, and the amount of good the state can do is limited.

Shapiro (1999) says this fundamental problem in child protective services is the result of

a debilitating myth that lies at the heart of the state's failure [to help maltreated children], the myth that the state can save a child, that it can give that child an ideal life in which the past, awful as it might have been, does not exist. The state tries to do this by severing the relationship between a child and the parents who failed him. That well-intentioned but naïve mistake sets in motion many of the other mistakes the state makes when it tries to help children. (p. xii)

There is evidence that the children who come into the child welfare system are increasingly troubled by physical and mental illness. Shapiro asserts that "local child welfare agencies can do little to assist these children because virtually all the money they get from Washington must be spent on housing and feeding them" (p. xiv). There is evidence that even when agencies do have money, many children, by the time they enter the system, are so disturbed that the agencies have no great success. It is estimated that Los Angeles County spends \$276,000 per child per year at MacLaren Children's Center, a shelter that houses 156 of Los Angeles's most troubled young people. The center is supposed to provide only 30 days of care while a child is evaluated and treated and a suitable long-term placement found. But many of the children stay for more than a year, and second, third, and even fourth stays are common. Humes (2003) reports, "The children tend to be so ill, violent, and difficult to control after years of abuse that better-equipped facilities—including mental hospitals, which can use drugs and physical restraints—frequently refuse them outright or bounce them back to the center at the first opportunity" (p. 65).

Social workers have long been aware that foster care is a far from ideal place for children to grow up. Two recent studies—one by the Pew Commission (2004) and one by the Chapin Hall Center for Children (Courtney, Terao, & Bost, 2004)—have reconfirmed just how great the problems are. Foster care is supposed to be a temporary situation, but the studies found that many children languish in foster care for five or more years. Each year, 20,000 children "age out" of foster care—that is, reach their eighteenth birthdays and legally become adults without first returning to their own homes. The statistics describing the lives of these young people can only be described as grim: They experience mental health problems at three times the rate of a comparable national sample; one-quarter have been tested or treated for sexually transmitted diseases, more than four times the rate of the national sample; two-thirds of the males and one-half of the females have been arrested, convicted of a crime, or sent to a correctional facility; nearly 40 percent fail to graduate from high school and

over one-half read at below the seventh-grade level; and nearly 40 percent end up on welfare (Heyman & Fowler, 2002).

One true characteristic of Americans is that we don't like problems that can't be solved. And while we are willing to devote resources and energy to a problem for a period of time, if our money and efforts do not yield a cure, we quickly become disillusioned and want to move on to some other task. Unfortunately, the problems of child welfare cannot be cured, no matter how we view them: as an aggregate problem or individual situations. The best we can do is manage the problems, try to make the lives of children and families a little better, deal with problems of child maltreatment so extended families and neighbors do not have to, and understand all the while that there will be only few examples we can hold up to the world as triumphs. The problems faced by child welfare are not the quick-fix kind Americans like to tackle, which makes the task of child welfare lonely work.

A Final Word

Remember our friends Robert and Kathy, who were watching TV at the beginning of the chapter? Well, Kathy should have stayed up to see the end of the *NYPD Blue* episode, for she would have liked it.

In the last scene, the detectives have called the young mother in and once again have her in the interview room. One says to her, "We're sorry to have to tell you this, but your daughter is dead. She was sent to live with a family in Ohio and she caught pneumonia and died. You could be in big trouble for failing to make better arrangements for your daughter, but we're going to cut you a break. If you get out of here and never mention this to anyone, we won't tell your probation officer and you won't go back to prison. But you can't ever tell anyone about this and you can't ever ask anyone about your daughter."

The mother looks distraught and then demonstrates her total unworthiness as a parent by saying, "Well, can you give me a letter or something for the welfare office. I mean, there must be a death benefit or something that I am eligible for."

The detectives look disgusted and tell her, "Just get out of here, and never say anything to anyone."

Fortunately or unfortunately, as we have tried to demonstrate in this chapter, child welfare is never so clear and simple. In the real world, the police, as representatives of the state, would have had to refer the situation to child protective services. The agency would have first looked at the case to determine if it fit the definition of child maltreatment. They would have assessed the case in terms of law enforcement: Were any crimes committed, and if so, should the perpetrators be pursued? Next, they would have applied the medical/psychological approach: Is anything wrong with the child, her informal foster parents, or her biological mother, and if so, what resources and services are necessary to fix the problems? The structural perspective would enter the equation when someone, probably the biological mother's lawyer, accused the state

of sending the mother to prison knowing she had a child yet did nothing to ensure the child was well taken care of.

Overlaying the whole case would be whether the child welfare agency believed in child-centered or family-centered services. A child-centered agency would probably have placed the child, perhaps with the family with whom she had been living, and required that the biological mother jump through all sorts of hoops before they would agree to place the child in her care. A family-centered agency would have tried to return the child to the biological mother and provide whatever services in whatever intensity were necessary to enable her to provide a home for the child.

No matter which choices the child welfare agency made, a number of points would have been clear: Nothing was simple, no choice was obvious, and no matter what was done, not everyone would be happy.

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