Emergent Perspectives in Child Care

ISSUES IN DEVELOPMENTAL UNDERSTANDING - POLICY and SERVICE

This paper will focus on four inter-related areas which it is considered are indicative of emergent trends in the child welfare field. The areas to be discussed are advances in our understanding of child development; how these advances link to social policy issues; factors influencing the delivery of services and finally some training issues which arise from all of these items.

These issues are discussed with a hope to maintain both an historical and comparative perspective, in relation to alternative child welfare systems.

DEVELOPMENTAL THEORY

The attraction of modern child developmental theory, especially when it is placed within an ecological perspective (Bronfenbrenner 1979) is that it focusses on the evolving interaction between the child and the environment. This interaction is framed as far as Bronfenbrenner is concerned by four systems or arenas of influence, each system interacting directly or indirectly with and influencing the actual development of a particular child. His model of systems potentially offers a way of understanding the linkages between the different systems or arenas of influence as they range from family, school, peer group, home-school, church-home; parents' place of work, school board; to social policy and those idealogical arguments that shape this.

This type of theory is important in that it helps to move away from trying to understand child development solely by way of experimental studies conducted in laboratory conditions to a more naturalistic position in which the focus is on 'development in context'. It offers, therefore, potential (although it contains immense methodological problems) for the emergence of clearer theories of how children grow and develop stemming from an understanding of normal events. This is in contrast to much of our present knowledge which is taken from experimental studies of one aspect of development such as memory, cognition, speech or a study of exceptional or pathological processes.

It also brings to the fore studies that are built around a longitudinal approach such as those conducted in Britain by the National Children's Bureau (Butler, Goldstein and Fogelman 1972), as well as retrospective evaluations as undertaken in America into the effects of the Great Depression on the later development of those who were children during that traumatic period (Elder 1974).

Finally, it allows for practitioners working at a direct service level to focus

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on the experiences necessary for children if they are to acquire relevant mastery or competence in relation to a range of social and life tasks that they will encounter and need to be able to negotiate as adults. This focus, in this author's view, can be translated into methods of social care which take account of individual capacities and skills, motivational factors and the environmental qualities that surround specific situations. This has tentatively begun to be addressed in the Social Work literature that takes promoting competence in clients as a theme (Maluccio 1981, Germain and Gitterman 1980) and which in the context of group care for children has been suggested can provide the consensus necessary for collaborative effort between natural parents, child and practitioners (Denholm Pence and Ferguson 1982).

These newer or emergent perspectives, therefore, seem to free all those concerned with child welfare to think anew and understand more fully those circumstances that maximally promote healthy child development at an individual level and to plan social interventions that seek to guarantee these conditions.

DEVELOPMENTAL THEORY AND THE LINK TO SOCIAL POLICY

At a broader social policy level the concept of socio-cultural risk (Garbarino 1980) may also lead to further thinking about social interventions, albeit at a different point in the overlapping systems or arenas of influence that Bronfenbrenner outlines. This notion of 'risk' refers to the actual or potential impoverishment of a child's world due to the lack of basic social and psychological necessities. It may, if used creatively, allow us to quantify more clearly what it is that needs to be provided or eliminated if a child or children are not to be at risk. These factors are often cited and may include poor housing, low parental income, an unstimulating environment, limited socialisation opportunities and the provision of inadequate personal care amongst the more obvious. But to underline the consequences of exposure to these items it is worth quoting Garbarino who says:

Children who grow up wanting for food, for affection, for caring teachers, for good medical services and the values consistent with intellectual progress and social competence grow up less well than those children who do not lack these things. Their absence places a child at risk for impaired development.

Used wisely the notion of socio-cultural risk when combined with Bronfenbrenner's system or arenas of influence may also be of use as a broad evaluative tool against which to measure a range of policies, even those which may not traditionally fall within the aegis of social policy. That is to measure them in terms of their effectiveness or otherwise in promoting the maximum conditions for healthy child development. This can be illustrated by reference to a common international problem, of a town smitten by high levels of unemployment consequential to the closing by some multinational corporation of a major manufacturing unit. The outcome of such a closure is a decline of income in many families, of diminished parental self-esteem and in turn the growth of stress factors in that situation that then impact the younger members of the family. This potentially places at risk children

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who in other circumstances would have grown up in a more stable and less fraught environment. This situation highlights the need for various policy interventions, not simply in terms of industrial renewal, but *as a critical feature of family social policy as well.*

Given this perspective it can be seen that social policies which promote conditions which permit families and other care providers to provide responsibility for children are not luxury items to be offered or afforded in favourable times. They are a core item in the very infra-structure of any modern society. They are as critical as roads, airports, sewers and manufacturing industries and are as wealth producing as all of these. It is not only industry which is wealth producing as some politicians seem to believe — the peoples of a nation are its wealth and its children the rightful inheritors of that wealth. Social policy and child welfare services that promote healthy child development are, therefore, an investment in the future of any nation.

THE ORGANISATION OF SERVICES FOR CHILDREN

In all the countries I have visited the cry in professional discussion is the same 'our services are so badly organised', or 'if only our services were differently structured'. Yet paradoxically the cry is the same irrespective of the variations in the forms of organisation that are to be found. Everywhere the talk is of
— poor linkages between systems concerned with the care of children, that is health care, education, criminal justice and social welfare;
— a lack of co-operation between policy makers, administrators and practitioners, both within and between the different resource systems identified above;
— a narrowness and inflexibility in regard to the way issues are viewed and responded to, that make new yet necessary developments across systems difficult, if not impossible, to achieve or maintain;
— territorial disputes between systems that penalise children;
— too little or inappropriate practitioner education for those who have to work within complex local, state or national administrative structures;
— and, of course, claims that the resources are too few or inappropriately distributed.

At all levels and in all places, a noticeable tendency to seek policy or practice panaceas is also to be found. It often manifests itself in a virile pursuit of the latest social movement (or, as some would say, fashion or fad) with scant regard to the eventual cost. Illustrations of this abound, but in Britain because of pressure from the judiciary there was a building up of an unnecessarily high number of secure units in the late 70's within the Social Welfare system in which to lock up children rather than as a relevant child welfare policy, is well documented (Millham, Bullock and Hosie 1978). The consequence of this is under-utilized provision and a gross wastage of resources in a system that can ill afford such an expensive error.

What all of the above confirms is that in developing elaborate systems for the delivery of health care, education, social welfare and criminal justice services, all countries have created specialist domains that have become the centres of power for groups of policy makers, administrators, practitioners and even academics. Because each of these systems identify with a particular set of practice disciplines rather than with the needs of a specific client population, the *cross fertilisation of ideas and co-operation* between those systems and those professional groups which reside at the centre of them is not happening to anything like the extent to which it should. An illustration of this problem also taken from Britain is that of an innovative delinquency prevention programme that has grown out of a rather old-style residential school for young offenders. This programme has developed outreach teams in several surrounding communities and is undoubtedly assisting a number of children in the mainstream education system. It is also in the longer term probably reducing the number of children or youths who might otherwise have entered at a later date the criminal justice arena. However, the total cost of this programme *falls to the social welfare sector* in spite of the fact that it is obviously benefitting the other systems as well. Mechanisms for the joint sharing of the costs of this service are only in their infancy and a proper cross-systems cost-benefit analysis has still to be undertaken.

The author suggests, therefore, that it is high time that joint cost sharing mechanisms were established through bodies that have actual funding power. Many countries have a range of co-ordinating committees which assist in saving face on these issues. What is actually needed, however, are Commissions, or the like, through which decisions on joint planning and resource allocations can be made and purposefully pursued. Without such bodies, the ability to address the multifaceted nature of socio-cultural risk to which the author has referred, and which is made up of many elements that are dispersed across all four major resource systems, *is likely to remain* limited.

NEW CHILD WELFARE MOVEMENTS — BENEFITS AND LIABILITIES

As noted earlier in the paper there is a tendency to search for policy and practice panaceas. The child welfare field is susceptible to what can best be described as social movements and two of these are noticeably in evidence at the moment on an *international scale. These are the related emphases on* 'de-institutionalisation' and 'permanency planning'. The more elaborate title 'Planning Permanent Care for Children' is a more appropriate title for the last of these two developments because it describes more accurately what it is hoped will be achieved. Both of these movements are around with such force exist in Australia. It is, however, worth noting that in the current economic conditions that prevail in all western-type economies these developments may be attractive for reasons which are somewhat dubious. Indeed, there may be an alliance between those who are concerned with purely economic arguments about the cost of child welfare services and parties who wish to promote both of these trends on professional grounds. Such alliances are invariably powerful and often lie behind new service developments. Indeed, they can be extremely creative but these alliances also contain some dangers because they often ignore unpalatable facts and thereby too readily embrace excesses. It is these possible excesses that cause particular concern.

It has, for example, to be clearly understood that proper cost studies which evaluate at a sophisticated level the relative costs of various forms of traditional and non-traditional services for children are in their infancy. All too often what the professional community is treated to are assertions, and not properly documented evidence. The argument which is sometimes heard about the cheaper costs of various non-institutional as opposed to institutional services remains non-proven. Frequently comparisons are made between different forms or levels of service rather than similar items. What also often happens in such studies is that they fail to account for all factors and some items are ignored because they are partially hidden. This happens when, for example, the cost of placing a child in a unit staffed by salaried personnel is contrasted with placement in a family setting. The cost of this foster care placement even when generous allowances are made or an actual salary paid to the care providers rarely reflects the full economic cost of such care arrangements.

This is a paradox when it is recognised

that the increase in residential care costs throughout the world stem in some measure from other social changes. These programmes can no longer call to the same extent on the low cost services of single or married women who in an earlier era acted as care providers in those contexts, a point which has been commented on elsewhere in 'Australian Society' (Bryson and Mowbray 1983). These programmes must now compete, and rightly so, in the market for higher quality labour both because women value their services more highly and because the community has raised its expectation in terms of the level of service that is required for children placed in residential units. To what extent the push for de-institutionalisation and the creation of permanent care plans for children by placing them in family life context is merely, in some instances, a new way to tap into that traditional low cost labour market requires a moment's thought. It may be exploiting in some measure women who, for a variety of reasons, are not able to engage in out-of-house activities as well as reinforcing the low status accorded to the important work of child rearing.

It will, of course, only cease to be this if those members of the community who commit themselves to caring for someone else's child in their own home as foster or adoptive parents are properly supported and remunerated. If this is done, then it may be that the financial cost of these services will be seen to be just as high.

The permanency planning movement contains some dangers. Children may be placed in family life contexts and the relevant services which are necessary to monitor these arrangements initially made available. However, these services could easily be eroded at a later date in a future round of cost cutting exercises. Some evidence to support this concern is already available in Britain. It emerges from studies of breakdowns of Foster care arrangements currently being conducted by the Dartington Hall Research Unit (U.K.) which indicates the large extent to which children in residential care display a history of fostering failure. It is also available from a more recent enquiry into the death of a foster child in an inner London borough where the lack of on-going contact between the social work professionals and the foster parents was the subject of much critical comment. This is also a further paradox when it is recognised that statutory Child Welfare services in their present form in Britain stem directly from an Enquiry (Curtis Committee 1946) that was set up to investigate the abuse and death of a child under the old style Boarding Out Arrangements, a forerunner of our present fostering services and which showed that the staff of that period had failed to monitor events adequately. History does sometimes appear to be repeated!

THE PLACE OF RESIDENTIAL CARE WITHIN THE SERVICE SYSTEM

All of the above is, of course, difficult to address because personal values and professional ideologies easily intrude and even interfere with sound judgment. It is easy for social workers to slip into thinking that family life contexts are best and that all other living arrangements for children must, therefore be second best or more likely worse. It is not this author's intent to argue that residential care is ideal or to defend those units which are, frankly, appalling and every country has more than its fair share of those. Rather the proposition is that at some point in time, residential care may be an appropriate response to a child's needs and that for some children a 'socially engineered alternative living situation', namely residential care may be both desirable and best.

In the past, it was not expected

residential units would carry as explicit a growth and development function in regard to children as now occurs. Institutions for children were historically created to save children from moral danger or pauperism and the staff were expected to carry a containing or at best a passive caretaking role. The institutions' developmental function was less certain then, probably because we understood how children grow and develop rather less than we do now. Nevertheless those places which we now tend to scorn still embodied a care philosophy that was adventurous for the time — this philosophy is still not outdated, although the way in which such care is transmitted and the methods used to help children grow and develop have changed out of all recognition.

Residential units, the latter day inheritors of the institutional mantle, are no longer required, nor should they be; merely to contain children. Hence the author supports the reduced use of residential placements and all other forms of permanent care planning for

Residential care for children has, in this respect, entered the age of professional accountability as well as cost accountability.

THE INSTITUTIONAL CARE vis a vis COMMUNITY CARE

In this paper the author has referred to a network of services for children, with residential care appearing within that structure. The common phrase — continuum of care — continuum of service has been deliberately avoided. The avoidance of that popular phrase stems from a concern not to promote inappropriate imagery and the use of the term continuum does just that. This is because continuum is a linear concept and when you ask someone to draw this continuum of care or service for children, what they invariable do is place the residential unit at one end of the continuum and various forms of in-home services at the other. What they do, in fact, is promote the institutional care and

TRAINING ISSUES IN CHILD WELFARE SERVICES

Residential centres and practitioners in these contexts must meet the challenges identified below.
a) the re-designing of these environments so that they are growth enhancing;
b) the re-development of the practitioner's role as a child development worker;
c) the re-alignment of the programmes themselves so that they are at the centre rather than periphery of the service system,

To meet these challenges a major training and re-training task has to be addressed. Only when this is complete will these units be able to assume the role of specialist resources to the child welfare system analogous to the teaching hospital in health care or the community school in education which has been clearly articulated elsewhere (Beker 1981). Such a task is both frighteningly complex and immensely exciting, but one which cannot be neglected.

Comparing child welfare systems of America, Britain, Canada, Israel and to a

RESIDENTIAL PLACEMENTS····

children. However, it must also be asserted that residential placements and residential units still have an important, albeit different, part to play in a network of services for children. The challenge for those units that remain is how to re-design those environments so that they are growth enhancing places, and how to update the level of practitioner skill available so that they can respond usefully to those children, who, whilst fewer in number, display an even more complex set of personal problems. In fact, how practitioners move from being custodians, passive caretakers, social policemen and other negative role models and become child development workers. This is because practitioners in residential settings can no longer get by on the basis of having the best intentions or by merely offering tender loving care. They must from now onwards show that they have responded by re-designing their programmes to the rightful criticism, that many such places were growth inhibiting rather than growth producing environments. Additionally they must show that as practitioners they have a firm understanding of developmental needs acquired through appropriate levels of study and the relevant technical skills for the important job they are asked to do.

community care dichotomy. Yet it is the author's view that this dichotomy is false and that it has influenced service planners over the last twenty years or more in an adverse way. It also feeds into the error of thinking that any service labelled community based is progressive, innovatory or enlightened even before any evaluation has taken place (Warren 1972). Or conversely that any service which is institutional or residentially based must be regressive, again before any evaluation has occured.

The Barclay Report (NISW 1982) with its review of the place of residential and day service programmes in the generic service structure of the statutory and voluntary services in Britain is a start in re-thinking this proposition. The report certainly opens up the possibility of moving residential services into the centre of the service system and re-defining them in terms of family support services (Ainsworth 1981, Whittaker 1979, Keith Lucas and Sanford 1977) of which the delinquency prevention programme illustrated earlier is a conspicuous forerunner. An illustration of a residential centre which, incidentally, is very much community based and which nicely confirms the frank irrelevance of the institutional care-community care dichotomy.

lesser extent at Denmark, France and Germany, a trend can be identified which is worthy of attention. This trend which is now visible in every one of those countries is the extent to which the work force is beginning to organise and professionalise across all the four major resource systems referred to earlier. This is seen in insitutional care, residential group living and day service programmes, or what is called the field of group care (Ainsworth and Fulcher 1981). National organisations are emerging both to demand professional recognition and proper training for those who are engaged in difficult work with troubled children in all those places. Certainly in North America and in Britain qualifying programmes for residential child care workers of equal standing to those available to other professional groups are developing in College and University situations. These programmes, incidentally, are based in a range of departments from home economics and recreational studies through to special education, psychology and social work as well as in a few unique Schools of Child Development and Child Care.

A number of factors are influencing these developments. One factor is the extent to which group care programmes

are currently the focus of the largest single group of under trained or untrained personnel in the entire human service system and this includes health care, education, social welfare and criminal justice. These child care workers who carry varying titles all want to increase their ability to influence the decision making process as this affects the children with whom they work. They recognise that this is likely to be difficult when they are employed in formalised systems that place high credibility on academic and practice qualifications — unless they follow the comparable professionalisation and accreditation route to that employed by other practitioners. Equally important is the fact that the higher education system itself is as always interested in recruiting more students and in that respect group care personnel are a significant target population that is worth, due to their numerical size, incorporating into future educational programmes.

Recently this workforce was referred to as a sleeping giant and it was said that

are staffed by an increasingly skilled workforce will be needed. This emphasis on practitioner skill is because the size of a programme is by itself no guarantee of quality. Indeed let there be no doubt, small programmes can be just as institutional and dysfunctional for the needs of children as large units. That is unless they are designed in a relevant manner and staffed by professionally trained personnel.

This new training task is the major challenge facing the child welfare field. It is not one to which the social work community has devoted much effort. Regrettably this community seems to have adopted an anti-institutional position. Hopefully it will move from that ideological posture to a more positive position because there is important work to be done and I think social work has a valid contribution to make in tackling this job.

The task is not solely one of training large numbers of personnel, in Britain at least 14,000 in children's units alone. Firstly it is a task of articulation, because

CONCLUSION

To summarise, the author has attempted to maintain both an historical and comparative perspective in this paper. This approach ought to assist in resisting some of the excesses that stem from popular social movements by allowing us to place current fashion in a useful time frame. Secondly it should allow all who are members of the important community of persons concerned with services for children to search for those universal features which can be shown to be key factors in providing effective services for children no matter where they live. The task is daunting — it is necessary to further unravel some of the conundrums that are being faced, namely how to frame policy and organise services that promote conditions which will maximally facilitate individual child development. In pursuing these tasks an element of caution is probably appropriate, the author stressing it is important to take a long term view and not seek instant solutions that:
—make small claims about new forms of

·····STILL AN IMPORTANT PART TO PLAY

its awakening was now being witnessed. Certainly it appears that the group care field for children is about to throw off some of the constraints imposed twenty years ago by what has been eloquently described as the literature of dysfunction (Jones 1967), a literature mainly created by academic sociologists and criminologists which report how many long-stay mental hospitals and penal institutions constituted corrupt and corrupting environments. These studies, were too readily consumed, and over generalised from, by an indiscriminating policy making and professional audience, the consequence of which has been a starving of the residential sector of the group care field for children of the very resources that are needed for the updating of programme design and practitioner skill. The emergence of an organised and increasingly professionalised workforce in group care services seems, therefore, to be timely because it reflects a realisation at many levels that whilst progress has been made in re-shaping the child welfare service delivery system, this system cannot be institution free. Rather, whilst the dependence on the large institutions of the past has to be reduced, a new range of non-traditional small group living units and day service programmes that

it appears group care practice has yet to be clearly articulated in a conceptual language or around a set of identifiable methodologies.

There is an abundance of descriptive and anecdotal material but the capturing of the essence of group care practice still evades us. Until this is done those engaged in the training tasks identified will be handicapped. Intellectual as well as practical resources are, therefore, needed if child welfare is to advance along the route suggested. This task seems to demand that a major curriculum design project is undertaken. Such a project needs to span the knowledge and expertise about child development that is located within the four service systems of health care, education, social welfare and criminal justice rather than concentrate on one of them. Only in this way will such a project respond to the total needs of children for developmental services that encompass their world. This is because children do not divide themselves or respect the boundaries of the systems which we have created — nor should they. What they expect, and what we should provide is relevant assistance when they need it irrespective of their particular location. That is the challenge we all face — it is a challenge to our professional jealousies and entrenched power positions.

service rather than promote them as panaceas;
—maintain as a consequence diversity and flexibility both in response to the needs of individual children and in regard to the service system itself.

Finally a plea for all efforts to be subject to constant evaluation and for new education and training efforts, so that care providers, professional or otherwise, who by their very engagement for long periods of time, hours per day, days per week, months per year, profoundly influence the lives of children may become surer in the way they offer assistance to those in their care.

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