EXPLORING CHILD WELFARE
A Practice Perspective

CYNTHIA CROSSON-TOWER

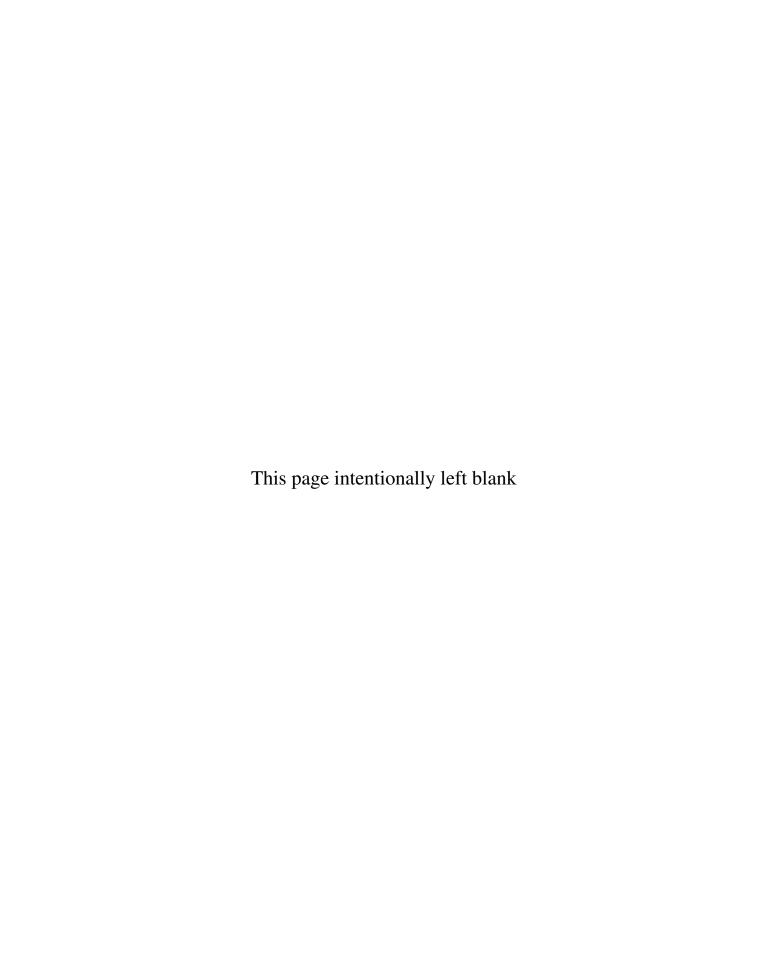| Competency	Chapter
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Engage in practices that advance social, economic, and environmental justice	1
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Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies	8
Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies	5
Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies	5
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Behaviors:	
Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies	4, 8, 13
Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies	10, 11
Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes	12
Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies	
Facilitate effective transitions and endings that advance mutually agreed-on goals	9

Competency	Chapter
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Behaviors:	
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Critically analyze, monitor, and evaluate intervention and program processes and outcomes	12, 13
Apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels	

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Exploring Child Welfare

A Practice Perspective

Cynthia Crosson-Tower

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Ⓟ Pearson

*For Andrew, whose journey
through the service system
has taught us a great deal,
with much love.*

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Preface

We cannot forget that children are our most important resource. It is through our children that we can touch the future. Children must depend on all of us to protect and nurture them to meet that future. Usually that task falls to parents. But what if they are struggling, unable, or even unwilling to carry the burden themselves? Hillary Clinton, in her book *It Takes a Village*, expanded the African saying "It takes a village to raise a child" and spoke of how it is every citizen's responsibility to ensure children's well-being.

The services provided under the child welfare system are the tools that the "village," or society, uses to care for its children. These services vary greatly in purpose, intensity, cost, and procedures. To someone unfamiliar with the services for children and their families, they may seem like a maze. This book is designed to help potential practitioners understand these services and become comfortable using them and working within a variety of fields. The following pages emphasize the practice perspective from the vantage point of the professional as well as the child or family that is being helped. Because the goal is to empower the individual and family, the term *consumer* has become increasingly popular as a way of referring to those using services. By seeing the person as a consumer, rather than a "patient" or "client" as in the past, the practitioner becomes more of a guide or support as the family seeks to help itself. Thus, the analogy of the "village" becomes stronger by bringing to mind a community that helps its members rather than disempowers them. Certainly, there are times when a family is not able to care for its children and society must step in, but with increased community efforts to support family life, we hope that this is less likely to happen.

Plan for the Text

This book is designed to explore child welfare services from the least intrusive to the more intrusive and finally those that substitute care for the family. The chapters are arranged so that, after a brief background of child welfare and the family, the reader will recognize the services that support family life, those that supplement the family's roles, and those that substitute for what the family should provide.

The overarching theme of this edition is to consider trauma-informed practice. Many—if not most—of the children who come to the attention of children's services have experienced some form of trauma, whether it be child maltreatment, exposure to violence at home or in the community, exposure to addictions, or a variety of other assaults on their development. Our schools also report that a significant number of children in our educational system are impacted by trauma of various types. Recognizing this, it is vital that those who work with children and their families do so in ways that do not further traumatize them. Throughout the chapters of this text, the authors emphasize trauma-informed practice in an effort to prepare the future professional to meet the needs of traumatized children.

Chapter 1 presents a framework for child welfare by considering the past: how children were perceived and treated and the services available for them. Chapter 2 looks at

traditional and non-traditional families. It explores the roles and rights of family members in diverse cultures. The chapter also outlines internal and external stressors that may lead a family to seek help from the community.

Many children within our society live in poverty, which makes it difficult for them to develop normally. What are the implications of growing up in poverty? Chapter 3 answers this question. It also looks at current methods of fighting poverty and speculates about ways in which society might reduce child poverty.

Poverty is not the only social problem that plagues today's children. They must deal with many issues. Two of the most prevalent are violence and addiction. Chapter 4 explores the problems facing children who grow up in a violent society, who are addicted to drugs or alcohol, or have parents who are substance abusers. Many children are also brought up by parents who are involved in military service. Chapter 5 looks at the needs of and services for military families, a population with its own unique needs. Chapter 6 acquaints the reader with the services provided for children through education and socialization, outlining childcare and school-based services and how these might be trauma-sensitive. Chapter 7 looks at families that have parenting problems that lead to child abuse or neglect. Chapter 8 discusses family preservation services that strive to keep families together in their own homes and asks the question "What *really* is in the child's best interests?" Children may come to the attention of the court system for a variety of reasons. Juvenile court services for children are outlined in Chapter 9.

Today, a problem of troubling proportions is teens having children, at a younger age than ever, and attempting the challenging role of parenting. Chapter 10 examines this phenomenon and its impact on the teens and their children.

When families are unable to provide for their children, substitute arrangements must be made. Chapters 11–13 explore these arrangements. Chapter 11 provides insight into the foster care system, from entrance into the placement process to termination. It describes the roles, feelings, and attitudes of the birth parents and foster parents. The role of the foster care social worker also is discussed. Chapter 12 outlines the adoption process, from the ways children are released for adoption to the feelings of the adoptive parent(s) and the problems they face. But not every child is able to adjust to a home environment. Chapter 13 describes residential settings for children for whom the family is not a viable alternative.

The text concludes with Chapter 14, which explores the future for children and their families. What will this century bring in the way of policy changes, resources, and new problems to be faced? These are topics of discussion for today and challenges for tomorrow's practitioners. Case examples from field experience have been woven throughout the text to help the reader see the faces behind the words.

This seventh edition provides updated information about services and their impact on children, especially in the twenty-first century, with its pervasive violence and changing values. It should be noted that much of the research on child welfare is now being done in the Canada, Britain, and other European countries as these cultures strive to cope with improving their services to children. Although I have used these sources when they were germane to the issues in the United States, some of the most current literature was based on the policies of those particular cultures.

New to This Edition

New to this edition is the format of the text.

- Each chapter features Learning Outcomes to give the student an idea of what will be covered in the chapter. These correspond to the sections in the chapter and each section is summarized individually at the end of the section.

- Throughout the chapter, you will notice words in **boldface.** These are key terms that you should know. They are further defined for you at the end of the book in the Glossary.

In addition, there have been changes in the content.

- The book has been revised with thought to trauma-informed care and treatment, a concept that is the driving force in today's service provision.
- The chapter on poverty (Chapter 3) is new and reflects the current thinking and practice in dealing with this difficult issue.
- The chapter on court services (Chapter 9) has been rewritten by an attorney who specializes in juvenile court services and reflects the most up-to-date thinking.
- The educational settings chapter (Chapter 6) has been refocused to explore trauma-sensitive educational approaches.

Exploring Child Welfare: A Practice Perspective is a suitable text for both undergraduate and graduate students in the fields of social work, human services, psychology, sociology, counseling, and education.

Instructor Supplements

This text is accompanied by the following instructor supplements, which can be downloaded from Pearson's Instructor's Resource Center at www.pearsonhighered.com. Click on Support and then Download Instructor's Resources.

- Instructor's Manual with Test Bank
- PowerPoint® Lecture Presentations

Acknowledgments

Many have helped, directly or indirectly, with the completion of this text. My thanks go first to my family—my husband, Jim, my son, Andrew, and his dad, Charlie—who have made allowances and helped me out as I sought to get these revisions in on time. My appreciation goes to my dear friend Marcia Gagliardi, who has become one of my best advocates and source of encouragement. And once again to Peggyann Prasinos, my research assistant and friend, whose cheerfulness, creativity, and computer savvy are invaluable.

The contributors to this edition deserve mention: thanks to Lynne Kellner, Laura Garofoli, Catherine Sinnott, and Kathleen Craigen.

Also, I thank the reviewers of this edition—Pamela Bailey, Montgomery County Community College; Joyece E. Dykes Anderson, University of South Carolina; Ebony English, Community College of Allegheny County; and Sheri Weistaner, Lewis-Clark State College.

This book would not be possible without the numerous students and colleagues over the years who have motivated me to explore ever new vistas in child welfare and my son, Andrew, through whose experiences I have seen child welfare services through new eyes.

Brief Contents

Contents

About the Author

Cynthia Crosson-Tower, M.S.W., M. Div., Ed. D., is the author of numerous books, including *Understanding Child Abuse and Neglect*; *When Children Are Abused: An Educator's Guide to Maltreatment*; *Secret Scars: A Guide for Survivors of Child Sexual Abuse*; *The Educator's Role in Child Abuse and Neglect*; *A Clergy Guide to Child Abuse and Neglect*; *Confronting Child and Adolescent Sexual Abuse*; and *Homeless Students*. She has also authored the monograph, *Designing and Implementing a School Reporting Protocol: A How-To Guide for Massachusetts Teachers* (revisions co-authored by Anthony Rizzuto), for the Children's Trust Fund in Boston and a similar monograph for Catholic Schools published by the Archdiocese of Boston. She is also the author of *Only Daddy's Dog*, a children's book about service dogs for veterans with post-traumatic stress disorder (PTSD).

Dr. Crosson-Tower has over 45 years of experience in child welfare practice. She has worked in protective services, foster care, adoption, and corrections; with juvenile and adult courts and with the homeless; and in a variety of counseling situations. She was also a regional trainer for the Massachusetts Department of Social Services. Her book *From the Eye of the Storm: The Experiences of a Child Welfare Worker* chronicles some of her experiences in the field. She is Professor Emerita of Behavioral Sciences at Fitchburg State University in Massachusetts and has taught seminarians at Andover Newton Theological School.

Dr. Crosson-Tower is the pastor of a church and has broadened her writing and training to include clergy. She has counseled survivors of childhood trauma and perpetrators of child sexual abuse through Harvest Counseling and Consultation. Most recently, Dr. Crosson-Tower has been working with veterans of OEF/OIF through NEADS/Dogs for Deaf and Disabled Americans. She has been instrumental in developing a program for NEADS to place specially trained service dogs with veterans returning from combat with post-traumatic stress disorder. She is at work on a memoir chronicling her experiences in developing this program and had authored several children's books about service dogs.

Dr. Crosson-Tower now consults for other service dog programs and has consulted for Assistance Dogs International, the accrediting body for service dog organizations, as they seek to develop guidelines for placing dogs for veterans with PTSD.

Introducing the Contributors

As I began writing this text, with many years in child welfare practice under my belt, it became evident to me that there were too many aspects of child welfare and too many varied services for me to know all of them in depth. For this reason, I enlisted the contributions of colleagues who are experts in their fields and who were anxious to help me present a positive picture of these services to future practitioners. The following introductions will give the reader insight into these authors and their contributions to the field.

Laura M. Garofoli, Ph.D., is associate professor of psychological science at Fitchburg State University. She is a licensed special educator and a former member of the board of trustees for the largest child care agency in central Massachusetts. Prior to her position at Fitchburg State, Dr. Garofoli was the educational assessment specialist and reading disabilities specialist at a premier residential school in Massachusetts for children with significant mental health disorders and trauma histories. She has extensive experience with disability testing and IEP development, and she continues to provide consultation services to families with learning disabled children. As the parent of a child with a rare autoimmune disorder and life-threatening food allergies, she is an active advocate and consultant for children with food allergies and health needs within her community and beyond. Her research interests include early childhood behavior and the effects of early trauma on cognition and brain development.

Lynne Kellner, Ph.D., is professor of behavioral sciences at Fitchburg State University. She supervises graduate and undergraduate students in the field. She has more than 25 years of experience in community mental health, specializing in children and family services. Other research interests include resiliency in children, creating a model of treatment for male sexual abuse victims, and evaluating a Massachusetts-based welfare-to-work program. She has authored a number of Continuing Education courses for those in the mental health fields, including ones Adoptive Families, Childhood Trauma, and Ethics of Children's Health Care. Dr. Kellner is the New England Director for the Council on Standards in Human Services Education.

Catherine C. Sinnott, Esq. is the Attorney-in-Charge of the Lowell, MA office of the Children and Family Law Division (CAFL) of the Committee of Public Counsel Services (CPCS), the public defender office of the Commonwealth of Massachusetts. She has represented children and parents in child-welfare related cases throughout the Commonwealth both in the trial and appeals courts for over 20 years. She has also represented clients in New Hampshire and in civil, probate, and criminal matters. She has great hope in the future and believes that strong families—of all kinds—ensure strong futures and that restorative justice is an essential element of law. Attorney Sinnott has been a high school teacher, a CSO, a counselor in a teen shelter, and a journalist. She is a graduate of New York University, the University of Arizona, and Boston College Law School.

Kathleen Craigen, B.S., is an Assistant Clinician for Community Resources for Justice (CRJ). Before joining CRJ, Ms. Craigen dedicated 2 years to AmeriCorps while simultaneously pursuing her education in Human Services at Mount Wachusett Community College and Fitchburg State University. Ms. Craigen has worked with a variety of populations, including at-risk youth, first-generation and non-traditional college students, and adults with developmental disabilities. Other research interests include the impact of civic learning and community engagement on students and the greater community and how public policies affect the well-being of vulnerable populations such as people with disabilities and low-income households.

My thanks and appreciation to all of the contributors.

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Children: Our Most Important Resource

LEARNING OUTCOMES

After reading this chapter, you should be able to:

- Discuss the incidence of children in need of child welfare service today.

- Describe how children were treated throughout early U.S. history.

- Describe the early efforts that were made to help children whose needs were not being addressed.

- Explain the concept of child advocacy, how it originated and how it helps children today.

- Discuss the current picture of child welfare and how services are delivered to children today.

The fate of one child in the United States today can be the fate of all children. In the interest of serving all children, we must seek to help each individual child. It is this goal toward which the child welfare system strives.

THE NEED FOR CHILD WELFARE SERVICES TODAY

There is no denying that America's children need help. Each day, 2,500 babies are born into poverty and in 1,267 cases, that poverty is extreme. At least, 1,492 of their families have no health insurance.

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Each day, 65 babies die before their first birthday while 870 are born significantly underweight. It is not only poverty that affects our children. Each day, 761 babies are born to teen mothers who may not have the resources to care for them. As children grow and live their lives, they meet other stumbling blocks. In the United States, there are 1,836 confirmed cases of child abuse and neglect each day. This does not take into account the reports of child maltreatment where there may not be enough evidence to confirm it. In public schools, and despite state laws, 838 are corporally punished. Not surprisingly, 2,857 students drop out of school each day. Children and teens also come to the attention of the juvenile justice system. Each day, 884 are arrested for drug crimes and 167 for other violent crimes (Children's Defense Fund, 2014).

As we consider the problems that plague our youth, we become aware that these figures often differ depending on racial or ethnic background. Table 1.1 provides an overview of many of these problems as they are distributed by ethnic group.

If we look at the problems that face children day by day and compare them to the statistics of the last few years, some trends become evident. Although the number of white and African American children born into poverty has decreased slightly, the numbers of Hispanic, Asian American, and Native American children have increased. On the positive side, more children of all ethnic groups that were reported now have health insurance. The numbers of low birth weight among all babies have decreased and there appear to be fewer births to teens (Children's Defense Fund, 2012, 2014).

What is responsible for such changes? Are they indicative of changes in the population or of prejudicial treatment of certain groups? As a future child welfare professional, you need to consider these demographic shifts.

All of these children are our future—our most important resource. It is up to today's adults to intervene so that all children will have a better future. This is the challenge facing the child welfare system.

To understand our view of children and our responsibility to protect and provide for them, we must consider the history of children's services. A brief history follows. Individual chapters expand on the etiology of specific services.

Summary of This Section

- America's children suffer from a variety of problems including poverty, low birth weight, early death, and lack of health insurance.
  - Some children drop out of school, are suspended from school, are arrested, are abused or neglected, and are killed by guns.
  - The percentages differ between various ethnic groups.
  - These circumstances require societal intervention that is provided through child welfare services.

A BRIEF HISTORY OF THE PLIGHT OF CHILDREN

The concept of childhood as we know it is relatively new. At one time, children were seen as miniature adults with many of the responsibilities of adults but few of their rights. Novels of various periods often reflected children's plight. For example, Disraeli's novel *Sybil: The Two Nations* (1845) described how children were subjected to horrendous conditions (sleeping on dirty moldy straw in damp cellars amid waste, both human and

Table 1.1	Comparison of Children's Problems in the United States by Ethnic Group														
	White			African American			Hispanic			Asian American			Native American		
	2008	2011	2014	2008	2011	2014	2008	2011	2014	2008	2011	2014	2008	2011	2014
The number of children every day who															
Die in infancy	51	52	30	24	25	19	NR	NR	13	NR	NR	2	NR	NR	1
Are born into poverty	781	811	737	755	607	597	867	955	1,153	79	57	66	53	23	44
Have no health insurance	672	725	633	312	332	104	1,098	944	408	NR	NR	49	NR	NR	19
Are born at low birth weight	75	447	407	224	233	211	186	198	173	NR	NR	61	NR	NR	10
Are born to teen mothers	819	846	331	292	312	199	382	402	285	21	21	15	22	24	18
Are suspended by public schools	7,552	7,236	5,233	6,792	6,916	6,191	3,303	3,726	3,453	335	351	189	238	267	129
Are arrested	2,982	2,722	4,408	1,345	1,296	1,274	NR	NR	NR	64	64	55	56	51	54
Are arrested for violent crimes	95	86	88	103	96	95	3	NR	NR	2	2	2	2	1	2
Are arrested for drug abuse	268	266	303	118	94	95	NR	NR	NR	3	4	5	4	3	5
Drop out of high school	1,856	1,270	1,066	439	936	763	761	NR	834	106	98	81	NR	62	67
Commit suicide	4	3	4	NR	1	1	NR	NR	1	NR	NR	NR	NR	NR	NR
Are killed by guns	NR	4	2	NR	4	3	NR	NR	1	NR	NR	NR	NR	NR	NR
Are abused or neglected	1,198	823	805	556	417	384	419	387	399	24	21	19	NR	20	21
NR = not reported															

animal). In the novel, a child was given drugs by his nurse and eventually left to die on the streets at age 2. Charles Dickens wrote of children apprenticed to cruel masters and kept in poorhouses where their needs were neglected (see *Oliver Twist*, 1987). David Copperfield was neglected by his stepfather and eventually sent to work in a dirty, dark warehouse (Dickens, 1981). In literature, numerous other accounts speak of how children were treated as chattel and abused and neglected because adults saw them as expendable.

Abortion, Infanticide, and Abandonment

Abortion did not originate with contemporary society, nor did contraception. If contraception was ineffective, abortion was the traditional solution. Numerous studies reveal that abortion was widely accepted in ancient societies. Unwanted children who were not aborted were often abandoned or killed. **Infanticide** was common. During the Roman Empire and the flourishing of the Greeks, infanticide, although prohibited by law, apparently was one response to poverty and the burden of too many female children. Despite admonitions by secular officials and clergy not to continue in the killing of children, the practice seems to have persisted in Western Europe as late as the early nineteenth century (Stone, 1977).

From historical references and popular ballads of early times, we also know that infanticide was one solution to bearing children out of wedlock. For example, the well-known old English ballad "Mary Hamilton" tells how a lady-in-waiting to the Queen (believed to be Mary, Queen of Scots) became pregnant by the royal consort ("the highest Stewart of all") and was driven to solve her problem by tying it in her apron and casting it into the sea to drown (Symonds, 1997).

Infanticide was used to control the population and ensure that the populace would remain strong and healthy. In their early histories, Hawaii and China practiced infanticide as a form of maintaining healthy populations. Hawaiians drowned sickly children and sometimes female children (ten Bensel et al., 1999).

Since there was no agency for their protection, practices such as infanticide were considered to be the prerogative of the parents who had the ultimate authority to determine the fate of their children. Occasionally, a child's death would be noted by the courts and the parent prosecuted. For example, in 1810 a woman was tried for admitting that she had killed her baby. However, a jury found her not guilty, possibly due to insanity (Myers, 2008). Before 1875, the only remedy for the killing of children was prosecution and yet parents were often exonerated. On the other hand, if children were particularly unruly, parents might be brought to the attention of a magistrate for not teaching their children appropriate moral behavior (Myers, 2008).

Sometimes infanticide took the form of abandonment. Parents unable to care for their children might leave them to die or to be found by someone else. Caulfield's (1931 as cited in Kadushin and Martin, 1988) remarked that in England in the 1700s, abandoning unwanted infants drew little comment or consequences. Even during the late 1800s, children were abandoned in the streets of New York City at an astonishing rate. Although we would like to think that abandonment is a practice of the past, the high incidence of drug addiction among parents of young children means that some children continue to be abandoned and even killed.

Child Labor and Education

During the seventeenth and eighteenth centuries, approximately two-thirds of children died before the age of 4 (McGowen, 2005; Myers, 2008). Those who did live were expected to work along with their parents. Farm children in a largely agrarian society did

chores to contribute to the family's livelihood. At one time, children were also indentured to learn trades. **Indenture** was an arrangement whereby a child would be given over to an individual who could teach the child (usually male) a trade. Some of these children were well-treated but others were not. In *Oliver Twist* (1987), Dickens depicted the plight of one such apprentice. Oliver was the apprentice to an undertaker who not only mistreated him but also exposed him to the fine points of death. Like Oliver's master, many people who used apprentices made them work long hours and in unreasonable circumstances.

The industrial revolution brought a new way of using children in the workforce. Children were more plentiful than adults and, due to their small hands and bodies, able to do jobs that adults were too large or cumbersome to do. For example, children were frequently employed in mining and chimney sweeping because they could enter tight places. Little thought was given to the effect of the soot or mine dust on their growing bodies. In addition, children could be paid very little. Because they were thought to have no rights, few people objected to the long hours they were expected to work, the conditions under which they labored, or their treatment in general. Often, parents who depended on their child's bringing in extra income dared not protest the child's maltreatment if they knew about it. Other parents felt that their children owed them the wages they earned, whatever the conditions.

It wasn't until the late nineteenth and early twentieth centuries that child labor was addressed in a significant way. Through the efforts of reformers such as Jane Addams, Homer Folks, and Grace Abbott, the National Child Labor Committee (NCLC) was organized in 1904 to undertake reforms on behalf of working children (Stadum, 1995; Whittaker, 2003; Reef, 2007). Through its numerous publications that reported field investigations, the NCLC appealed to church, women's, and college groups to advocate for the reform of child labor laws. The message was straightforward. Reformers believed that children could help with tasks around the farm or home but that they should also be allowed a childhood free from "unhealthy and hazardous conditions," "unsuitable wages," and "unreasonable hours that could interfere with their 'physical development and education'" (Trattner, 1970, 9–10).

The first White House Conference on Children in 1909 stimulated the establishment of the U.S. Children's Bureau in 1912. It was the Bureau's role to advocate for children. One of its first tasks was to further child labor reforms. The number of children in the workforce who were 10 to 13 years old had dropped from 121 per 1,000 in 1900 to 24 per 1,000 by 1930 (Trattner, 1970), but many children were still being used as migrant labor, and many were uncounted in the census. When the Fair Labor Standards Act of 1938 established rules governing wages and hours for all workers, Grace Abbott of the Children's Bureau lobbied to expand the act to ensure that children younger than 16 could not be used in certain industries (Stadum, 1995; Whittaker, 2003; Reef, 2007; Myers, 2008).

However, the economic needs of World War II strained the enforcement of child labor laws, and the NCLC changed its focus to vocational training for children leaving high school. This change in focus would culminate in the NCLC's becoming the National Committee on the Employment of Youth in 1957 (Trattner, 1970).

It would seem that early child labor laws would be applauded by all, but some families found that the enacted prohibitions meant that there was one less wage earner in the family. Recognizing families' needs, social workers questioned the new legislation's stringency. At the same time, poor parents were often portrayed as lazy individuals who would rather send their children to work in factories than become employed themselves. Rarely did the hardworking parents who labored along with their children to eke out a meager livelihood come to the attention of the media or public (Stadum, 1995; Myers, 2008).

States began to allow children to be employed if a severe family need could be documented. The NCLC opposed such exceptions, and by 1921, most states had eliminated this practice. The NCLC argued that allowing children to work for low wages actually contributed to family poverty by "driving down the pay for adults who should be the household supporters" (Stadum, 1995, 37).

Along with the argument against child labor came the push for mandatory school attendance. Thus, school attendance laws piggybacked the child labor laws while some parents questioned the need for formal education of children needed as wage earners. The first compulsory attendance laws in the 1920s addressed children under the age of 14; by 1927, most states had increased the age to 16. Still, if families could demonstrate an economic need, children were given a certificate that allowed an exception from school in favor of earning a wage. Even if a child did attend school, it was permissible for him or her to complete a full week's work after school hours (Stadum, 1995).

It often fell to the juvenile courts to verify a family's need to require their children to work. In some areas, this task fell to the Charity Organization Society (COS). It was the role of the COS (later called the Family Welfare Association) to advocate and coordinate services for families in need of assistance (Ambrosino et al., 2011). When COS workers refused to grant the requests of parents to have their children work instead of attending school, tempers flared and the debate became heated. To encourage children to stay in school, the COS began instituting "scholarships" for needy families that equaled what the child would have earned in wages. Reformers discovered that these scholarships increased children's likelihood of remaining in school. "Mother's pensions" were also given to a select group of women who were raising their children on their own. These payments became the forerunner of Aid to Families with Dependent Children (AFDC) (Stadum, 1995; Myers, 2008; Ambrosino et al., 2011).

Today, most states decree that children must remain in school until age 16. More recent legislation protects children from unfair labor practices and ensures that they have an opportunity for an education.

Policy Practice

Behavior: *Assess how social welfare and economic policies impact the delivery of and access to social services.*

Critical Thinking Question: What does the history of child welfare say about the evolution of the attention to the rights of children? How have policies evolved? How might knowing the history of child welfare inform your own practice?

Summary of This Section

- Prior to the twentieth century, children were seen as mini adults with similar responsibilities to their superiors.
- Children were considered to be the property of their parents and for the most part, parents had the ultimate say over the fate of their children.
- Infanticide, the killing of children, was an early solution to unwanted, malformed children or children who were not of a desired gender.
- Unwanted children or those for whom parents were unable to care of might also be abandoned.
- There was no agency until the late 1800s that was responsible for the protection of children.
- Children were also expected to work alongside of adults, and some children were placed by their parents in indenture—the practice of working with a master to learn a trade.
  - The Industrial Revolution increased the need for children in the workforce as their small bodies and dexterous hands and fingers were needed for certain tasks.
  - Early reformers expressed concern about child labor and other treatment of children resulting in the first White House conference in 1909. This resulted in important legislation to protect children.

EARLY EFFORTS TO CARE FOR AND HELP CHILDREN

Out-of-Home Care

Because children were originally considered their parents' property, parents were expected to take responsibility for their children unless they could not do so. Poor parents took their children with them to suffer the degradation of **almshouses**. Other children remained at home, and their parents received "outdoor relief," a form of in-kind assistance. Orphans and children who could not be kept by their parents were cared for by others, originally church-sponsored organizations. The first U.S. **orphanage** was the Ursaline Convent, founded in 1727. But orphanages were slow to develop. There were only 5 U.S. orphanages in 1800 and only 77 in 1851. However, once the idea took hold, orphanages quickly multiplied. By 1900, there were 400 (Smith, 1995). By 1910, 110,000 children resided in 1,151 orphanages (Smith, 1995). Orphan asylums, as they were sometimes called, might house a few children or many. Although these institutions were established primarily to care for dependent children, Holt (2004) chronicles the development of orphanages for Native American children that attempted to **enculturate** the children into white society (see also O'Connor, 2004; Coleman, 2007). The late 1800s also saw children being moved from orphanages and "placed out." Instituted largely by **Charles Loring Brace**, **placing out** gave children an opportunity to live with families in the midwestern United States (O'Connor, 2004). Children were transported by orphan trains to waiting parents, often on farms. Here the children were fostered or adopted becoming extra hands to work with the family (see Chapter 11 for more complete details). However, as the number of western farms declined, so did the demand for dependent children as free labor at the turn of the twentieth century (Hegar and Scannapieco, 1999).

For the children who remained in orphanages, life varied depending on an institution's type, administration, and particular environment. Corporal punishment was the norm, and little thought was given to children's developmental needs. Life in an orphanage gave children actual necessities like shelter and only sufficient food to prevent starvation. These children were seen as pathetic individuals who needed the charity of others (Thurston, 1930).

Early childcare institutions were also largely segregated. In fact, the only facilities for many African American children were jails or reform schools, even when they were not delinquents. In the early twentieth century, associations of African American women began to address the needs of African American children (Peebles-Wilkins, 1995). Mary Church Terrell (1899), the first president of one such organization, explained that the mission of these organizations was to build a foundation for the future by promoting morality, integrity, and strength in children with the hope that by molding children—the future of the world—with these values, such issues as prejudice would be eliminated.

Institutions specifically for African American children, such as the Colored Big Sister Home for Girls in Kansas City, Missouri, and the Carrie Steele Orphan Home in Atlanta, began to emerge (Peebles-Wilkins, 1995). As in the case of African American children, little was provided for Native American children. Whether or not they had parents to care for them, they often were sent to orphanages or boarding schools as a way of not only providing for their care but also enculturating them into white society (Holt, 2004). Childcare institutions were not fully integrated until the mid-twentieth century.

During the 1920s, the institutions saw the need to modernize slightly. Increased recognition of children's needs prompted attempts to provide more humane treatment and

more "advantages" to the residents. Punishments continued to be severe in some cases, in spite of reformers' criticisms of corporal punishment.

Another way to care for dependent children became the **free boarding home**. Here, children were placed with families who agreed to assume their care, initially for no compensation. Eventually, a fee was granted for room and board, and agencies began to study those wanting to provide homes. These "free homes" were a precursor of today's family foster homes (see Chapter 11).

Children in orphanages and boarding homes were expected to show gratitude for their care by being respectful, compliant, and generally well-behaved. Children who misbehaved were threatened with expulsion. Children who complied with the institution's rules could stay until their majority (Hacsi, 1995; Smith, 1995; Holt, 2004; McGowen, 2005).

With the recognition that children need families, the use of orphanages declined in favor of family foster care. During the 1940s and 1950s, child welfare advocates spoke of the limitations of institutional care for children. Lillian Johnson, executive director of the Ryther Center in Seattle, compared an institution for a child to a life jacket that keeps the child's head above water until he or she can be helped to find solid ground (Smith, 1995, 135). The number of children in childcare institutions dropped from 43 percent in 1951 to 17 percent in 1989 (Merkel-Holguin, as cited in Wolins and Piliavin, 1964; Smith, 1995).

Today it is rare to find an institution dedicated solely to providing care for dependent children. Instead children are cared for by providing assistance payments to their parents or in family or group foster care. Current institutions are reserved for emotionally disturbed or delinquent children (see Chapter 13).

Childcare

Parents were expected to provide their children's daily care. During the years of the at-home mother, this usually was not a problem. However, World War II and the advent of the mother who joined the workforce considerably changed this picture. Working mothers were confronted with a variety of challenges during World War II in that there was marked hostility toward mothers working outside of their home even in the service of defense. Numerous well-known critics, including Father Edward J. Flanagan of Boys Town, J. Edgar Hoover of the FBI, and other defenders of the father-led family spoke out against these women (Tuttle, 1995).

The advent of these working mothers, many of whom had husbands fighting at the front, necessitated that new programs be instituted for the care of their children. Signed by Franklin Roosevelt, the Defense Housing and Community Facilities Act of 1940, more popularly known as the **Lanham Act of 1940** provided, among other funds for communities, money for childcare centers. Despite suppositions that the end of war would see mothers returning home to care for their children, "Rosie the Riveter" found that she enjoyed her new freedom and her family's increased income. The era of working mothers had begun, and childcare outside the home increased (Stoltzfus, 2004). That trend has continued to the present. Many families currently depend on the mother's income to survive.

Summary of This Section

- Children whose parents were poor might be sent to poorhouses or almshouses along with their parents.
- Children with poor or absent parents might also be relegated to orphanages. The first orphanage was in 1727 but these institutions were slow to develop until the mid-1800s.

- In the late 1800s, Charles Loring Brace developed the practice of "placing out" or sending children on orphan trains to new homes in the midwestern United States.
- For those who remained in orphanages, life was not always easy.
- Orphanages were segregated well into the twentieth century. There were fewer orphanages for African American children and little or nothing for Native American children.
- Eventually free boarding homes developed—the precursor to today's foster homes.
- During World War II, more mothers were forced to join the workforce necessitating day-time care for their children. The Latham Act of 1940 provided funds for childcare.

ADVOCACY IN THE PROVISION OF CHILDREN'S SERVICES

Over the years, a number of agencies, individuals, and pieces of legislation have actively advocated the provision of services for children. One of the earliest agencies to advocate for children was the New York Children's Aid Society, founded in 1853. Through this organization, Charles Loring Brace began to address the needs of dependent children through "placing out" (see Chapter 11). If the numbers attest to success, this agency's efforts were extremely successful. By 1873, Brace's program had placed 3,000 children; in 1875, the peak year, 4,026 children found new homes in this manner (Hegar and Scannapieco, 1999; Popple and Leighninger, 2010; Ambrosino et al., 2011; Zastrow, 2013).

The 1874 case of **Mary Ellen Wilson** (see Chapter 7) elicited the efforts of Henry Bergh, then director of the American Society for the Prevention of Cruelty to Animals, and his colleague Elbridge Gerry, who advocated not only for Wilson but also for all the abused and neglected children by forming the Society for the Prevention of Cruelty to Children, the first agency with the specific mission of intervening in cases of child maltreatment (McGowen, 2005; Shelman and Lazoritz, 2005).

Another group of advocates in the latter part of the nineteenth and early twentieth centuries consisted of individuals associated with the settlement house movement. **Jane Addams**, **Julia Lathrop**, and others blazed the way for reform in child labor, the court system, and other matters affecting children.

In 1912, the **U.S. Children's Bureau** was established as a result of the first White House Conference on Children in 1909. Its creation marked the first recognition that the federal government had any responsibility in the provision of services for children. Lathrop became the first director and led efforts to institute programs to improve maternal infant care and decrease infant mortality. The Government Printing Office still carries one of the Bureau's first publications, *Infant Care*, which has undergone more than 20 revisions since its first printing (Johnson and Schwartz, 1996; Downs et al., 2008; Ambrosino et al., 2011).

The **American Association for Organizing Family Social Work** (later the Family Service Association of America) was founded in 1911, and the **Child Welfare League of America** was founded in 1921. Both organizations established standards for the provision of children's services and led the way in promoting research, legislation, and publications related to child welfare (Johnson and Schwartz, 1996; Ambrosino et al., 2011; Child Welfare League of America, 2011).

Although it is not always thought of as advocacy for children specifically, the **1935 Social Security Act** (SSA) established mothers' pensions (later, AFDC and Transitional Assistance) and mandated that states strengthen their child welfare services. The act also promoted the views that poverty is a major contributor to family problems, that children should be left in their homes whenever possible, that states should be allowed to intervene to protect family life, and that the federal government should play a larger role in overseeing child welfare services (Popple and Leighninger, 2010; Ambrosino et al., 2011).

The 1960s and the War on Poverty saw the development of **Project Head Start**. This program was based on research being done on child development and the effects of stimulation and poverty on children's ability to learn in school. Head Start strove to ensure that economically disadvantaged preschool children would receive medical care, nutritional services, and educational preparation to help them succeed in school (Vinovskis, 2005).

Another important advocacy agency for children, the **Children's Defense Fund** (CDF), was founded by Marian Wright Edelman in 1973. Deeply involved in the civil rights movement of the 1960s, Edelman felt that there was a need to help children throughout the country regardless of their race or class. The CDF encouraged parental involvement and change within the community. Early on, the CDF dedicated itself to various aspects of child welfare including: improving children's access to education, advocating for children with special needs, ending medical experimentation on children, increasing children's rights to privacy in the computerized age, reforming juvenile justice, and monitoring and improving foster care services.

Since its beginning, the CDF has also addressed child abuse and neglect, teen pregnancy, homelessness, and parenting issues.

In 1974, both the Title XX amendments to the SSA and the **Child Abuse Prevention and Treatment Act (CAPTA)** made major contributions to the provision of services for children. PL 94-142 (part of the Title XX amendments) ensured the education of all handicapped children (see Chapter 6), and CAPTA mandated reporting of child maltreatment, encouraged and provided funds for research, and mandated training for the recognition, prevention, and treatment of child abuse and neglect (Child Welfare Information Gateway, 2008; Ambrosino et al., 2011; American Bar Association, 2011) (for an excellent discussion of CAPTA, see Children's Bureau, 2014).

Perhaps a forerunner of today's emphasis on family preservation (see Chapter 8) and permanency, the **1978 Indian Child Welfare Act** sought to protect tribal rights and stop the frequent removal of Native American children from reservations to the homes of whites, a practice that betrayed their heritage and destroyed their kinship networks. This act may have prompted African American activists to insist that children from their cultural background also be kept within their own kinship and extended family systems (Pevar, 2004).

The 1991 **Indian Child Protection and Family Violence Act** (PL 101-630) further extended provision of services to Native American children. The act mandated the reporting of child abuse on Native American reservations. Prior to the act, there was potential for confusion as to whether abuse was handled by tribal councils or by the local child welfare agency. This uncertainty caused inconsistency in services (Pevar, 2004).

The **Adoptions Assistance and Child Welfare Reform Act** (PL 96-272) of 1980 further addressed permanency planning. This act discouraged placing children in foster care, required case plans, and mandated that reviews of services be done every 6 months. It also provided federal funding to assist the adoption of special-needs children. After this law was instituted in the early 1980s, the number of children in foster care dropped from an estimated 500,000 to an estimated 270,000. However, some think that the numbers of abused

and neglected children have risen since the act was instituted (Johnson and Schwartz, 1996; Ambrosino et al., 2011).

During the 1980s and 1990s, several pieces of legislation affected the provision of services for children, although they were not all directed specifically at children. **The Public Health Act of 1987** addressed teen pregnancy by establishing programs for pregnant and parenting teens. The Special Education for Infants and Toddlers Act enacted in 1989 enables developmentally delayed young children to receive services. The Developmentally Disabled Assistance and Bill of Rights Act of 1990 requires that developmentally delayed individuals, including children, receive services in the least restrictive setting. Despite the passing of such acts, the funds to implement them are not always available. In addition, ceilings have sometimes been placed on the funding allocated to meet client needs (Ambrosino et al., 2011).

In 1993, the **Omnibus Budget Reconciliation Act** established the **Family Preservation and Support Services Program**, which provided funds for states to develop family support and preservation programs. Although there had been amendments to CAPTA, this was the first major piece of legislation since 1980 to specifically address child welfare. This act was directed toward vulnerable families and attempted to strengthen services to parents in order to enhance parental functioning and protect children. The act was designed to be culturally sensitive and family-focused, with an emphasis on preserving the family unit (Downs et al., 2008). In addition to specific services such as foster care and adoption, child welfare agencies were encouraged to explore the resources of kinship and community care to meet children's needs (Children's Bureau, 2015b).

The Welfare Reform Act of 1996 also affected children and the services provided to them (see Chapter 3). In 1997, the **Adoption and Safe Families Act** was signed into law. This legislation was designed to advocate for the safety of children and promote adoption or other permanent homes (Levy and Orlans, 2014) (see Chapter 12 for details). This law represents the most significant changes in the foster care and adoption system to date. In 1999, the **Foster Care Independence Act** sought to improve services for children as they "aged out" of the foster care system.

In 2000, the **Child Abuse Prevention and Enforcement Act** (PL 106-177) also sought to reduce the incidence of child abuse and neglect. It authorized federal funds to states for prevention programs and for improvements to their criminal justice systems that would enable them to make more-accurate criminal history records available to child welfare agencies. The Intercountry Adoption Act of 2000 (PL 106-279) was aimed at improving adoption services.

The **Promoting Safe and Stable Families Act** of 2001 (PL 107-133) addressed the needs of the children of incarcerated parents as well as improved the services for youth who were aging out of foster care. In 2003, the Keeping Children and Families Safe Act (PL 108-36) served to amend and reauthorized CAPTA; it also addressed adoption services and family violence. Later amendments to Title IV of the SSA provided additional support to adoption and foster care (see the Adoption Promotion Act of 2003, PL 108-145; Fair Access Foster Care Act of 2005, PL 109-113; Safe and Timely Interstate Placement of Foster Children Act of 2006, PL 109-239; and Child and Family Services Improvement Act of 2006, PL 109-288).

Increased concern over child exploitation through abduction, child pornography, and access to children by offenders through the Internet led to the **Adam Walsh Child Protection and Safety Act** of 2006 (PL 109-248), which honored the memory of Adam Walsh, who was kidnapped from his Florida home in 1981 and later found murdered. His father, John Walsh, has become a strong advocate for legislation and services to prevent child abuse. (For a more complete summary of the above legislation, see the Child

Welfare Information Gateway page of the U.S. Department of Health and Human Services website.)

In October of 2008, the **Fostering Connections to Success and Increasing Adoptions Act** of 2008 (PL 110-351) amended parts B and E of Title IV of the SSA in an effort to further support relatives who are caregivers, improve outcomes for children in foster care, and enhance incentives for adoption. The law also addressed tribal child welfare providing for better foster care and adoption access.

On December 20, 2010, President Obama signed PL 111-320, a 5-year reauthorization of the federal CAPTA that had last been reauthorized in 2003. This reauthorization made minor changes related to the responsibility of parents for fetal alcohol spectrum disorder, permanency planning when parents have been sexually abusive, the case tracking required of child welfare agencies, and several considerations for homeless children (see American Bar Association, 2011 for more details).

The **Patient Protection and Affordable Care Act** (PL 111-148) of 2010 is recognized as an effort to provide medical care for all citizens of the United States including children. However, this law also had specific provisions for child welfare including the extension of Medicare coverage for former foster children until the age of 26, mandated case reviews for children aging out of the foster care system and increased services for teen parents.

The **Child and Family Services Improvement and Innovation Act** (PL 112-134) of 2011 fine-tuned some of the services provided to children through child welfare agencies including such issues as better coordination of children's health care services, monitoring the trauma caused to children by removal and subsequent placements, advocacy for expedition of permanent placements, promotion of better reunification plans when appropriate, and requirements for the number of social worker visits (for more information, see https://www.childwelfare.gov/pubpdfs/majorfedlegis.pdf).

The **Preventing Sex Trafficking and Strengthening Families Act** of 2014 made some improvements in the provision of child welfare services in addition to building in safeguards for children at risk for sexual trafficking.

Current discussions about various issues of public policy greatly affect the provision of child welfare services. In addition, children are exposed to a variety of social problems that affect their well-being. The high incidence of drug use among both parents and their children influences child development. Drug use carries the threat that children will be exposed to HIV. Further, increased violence in our society makes children especially vulnerable to harm. The fact that many of our nation's homeless are women and their children means that even the basic needs of some children are not being met.

Policy Practice

Behavior: *Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.*

Critical Thinking Question: What trends do you see in the legislation that influences child welfare practice? How has the intervention evolved in the field of child welfare? What do you feel has most influenced the services provided to children today? In what areas is policy still needed?

Summary of This Section

- One of the earliest agencies to advocate for children was the New York Children's Aid Society Founded in 1853. It was his agency that sponsored Charles Loring Brace's orphan trains.
- The dramatic beginning of child protection centered around the case of Mary Ellen Wilson, a neglected and abused child, in New York city in 1874.
- In the late 1800s, settlement houses were also instrumental in advocating for children and in the furthering of programs to benefit children.

- The American Association for Organizing Family Social Work (later to become the Family Services Association of America) was established in 1911.
- The Children's Bureau was established in 1912 as a result of the first White House Conference to address the need of children.
- One of the most active agencies today to benefit children, the Child Welfare League of America was founded in 1921.
- Other significant agencies emerged during the twentieth century, including Head Start in the 1960s and the Children Defense Fund in 1973.
- The twentieth century has also seen some significant legislation that impacts children. Some of the most significant has been the Child Abuse Prevention and Treatment Act (CAPTA) of 1975, the Indian Child Welfare Act in 1978, Adoption Assistance and Child Welfare Reform Act of 1980, the Family Preservation and Support Services Act of 1993, and the Adoption and Safe Families Act of 1997.
- In 2010, President Obama signed the reauthorization of CAPTA.
- The Patient Protection and Affordable Care Act (PL 111-148) of 2010 was designed to ensure that all citizens had adequate health care, but this legislation also contained directives for the improvement of child welfare services.
- Other legislation since 2010 has been the Child and Family Services Improvement and Innovation Act (PL 112-134) of 2011 and the Preventing Sex Trafficking and Strengthening Families Act of 2014.

PROVIDING SERVICES FOR CHILDREN TODAY

Today's Children

Today, minority children remain underserved. Although most children in foster care are African American, the traditional foster family is white. Black advocacy groups argue that placing African American children with white families robs the children of their cultural heritage (Hegar and Scannapieco, 1999). Despite the fact that the rate of minority children in the United States grows yearly, there is still prejudice and discrimination prevalent in the field of child welfare as in any other area of public service.

Over the last decade, there has been a marked increase in the number of immigrants in the United States and currently one-quarter of all children in the United States are either foreign born or have foreign born parents. The highest percentage of immigrants are Hispanic from Mexico and Latin American countries followed in number by Asians. The stresses faced by immigrant families attempting to acculturate to their new surroundings may increase their risk for needing child welfare services (Dettlaff et al., 2012; Children's Bureau, 2015a).

In addition to legal immigrants, there are approximately 11.2 million unauthorized immigrants in the United States in 2012. Approximately 7 percent of children in K–12 have at least one unauthorized immigrant parent (Krogstad and Passel, 2014). There is no way of estimating the number of children in this category who are below school age. Or how many of the total number of children will come to the attention of the child welfare system. Of those who are documented as already involved with child welfare agencies,

Human Rights and Justice

Behavior: *Engage in practices that advance social, economic, and environmental justice.*

Critical Thinking Question: How have the services provided for diverse groups differed? How do you feel this has impacted child welfare today? How do you see yourself engaging in activities that will benefit families from diverse economic and cultural backgrounds in the interest of social and economic justice?

67.2 percent are Hispanic, 14.8 percent are white (non-Hispanic), 10.0 percent are African American (non-Hispanic), and 7.5 percent are Asian (non-Hispanic) (Lincroft and Dettlaff, 2010; Dettlaff et al., 2012).

The diversity of the represented cultures now living within the United States has challenged the social service system. For example, a social worker in a large eastern city recounted the following story.

Case Example   Learning About Diverse Populations

We have had a large number of Cambodian families in our city for several years. Because of this, our social workers received training in some of the cultural issues so that we would know how to deal with these families. Then quite a few Hmongs moved here. The Hmongs are Laotian hill people who have customs that are quite different from the Laotians themselves. They have what we might consider somewhat archaic ideas of courtship and child-rearing and helping them to integrate into our culture has been a real challenge. Understanding these families, along with the Vietnamese parents, the several Chinese clients, and the families from India and Pakistan we serve, has kept us very busy. The cultural variations among these folks are great and to treat them all the same does them a great disservice.

There is often a need for increased collaboration with other professionals and agencies who provide care to immigrant families. There may also be a lack of engagement between those in child welfare agencies and immigrant communities (Dettlaff et al., 2012). There is a need for better training for child welfare workers to meet the needs of these populations.

Services for Today's Children

Today, child welfare services emphasize trauma-informed practice, an approach that is based on the understanding that children who come to the attention of child welfare services have experienced at least one form of trauma and that the services offered to them and to their caretakers must be strength-based and emphasize physical, psychological, and emotional safety for the victims/survivors as well as for providers. The goal will be for those being served to gain a sense of control and empowerment that can lead to healing.

Services within child welfare strive first to support the family in its crucial role. If this is not sufficient, it may be necessary to supplement the family's strengths or resources. The last resort is for substitute care for children with the hope of some permanent plan— either reunification with their families or alternate homes (e.g., long-term foster care, kinship care, or adoption). Child welfare advocates agree that, whenever possible, the best place for children is with their families. Thus, families must receive assistance in solving whatever problems make it difficult to deal with their parenting role.

There is also increased emphasis on serving children with special needs in addition to trauma. In educational settings (see Chapter 6) and substitute care settings (see Chapters 11 and 14), practitioners recognize that the needs of children with a variety of disabilities require alternative methods of intervention.

Experts have become increasingly aware of how the services offered to children and their families affect the consumers that they strive to benefit. We have long recognized the importance of early development on children's later ability to function. We know from the studies of Bowlby (1982, 1988) and others that mother-infant bonding is important in the formation of the individual. Levy and Orlans (2014) emphasize the importance of

attachment between the child and the caretaker in the early stages of life. It is this base that will influence the child's development, relationships, values, and well-being.

Attachment is created through a consistent, reciprocal relationship between parent and child. The absence of such a relationship compromises or disrupts attachment, putting the child at risk for serious problems. *Attachment disorder* can be created by such circumstances as parental substance abuse, child abuse or neglect, teen parenting, family violence, poor environmental stimulation, separation, and poverty (Brisch, 2004; Blaustein and Kinniburgh, 2010). These are the circumstances that bring children to the attention of the child welfare system. So court intervention removes the neglected child of a drug-abusing mother who was battered by her husband from the only home the child has known. This child demonstrates many characteristics associated with attachment disorder: difficulty with trust, inability to be affectionate or empathize with anyone, intense anger, lack of compliance with caregivers, self-destructive behavior, destruction of property, cruelty, and hyperactivity. What does such a child need to heal? Most needed are consistency, compassion, and patience (Blaustein and Kinniburgh, 2010; Brisch, 2014; Levy and Orlans, 2014).

Enter the child welfare system. The already traumatized child is placed in a foster home, then another, and then another. The child is placed for adoption, but the placement fails and the child returns to foster care. Finally, convinced that this child is unable to make a transition to another family, social services then places him or her in residential treatment and thus exposes him or her to numerous residential caregivers, many teachers, and several therapists. With such inconsistency and interrupted relationships, how can we wonder why such a child does not improve?

However, we cannot totally condemn the child welfare system. Practitioners have spent years trying to make the system work for children (see Crosson-Tower, 2015), yet experts feel we are far from achieving that goal. Now it is up to the future generation of professionals to recognize the need for more consistency in the lives of troubled children. There are many ways to accomplish this consistency, as the following chapters will demonstrate. We have the knowledge to improve the lives of children and their families. It is now up to us to reevaluate and make the system work.

Services in the Future

It is impossible to predict this century's challenges to the provision of child welfare services because environmental influences (e.g., political climate and economics) constantly change. The unprecedented amount of legislation aimed at helping families that was enacted in the last 2 decades is beginning to have an impact on services. Yet, many unresolved issues from the past century involving children and their families continue to plague us. These include poverty, inadequate health care, domestic violence, child abuse and neglect, and substance abuse. The need for preventive and restorative services for children and their families will continue. Throughout its history, the United States has failed to meet this need. The federal government has funded services only if problems became serious and affected increasing numbers of people. The trend has been to seek one solution to the needs of those experiencing similar problems and to reuse unsuccessful "solutions" with a slight twist and then blame the victims when new programs again fail. For example, the Temporary Assistance to Needy Families programs developed through the Personal Responsibility and Work Opportunity Act of 1996 are really "workfare" programs. Some individuals succeeded in leaving welfare; others have not. Research to evaluate the effectiveness of such programs is only beginning.

What direction should child welfare services and related policy making take in the remainder of the twenty-first century? The goal is to develop and implement a national family policy based on programs and services that exist in other family-friendly industrialized nations. In effect, residual services would be replaced by institutional services available to those in need as problems arise, with no stigma attached. Both prevention and trauma-informed treatment would be emphasized (Ko et al., 2008). A bureaucratic structure would continue to be necessary for delivery of services. However, agencies would have the flexibility to individualize services based on clients' specific needs. Programs and services would be modeled after those that existing research indicates meet the service goals for families. Additional research findings would guide decisions about continuing, changing, or discontinuing services.

To accomplish this revision of services, effective lobbying of those with political power at the local, state, and national levels would have to occur. Lobbyists would need to be knowledgeable about research findings and realistic about costs. The tax structure would have to be changed to support comprehensive services that would involve higher tax rates for large, profitable corporations and equitable taxing of wealthy individuals. Funding for some services would be provided by employers or shared by employers and employees (e.g., health insurance, including coverage for mental health, and childcare centers on site or located in areas adjacent to several businesses). Comprehensive, effective preventive services are less costly to society compared with intervention after the fact (e.g., building prisons and providing necessary services to those incarcerated is more costly than preventing the problems that result in imprisonment). As a society, we need to accept that a small proportion of those in our society may need supportive services throughout their lifetime to function at the maximum of their abilities.

Becoming a Child Welfare Worker Today

Today's **child welfare worker** assumes many different roles in the provision of services. Each role may require a different type of training. The first child welfare workers were volunteers; it wasn't until the 1900s that child welfare became a professional field (Ambrosino et al., 2011). What might a child welfare worker do? The answer largely depends on the type of service that he or she provides and the type of agency in which he or she is employed. Table 1.2, based on the chapters that follow, lists some possible roles of a child welfare worker.

These possible roles require different levels of education. Some agencies will hire residential counselors or aides without a college education, but most prefer that a counselor or aide have an associate or bachelor's degree. Although some agencies will hire individuals who have a degree in an unrelated field, most prefer that social workers have a degree in human services, social work, or another field that prepares people for social service delivery. The more specialized the social worker's role, the more education required. Counseling often requires a master's degree in social work or counseling.

The daily tasks of a child welfare worker largely depend on the type of agency in which he or she works. Most child welfare workers perform their roles within an agency or some other bureaucratic setting. Such a setting can increase the frustration of the job because many bureaucracies, in order to function and ensure quality, require that staff follow numerous procedures and document them through electronic "paperwork." "The documentation can seem overwhelming at times," a veteran worker has stated, "but it all seems worth it when a child and his or her family are receiving the service they need."

Human Rights and Justice

Behavior: *Engage in practices that advance social, economic, and environmental justice*

Critical Thinking Question: How has the intervention evolved in the field of child welfare? What do you feel has most influenced the services provided to children today?

Table 1.2	Examples of Child Welfare Roles		
Type of Service	**Agency**	**Possible Job Title**	**Roles Performed**
Family services	Family planning clinic	Counselor	Counsels on contraception, family planning, pregnancy, prenatal care, and so on
Family-support or preservation services	Early intervention	Home visitor	Provides support for parents, especially in at-risk families
Services for the homeless	Homeless shelter	Shelter staff member	Provides support and counseling with regard to budgeting, housing, childcare, and homemaking; advocates for families in shelters
	Housing agency	Advocate	Provides support, advocacy, or provides counseling for families seeking housing; helps identify housing and places families
Services for the substance abusers	Drug/alcohol agency	Counselor, outreach worker, educator	Provides support and counseling for drug-addicted or alcoholic parents or teens; provides substance-abuse prevention training in schools and the community
Childcare	Childcare center (private or federal, e.g., Head Start)	Teacher, aide, family worker	Provides services for children in childcare setting; does outreach to parents
Education	School	School counselor, aide, health educator	Provides a variety of services to remove barriers to children's learning, such as counseling, groups, and aid to special-needs children; functions as a liaison to parents
Counseling	Family service agency	Counselor	Provides counseling to families and children
Child protection	Child protective services	Child protection social worker	Provides case management to families at risk for child maltreatment
Court services	Juvenile court	Social worker, probation officer	Provides counseling or case management for children and families seen by the juvenile court
Services for teen parents	Agency for teens Family service agency	Counselor, residential staff member	Provides support, counseling, or case management for teen parents; serves as a residential staff member in homes for unwed mothers
Foster care	Child protection agency	Social worker	Provides home studies of potential foster parents; places and supervises children in foster homes
Adoption	Adoption agency Family service agency Child protection agency	Social worker in placement, home finder, recruiter	Provides home studies on potential adoptive parents; places and supervises children in adoptive homes
Residential care	Residential treatment center	Social worker, residential staff member	Supervises children in residential settings; provides counseling for children in care

Source: @ Cynthia Crosson-Tower.

Training is a vital part of child welfare. Unfortunately, some agencies have used a "learning by doing" method to train staff—to the detriment of the clients. Under Child Welfare Training, Section 426 of the SSA, the U.S. Department of Health and Human Services has funds available to nonprofit agencies and educational institutions for training staff in public child welfare agencies (Johnson and Schwartz, 1996). Many professionals think it is also advisable that staff have college training in order to provide adequate services for families and children.

The field of child welfare can be a challenging one, but the role of the child welfare worker also has numerous rewards (see Crosson-Tower, 2015).

Summary of This Section

- Serving children in the future requires the recognition that minority children are still underserved.
- The increasing number of immigrants—both legal and unauthorized will have an impact on the child welfare system requiring that child welfare workers become trained in diversity and cultural competence.
- Child welfare services today are driven by trauma-informed care, which involves the recognition that children in need of services have experienced a variety of types of trauma that must be addressed.
- The first goal in child welfare is to support the family whenever possible. When the family is unable to care for its children, other permanent solutions are sought.
- Attachment is the foundation of a child's ability to develop and form later relationships. Promoting secure attachment is vital to serving children.
  - The role and tasks of a child welfare worker are governed by the agency in which she or he is employed.
  - Child welfare workers will usually need at least a bachelor's degree and training for their specific roles.

SUMMARY

- Children of all ethnic groups are in need of services today due to variety of identifiable problems. These include poverty, low birth weight, early death, lack of health insurance, abuse and neglect, arrests, being killed by guns, and problems in school including suspension and dropping out. It is many of these issues that bring children to the attention of the child welfare system.

- Children were often not treated well in early history. They were considered property to do with as their parents willed. Infanticide and abandonment were not uncommon. Poor children might be relegated to poorhouses with their parents and others were sent to orphanages. Children were also expected to work alongside adults in jobs that were often dangerous or did not give them an opportunity to develop normally.

- Orphanages were the first solution for children whose parents could not care for them, but reformers felt that children should have homes. In the 1800s, Charles Loring Brace came up with a plan to transport children by train to the Midwest for adoption or fostering. Eventually free boarding homes were developed. During World War II, working mothers required care for their children and childcare was developed.

- Efforts to advocate—or identifying and working to develop services to meet the needs of dependent children—evolved slowly. In the later 1800s, the case of Mary Ellen Wilson brought to the public's attention the plight of abused and neglected children. Settlement houses too were instrumental in advocating for children. Out of these efforts came several agencies in the early 1900s. Since then, significant legislation has been passed to benefit children, one of the most significant ones being the Child Abuse Prevention and Treatment Act (CAPTA) of 1975 that has been reauthorized several times since.

- Serving children today necessitates the recognition that minority children are still underserved, and children come from diverse cultural backgrounds. Many children have been traumatized before they come to attention of child welfare agencies. For this reason, trauma-informed care is the driving concept in children's services today. While the first goal is to strive to support and help the family, it is the responsibility of the child welfare worker to advocate for the best interests of children. Child welfare agencies recognize the importance of attachment and strive to provide children with the best permanent place for them to grow and develop. Those interested in child welfare must usually have a bachelor's degree and can expect to work within an agency, the role of which will determine the worker's tasks and clientele.

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2

The Changing Family

LEARNING OUTCOMES

After reading this chapter, you should be able to:

- Give a demographic picture of today's family.
- Describe how the family can be seen as a system and the interrelated components of that system.
- Describe the types of families today and how development and emotional climate comes into play.
- Explain how culture impacts families and outline the main cultural groups and their characteristics.
- Discuss the stressors that might bring families to the attention of child welfare agencies and what helps them to cope.

A PICTURE OF TODAY'S FAMILY

The family is constantly changing and may look quite different from the picture we had of families in the past. Yet, throughout history as today, no institution has had more of an impact on the values of society than the family. The Federal Interagency Forum on Child and Family Statistics (2014) reports that in 2013, 64 percent of all U.S. children from birth to 17 years lived in two-parent families, 4 percent lived with their own un-married, cohabiting parents, 24 percent lived with mothers only, 4 percent with fathers only, and 4 percent with neither parent. The study did not specify whether the parents in two-parent families were of opposite sexes. Approximately 24 percent of children lived in families with at least one

parent who was not born in the United States and 22 percent of children between 5 and 17 spoke a language other than English at home.

Among those children not living with either of their parents, 55 percent lived with grandparents, 22 percent with other relatives, and 22 percent with people who were not their relatives (n.p.).

Of the children living with two parents, 92 percent were biological or adoptive parents and only 8 percent lived with a biological or adoptive parent and a stepparent. Of those with a stepparent in the home, 70 percent lived with their biological mothers and a stepfather.

The majority (74%) of the two-parent families were white, 59 percent were Hispanic, and 33 percent were African American. Asian American and Native American families were not reported. Today, families may consist of a single adult; multiple generations; heterosexual or homosexual couples; or a mosaic of colors, values, and culturally diverse variations.

Numerous factors have contributed to drastic changes in the picture of the family. In his study, Galston (2007) suggests that the current generation of those in their early 20s—formerly the group from which one would expect children—has a different outlook than in past decades. Several decades ago, it was expected that one would marry in one's 20s and have children. According to Galston, marriage now ranks among the bottom four criteria that those in their early 20s feel are necessary for adulthood, with only 15 percent of those surveyed indicating that marriage at their age is important and 14 percent expressing an interest in having a child. Only 15 percent of those in their 20s see the need for finishing an education and only 26 percent believe that one must be fully employed to achieve adulthood. If these statistics are accurate, there is a significant change in the age at which people want to have children, the circumstances of parenthood, and the concept of family.

In addition to the decline in early marriage and the tendency among some racial and ethnic groups not to marry at all, marriages often do not last, leading to significant numbers of single-parent families and blended families.

The need for mothers to work often leaves increased responsibility for care to extended family members, especially grandparents. The growing number of same-sex couples and their legal right to marry in some states also have an impact on the type of families we see today. The ways in which couples meet and begin relationships has also changed, as individuals rely more and more on Internet socialization.

Today, a majority of children in the United States are born outside of marriage. One study suggested that 53 percent of U.S. children would be born to **cohabiting parents**. By the age of 2, 51 percent of the children's parents were still cohabiting, 18 percent are married, and 30 percent of these relationships had been dissolved (Galston, 2007). Many children will spend at least part of their childhoods with a single parent. A significant number of children will experience several changes in the composition of their family (Teachman et al., 2000). In addition, the word "family" takes on different meanings in terms of who interacts with the child and how.

Why has marriage—especially one-time traditional marriage of one man to one woman—become less common in the United States? Teachman and colleagues (2000) blame the changes on the rapid shift in the economic environment that faces families in the twenty-first century. Although employment opportunities have increased for young women, their male counterparts are plagued with more uncertain futures. This situation often leads to delayed marriage while the woman pursues her career goals and resists taking on a less-secure partner. Once married, the employment of both the husband and wife in a family forces a renegotiation of family tasks, roles, and expectations. The failure to forge a workable arrangement often leads to divorce. For lower socioeconomic groups,

new financial-aid regulations have also influenced family composition. In addition, new laws concerning the right of same-sex couples to marry has also had an impact on the composition of the family raising children.

Nonetheless, there is hope for the U.S. family. Family members are learning to adjust to the economic crises and to their own needs. For example, male partners may be seen in the role of primary caregiver more than in years past, and the leveling off of the divorce rate suggests that couples are successfully renegotiating the assignment of domestic duties. Single parents as well as lower socioeconomic groups continue to feel pressure, but some policy analysts also feel that the current tone in the federal government is more pro-family. Hopefully, continued policy changes will reflect that optimism.

No matter how the family is defined or configured, some form of family is responsible for protecting children and imparting to them the mores of the society in which they live.

In a world in flux, it is expected that the family will provide the context for the procreation, enculturation, and protection of children. When we think of the concept of family, we usually think of a group of people who choose to live together, or at least have regular contact, for the purpose of performing specific functions (Crosson-Tower, 2013). These **functions** can be broken down into a series of responsibilities. One such responsibility is **procreation**. It is not uncommon for a couple to procreate but, for whatever reason, decide not to remain together to parent the child. Whatever the family unit involved, it is expected that the family will then be responsible for the **socialization** of the child, helping him or her to learn to relate to other members of society, both peers and adults. Families are also expected to teach children the values of the society—that is, to **enculturate** them. By verbalizing to and modeling for children, the parental figures let them know what is deemed appropriate by the culture in which they live. In addition, families model appropriate gender-linked and cultural roles (Mason et al., 2002; Anderson and Taylor, 2007; Walsh, 2012b). Children learn from their same-sex caregivers what is relevant to their gender. Same-sex parents often find role models outside the family to help children with this gender identification.

Human Rights and Justice

Behavior: *Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and systems levels.*

Critical Thinking Question: What might you as a social worker do to protect the rights of each of the members of a family? How might you see that individual members are served? Are there agency policies that might prevent some ethnic, cultural, or diverse groups from being properly served?

Families are also expected to *protect* their offspring, ensuring that these children grow to adulthood in the safest environment possible. Families are expected to provide *financial and emotional support* to their members. They are expected to meet the child's *other basic needs* such as food, shelter, clothing, and affection. Our culture also expects that the family will provide for the child's *medical and educational needs*. Finally, the family has the extremely important role of *interpreting the world to the child and the child to the world*. The following situation illustrates the interpretation of the child to the world.

Case Example   Franz

Franz is a 12-year-old child with severe handicaps. His younger brothers protect and nurture him with diligence. Unable to speak, Franz has learned to communicate using a wooden board on which the alphabet is printed. To make his needs known, he points to the letters on the board, spelling out his requests. At very early ages, his three younger brothers learned to read his words and understand the hand signals he uses. "It is not unusual," recounts his mother, "to see Franz talking to a stranger surrounded by his brothers who are eagerly interpreting. The children seem to find it a way of connecting that meets everyone's needs."

Families who meet society's expectations are accorded the right to privacy, and they carry out their roles with minimal societal intervention. The functional family needs to deal directly with society only in encounters with the school and the medical community. It is the family that does not meet its obligations that comes to the attention of the child welfare system.

Summary of This Section

- According to the Federal Interagency Forum on Child and Family Statistics, the majority of children in 2013 still lived in two-parent families, while a smaller percentage lived with single parents.
- In addition, grandparents or other relatives are raising a significant number of children.
- Most of the two-parent families were white, followed by Hispanic and African American.
- There are multiple factors that explain the changes in family composition. These include the economy, the expectation around when and whether to marry, concerns over the divorce rate, and changes in the acceptance and legalization of same-sex marriage.
- The family assumes certain roles in society including procreation, socialization of children, enculturation, modeling of societal and gender roles, financial and emotional support, meeting of basic needs as well as medical and educational needs, and the interpretation of the world to the child and the child to the world.
    - To accomplish these goals, the family is allowed a good deal of privacy. Only when the family is not meeting the needs of its children does the child welfare system need to intervene.

THE FAMILY AS A SYSTEM

The family is a complex system that constantly changes. Within the system is a series of subsystems. The *parent subsystem* is made up of caregivers who are responsible for making decisions and regulating the activities of the family unit. It is expected that parents will protect and nurture their children and teach them the values of the culture so that they can grow to take their places in society. To do this, parents not only provide verbal cues to proper behavior but also **model** the behavior and attitudes that are expected socially (Goldenberg and Goldenberg, 2012; Strong et al., 2013).

The *sibling subsystem* is composed of the children in a given family and provides an arena in which children can practice relationships with peers. Siblings have an opportunity to compete, fight, negotiate, and learn from each other. Eventually they transfer these skills to peers outside of the family. In the healthy family, there are clear **boundaries** between the parental and sibling subsystems. Parents have specific roles, as do children. Family dysfunction can occur when generational boundaries become compromised. The sexually abusive family is characterized by a blurring of generational boundaries: The sexual relationship that is appropriate between adults crosses boundaries and involves the children. However, **generational boundaries** must also be fluid enough to allow members to have appropriate interaction. When boundaries are too rigid, children often feel abandoned and feel that their parents are not available to them emotionally.

In addition to these two main subsystems, families are composed of a variety of other units. For example, all the males of a particular family comprise a subsystem, as do all

the females. Extended families living together have other subsystem possibilities. For instance, there may be grandparent subsystems.

A family system must also maintain boundaries with the outside world. If these boundaries are poorly defined, the family may lose its identity as a family. If they are too rigid, the family becomes isolated from the world in which it operates.

Family Roles and Rules

Historically, family members have assumed a set of **roles** expected by society and an individualized set of roles dictated by the individual family. Often these overlapped. For example, at one time the father figure in the home was expected to be the breadwinner, and the mother figure had the role of maintaining the home. Although some families deviated based on their own needs, most families accepted these roles and governed themselves accordingly. Today there are no clear-cut, societally prescribed roles, partly due to the economic need for both parents to work outside the home. Therefore, families are more apt to find their own ways of taking care of the family tasks. In some families, the mother maintains a job outside the home while still regulating the household. Other families find ways to share the roles and tasks inherent in everyday life. The assignment of these roles itself can create stressors. Increasingly, women cite the need for parents to share responsibility for child rearing more equally so that women are not overtaxed in their roles as wives and mothers. New generations are increasingly conscious of this need to share in maintaining a home, but do not always know how to achieve such a balance. The way in which the family deals with these issues may be largely based on personality.

Some families find that their ethnicity imposes roles on them that they find difficult to maintain. For example, some cultures still see the man as the head of household and the primary breadwinner. So, while it might be easier and financially beneficial for the woman to work outside the home, the male may fear losing some of the respect previously given him.

The assignment of roles can be spoken or unspoken and is often quite complex. In addition, roles are not always functional. Children are sometimes cast into roles that do not foster healthy development. Parents who are themselves unable to accept responsibility and nurture may see their children as their caregivers, thus robbing children of their right to be taken care of and protected (Goldenberg and Goldenberg, 2012).

Roles are often supported by **family rules**, which are repetitive patterns of interaction that family members develop with each other. Rules are either spoken or unspoken and govern the way in which families communicate and perform. Rules that are unspoken in one family may be spoken in another. For example, in one family the females do the indoor tasks, such as cleaning and cooking, while the men do the outdoor tasks, such as mowing the lawn. In some homes, this is just understood; in others, it is clearly stated.

Rules may also support or cover dysfunctional behavior. In an alcoholic family, it might be understood that family members stay out of Dad's way when he is drinking or make excuses for Mom when her drug problem impedes her functioning. In sexually abusive families, siblings often know not to communicate with each other. This silence may be demanded by the perpetrator, who recognizes that the abuse can be kept secret if family members do not talk to each other about it. Rules dictate how family members will behave, feel, and think. Violating these rules can create conflict within the family.

Communication Patterns

Communication within a family system often is at the root of how the family functions. Communication is not always on the surface, nor do people always communicate through words. Gestures, postures, voice intonations, and facial expressions sometimes say more

than the words spoken. Culture also affects how families communicate. Some ethnic populations use communication patterns that are hierarchical. Elders are respected (as in Asian cultures) and the young must listen and learn from them. Partly due to cultural heritage, some families express their emotions freely, while in others, the show of emotions denotes a lack of strength or self-control. Family rules differ from culture to culture (McGoldrick and Ashton, 2012). Many cultures see the father as the family head and his word is not to be disputed. In this case, rules such as "Ask Father before making decisions" are paramount. In other cultures, the mother may be the chief decision maker.

It is important for those working with particular cultural groups to be familiar with their mores and values. Not taking the time to do so could result in an inability to help the family and could even insult them, as the following case illustrates.

Case Example   From a Muslim Perspective

A Muslim family was referred to a family service agency by their son's school when the boy had become too difficult for school personnel to handle. The family came reluctantly, the mother encased in her traditional garb, including a veil over the lower half of her face. Interested in knowing how the family was functioning, the worker—unfamiliar with Muslim custom—made eye contact with the mother and asked her how she felt about their child's acting out. The whole family's reaction was immediate and the worker quickly realized that he had somehow offended them. It was not until he talked with another worker that he learned the cultural error of a man's making eye contact with a Muslim woman and communicating with her directly rather than through her husband.

To be effective, communication in families must be clear and open. Effective communication can often get lost in the stresses and demands of everyday life. It is often incomplete or unclear communication that brings families to child welfare agencies.

Observation of the Family as a System

One highly effective method of looking at the family as a system with its roles, rules, and communication patterns is through the use of genograms. A **genogram** is a diagram of the family's relationship system, in the form of a genetic tree. This usually includes at least three generations (Goldenberg and Goldenberg, 2012). Specific symbols are used to represent family members and the relationships between them.

One advantage of a genogram is that it can give both the helper and the family a quick and fairly comprehensive view of what is occurring in the family, what patterns are present, and how these are affected by previous generations. Genograms often help clients recognize that they are part of generations of dysfunction and that the patterns they now practice have been handed down from previous generations (McGoldrick and Ashton, 2012). Clients then are more effective in breaking these patterns for future generations.

The Hartowski family came to the attention of social services because Mr. Hartowski was sexually abusing his daughter. It is obvious from the genogram (see Figure 2.1) that child sexual abuse, in addition to other types of family dysfunction, has been present in several generations. Intervention is clearly needed in this generation.

Ethical and Professional Behavior

Behavior: *Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations.*

Critical Thinking Question: Draw a genogram of your own family. Does anything jump out at you? What steps might you take to ensure that your own influences from your childhood do not prejudice you in working with client families?

Figure 2.1 • The Hartowski Family

ETOH = alcohol abuse   CSA = child sexual abuse   Dom. V. = domestic violence
Source: @ Cynthia Crosson-Tower.

Watts-Jones (1997) cautions, however, that not all families fit neatly into a genogram. The kinship bonds of African American families, for example, make it difficult to use the classic biologically based genogram. Watts-Jones proposes a genogram for African Americans that takes into consideration kinship and functional ties.

Summary of This Section

- A family can be seen as a complex system divided into subsystems each with their roles and responsibilities. Two obvious subsystems are the parental subsystem and the sibling subsystem. There are other systems made up in a variety of ways (e.g., all the females in the family). Healthy systems are divided by boundaries. Some families have blurred boundaries that can be indicative of or support dysfunction. In addition, there are boundaries that the family also maintains with the outside world.
- Each family has a set of roles that members take within the system. Sometimes, these roles overlap. The roles may be influenced by society or originated by the family itself. Their ethnic origin may dictate or influence these roles.
- Roles are supported by the family rules—or what is expected of each member. Rules may be stated or implied and may also support or mask dysfunctional behavior.
- Communication patterns refer to the way in which a family transmits information and feelings from one member to another. Communication may be verbal or by way of non-verbal means such gestures, expressions, or voice tones. Cultural heritage has a significant impact on communication patterns.

- An effective method of demonstrating how a family functions both at this moment and over the last few generations is to construct a genogram, or a drawing of "genetic tree" depicting family relationships and interactions over several generations. Genograms can also be helpful in allowing the family to see how they are influenced by the past.

TYPES OF FAMILIES AND HOW THEY FUNCTION

The picture of family life varies greatly today. Some authors (Walsh, 2012b; Strong et al., 2013) divide families into four types: two-parent, **dual-wage-earner**, single-parent, and **reconstituted or blended families**. These variations are influenced by cultural diversity. A two-parent family within one cultural group might look quite different from a two-parent family in another cultural group.

The two-parent (man and woman), dual-wage-earner family most closely resembles early family concepts. Here, two parents strive to raise their mutual children, but economic necessity has required the female parent to enter the workforce. This family system grapples not only with common family demands but also with the time-management and role-assignment issues that are inherent when both parents are outside of the home for much of the day. **Role-assignment issues** have created the need for research and intervention and caused families to seek help. The family structure of father as breadwinner and mother as nurturer continues to be idealized, and it is not uncommon for families to have difficulty reconciling these notions with their needs. Today, the dual-wage-earner family may be one in which the parents are the same gender.

Single-parent families result from divorce, death, or the decision of the parents not to marry. The **single-parent family** is usually headed by the mother (although fathers as single parents are becoming more common as divorce courts attempt to cater to the best interest of the child). The single parent tries to assume the role of both parents.

The reconstituted or blended family is one in which there are two parents, one or both of whom have had children by another partner. When they marry, these parents bring with them their respective children, whom they then co-parent. They may also bear children of their own. Roles, rules, and communication patterns for such families may be challenging. Each adult brings at least two sets of role expectations: those of their family of origin and their first marriage/relationship. The children may compare their previous family with the new family system.

Additional family types include families by adoption and gay and lesbian families.

Case Example   Rebecca and Denise

Rebecca and Denise have been partners for 10 years. After Rebecca's divorce, she was concerned about raising her two small children alone. Her early marriage to Ted had been the result of her pregnancy and was never very happy. When she met Denise at work, Rebecca was very attracted to her. Their relationship eventually became intimate. The two women had a commitment ceremony and settled down together to raise Rebecca's children.

Although gay and lesbian families had at one time been discounted as a viable family structure, they are increasingly common and accepted (Mason et al., 2002; McWhirter et al., 2006). Some might suggest that what is normal for a family is subject to interpretation.

Although some argue that parents of the same sex do not provide children with adequate gender models, others point out that the presence of two parents does give the child two adult role models, while children who grow up in single-parent families may witness excessive stress being placed on their sole parent. On the significance of families created by same-sex couples, Walsh (2012b) suggests that lesbian and gay families can teach society much about family life, including how roles and responsibilities are allocated as well as about strength and resilience. Despite the stigmas that these families must often overcome, they are forming families and carrying out appropriate roles and tasks to raise children (McGoldrick et al., 2015).

In years past, families often consisted of multiple generations. Today extended or **intergenerational family systems** still exist but are most common among minority or newly immigrated families. Although the children of these groups have more adult models with whom to identify, they may also feel the pull of the greater society to become independent of their traditional cultures. This can create stress within the family.

Whether or not the multiple generations live as one household, longer life spans resulting from modern medicine mean that children may still have living grandparents. These grandparents may provide role models very different from the children's parents. Grandma may not live in the child's home, but her influence may still be felt as she pursues her own active lifestyle. Grandma's later need for nursing-home placement may expose the child to another reality of aging. In other situations, the grandparent becomes the child's primary caretaker. There may be numerous reasons—including the parents' ages, career goals, military service, instability, or substance abuse problems—for grandparents raising children, and this type of family structure must be recognized in today's world (see Hayslip and Kaminski, 2008; Cox, 2013).

In an interesting twist, more grandparents are taking over the role of primary caretakers than ever before. Often referred to as **kinship caregivers**, grandparents and other relatives are currently raising more than 7 million children in the United States today (Monahan et al., 2013; Cox, 2013). This arrangement often occurs as a result of the parents' inability to care for their children due to substance abuse, incarceration, abandonment or illness, and the grandparent's desire to avoid the children's placement in foster care.

Families, therefore, can be defined according to their function (who does what household tasks, childcare activities, etc.), their legal structure (by virtue of marriage, birth, or adoption), the perception or expectations of family members (live-in partners, long-term relationships, kinfolk, etc.), or biological relationships. Obviously these may overlap: Legal structures may dictate rights and inheritance as well as acceptance. The fight for the rights of gay and lesbian couples to marry that has reverberated in the media until the legalization of such unions became a reality. Same-sex relationships further argue for defining families by virtue of the function of each of their members.

The Emotional Climate of Families

Each family functions differently, depending not only on the composition of that family but also on the backgrounds, personalities, and past experiences of the members. Ideally, caregivers provide their children warmth, consistency, and stability. As mentioned in Chapter 1, children bond with their caregivers in a process called **attachment**. Through the nurturance they receive and the process of attachment, children learn that they are lovable and that the world is a friendly place. Attachment also enables children to reach out beyond the microcosm that is their family and forge relationships with others (Olsen et al., 2010). Unfortunately, not all children have the experience of being accepted, nurtured, and encouraged by their parents.

Also, even if there is some nurturing, there may also be rigid control and restriction that prevent the child from feeling good about himself or herself. Different types of attachment styles produce varied results in children's behaviors. Those who develop secure attachment will fare better than those who do not.

Attachment can be seen on a continuum from secure attachment to nonattached. *Secure attachment* is characterized by the child's closeness to and trust of the primary caretaker. This child feels secure even in situation where he or she might sense vulnerability. For example, a child would notice when his mother left a room, but when she returns he goes to her and is able to connect easily. The child's sense of individuality is balanced with the togetherness with caretakers. The caretakers of this child have been affectionate and attentive, meeting his or her needs so that the child feels confident that he or she will be cared for in the future. *Ambivalent attachment* is characterized by a child who becomes anxious when the caretaker is not present but then resists the attention when they are reunited. This child is hesitant to explore his or her environment and is easily frustrated. The child is responding to a caretaker who is inconsistent, sometimes attentive but often neglectful. In *avoidant attachment*, the child is resistant to closeness with the caretaker, who is distant or unengaged. The child does not use the caretaker as a safe base and sees the caretaker as unavailable, unresponsive, or rejecting. This infant is needy and can be clingy but is actually frustrated, angry, and can even be aggressive.

The child with *disorganized attachment* has never learned to trust and does not tolerate closeness to the caretaker who is extremely erratic and often frightening or abusive. This child is often fearful and cannot be comforted easily. He or she may even appear fearful around the caretaker and otherwise exhibits unpredictable behavior. Some children are unable to attach or bond at all—often because they have experienced such trauma or rejection that the world does not feel like a safe place to be. Some experts refer to these children as *nonattached* while the more classic term is *attachment disordered* (Brisch, 2012; Levy and Orlans, 2014).

Although attachment begins in infancy, McWhirter and colleagues (2006) outline several types of child-rearing styles that may affect the emotional climate of a home throughout a child's life. Children respond to these styles in various ways. Whereas the high-support (warmth) style encourages attachment and the low-support (hostility) style tends to inhibit it, the other styles vary in their effects, depending on the individual child. For example, in a permissive family, one child may develop a healthy sense of independence while another responds to the lack of rules with rebellion and unsafe behaviors.

Often because of their own dysfunctional childhoods, some parents fail to give their children adequate and consistent nurturing. As a result, the children may develop *attachment disruption* or **attachment disorder**. This is the inability to respond to comfort, form relationships, or cope with stress (Blaustein and Kinniburg, 2010; Brisch, 2012; Levy and Orlans, 2014). These children may develop conduct disorders, control problems, aggressive or withdrawn behaviors, or antisocial personalities. Typical characteristics of attachment disordered children include:

- Superficially charming or engaging
- Indiscriminately affectionate with strangers although the feeling lacks depth
- In reality, they are not affectionate, tender, or cuddly
- Fail to make eye contact
- Destructive to themselves and others with seemingly no conscience
- Cruel to animals
- Habitually lying or stealing

- No impulse control
- Lack of cause-and-effect thinking
- Unusual eating patterns
- Inability to get along with peers
- Preoccupied with fire
- Inappropriately demanding
- Incessantly chattering or asking nonsense questions
- Learning difficulties
- Abnormal speech
- Preoccupation with fire
- Sexual acting out (Brisch, 2012; Levy and Orlans, 2014)

Such children often come to the attention of the child welfare system. Therefore, it is vital that we understand the family, the supports it needs to properly nurture, and how we can help the children that the family has failed.

The Family Life Cycle

Like every other system, families change continuously. They also may follow somewhat predictable and definable life cycles.

McGoldrick and Shibusawa (2012) suggest that there are specific stages to the family life cycle. First, young adults emerge into their own independence and leave home to be on their own. The tasks here are for them to differentiate from their family of origin and develop emotional and financial stability. Second, these adults meet others and join through marriage or union as partners necessitating the realignment of the other relationships in their lives. Third, children require further adjustment not only to the new family members but also to extended family, friends, and the community. Fourth, as the children grow into adolescence, the family is challenged to learn to be flexible with boundaries and allow for the growing independence of their offspring.

Fifth, when the children are launched on their own and the couple moves into mid-life, the family unit must adjust to multiple exits and possibly marriages. In addition, the family members may become caretakers for the older generation or may need to grieve their deaths. At the same time, the adults in the family may be exploring new careers and activities that are more suited to their changing roles. Sixth, there may be a period when the family in late mid-life is supporting both the older and the younger generations. And finally, the core adults recognize their own advancing age, death among friends and partners, and their own dependence on others. Families who experience a breakdown caused by a trauma such as death or divorce will probably not follow this developmental process. Herbert and Harper-Dorton (2003) outline stages of transition that can be applied to families as well as individuals: immobilization, minimization of the experience, depression, testing, and finding meaning in the event. Families faced with acute stress may first be immobilized.

Case Example   Divorce in the Higgins Family

When Julia Higgins filed for divorce, her husband Herb and their three children seemed unable to respond. "It was as if we were all paralyzed," recounted Herb. "We had been having troubles but I couldn't believe it when I was served with papers. Neither could the girls, who were then ages 14, 16, and 19. I think they thought their mother had gone mad. They always thought we were so happy."

Families will often then minimize the experience, as the Higgins family did.

Case Example   Divorce in the Higgins Family (Continued)

Herb says, "Our daughters kept telling me 'Don't worry about it, Dad! Mom will come to her senses. This is just a whim of hers.' We all kept saying to ourselves that we didn't have to worry. Julia would realize that that was not what she wanted and drop the whole thing. But she didn't!"

Once they realize that the crisis is real, families often go into depression.

Case Example   Divorce in the Higgins Family (Continued)

"Once we realized that Julia really meant to leave, we all slumped into a kind of depression," Herb relates. "We each appeared to be functioning okay, but there was this overtone of sadness and hopelessness. We bickered with each other and everyone seemed caught up in her or his own needs."

At some point, family members accept that the crisis is a reality and that they must let go of their hope for a happy, together family. There may be a period of testing when the family members strive to see if the new configuration is really what is wanted by all.

Case Example   Divorce in the Higgins Family (Continued)

Herb remembers, "There was a time, soon after I decided that the divorce was inevitable, that our children seemed to be trying to fix things up again. They would invite Julia and me places together, despite the fact that she had a new boyfriend. When Dianna, then age 20, got her first apartment, she invited Julia and me to dinner together. It was awkward, but we both love her, so we made the best of it. I finally had to talk to the kids and say that their mother and I would not get back together and they had to stay out of it. They finally got the message."

As the change completes itself, the family once again seeks homeostasis by searching for the meaning in the event. The Higgins girls spent long hours in discussion about what had driven their mother away. They talked about how their father had always made the decisions and that his need to control might have been a factor. And finally, each individual internalizes the meanings of the crisis, as does the family system.

Case Example   Divorce in the Higgins Family (Continued)

Herb says, "Each of my daughters seemed to have a different idea of why Julia had divorced me. I know that they thought my immigrant father's old-world attitudes had made me into a bit of a tyrant too, but I think there was more to it than that. Each girl was also affected differently by us being divorced. When they all eventually married, I could recognize in their choice of mates how they had interpreted what had happened in our family."

Families that experience the loss of a family member may join with other family units. Two years after the divorce, Herb Higgins remarried. His daughters, then ages 16, 18, and 22, had a difficult time with his decision. The two youngest, still living at home, found the adjustment challenging. Their new stepmother came to the union with four boys, ages 7, 9, 12, and 14. The girls feared that they would be placed in the role of babysitters and remarked about their stepmother's more permissive child-rearing