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**Fostering community in the South Bronx: Social support as an  
alternative to foster care**

**Berman, Ellyn Schiff, D.S.W.**

**City University of New York, 1991**

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**FOSTERING COMMUNITY IN THE SOUTH BRONX:  
SOCIAL SUPPORT AS AN ALTERNATIVE TO  
FOSTER CARE**

by

Ellyn Schiff Berman

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the requirements for the degree of Doctor of Social Welfare, The City University of New York.

1991

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*1991*

This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Social Welfare.

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1991

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*Abstract*

**FOSTERING COMMUNITY IN THE SOUTH BRONX:  
SOCIAL SUPPORT AS AN ALTERNATIVE TO  
FOSTER CARE**

by

Ellyn Schiff Berman

Adviser: Dr. Michael J. Smith

This exploratory-descriptive study was undertaken to identify key elements of a family support program designed to prevent the placement of children in foster care. As the number of children needing out-of-home placements continues to grow and the shortcomings of the foster care program become apparent, there is greater interest in home-based, family-centered programs designed to strengthen families so that a disruption of kinship bonds is unnecessary. This project studied social work practice in a New York City child welfare "prevention" program in an attempt to understand its content and to generate practice principles for social workers.

A review of the relevant literature indicates that services to prevent the placement of children in foster care represents a rapidly growing area

of interest in child welfare. There is also evidence of renewed interest in an ecological perspective which emphasizes social work practice in the community and building social support networks to help families. However, not enough is known about the day-to-day working of family support programs and how to translate the ecological perspective into practice. A description of service activities was needed to understand what social workers do to provide family support and promote community networks. With "thick" description of a family support program there was potential for expanding social work practice principles and models of social work practice in child welfare.

Data from client interviews, social worker interviews, case record reviews and direct observation were collected in weekly visits to a Bronx agency from April 1989 to June, 1990. From these data, eight case studies were developed and 25 group meetings were analyzed. Findings indicate that key features of this prevention program were: the location of the program in the neighborhood, the close and informal relationship developed between the client and the social worker, the range of interventions (including practical help) offered by the agency and the emphasis on enhancing social support by building a sense of community.

The study highlights the importance of small, community-based, prevention programs where workers are able to make frequent home visits, and are willing to establish close relationships with their clients. These findings have implications for the design of child welfare agencies and for social work education.

**For my dearest Ben and for our children, John, Jessica and  
Paul who, from the first day of the master's program,  
always believed in me, with love.**

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*"Know that the problems of social science, when adequately formulated, must include both troubles and issues, both biography and history, and the range of their intricate relations. Within that range the life of the individual and the making of societies occur; and within that range the sociological imagination has its chance to make a difference in the quality of human life in our time."*

C. Wright Mills

**CHAPTER ONE:  
STATEMENT OF THE PROBLEM AND REVIEW  
OF RELATED LITERATURE**

***Introduction***

This project was designed to explore the content of a child welfare prevention program which aims to support families and prevent the placement of children in foster care. As the number of children in foster care continues to grow and the shortcomings of the foster care program become apparent, we are looking at ways to strengthen parents and keep the bond with their children intact. There is an unmet need for family support in times of crisis so that children do not require care with substitute parents. But, what constitutes family support? What social work services do those families need in order to stay together? What is the make-up of social work services in programs geared to "at-risk" families? A small, qualitative study of a model program in New York City is offered here as a way of understanding elements of family support and generating practice principles for social workers from agency practice.

***Nature and Scope in Society***

With the passage of New York State's Child Welfare Reform Act in 1979 and the United States Adoption Assistance and Child Welfare Act of 1980, (Public Law 96-272) there has been growing interest in preventive

child welfare services. Alarmed by the increase in numbers of children needing foster care and remaining in care, disillusioned by the shortcomings of substitute care for those in out-of-home placements and wanting to contain costs wherever possible, we have started looking more closely at ways to keep children with their biological parents. As child welfare agencies have begun to develop programs oriented toward averting foster care placement, or making it possible for children in placement to return home, "family centered" or "home-based" prevention services have emerged as important alternatives to placement. There is new interest in "family-based" child welfare programs or "family preservation" programs, as they are also sometimes known, and their specific service offerings. There is new attention focused on the concept of family support, what it means, what it includes, how it is developed, and how social workers deliver such services.

Federal Law 96-272, the Adoption Assistance and Child Welfare Act and New York State's Child Welfare Reform Act of 1979 are the cornerstones of today's child welfare policy. They reflect a change in public policy away from foster care due, at least in part, to the growing disillusionment of the public with large outlays of money for human services. There is also growing skepticism about the use of foster care placement as a means of protecting and treating children and concern about the long-term effects of foster care on children. Foster care which in the 1960s was regarded as a major service now looks more like a disservice. At the time of the 1979-1980 legislation there was evidence that child care agencies might be keeping children in foster care longer than necessary to profit from a reimbursement formula which allowed per diem payment

(Fanshel and Shinn, 1978)<sup>1</sup> and in New York State, where child welfare services were delivered through a system of strongly entrenched, voluntary sectarian agencies, the black community was dissatisfied with the response of unfamiliar, unsympathetic white agencies to the problems of black children.

The new legislation attempted to solve the frustration of the public with social expenditures and the problem of children "adrift" in foster care with the policy known as "permanency planning" and a new emphasis on preventive services. Permanency planning is a systematic "process of carrying out within a brief time limited period, a set of activities which will help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships."<sup>2</sup> In other words, there must be a disposition plan for each child in foster care and the intent of each child's foster care placement must now be clarified within a brief period. With "permanency planning," child care agencies must determine "in a timely manner" if a child is ever going to be able to live with his parents. If not, the child must be freed for adoption and every effort promptly made to find an adoptive home. Besides ameliorating the status of foster children who used to remain in the uncertainty of foster care for long periods, permanency planning was also meant to strengthen biological families through preventive services wherever there was potential to return a child to his parents or avert the initial placement. The legislation was intended to support and maintain the

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<sup>1</sup>David Fanshel and Eugene B. Shinn, Children In Foster Care, (New York: Columbia University Press, 1978).

<sup>2</sup>Edith Fein, et al. "After Foster Care: Outcomes of Permanency Planning for Children," Child Welfare, November/December 1983, p. 486.

bond between the child and the parent whenever possible either before placement or through reunification as soon as possible afterwards.

Public Law 96-272, passed in 1980, amended the former AFDC/foster care program and Title IV-B of the Social Security Act, the Child Welfare Services Program. To implement the intent of the law, it redirected funds away from foster care and towards alternatives to placement. It included fiscal incentives to the states to develop and promote preventive services. A state's reimbursement for foster care is now contingent on a determination that all efforts to prevent placement have been made. A Preventive Services Statute, enacted by New York State in 1979, defined specific preventive services offered to children and their families for the purpose of "averting an impairment or disruption of a family which will or could result in the placement of a child in foster care..."<sup>3</sup> Preventive services are mandated when it is determined that the provision of those services enables a child to remain with his biological family. They are defined as day care, homemaker service, parent training, parent aides etc. The number of families receiving preventive services in New York City grew from 8,500 in 1981 to over 21,000 in 1988. Preventive services were delivered through 125 different, immensely diverse programs at a cost of about \$47 million a year.<sup>4</sup>

In spite of the "landmark" child welfare legislation, in effect for ten years, with its heavy emphasis on "permanency planning" and preventive services, the foster care systems in New York City and in the United States are now overwhelmed by numbers of "sick, battered and emotionally

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<sup>3</sup>Report of the Manhattan Borough President's Advisory Council on Child Welfare, Megan E. Mc Laughlin, Advisory Council Chair, New York, New York, July, 1989 (New York City: Office of the Manhattan Borough President, 1989), p.45.

<sup>4</sup>ibid., p. 46 and 48.

scarred children who are becoming the responsibility of the public."<sup>5</sup> There is a severe shortage of foster families and the numbers of children needing care mounts steadily. Drug and alcohol abuse, homelessness and poverty continue to take their toll, and more and more children are "at risk" of going into foster care. Once again, we are focusing attention on prevention programs and we are asking how social workers can work with families on the verge of breakup to prevent placement of children in foster care.

There is a proliferation of family-centered placement prevention services, but there is also confusion about the essential elements of those services.

There appears to be little information on the specific content of prevention programs, description of the essential components of family support (including the client's perspective), and analysis of what is effective in maintaining children at home. Without more knowledge, prevention services are difficult to assess, professional decision-making and advocacy is limited and the numbers of children in out-of-home placements continues to climb. It has been suggested that small, qualitative studies are needed to learn about "the service side of preventive services."<sup>6</sup> A report by New York City's Advisory Council on Child Welfare urges that "the logic of prevention must be turned into public policy and concrete action."<sup>7</sup> More information is needed. By studying a model prevention program and identifying the *essential elements* of what is known as family support, we hope to be able to design programs that hold more promise for the families who come to the attention of protective child welfare services.

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<sup>5</sup>J. C. Barden, "Foster Care System Reeling, Despite Law Meant to Help", The New York Times September 21, 1990, p. 1.

<sup>6</sup>Mary Ann Jones, A Second Chance For Families (New York: Child Welfare League of America, 1985), p. 153.

<sup>7</sup>Report of the Manhattan Borough President's Advisory Council on Child Welfare, p.48.

## ***Policy Context***

At a conference sponsored by the Citizens Committee for Children in 1968, Eveline Burns said, "poverty among children is permitted to persist despite general recognition of its lasting effects on personal development and despite acknowledgement that children cannot be blamed for their economic disadvantages or expected to overcome them."<sup>8</sup> This observation is even more relevant today. The circumstances of poor children in 1991 are worse than they were in 1968, and the challenge to social workers to document the needs of children and to respond creatively to the circumstances of children's lives is greater than ever.

"Children are the poorest group in society, with more than one in five living in a household whose income is below the poverty level, \$12,700 for a family of four."<sup>9</sup> 45% of black children and 39% of Hispanic children were poor in 1987, the year cited by the National Commission on Children. Malnutrition affects nearly half a million children today, and 100,000 children are homeless. In the United States, children are at greater risk of being poor than any other age group in the population. Publicly, however, we talk of children as our greatest resource. It is clear that in spite of considerable lip service, our commitment to children has been weak and our public policy initiatives uncertain and confused. Recent developments, however, lead some observers to be more hopeful. There

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<sup>8</sup>Eveline Burns, Editor, Children's Allowances and the Economic Welfare of Children (New York: Citizens Committee for Children, 1968), p.3.

<sup>9</sup>T. Berry Brazelton, "Why is America Failing Its Children?" The New York Times, September 9, 1990, p 42.

are indications of increased public attention to the problems of children which may bring new opportunities to assess child welfare issues in the 1990s. A greater interest in child-oriented social reform may be taking shape with new interest in studying foster care/child abuse prevention programs. Some see pressures building for a children's agenda similar to the reform movement that took place in the latter part of the 19th century.

It must be clearly stated at the outset that the facts of child poverty are inextricably linked with the foster care program and form the context of child welfare policy. The majority of children in foster care are poor and come from desperately poor families. It is apparent, looking at income statistics, that our major program of financial aid for children, AFDC (Aid to Families with Dependent Children) is inadequate. Any discussion of child welfare must not overlook that inadequacy and should not be too closely focused on adjustments in remedial services such as foster care or narrowly defined preventive services. It is easy to see that the problems of children cannot be met without considering the economic needs of their parents. If we take a broad perspective on the welfare of children and the need to prevent foster care placements, we need to examine national policy relating to housing, health, criminal justice and most importantly, welfare. We now emphasize prevention services and protective services to help the desperate child whose family has broken down, but if we are ever to deal successfully with causes of such breakdowns, we must make income assistance our primary concern. As Kamerman suggests, someday we will have to take a child/family perspective in developing policy in child welfare, a perspective which takes into account the linkages between poverty and child placement, one that looks at policies promoting healthy,

intact families, instead of looking to child welfare services to remedy the damage after it is done.<sup>10</sup>

### ***History of Child Welfare Policy***

Over the years, child welfare policy has suffered from fragmentation and from undue emphasis on substitute care and out-of-home placements to the detriment of prevention services. Up until 1979, child welfare policies were heavily biased in favor of placement due in part to the way funding was structured and in part because foster care was consonant with American values and mirrored our attitudes toward the poor. There was little support to help a family in crisis so that a child might not have to suffer the trauma of separation, and there was even an underlying suspicion that poor families were unlikely to be able to care for their children properly. It is only in recent years that we have begun to look at the foster care program more critically and have let ourselves examine the serious shortcomings of a program which disrupts the natural bonds that tie children to their parents.

Before 1962, AFDC, Aid to Families with Dependent Children, was known as ADC, Aid to Dependent Children. ADC was part of the original Social Security Act, as AFDC is today. When ADC was enacted it was assumed that it would slowly disappear as the social insurance programs expanded and as the economy improved. It was supposed to help dependent women with fatherless children and was an extension of an earlier program

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<sup>10</sup>Sheila Kamerman, "Overview of Child Welfare Policy" (paper presented at The Hunter College School of Social Work Alumni Association Meeting, March 24, 1986).

of widows pensions. The ADC program was geared to help a small group of white, so called "gilt-edged" widows. Mothers with young children were to stay at home and care for their children "in a fit and proper manner" in a "suitable home." Public support was offered, but also limited to those people who lived in a way approved by the community.

During the years after World War II, there were significant changes in the economic and social conditions in the United States which affected the ADC caseloads. A rising divorce rate, a slowing down of the economy and a baby boom made the numbers of children in the ADC program soar and changed the racial composition of the group receiving benefits. ADC was now used by a growing number of black children growing up in single parent households, leading to an erosion of support for the program.

A rule which curtailed benefits if there was "a man in the house" began to be used to keep the caseload numbers down, and, in 1960, Louisiana dramatically refused aid to 20,000 children who they determined were not living in "suitable" homes. In 1961, partly in response to this crisis, the AFDC/Foster Care amendments were passed prohibiting the states from denying children support. AFDC funds could now be used to pay for foster care as well as home care, and, in 1967, Congress increased the level of federal participation in foster care payments and also required that all states have AFDC/Foster Care programs in place.

It is significant that foster care programs were open-ended entitlement programs, meaning that the states were able to claim reimbursement for the care of as many children as were eligible. The amendments which were intended to improve the lot of poor children by increasing federal support and federal involvement in the AFDC program also placed undue emphasis on foster care and made it the major thrust of

federal policy. The AFDC/ foster care amendments were passed at a time when there was optimism about the possibility of expanding public social services and a belief in developing a comprehensive system of child welfare services to meet the needs of poor families and their children. It seemed for a time that foster care was the treatment of choice for dependent children and out-of-home placements on a temporary basis the best way to insure their welfare. Unfortunately, as we later found out, the numbers of children in foster care rose dramatically, temporary foster care often became permanent and the detrimental, psychological after effects of foster care placement became disturbingly evident.

Studies such as the Fanshel and Shinn research (1978)<sup>11</sup> documented the drift of children in foster care and questioned "why so many children have become long-term wards of the system." Works by Goldstein, Freud and Solnit (1973 and 1979),<sup>12 13</sup> decried long term foster care for children and delineated the psychological damage that results when a child has no certain ties to a family. There was scandalous evidence that the child care agencies were holding children long after they might be returned to their biological parents to benefit from the reimbursement formula. With these studies and the growing unwillingness of the public to pay the high cost of foster care and other social programs, there was new interest in child welfare preventive services and alternatives to foster home placement.

Before 1980, there had been little money allocated for preventive services. Under Title IV-B of the Social Security Act, the child welfare

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<sup>11</sup>David Fanshel and Eugene B. Shinn, Children In Foster Care (New York: Columbia University Press, 1978).

<sup>12</sup>Joseph Goldstein, Anna Freud and Albert J. Solnit, Beyond the Best Interests of the Child (New York: The Free Press (Macmillan), 1973).

<sup>13</sup>Joseph Goldstein, Anna Freud and Albert J. Solnit, Before the Best Interests of the Child (New York: The Free Press (Macmillan), 1979).

services programs, funding levels had never been adequate to promote a broad range of services. Money for preventive services, unlike foster care reimbursement formulas, had to be appropriated each year. Up to 1980, although Congress authorized \$226 million for preventive services, only \$56.5 million had ever been appropriated. Until the passage of our current legislation, the New York State Child Welfare Reform Act and Federal Law 96-272, the financial bias was emphatically toward placement services and away from preventive services.

The current federal and state child welfare statutes attempt to redress the balance by emphasizing permanency planning and mandating preventive services. With Public Law 96-272 (The Adoption Assistance and Child Welfare Act of 1980) and New York State's Child Welfare Reform Act, funds are now directed away from out-of-home care by raising the reimbursement rate for preventive services, e.g. homemaker service, counseling, day care etc. and by providing reimbursement on a per child basis. There is now also a "cap" on foster care expenditures, and money not used for foster care can be transferred to preventive service funds. Children are now supposed to go into foster care only when all other options have been explored and a judicial determination is made that all efforts to prevent placement have in fact taken place. The legal mandate for preventive services favors the development of new "family preservation" programs. There is necessarily greater interest in the content of these "family centered" or family support programs, in what constitutes support, in how those services are structured and evaluation of the effectiveness of the specific interventions they offer.

In the first five years after the Federal law was passed, the number of children in foster care was cut by a half, from 500,000 to 270,000. But

since 1985, the number of children in foster care has grown steadily. By January of 1990, it had reached at least 360,000. In New York City, as of November 1990, there were 45,500 children in the foster care system. "If the 1980 Federal law is to meet its goal of keeping families together, experts and members of Congress say, the government needs to spend more money on programs to prevent the need for foster care."<sup>14</sup> *The New York Times* reports in September, 1990 that the federal government is spending more than \$1.5 billion on foster care for children receiving welfare; total spending for all foster children at all levels of government is at least \$6 billion a year. At the same time, we are now spending \$252 million on prevention programs, the most that has ever been allocated. As the expenses of the foster care system continue to mount while the shortcomings of the system become increasingly apparent, there is pressure from a frustrated public to find new ways to prevent the disruption of families while also protecting children. There is also impetus from within the child welfare system, from professionals disappointed with the inadequacy of foster care, to find alternatives to out-of-home placement. How can we strengthen a family's knowledge, skills and resources so that children do not have to be uprooted?

This study of a specific prevention program is intended to help us understand how to use the concept of social support in working with "at risk" families and to build social work knowledge of specific interventions and services to prevent the placement of children in foster care. The purpose of the study is to illuminate certain key concepts in child welfare,

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<sup>14</sup>J.C. Barden, "Foster Care System Reeling," *The New York Times*, September 21, 1990, p. A18.

expand practice principles for social workers and describe new models and methods for social work programs.

### ***Review of the Literature and Related Knowledge***

Since the passage of the Child Welfare Reform Act and Public Law 96-272, many writers have pointed to the danger of relying too heavily on permanency planning and have urged us to seek new ways of working with families to avert the need for foster care (Maluccio, Fein, Hamilton, Klier and Ward, 1980, Rooney, 1982)<sup>15 16</sup> Permanency planning, they have warned, may be little more than a cosmetic device, more concerned with form than substance. Maluccio et al. outlined the systemic barriers to permanency for children and pointed to the lack of societal support to families. They warned of the potential danger of giving up too quickly on parents and advocated a shift in resources from remedial to preventive services. Maluccio and Fein<sup>17</sup> urged that social workers not be reluctant "to try innovative services, such as parent aides, homemakers, home management specialists, or older persons who model effective parental behaviors to help meet the needs of parents, enrich the family's environment and prevent placement or replacement."

The recent social work literature suggests a growing skepticism about foster care as a solution to the problems of children with increased

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<sup>15</sup>Anthony N. Maluccio, Edith Fein, Jane Hamilton, Jo Lynn Klier and Darryl Ward, "Beyond Permanency Planning," Child Welfare, November, 1980, : 515-530.

<sup>16</sup>Ronald H. Rooney, "Permanency Planning: Boon For All Children?," Social Work, March, 1982, : 152-158.

<sup>17</sup>Anthony N. Maluccio and Edith Fein, "Permanency Planning: A Redefinition," Child Welfare, May-June, 1983, : 195-201.

attention given to the shortcomings of the service and greater emphasis on work with at-risk families. It is now more likely for social workers to consider foster home placement a "last resort", useful only in the most hopeless circumstances and then on a short-term basis. The child welfare agencies have begun to re-orient their services toward prevention with greater emphasis on programs known as family support programs or family centered programs which aim to avert placement or enable a child in foster care to return to his biological family. The conceptual framework for these programs is best represented by an ecological perspective which addresses the connection between individuals and their surrounding communities, including families, friends, neighbors etc. This theoretical perspective recognizes the significance of social interaction in mobilizing coping mechanisms and developing clients' strengths.

Although social workers have always been interested in a problem formulation which views "the person in the environment", until recently the development of practice technologies for the assessment, intervention and evaluation of environmental helping received far less attention than individually centered approaches. Environmental modification, intervention which either provides a practical service or deals with the client's social environment (including potential social support resources), has had no clear methodology and has been consistently oversimplified in the social work practice literature (Grinnell & Kyte, 1975)<sup>18</sup> There is new evidence however, particularly in child welfare, of a growing interest in understanding the child in relation to his social environment and in identifying elements of support in the environment which social workers

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<sup>18</sup>R.M Grinnel and N.S. Kyte, "Environmental Modification: A Study," Social Work, 20, (4) : 313-318.

may either construct or reinforce so that some vulnerable parents can function adequately as caretakers of young children.

We increasingly recognize that "families do not live and function as isolated units, but have informal and complex relations with several networks that provide support and sustenance."<sup>19</sup> There is new concern about those social networks, finding them and/or developing new ones, interest in looking at how they may improve parenting skills or change parenting behaviors; how they may reinforce coping mechanisms that already exist or help to create community ties. More and more, social work practice is taking into account the social networks surrounding clients, especially children, and looking at how those networks may support, weaken, supplement or even substitute for the efforts of professional helping. Social workers are increasingly interested in the role social support plays in moderating family stress and in how services usually associated with naturally-occurring, informal social supports can be linked with the formal system.

Gottlieb (1983) defines social support as "verbal and/or nonverbal information or advice, tangible aid, or action that is proffered by social intimates or inferred by their presence and has beneficial emotional or behavioral effects on the recipients."<sup>20</sup> Social support consists of a variety of helping behaviors including advice and guidance, companionship, emotional support, encouragement and concrete aid. A social support network refers to a set of relationships which provide nurturance and reinforcement for efforts to cope with life on a day to day basis (Whittaker

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<sup>19</sup>Report of a Wingspread Conference, The Johnson Foundation, (Racine, Wisconsin: The Johnson Foundation, April, 1979), p. 1.

<sup>20</sup>Benjamin H. Gottlieb, Social Support Strategies: Guidelines for Mental Health Practice (Beverly Hills, California: Sage Publications, 1983), p.28.

and Garbarino, 1983)<sup>21</sup> This intensified focus on the client's environment or context stems from theory and research in the ecology of human development developed by Bronfenbrenner (1979).<sup>22</sup>

Bronfenbrenner emphasized the need to understand how the developing child and his family relate to the social context in which they live. He emphasized that the social network, including all of those people in contact with family members as they go about the tasks of daily living, exert an influence on the family and affect the child. The evaluations parents make of their own capacities and their view of the child are affected by external factors such as unemployment or job schedules, child care arrangements or the presence or absence of friends, neighbors or kin.

Building on the ideas of Bronfenbrenner and other theorists, James K. Whittaker has described a recent shift in the human services paradigm from a personalistic view of human development to one that considers the person in relation to others who make up his particular milieu and community (1986). He points to "a growing awareness of the vital importance and complexity of the environment, often referred to as an ecological perspective, in both understanding and intervening with children and families."<sup>23</sup> He urges social workers to see individuals, including children, as closely and significantly related to those in their personal community or "surround" and to make the exchange between individuals and the community a major focus of social work intervention. The social

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<sup>21</sup>James K. Whittaker, James Garbarino and Associates, Social Support Networks: Informal Helping in the Human Services (New York: Aldine Publishing Co., 1983) p.5.

<sup>22</sup>Urie Bronfenbrenner, The Ecology Of Human Development, (Cambridge, Mass: Harvard University Press, 1979).

<sup>23</sup>James K. Whittaker, "Formal and Informal Helping in Child Welfare Service: Implications for Management and Practice," Child Welfare, Vol. LXV, No. 1, January-February, 1986, p. 18.

worker's role, as he describes it, may be to act as a network/system consultant, to serve as a "liaison specialist", to make connections between school, mental health system, treatment programs, and the family. With an ecological perspective, we are no longer solely preoccupied with formal or professional helping to the exclusion of informal or lay helping which takes place naturally. As we recognize the salience of the environment, social work practice moves once again in the direction of community social work reaching back to a tradition of "social treatment" advocated by Mary Richmond (1917, 1922)<sup>24 25</sup> and others in the early days of social work.

Many years ago, Richmond urged that social workers give serious attention to the concrete needs of families and their natural helping networks, -- relatives, friends and neighbors. She was a proponent of "social care", a point of view about social work practice that focused on the "kin system", advocated "working on behalf of the client" placing the same emphasis on the provision of concrete services as it did on face-to-face therapeutic intervention. Community social work today also focuses on interventions which work with and through the social environment, an "outside in" approach to helping, which practitioners working with children and families in the 1990s may find useful. Unfortunately, the value of finding the least formal and most natural source of help and using community and social network ties to help clients was sometimes overlooked by social workers in the drive to professionalism and in the emphasis on the psychoanalytic formulation which later dominated social work. Today however, current research and practice, particularly in child

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<sup>24</sup>Mary Richmond, Social Diagnosis, (New York: Russell Sage Foundation: 1917).

<sup>25</sup>Mary Richmond, What Is Social Casework?, (New York: Russell Sage Foundation, 1922).

welfare, seems to be looking back to some of the earlier ideas of social work theorists, and there is renewed interest in community social work, so-called environmental helping, which includes attention to social networks and social support.

The roots of the ecological framework are found in several classical sociological/anthropological studies (disciplines related to social work) which established "social network" as a valid construct and underscored its significance in community life. Mitchell (1969)<sup>26</sup> analyzed the linkages among people in a community and concluded that in order to interpret the behavior of any individual, the behavior of others with whom he/she is connected must also be understood. Mitchell studied the structure of networks, the interactions of those involved and identified dimensions useful in measuring networks. Bott (1971)<sup>27</sup> discussed the "connectedness of networks, and Barnes (1972)<sup>28</sup> analyzed the "mesh" of a network and charted the interactions of various components. Barnes used techniques from mathematical graph theory to describe the individual's "social field." These sociological and anthropological studies which studied and analyzed the concept of social support paved the way for further research into the evolving interaction between the person and his/her environment. The conceptual framework of network theory was useful in providing social work writers with insights which focused attention on the social context of the client, looking beyond the individual client to include the social system that surrounds him/her.

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<sup>26</sup>Clyde J. Mitchell, "The Concept and Use of Social Networks," Social Networks In Urban Situations, Edited by J. Clyde Mitchell (Manchester, England: Manchester University Press, 1969).

<sup>27</sup>Elizabeth Bott, Family and Social Networks, 2nd. Edition (London: Tavistock Publications, 1971).

<sup>28</sup>J, A, Barnes, Social Networks (Reading, Mass.: Addison-Wesley, 1972).

In 1983, a British journal article set out to demonstrate the appropriateness of orienting social work practice to the community, but warned that although attention to network structure and interaction is a powerful tool for understanding how people are connected to others in everyday life, "recognition of the actual web of social relationships influencing people's lives for good or ill is not easily accomplished."<sup>29</sup> Timms suggests that only through locally based, community oriented social work practice which reduces the physical and social distance between social work service and the community does the social worker have a chance to grasp, at least in part, the complexity of the client's social world.

Germain's (1981)<sup>30</sup> work has been of major importance in applying that framework to social work practice. She enlarged the scope of the social worker's concern and broadened the range of legitimate social work intervention. In her writing, Germain urges us to look at alternatives to human service approaches which rely solely on the relationship between the individual client and the professional helper. She asks social workers to consider the environment surrounding the client (the person-in-situation) and to use both "hard" and "soft" services, counseling *and* concrete services to help maintain fragile families. Too often, the person in the situation receives greater emphasis than the situation in the person (Gitterman and Germain, 1981).<sup>31</sup> In fact, people live in communities, and efforts to strengthen their coping capacities have to include reaching out to change elements of the impinging environment. In terms of service delivery, we

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<sup>29</sup>Elizabeth Timms, "On the Relevance of Informal Social Networks to Social Work Intervention," British Journal of Social Work (1983) 13, p.413.

<sup>30</sup>Carel B. Germain, "The Ecological Approach to People-Environment Transactions," Social Casework, June, 1981.

<sup>31</sup>Alex Gitterman and Carel B. Germain, "Education For Practice: Teaching About the Environment," Journal of Education for Social Work, 17 (3), 44-51.

need to build structures which provide a supportive, nurturing environment from which clients can draw strength as well as working to modify and enrich the resources which already exist in the community. As part of an environmental assessment, it is important to appreciate the potential for growth or stress within the client's social network, the functions of network resources and obstacles that may exist to using network resources.

The idea of enlisting the client's social support network and viewing the individual in relation to his/her environment has received increased attention in the social work literature and especially in work with an elderly population. Those working with aged clients have pointed out that "strategies for assessing need, planning for and providing assistance and determining points of intervention can only properly and effectively occur by taking into account the availability, viability and significance, not only of family supports but of friendship and neighboring supports as well."<sup>32</sup> It is now clear that a partnership between social networks and professional helpers has great potential in working with children as well as with older people. The specific needs of those living in a particular neighborhood with consideration of its social and geographical attributes is significant in assessment and planning for both children and older adults. Biegel and Naperstek have pointed out that in order to establish credibility "professionals...human service administrators and community representatives must be able to interact as peers,"<sup>33</sup> a valuable concept for work with children as well as adults. Traditionally, parents of children at-

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<sup>32</sup>William J. Sauer and Raymond T. Coward, Editors, Social Support Networks and the Care of the Elderly (New York: Springer Publishing Co.,1985), p. 151.

<sup>33</sup>D, Biegel and A. Naperstek, Neighborhood and Family Services Project-First Year Report (Washington, D.C.:Washington Public Affairs Center, 1979).

risk of placement were viewed more as the problem than as potential partners in finding a solution. Parents were rarely included in the decision making or in the treatment process. With an ecological perspective, growing in part out of work with the elderly, it is now more common to make an effort to include parents in all phases of child welfare work.

Pincus and Minahan,<sup>34</sup> other researchers, also point out that there is a physical *and* a social environment which surrounds each client. They include the informal or natural resource systems found in networks of kin, friends, neighbors and workmates as well as arrangements of mutual aid or self-help. Their perspective focuses on the competencies of clients and their capacities for connections instead of on their weaknesses. In child welfare services geared to enhancing the capabilities of parents, Germain, Hartman and others point out that "supporting people's strengths and reducing environmental barriers to growth and adaptation are their foremost concerns."<sup>35</sup> Knowledge of individual psychological development and functioning is invaluable, but it has to be augmented by new perspectives which see the family in relation to a complex social environment over time (Laird, 1979).<sup>36</sup>

Caplan's early work on support systems and community mental health (1974)<sup>37</sup> laid the ground work for the current ecological conceptualization of social support and our belief in the significance of

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<sup>34</sup>Allen Pincus and Anne Minahan, Social Work Practice: Model and Method (Itasca, Illinois: F.E. Peacock, 1973).

<sup>35</sup>Carel B. Germain, "The Ecological Approach to People-Environment Transactions," Social Casework, June, 1981, p. 331.

<sup>36</sup>Joan Laird, "An Ecological Approach to Child Welfare: Issues of Family Identity and Continuity," in Social Work Practice: People and Environments, edited by Carel B. Germain (New York: Columbia University Press, 1979, 174-209.

<sup>37</sup>Gerald Caplan, M.D., Support Systems and Community Mental Health, (New York: Behavioral Publications, 1974).

human attachments for individual development and maintenance. Caplan described the potential of the social network to augment a person's inner strength and facilitate his adjustment to the environment. His work focused on preventing psychiatric illness and the force exerted by social networks on the rehabilitation of patients discharged from mental hospitals (as did Tolsdorf's seminal piece, 1976),<sup>38</sup> but he also delineated the important distinction between formal and informal sources of aid and distinguished different kinds of support provided by family groups or "pseudo-family" groups. He contrasted organized elements of support with spontaneous elements which are the natural response of those in the community based on specific values and traditions. Caplan urged social workers to study the *naturally occurring* systems of support, to foster them, augment them and use them.

Earlier, Cassel (1974)<sup>39</sup> had looked at the relationship between "psychosocial processes" and stress. He identified the need for human beings to be connected with their environments and maintained that health problems were sometimes due to lack of feedback from those in the environment or in "confused" signs and signals from significant others. Cassel concluded that one of the most important functions of "social supports" is in protecting or "buffering" people from the ill effects of social disorganization or stress. In later research, Crnic, Greenberg, Robinson and Ragozin<sup>40</sup> suggest that whether there is adequate social

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<sup>38</sup>C.C. Tolsdorf, "Social Networks, Support and Coping: An Exploratory Study," Family Process, 15, 407-417.

<sup>39</sup>J. Cassel, "Psychosocial Processes and "Stress," International Journal of Health Services, 4(3), 471-482.

<sup>40</sup>Keith A. Crnic, Mark T. Greenberg, Nancy Robinson and Arlene Ragozin, "Maternal Stress and Social Support: Effects on the Mother-Infant Relationship from Birth to Eighteen Months," American Journal of Orthopsychiatry, April, 1984, 224-235.

support will effect how mothers function with their children and will influence the sense of satisfaction and competence that mothers experience in the early stages of raising a child. Such a conclusion has important implications for a family support program which attempts to moderate the stress experienced by mothers raising their children in a depressed neighborhood.

The literature suggests that social support functions in three general ways: 1) by providing emotional support 2) by providing instrumental assistance and 3) by providing social expectations (Weiss, 1974)<sup>41</sup>. Different relationships furnish different types of social provision, e.g. attachment, social integration, opportunity for nurturance, reassurance of worth, reliable alliances and guidance. The literature points out the significance of these concepts for family support programs where workers are asked to provide comprehensive services to families who may be isolated from social support resources or lack the skills to use what is available. Other families are surrounded by social networks that are themselves beset by multiple problems.

It has been pointed out in the literature that social networks may have a negative impact as well as a positive one (Mc Intyre, 1986).<sup>42</sup> Not all social networks are social support networks nor do all social networks reinforce positive behavior. In other words, not all ties are helpful. There is evidence that social networks can also "undermine self-esteem and the sense of identity, they sometimes withhold resources and information or uphold deviant values, thus having a disruptive effect on the functioning of

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<sup>41</sup>R. Weiss, "The Provisions of Social Relationships," Doing Unto Others (Englewood Cliffs, N.J.: Prentice-Hall, 1974).

<sup>42</sup>Eilene L.G. McIntyre, "Social Networks: Potential for Practice," Social Work, November-December, 1986, pp. 421-426.

individuals, groups or families."<sup>43</sup> One group of single mothers was found to engage in aversive, interfering exchanges with relatives and/or social welfare agencies (Van Meter, Haynes and Kropp, 1987)<sup>44</sup> weakening the efforts of professional helpers. Another study identified problems in the continuity and reliability of care available through the informal system of family, neighbors and friends. Sometimes limitations of knowledge or a simple lack of resources will undermine the ability of those in the community to respond. People have to be "free from drain" (Collins and Pancoast, 1976)<sup>45</sup> to act as guides and nurturers. Extensive support systems may also facilitate drug involvement and hamper users' efforts to abstain from substance abuse (Schilling, 1987).<sup>46</sup>

In spite of caution that not too much be expected from social support interventions, there remains great interest in the literature in learning more through practice research about the potential benefits of social networks on both psychological and physical health, (Mitchell and Trickett, 1980, Ell, 1984).<sup>47 48</sup> There is interest in the importance of social support networks to parenting and the role of social support as a moderator of parental stress. Belsky points to an abundance of evidence which highlights the generally beneficial impact of social support and its effect on general well being,

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<sup>43</sup>Carel B. Germain, Editor, Social Work Practice: People and Environments (New York: Columbia University Press, 1979), p. 214.

<sup>44</sup>Mary Jane Van Meter, Maurice O. Haynes and Joseph Kropp, "The Negative Social Work Network: When Friends are Foes," Child Welfare, Vol. LXVI, No.1, January-February, 1987.

<sup>45</sup>A. Collins and D. Pancoast, Natural Helping Networks, (Washington, D.C.: National Association of Social Workers, 1976).

<sup>46</sup>R. F. Schilling, "Limitations Of Social Support," Social Service Review, March, 1987, p.19-31.

<sup>47</sup>R.E. Mitchell and E.J. Trickett, "Social Networks as Mediators of Social Support," Community Mental Health Journal, Vol. 16 (1), Spring, 1980.

<sup>48</sup>Kathleen Ell, "Note on Research: Social Networks, Social Support and Health Status: a Review," Social Service Review, March 1984.

concluding that it should be no surprise that parenting appears to be positively associated with social support.<sup>49</sup> Building social support networks, therefore, may influence parenting behaviors and may be significant in averting the need for foster care placement. What types of social networks are most useful for which individuals in terms of what particular issues, under what environmental conditions? It seems that awareness of network arrangements can only take place in locally based, community oriented programs where social workers understand their clients' lives almost at a "gossip level"<sup>50</sup> and where they have first hand knowledge of the complexities of their clients' environment. Community life and cultural patterns hold meanings for clients that can only be grasped by those "close to the scene."

The literature on social networks, social support and the meaning of the environment indicates the pressing need for more research. "Enhancing the goodness-of-fit between individuals and their personal networks as well as providing professional support are routine goals of social work practice."<sup>51</sup>

In summary, as child welfare agencies re-orient their services to strengthen families and prevent foster care placements, there is a greater need to understand elements of social networks, make them part of our assessment and understand how social workers may intervene to enhance whatever natural family, neighborhood and community resources already exist or provide new ones where they are lacking. One of the questions addressed in this study is how to promote mutual aid and develop resources

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<sup>49</sup>J. Belsky, "The Determinants of Parenting: A Process Model," Child Development, 55, 83-96.

<sup>50</sup>Elizabeth Timms, "On the Relevance of Informal Social Networks to Social Work Intervention," British Journal of Social Work, (1983) 13, p.414.

<sup>51</sup>Kathleen Ell, "Note on Research, Social Networks, Social Support and Health Status: A Review," Social Service Review, March, 1984, p. 141.

in the community. How do professional social workers find, build or collaborate with existing social support networks to help children?

There is a pressing need for more research which focuses on service delivery for at-risk families. Many authors confirm the value of raising children in their biological families, but they emphasize that concrete resources have to be allocated differently in order for the policy of "permanency planning" to be meaningful. In a Connecticut study reported by Fein et al. in 1983, parents expressed the need for housing, employment and financial assistance. "Obviously it is difficult for parents to meet the emotional needs of their children if they are worrying about shelter, food and clothing."<sup>52</sup> The vulnerability of biological families who have children in foster care or where there is risk of placement is repeatedly emphasized in the literature. Given the social isolation of many of these families and their insulation from community services, how do we create social resources where they do not exist? How do we help families create a supportive informal helping network to help them cope with the realities of day-to-day life in poor neighborhoods? What is the role of concrete services or tangible aid? How do we help families access and use those resources which are available?

Jenkins and Sauber (1966)<sup>53</sup> and Maluccio and Sinanoglu (1981)<sup>54</sup> both point to the need for child welfare programs which offer comprehensive services, use whatever community resources exist and

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<sup>52</sup>Edith Fein et al., "After Foster Care: Outcomes of Permanency Planning For Children," Child Welfare, November/December, 1983, p. 554.

<sup>53</sup>S. Jenkins and M. Sauber, Paths to Child Placement: Family Situations Prior to Foster Care, (New York: Community Council of Greater New York, 1966).

<sup>54</sup>Anthony N. Maluccio and Paula A. Sinanoglu, Eds., The Challenge of Partnership: Working With Parents of Children In Foster Care, (New York: Child Welfare League of America, 1981).

intervene in the environment when necessary in order to help children at risk of placement. There have been reports of services which include home management specialists who help families with environmental problems such as poor housing and unemployment (Spinelli and Barton, 1980)<sup>55</sup> In some programs caseworkers provide concrete services and focus on the child care and home management skills of the parent in order to maintain children at home. Compher suggests (1983)<sup>56</sup> that we need a full continuum of services to prevent foster care placements. He concludes that case managers, family therapists and family aides all have to collaborate to deliver services to disorganized families. The case manager organizes a combination of formal and informal supports to help the family remain intact.

Vigilante and Mailick (1988)<sup>57</sup> point out "a reciprocity exists, however imperfect, in which the needs of individuals shape their social world and the social world affects how needs are defined and expressed over time." The social environment presents challenges, some of which are based on racism or poverty and have been "underattended" in professional practice. Howing, Wodarski, Gaudin and Kurtz (1989)<sup>58</sup> call for research which will lead to specific interventions effective in treating families who come to the attention of protective services. Miller and Whittaker (1988) have outlined the need for practice and research that can "shed some light

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<sup>55</sup>Lauren A. Spinelli and Karen S. Barton, "Home Management Services for Families with Emotionally Disturbed Children," Child Welfare, January, 1980, pp. 43-51.

<sup>56</sup>John Victor Compher, "Home Services to Families to Prevent Child Placement," Social Work, Sept./October, 1983, pp. 360-364.

<sup>57</sup>Florence Wexler Vigilante and Mildred D. Mailick, "Needs-Resource Evaluation in the Assessment Process," Social Work, March-April, 1988, p. 102.

<sup>58</sup>Phyllis T. Howing, John S. Wodarski, James M. Gaudin, Jr. and P. David Kurtz, "Effective Interventions to Ameliorate the Incidence of Child Maltreatment: The Empirical Base," Social Work, July, 1989, pp. 330-337.

on the nature and effects of comprehensive (blended) family support interventions that may help to guide protective service practice."<sup>59</sup>

Blended programs, according to these authors, are blends of professional and/or paraprofessional services and a mix of concrete services, support, education and counseling.

In a recent article, Frankel, (1988)<sup>60</sup> points to the need for a better description of service activities in intensive home-based programs aimed at preventing foster care placements. The impact of such programs on individual and family functioning and the link to placement outcomes needs to be better understood so that we know what kinds of programs are most effective in strengthening dysfunctional families. In another recent article, Weissbourd and Kagan (1989) describe a burgeoning family support movement. Sometimes called family support programs or family resource programs, these services share the same goal of "enhancing the capacity of parents in their child-rearing roles; creating settings in which parents are empowered to act on their own behalf and become advocates for change; and providing a community resource for parents."<sup>61</sup> But, too little is known about how family centered programs actually work. Nelson, Landsman and Deutelbaum point out that considerable "confusion exists about the essential elements of family-centered placement prevention services and considerable debate about which types of programs fall into

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<sup>59</sup>Janet L. Miller and James K. Whittaker, "Social Services and Social Support, Blended Programs for Families At Risk of Child Maltreatment," Child Welfare, Vol. LXVII, #2, March-April, 1988.

<sup>60</sup>Harvy Frankel, "Family-Centered, Home-Based Services in Child Protection: A Review of the Research," Social Service Review, March, 1988.

<sup>61</sup>Bernice Weissbourd and Sharon L. Kagan, "Family Support Programs:Catalysts for Change," American Journal of Orthopsychiatry, 59 (1), January, 1989, p. 21.

this category of service."<sup>62</sup> Further research is needed to specify the essential features of family-centered services and to facilitate the evaluation of program components which may ultimately be replicated.

## **SUMMARY**

The literature cited above points to a growing interest in social welfare programs that prevent the placement of children in foster care. Many articles note the limitations, the emotional trauma, the disruption and dislocation which takes place when children are removed from their biological families. There is an urgent need, based on what Lisbeth Schorr calls "rotten outcomes"<sup>63</sup> among adolescents (early pregnancy, unemployment, truancy, crime) to reduce the numbers of children coming into foster care and to understand how to help families so that children are protected and cared for by their biological parents in their early years. There is also evidence in the literature of a renewed commitment to a perspective more often associated with the origins of social work which views the child in the context of the family and the family in the context of the community. It is clear that the concept of social support, the study and assessment of social networks, the linking of formal and informal sources of support are part of that orientation. The applicability of those concepts in work with high risk families is now being widely discussed as is their incorporation in specific kinds of child welfare prevention programs.

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<sup>62</sup>Kristine E. Nelson, Miriam J. Landsman and Wendy Deutelbaum, "Three Models of Family-Centered Placement Prevention Services," Child Welfare, Vol. LXIX, Number 1, January-February, 1990, p.3.

<sup>63</sup>Lisbeth B. Schorr, Within Our Reach (New York: Doubleday, Anchor, 1989), p.xviii.

The most innovative programs are the family-centered, family support programs which are receiving increased amounts of attention throughout the country. Those programs are different in that they offer a wide range of services (almost like one-stop shopping) make those services coherent and easy to use and have staff members and program structures that are fundamentally flexible. Staff members regularly cross traditional professional and bureaucratic boundaries to provide a "blend" of social and emotional support and concrete help. They spend considerable time and energy on home visits, mobilizing natural helping networks (when they exist) and enlisting and coordinating community services. Whether or not we focus on these programs as a separate entity distinct from the mainstream of social work, it is clear from the literature that there is a pressing need to identify new practical strategies which will help families where there is a risk of disruption through foster care placement. This dissertation seeks to understand the process or mechanism by which one social service agency has made an impact on a group of vulnerable children. The exploratory/ descriptive study of a New York City child welfare prevention program which follows will help us understand specific social support interventions, clarify certain significant service-delivery patterns and the worker skills and tasks needed to implement them. From these examples, it will be possible to generate practice principles which can be used more generally in child welfare programs geared at preventing child abuse and the placement of children in foster care.

## **CHAPTER TWO**

### **METHODOLOGY: PROGRAM DESIGN**

#### ***Introduction***

The methodology for this research project is described in this chapter. The chapter presents the background for the study and describes how it developed. It also includes a description of the agency in which data collection took place and the rationale for using observational research and a qualitative design to address the research questions. The method of data collection and the instruments used are also included.

#### ***Purpose of the Research***

From the outset, it was important that this project be directly linked to current social work practice in a child welfare agency. It was undertaken to understand the specific content of a New York City social service program geared to the support of families at a time of crisis so that children do not have to be placed in foster care. As discussed in the literature review, there is currently an unmet need to understand how social workers provide intensive services to families so that the bond between child and the biological parent is not broken. Many articles point to the need to specify the essential features of so-called "prevention programs" or "family-centered" child welfare services so that social workers are in a better position to evaluate programs, their components,

and where indicated, to facilitate the dissemination and replication of those services. There is currently evidence of greater public and professional interest in developing and refining child welfare services, particularly preventive services, but there is not enough knowledge of the actual transactions and interventions that take place between the family and the child welfare system in programs known as family preservation services. As drug addiction, poverty and AIDS take their toll on adults and ultimately on children and the numbers of children needing foster care continues to increase, we are looking for alternatives to removing children from their biological parents and disrupting significant kinship bonds. But how? How do we support families coping with drug and alcohol abuse, illness and the impact of poverty so that they are able to act as caretakers for young children? What is the specific content of a child welfare preventive service? What are the essential elements of a family support program and how do they work? These are the questions the investigator set out to answer.

### ***Background of the Study***

Originally, this study was formulated to study the concept of informal social support and how it might be used to provide services to a group of families identified as likely to abuse or neglect their children. The researcher wanted to investigate whether families known to be "at risk" of disruption, that is, having a child placed in a foster home, had resources, i.e. extended family or friends, social workers might activate in a crisis. Research by community psychologists and others had shown that

most people turn for help to friends, relatives, neighbors, co-workers and even acquaintances before they consult social workers, physicians and professional counselors. (Garbarino, 1983)<sup>1</sup> This discovery led to speculation that there are resources in families and communities not usually identified or enlisted by professionals that might be called on when a family is "in trouble". It was thought that these resources might reinforce the efforts of professionals and play a significant role in helping families maintain themselves.

The researcher's original intention was to address that issue. The proposed project was a descriptive study of how an agency builds social support, through informal sources, to strengthen families. Is there an informal social network that can be activated for a group of families designated "at risk" of child abuse and neglect and, if so, how do workers promote using those resources through their case planning, management and delivery of services? The investigator would identify elements of an informal social support system, address whether it existed for a specific number of families known to a particular agency and study how that network might be used by agency professionals to avert the need to place children in foster care.

The researcher believes in the inherent strengths of the most "disorganized" families and the significance of the social milieu and social context which surrounds each client. Linked with this belief was an interest in programs which concentrated their efforts on maintaining the children with their own families and in their natural environment, once the children's safety was assured, rather than "rescuing" them through foster

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<sup>1</sup>James K. Whittaker, James Garbarino, and Associates, Social Support Networks: Informal Helping in the Human Services (New York: Aldine De Gruyter, 1983), p.3.

care placement. The motivation for the study grew out of the researcher's experience as a social worker in the foster care department of a major New York City child welfare agency (where it was policy to place children in foster homes geographically distant from biological families) and first-hand observation of the sadness and confusion of foster children in placement. That experience suggested that the impact of an early disruption of primary kinship bonds, as happens in the placement of a child in foster care, leaves a deep emotional scar which is rarely overcome and that the experience of being uprooted and placed with strangers is deeply painful and confusing to vulnerable children. Numerous studies beginning with Maas and Engler's, Children In Need of Parents, (1959)<sup>2</sup> have documented the emotional trauma suffered by foster children and the developmental problems and behavior disturbances that follow when they are moved from home to home with uncertain status. Foster children are known to have trouble establishing their individual identities and developing trust in the adult world, sometimes with disastrous consequences for themselves and their communities. The longing of the foster child to be reunited with his biological family is unending.

At the time this project was conceived, studies conducted under the auspices of the Family Support Project at the University of Washington School of Social Work (sponsored by James K. Whittaker) came to the attention of the researcher. They pointed to a growing recognition that social work interventions aimed at resources in the community, including members of the extended family, are positively correlated with preventing foster home placements. Their work described social workers in child

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<sup>2</sup>Henry S. Maas and Richard E. Engler, Jr., Children in Need of Parents (New York: Columbia University Press, 1959).

welfare agencies using a broad professional repertoire of skills, including social brokering, advocacy and consulting, to intervene in the networks found in the family's surrounding environment. They emphasized viewing the client as part of a personal community, connected with others in the same apartment house, on the block, through school or church and asked professionals to consider engaging, supporting and aiding whatever informal social support networks can be found in their work with families. They focused particularly on practical strategies for assessing and enhancing informal support resources instead of relying wholly on professional helping delivered on a case-by-case basis, and a one-to-one counseling situation.

Influential studies by Carol Stack (1974)<sup>3</sup> and Robert Hill (1972)<sup>4</sup> had suggested that social service programs were seriously underestimating the strengths of minority communities -- the informal helping networks and informal structures such as "child-keeping" and the creative solutions people construct for themselves to provide care for neglected or abandoned children. The potential of mutual help networks which evolve naturally among neighbors and strong extended family bonds where parental responsibility is shared had, according to these writers, been overlooked by social welfare institutions. In order to design successful programs to prevent the placement of children in foster care, they urged us to acknowledge those bonds, to support the flexibility of family roles, to recognize their potential and link them with formal helping systems.

The Homebuilders Project, the site originally proposed for the research in this paper, grew out of the work at the University of

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<sup>3</sup>Carol B. Stack, All Our Kin (New York: Harper and Row, 1974).

<sup>4</sup>Robert B. Hill, The Strength of Black Families (New York: Emerson Hall, 1972).

Washington and was closely tied to a belief that no family is hopeless. It is an intensive, in-home, family crisis intervention and education program designed specifically to prevent unnecessary out-of-home placement of children in foster care. Families referred to Homebuilders are assessed as "too dysfunctional for traditional social services to be helpful and whose young members would require out-of-home placement unless significant change occurred."<sup>5</sup> Social workers are trained to provide a wide range of services from helping clients meet the basic needs of shelter, food and clothing to the most sophisticated clinical, family treatment techniques. They meet with clients on their own "turf", that is, at home, and they remain available to two or three families at a time, 24 hours a day, 7 days a week for periods up to six weeks. They pride themselves on working cooperatively with clients, without placing blame, providing support through a crisis so that the clients can go on to cope with their problems but without having to place children in foster care.

When this research project was formulated in the Spring of 1988, Homebuilders had recently opened an office in the Bronx. With a grant from the Edna McConnell Clark Foundation, they were attempting to demonstrate their model of service in New York City for the first time. Because this researcher hoped to assess the viability of working with social support networks in families at risk of disruption, it seemed appropriate to use their clients as a data base. Because the agency was in the very earliest stages of establishing itself however, the number of clients they were working with proved too small, and it was necessary to find another site for the research. It was at this time that contact was made with the Family

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<sup>5</sup> Jill Kinney, "Homebuilders: An In-Home Crisis Intervention Program," Children Today, January-February, 1978, p. 15.

Life Program, a component of the Dominican Sisters Family Health Service in the South Bronx, which eventually became the site of the research reported in this paper.

### **Research Setting**

In the Spring of 1988, with the help of a colleague, this researcher made contact with Janet Kahn, the Director of the Family Life Program, a child welfare prevention program in the Bronx also committed to innovative work with families to prevent the placement of children in foster care. Like the Homebuilders Project, the Family Life Program is geared to helping families where there is a high risk of child abuse or neglect. The Family Life Program is one of 125 programs throughout the city funded by New York City's Child Welfare Administration to provide preventive services to children and their families for the purpose of "averting an impairment or disruption of a family which will or could result in the placement of a child in foster care; enabling a child who has been placed in foster care to return to his family at an earlier time than would otherwise be possible, or reducing the likelihood that a child who has been discharged from foster care would return to such care."<sup>6</sup> These programs, costing about \$47 million a year, are varied in their characteristics but are all geared to providing services such as day care, homemakers, parent training and emergency cash to families to avert

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<sup>6</sup>Report of the Manhattan Borough President's Advisory Council on Child Welfare, Megan E. McLaughlin, Advisory Council Chair, New York, New York, July, 1989 (New York City: Office of the Manhattan Borough President, 1989), p. 45.

placement. Services are mandated by Family Court when there is a child in imminent danger of being placed in foster care.

The Dominican Sisters Family Health Service, the sponsoring agency of the Family Life Program, is a comprehensive family health nursing service which has served this area since 1968. It has a long history of providing a full range of public health nursing services to the Mott-Haven community. Certified as a home health agency, it offers physical, speech and occupational therapy as well as home health aides to neighborhood families with fees reimbursed through Medicare and Medicaid.

Early in the twentieth century, the original founders of the agency, a group of Dominican nuns, were dedicated to providing humane care to needy families dealing with illness. The public health service which operates in the South Bronx today is the outgrowth of that commitment, but it is now staffed mainly by lay people and is supported principally by third party reimbursement for services with grants and donations from various sources. It serves everyone regardless of race or creed but in spite of its secularization, it maintains a sense of mission and a religious orientation which expresses itself subtly in the atmosphere which pervades the agency.

The Director of the Health Service, a former nun, is a dynamic leader, but she also communicates a gentle, loving spirit and sets a tone echoed by others on the staff. Above all, she is informal and easy to approach. She knows most clients by sight, and it is obvious from watching her move around the agency, visiting the day care program or at the Christmas party that they like and trust her.

Standing on the steps of the agency's offices one mild spring day, she greets about one in every three people passing by, and many say hello

warmly in response. She knows something about almost everyone: who they are, who they live with, who is sick, who just had a baby and who in the family may have died.

Although public funds are a significant piece of the Family Health Service budget, the Director estimates that one third of its services are currently provided free. It is important to note that the agency, which is financially independent of the Archdiocese, gives people access to information and referral about family planning. However, the Family Life Program, which developed under its auspices and is the focus of this research, is politically consonant with the position of the Catholic Church -- to maintain families and to support family life.

The Family Life Program is an independent entity developed by the Dominican Sisters Family Health Service nine years ago in response to the need for social work services uncovered by the public health nurses. It is geared to serving so called "hard-core," "hard-to-reach" families and was a natural outgrowth of the agency's commitment to a broad definition of community health and the people in the neighborhood. Although the Family Life Program developed long after the Health Service and is financially independent with funding through Child Welfare Administration, a division of New York City's Human Resources Administration, it is closely allied with the Family Health Service and it benefits from the network of contacts and reservoir of good will that its sponsor enjoys.

When this research took place, the Family Life Program shared office space with the Family Health Service in the same brownstone building on 139th Street and Alexander Avenue. Both programs were located in a three story, Victorian style house, originally a family

residence, that had been converted to office space. The entrance on the ground floor, a few steps down from the street, was used as a reception area with chairs, magazines and toys and notices about neighborhood activities posted on the wall, while upstairs, reached by means of a narrow, dark wood staircase, there was a family style kitchen (the place where staff members generally met) and numbers of rooms used for offices. The spaces were small, uneven, often cluttered, with little privacy. There was usually a high level of activity with people talking, chatting with each other, greeting clients, or talking on the phone in addition to various meetings taking place. The building had a warm and friendly atmosphere, well maintained but worn due to heavy use, the environment simple but inviting.

The Family Life Program had space on the second floor with two offices for social workers in the front, overlooking the street (where staff members sometimes stopped clients as they walked by) and an office for the Program Director facing the back. Each of the offices was shared by two social workers. In the Fall of 1990, pressed for space for an expanding staff, the Family Life Program moved to its own building a block away. The new location is similar to the old one, a low-rise brownstone building with an informal home-like atmosphere on one of the main streets of the community. The walls are freshly painted and the furniture is new, but the general atmosphere is the same. "We're from the neighborhood; we speak your language," reads their brochure.

The Family Life Program has a total budget of \$250,000 with an estimated \$9,000 earmarked for administrative costs. It serves 40 families at a time with an estimated 50-60 families using its services in a year. According to the Director of the program, the cost of a New York child

welfare prevention program is currently about \$6,000 per family, per year. At the time of this research, the program was involved with 126 children with a staff of four social workers and one administrator who also acted as casework supervisor.

The Family Life Program provides a range of social work services to each family considered in need of preventive services by Child Welfare Administration or the Family Court. They provide counseling and coordination of services through a primary care worker or social worker (not necessarily at the graduate level), help with child care and household management by "family aides" (usually women from the community), a therapeutic nursery program for pre-school children which meets two mornings a week, an after-school program for school age children, a summer camp program, a mothers activity and "rap" group which meets at the same time as the nursery program, and groups for those with drug or alcohol problems. The mothers "rap" group, an essential part of this research project and an important component of the Family Life Program, provides an arena in which mothers who would otherwise be isolated are able to build relationships with potential for mutual support. 86% of the clients in the Family Life Program last year were mothers who gave birth while still a teenager.

The program's overall objective is to help mothers increase their ability to nurture their children by teaching parenting skills and providing support. Primary care workers act as advocates regarding housing problems, make referrals for day care services, substance abuse programs and homemaker service. They make home visits and take clients to medical appointments, substance abuse programs and Family Court. The therapeutic nursery program provides day care, but it also identifies

childhood developmental problems and finds appropriate resources for children who need them. The program prides itself on its involvement with the community and the flexibility with which it works to meet the needs of clients, including an understanding and respect for cultural differences.

The Mott-Haven area of the Bronx, the site of the Family Life Program, is one of the poorest neighborhoods in New York City with an average income well below the national poverty level. According to the 1980 census, the population is 63% Hispanic, 33% Black and the remainder Caucasian. The population is also young. It is estimated that 52% of the population is under 25 years old and nearly half receives some form of public assistance.<sup>7</sup> It is the largest neighborhood in Community Planning District 1, a 2.8 square mile section of the South Bronx that also includes Melrose and Port Morris. Of the whole district's population of 80,300, it is estimated that 38,000 people live in Mott Haven. The area has the city's largest concentration of New York City Housing Authority units with more than half of its residents living in public housing projects. There are high rates of crime, drug addiction and alcoholism.

To the observer, the area is dreary and run-down. There are vacant and abandoned buildings, shabby warehouses, garbage filled lots and massive housing projects which loom up in clusters and seem to have no relation to the surrounding neighborhood. One side of Alexander Avenue, where the agency is located, is lined with once-beautiful, sturdy brownstone houses, some of which are now being renovated. But, on the side streets, ringing the mammoth housing projects, there are small

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<sup>7</sup>Mireya Navarro, "Looking to the Next Mayor to Fight Crack and Build Hope," The New York Times, November 4, 1989, p. 27.

buildings in poor condition with broken steps, peeling paint and many signs of neglect. A used car lot, a superette, a pizza parlor and a store front office offering help with insurance and income taxes line the major shopping street. The overall impression is of a densely populated area where people struggle with illness and poverty amid run down buildings and poor services. Knots of men, some of whom look very ill, "hang out" listlessly in front of the grocery store or in front of the drug treatment center, while casually dressed young women walk by, many with several children, in strollers or in their arms, older children trailing behind.

### ***Project Development***

When the proposal for a research project was first made to the Dominican Sisters Family Life Program, the investigator anticipated studying the social support networks of clients in the program. By using a Social Support Interview Schedule (ASSIS) developed by Barrera<sup>8</sup> and a Social Support Network Map designed by Whittaker and Tracy,<sup>9</sup> she hoped to be able to identify the social support attributes of clients in the Family Life Program and to investigate how those resources might be used by social workers to prevent the placement of children in foster care. Questions would be asked regarding the people who are important to each client, whom they saw, to whom they wrote letters or telephoned in the

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<sup>8</sup>Manuel Barrera, Jr. , "Social Support in the Adjustment of Pregnant Adolescents," Social Networks and Social Support, ed. by Benjamin H. Gottlieb (Beverly Hills, California: Sage Publications, 1981), p. 89.

<sup>9</sup>Elizabeth M. Tracy, "Social Support Resources of At-Risk Families: Implementation of Social Support Assessment in an Intensive Family Preservation Program" (unpublished Ph.D. dissertation, University of Washington, 1988), p. 186.

past month. The researcher would ask from whom clients sought advice in times of trouble, who helped financially, who gave them emotional support etc. Using these tools, she would attempt to clarify the connections of each client with the people in the "surround", that is, in the household, at work, school, or through connections with clubs, organizations or church, extended family, neighbors and friends. With that knowledge, she hoped to understand how those connections might be used to strengthen the capacity of those clients to care for their children.

After proposing this project to the Program Directors of both the Family Health Service and the Family Life Program, however, the focus of the research questions changed. Following the initial proposal, both directors were emphatic in stating that a study which used a social network map to identify sources of support would be of little use to them because it would repeat information they already knew. Their social workers, they said, already knew the social networks of their clients, including significant family, friends and neighbors and were in touch with those networks regularly when there was potential for a positive influence in strengthening families and preventing the placement of children in foster care.

Impressed by their response and the importance of their commitment to a holistic view of the client, the researcher's question became: how do these social workers do what they do? What kinds of service does this agency provide and how are these social workers perceived by clients? If some families "at risk" of child abuse and neglect have connections with social networks, how do social workers use those resources? How does the agency build new networks for mothers who, as Polansky (1986)<sup>10</sup> notes,

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<sup>10</sup>N.A. Polansky, Treating Loneliness in Child Protection (Washington, D.C.: Child Welfare League of America, 1986).

often face life with little support, isolated and lonely, exacerbating the multitude of problems confronting them? The research project developed into a descriptive study using ethnographic interviewing techniques and three forms of data collection: 1) case record reviews, 2) interviews with clients and social workers and 3) direct observation of a mothers "rap" group.

In order to construct an accurate description of each case and address the issue of reliability, there would be several sources of information; the client, the social worker and the researcher's observations. As is often noted in the research literature, each data source has its strengths and weaknesses. Only by using a variety of sources and resources can the researcher build on the strengths of each type of data and minimize the weakness of any single approach. As Patton (1980) notes, "a multimethods approach to fieldwork increases both the validity and reliability of evaluation data."<sup>11</sup> In triangulating data sources, in this case from case records, interviews and observations, the researcher hoped to compare one with another and to check one with another and thereby arrive with some degree of accuracy at a description of the service activities of this program.

A qualitative design was chosen because of its ability to provide insight into the social environment of the agency, the perceptions and behaviors of both clients and workers and for the depth of understanding and the detailed knowledge it might provide on the mechanics of the program.

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<sup>11</sup>Michael Quinn Patton, Qualitative Evaluation Methods (Newbury Park, California: Sage Publications, 1980), p. 158.

## ***Choice of Research Design***

The author believes that it is always difficult to describe the complexities of human situations in quantitative research terms. It is also difficult to categorize the interventions of social workers, an issue which has been ignored in the current effort to introduce a rigid accountability system into practice in child welfare agencies. Such a system has meant putting in numerical terms and making precise and ordered the disorderly and imprecise facts about people's lives and what actually takes place between client and social worker. The result of trying to quantify outcomes that should be individualized is that the evaluation process itself becomes depersonalized, and there is deep frustration and dissatisfaction not only with the process but with the results of social work research. We hear that such research "doesn't tell us anything" or that "it misses the real story."

The qualitative design chosen for this study has roots in anthropology. It attempts to find meanings in "thick description." This project attempts to overcome the limitations of statistical research by removing the need to place its findings in the categories of a standardized scale and by studying what actually happens between people, clients and workers, mothers and children, in a child welfare program aimed at preserving families. It assumes that the social sciences need research methods that are different from those in the natural sciences because human beings are different "from plants and nuclear particles."<sup>12</sup> The research plan for this project was to understand in depth the needs of the families "at

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<sup>12</sup> Patton, Qualitative Evaluation Methods, p. 45.

risk" of neglecting or abusing their children and to describe in detail how social workers connected with this program went about meeting those needs. This study includes the nuances of the relationship with the social worker and the subtleties of human lives and social interactions, subjects not well suited to statistical measurement.

Any methodological approach has some limitations and in a study such as this one, the sample is small and the researcher, even a careful participant/observer, unwittingly becomes a factor in the findings. Understandably then, it is not possible to claim that these findings can be generalized in their entirety to the target population as a whole. This study will present itself only as a process evaluation which looks at the formal and informal patterns of interaction within an agency in an attempt to learn what happens in a particular situation in a particular place at a particular time with a particular group of clients. If implications are found, they will be approached with the greatest caution and with the understanding that other programs may reach the same goal with other methods and that there are factors, perhaps not yet understood or studied, which account for what was observed and learned by this researcher.

In this study, the researcher set out to reach an understanding of what was taking place in the Family Life Program by viewing the interaction from within the agency. Heeding Harold Garfinkel's (1967)<sup>13</sup> warning that there are structures not immediately apparent that underlie our daily activities and that these structures are immensely significant in understanding what takes place in a given situation, the researcher's plan was to be a small part of the life of the agency and to study the program

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<sup>13</sup>Harold Garfinkel, *Studies in Ethnomethodology* (Cambridge, England: Polity Press, 1967), p. 37.

from within. The investigator set out to learn about the nature of staff/client interactions. What does this program mean to the participants? What are the "common understandings" between client and worker? In other words, what are the "facts of life" in this program? It was anticipated that this kind of investigation would have to be ambiguous and equivocal, and that there might even be a shift in research questions as the collection of data took place. It was potentially possible, however, to illuminate the unnoticed background of what was occurring and to clarify essential features of the day-to-day reality of clients participating in this agency that might be overlooked in a more conventional study. The researcher was enthusiastic about an approach which emphasized a specific understanding of the meaning of observations, and therefore attempted to examine the context of social interaction from the point of view of those being studied. Qualitative research assumes that researchers can learn what is happening in a given setting by describing what is occurring through observation and/or sympathetic interviewing and by reflecting on the trends which emerge from descriptive data, a goal of this research.

### ***Selection of the Sample***

The author anticipated that the project would be an inductive study of a social service program, using qualitative research techniques, which might generate hypotheses useful to social work program planners. The plan was to look at ten families participating in the Dominican Sisters Family Life Program during the time period of this project, Spring, 1989 through the Fall, 1990. Three forms of data collection were to be used for

this research: case record reviews obtained after receiving permission from the client, descriptive interviews with clients, social workers and family aides, and direct observation of a weekly Mothers Group. Using all of these methods, the researcher would try to understand the problems encountered by clients and to present a description of those involved in the program in their own words. This format would help the researcher to discover what was most important and helpful in the clients' relationship with the agency and its staff. Augmenting interviews and case record reviews with direct observation of daily activities, the writer hoped to understand the dynamics of the program's operation and to identify key elements of a foster care prevention service.

Cases were to be selected by the Program Director in consultation with staff social workers. Those clients chosen were likely to be those most deeply involved with the agency and those willing and able to be interviewed. Since little is known about how preventive services operate, however, a study of the most successful cases might offer useful data. Two of the women whose case histories are presented in a later chapter were also members of the Mothers Group and were clients with whom the researcher developed the closest relationship and thus were most likely to agree to be interviewed. It was anticipated that the sample might consist of more Black women than Hispanic women because many Hispanic clients had difficulty expressing themselves in English and needed an interpreter. Also, Hispanic families were less likely to be part of the study sample because, being unable to communicate easily in English, they were under-represented in the "rap" group and therefore had less chance to overcome their suspicions of the researcher through meetings of that group.

In research terms this sample was purposeful and not chosen at random: a small group of so-called "typical" cases, one-fifth of the program's total caseload, representing some ethnic variety, active participants in the program and most important, those available for interviews. An obvious limitation of such a selection process is that only those clients considered acceptable by the agency would be part of the sample -- those thought likely to respond positively being those most likely to be asked to participate, thereby providing useful data but also making us unable to draw sweeping conclusions. Acknowledging this problem but at the same time being unable to gain access to clients without the help of the Program Director, the "gatekeeper" of the data, a decision was made to study the sample available and to present the emergent patterns while at the same time recognizing the limitations in the research design.

### ***Data Collection Procedures***

The data collection process was designed so that the researcher would become a regular weekly visitor to the agency office with regular opportunities to get to know staff members and clients, to observe programs and to conduct interviews. The researcher was to become part of agency life, a familiar figure to clients and staff so that the operation of the program could be observed at first-hand. It was anticipated that through interviews with clients and social workers as well as first-hand observation of the daily reality of the program it would be possible to describe what takes place in a "family support" program and identify key features of the program.

The researcher was to have the full support of the agency's key decision-makers, the Director of the Family Health Service, who had overall responsibility, and the Director of the Family Life Program in order to do the field work. Their consent and cooperation were essential, especially in the early stages of the research, in explaining the purpose of the research and facilitating the numerous introductions which had to precede the collection of data. It was understood that before any work could take place, the researcher had to be perceived by everyone concerned as having the full support of the administration. The plan was for the Director of the Family Life Program to introduce the investigator to as many clients and staff members as possible and for the Director to identify clients willing to be interviewed as the researcher became better known and the work developed.

It was agreed that the researcher would attend a weekly activity group for mothers, which included lunch, and which met each Thursday at a nearby church. This approach would allow the researcher to establish a relationship with group members, some of whom, it was anticipated, would become the subjects of individual case studies. After introducing herself, explaining that she was a doctoral student at Hunter College School of Social Work, it was hoped that the writer would be able to ask their permission to attend the mothers "rap" group which would allow her access to a significant component of the agency's program. Although the support of both administrators was essential in gaining introductions, it was expected that the writer would act independently in getting to know people, in establishing credibility, in setting the pace of the project and in finding ways to overcome the suspicions of clients and staff.

From the outset the researcher was concerned that the gap in socio-economic class and education between herself and clients would pose a major obstacle in gaining trust and obtaining data. The researcher also anticipated reluctance on the part of clients and staff members to talk to an "outsider", a white, Jewish woman with no prior agency connection. The time pressure on agency social workers in meeting the demands of their work and the emotionally trying nature of that work were also seen as significant problems in data collection.

It was likely that interviews would be viewed by staff as an intrusion and as an added and unwanted burden. In order to overcome these problems, it was understood that the investigator would have to sell herself and her work through an open and direct presentation of her intentions and a clear and simple explanation about the procedures for data collection, including means of protecting the confidentiality of the material. The researcher knew that the success of the project would depend in large measure on the good will toward the agency of those involved and the warmth and receptivity to outsiders, which was part of the agency's prevailing culture.

At the outset, there had to be immediate and explicit assurances that the evaluator had no connections with the Child Welfare Administration or the Welfare Department, that no one would be pressured to be interviewed and that permission had to be granted before case records were read or interviews took place. It was expected that some of the obstacles inherent in the data collection process might be overcome because everyone -- staff, administrators and clients -- saw the research having potential to document agency activity, gain exposure for the program and help in securing grants and the additional funding needed for expansion of the program.

## ***Client Interviews***

The plan was to conduct open-ended, semi-structured interviews with ten clients in the program with 3-4 interviews anticipated for each client. Interviews would take place at home or in the agency office. The researcher's plan was to describe the project as a study of how the Family Life Program helps people and to explain that they would be interviewed about themselves, with questions about what takes place between them and the agency and how they experienced those interventions. The study would seek to understand their involvement with a specific social worker, what he/she did to help them in the past or is doing now and the surrounding circumstances of that help. In introducing the project, the researcher would explain that she was interested in whatever they could tell her about their relationship with the agency and its work. As an incentive, the researcher planned to explain that their contribution might help to expand the Family Life Program (most clients wanted the group to meet daily instead of two days a week) or to improve other programs in the city; that is, if we were able to find out how this program helped them we might be able to help others in other parts of the city. The study would include questions about how the help from the agency is compares to the help they receive from friends and family.

Prior to interviews, clients would review and sign a permission form (Appendix One) also to be signed by the researcher. A copy would be retained by the client. At that time, the researcher would review the issue of confidentiality and give concrete examples of how situations would be

disguised so that they would not be recognizable when they appeared in written material. The investigator planned to explain that after each client was interviewed, her case record would be reviewed and her social worker interviewed.

### ***Content of Client Interviews:***

#### **a) Relationship with agency:**

How long have you been involved with the agency? How did you know about the agency? Did you have a particular problem or several difficulties that made you come to the agency? Can you tell me about them? Do you think the agency helped you with those problems? Did they help you with other problems? What kinds of problems did the agency help you with? Were they school problems, welfare, medical, marital? How did they help you? What exactly did the social worker do that was most helpful to you? Were there other problems they could not help you with?

Is the social worker in touch with your family or friends? Has that been helpful? Does the social worker help you in the community, with the people from your child's school or day care program or the housing office or hospital? What kind of help has that been? Has it made a difference to you? Has it helped your connection with other agencies or other programs? Is what the social worker does different from what a friend would do? Is it similar? Is it what a relative would do? How would you describe it in your own words?

Does the agency give you clothing, food or other gifts? What else? Do you ask the social worker for what you need? Does the social worker help you with your children or with money

problems? How? Do you have friends or relatives who also help you with these problems? Did you go to them for help before you went to the agency? Do you go to them now? When do you go to them for help and when do you go to the agency? Is your relationship with your friends and family members different since you became involved in the Family Life Program?

What did you think it would be like when you started working with the agency? Was it the way you expected? Have they helped you solve problems? How have they helped you? Can you give me examples of how the social worker helped you? What was the most helpful thing he/she did? What do you think would have happened if you had not been able to get help from the agency? Is this program different from others you know or others you were involved with before? How? Is there any way this agency can help you more than it does already? Are there improvements you would make?

**b) Participation in Mothers Group:**

What is your general impression of the Mothers Group? Do you participate? If not, why not? If yes, ask the following questions: Has the Mothers Group helped you? How? Have you learned something in the group that you can tell me about? Has the group helped you with your children? Has it helped you in your relationships with other people? Is it helpful with personal problems? How does it help you personally? What do you like best about the group? What do you like least? Would you recommend the Mothers Group to other women? If you could make changes in the Mothers Group, what would they be? Do you have anything you would like to tell me about the Mothers Group?

## ***Social Worker Interviews***

The plan was to conduct interviews with individual social workers assigned to each client participating in the study. The interviews would take place in the agency office following client interviews and case record reviews. The design called for social workers to explain in their own words how they went about starting to work with individual clients, how they engaged them, followed by descriptive data about what the social workers actually do in the on-going work. The expectation was that the data would describe in detail the specific tasks they undertook with each client. Like the client interviews, these were to be free-ranging, semi-structured interviews using a guide which follows.

At the time this research began, one social worker was about to leave the agency and move to another state. The plan was to do an in-depth interview with her immediately because she was Spanish speaking and could provide a view of the Hispanic clients and because, after working in the agency for several years and now about to leave, she was in a position to reflect on the program and express her opinions freely with no fear of repercussions. The reluctance of social workers involved in the program to speak critically of their own work while still employed was clearly a significant limitation of the data. The data would have to be viewed with some skepticism, and it was expected that what was said would have to be measured against what was observed and what clients reported. It was also anticipated that interviews might have to take place in fragments, with the researcher stealing brief periods of time for informal interviewing. One of the primary care workers (as social workers are known in this program) was a graduate student at Hunter College School of Social Work while this

research was taking place. It was expected that she might be especially interested in participating in the study because interviews would help her articulate her work, think about it conceptually and reflect on the goals and the treatment plan, thereby helping her academic work. For the others, the researcher hoped to build on the staff's commitment to clients and the staff's genuine interest in finding ways to help children and families, which was apparent from the earliest contacts with the agency. The writer's impression was that for all the staff members, the research would be viewed, in part, as in-service training. Social workers would be exploring their work with an outsider associated with a graduate school, and through those interviews they might clarify their understanding of their clients and validate interventions which were a regular part of their repertoire and in which they took pride. Staff members were accustomed to meeting with their supervisor and their peers to discuss their work. Although the researcher had no formal role with the agency, these interviews would be an extension of the expectation that work with families would be discussed openly and easily. It was hoped that once the researcher demonstrated some usefulness to staff members as a trained social worker at the supervisory level, other resistance to participating in the project might also be overcome.

### ***Content of Social Worker Interviews:***

#### **a) Assessment of social support:**

How well do you know this client? Do you know the client's family members, neighbors? What did you do when you

started working with this client? What were the major interventions you used as your relationship with the client developed? Did you work with the client's informal social support network, family and friends? Have you brought them into the treatment plan? Are there others in this client's life who provide informal social support? Who? How do you go about working with them? If this client has no supportive ties, what do you do? Are there family members or friends who have a negative influence on the client? What do you do about them? How do you go about promoting positive social support?

b) Description of services:

Do you make regular home visits? Do you provide services other than counseling? What kinds of services? Do you go with the client to community agencies? to the doctor? Do you act as an advocate or as a liaison? Which community agencies did you work with on behalf of this client? What other services do you provide? Were there other family, neighborhood or community resources you have not mentioned that you used to help this client? If so, what were they and how did you use them?

Do other staff members in the agency have contact with this family? Does the agency provide any concrete services? What kind? How has the agency intervened to protect the children and prevent foster care placement? What has been successful? Unsuccessful? Have family aides been helpful? Do they make a difference? What do they do? What, in your view, has been most effective in working with this client?

## **Case Record Information**

The research design called for reading the case record after receiving the permission of each client. The following guide was developed and used for case records maintained by the Family Life Program at the agency office. Social workers entered regular progress notes and there was background material on each client.

Age \_\_\_\_\_ Ethnicity \_\_\_\_\_

Number of children \_\_\_\_\_

Names and ages of  
children \_\_\_\_\_  
\_\_\_\_\_

Who lives at  
home? \_\_\_\_\_

Description of  
housing \_\_\_\_\_  
\_\_\_\_\_

Public Assistance or  
SSI? \_\_\_\_\_

Age when first child was  
born \_\_\_\_\_

Education \_\_\_\_\_

How case was referred and  
when? \_\_\_\_\_

Physical Appearance of  
client \_\_\_\_\_  
\_\_\_\_\_

Housekeeping  
Assessment \_\_\_\_\_

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Assessment of risk to child  
(neglect/abuse?) \_\_\_\_\_

---

Problems Identified by the  
agency \_\_\_\_\_

---

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Children in foster care presently or in the  
past? \_\_\_\_\_

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Reason for  
placement \_\_\_\_\_

---

Returned home? When?  
Why? \_\_\_\_\_

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Major agency  
interventions \_\_\_\_\_

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### ***Direct Observation Study***

Observation of the mothers "rap" group was to be an important part of the data collection process. The mothers met weekly at the agency office under the leadership of a staff member while their children attended a therapeutic nursery school program. It was anticipated that the

researcher would be a regular participant/observer of the group which was usually made up of 8-10 women. The researcher would be a participant in the group, trying not to influence the course of events more than necessary, but not remaining silent and disconnected. The data were to be obtained through unstructured or nonsystematic observation and were to be recorded in narrative accounts of the researcher's impressions of each meeting and in field notes written each week. The researcher expected to take mental notes during the group meetings and to write full notes immediately after each session. Those notes would include quotations and impressions of what had taken place at each session. The purpose of the observation was to understand this key program activity in depth and to study how the group process fosters social support and minimizes the "social distancing" and isolation characteristic of the neglectful family.<sup>14</sup>

The observer was to focus on the impact of the group activity on those who participate, and describe instances where there was clear evidence of positive feedback and direct support. Information on specific ways the group leader encouraged connections among the group members and with others in the community would be gathered. It was anticipated that the presence of the observer would have an impact on the group process and that there would necessarily be a degree of distortion due to the researcher's presence, which it was hoped might diminish as the group became accustomed to her.

Most significantly, however, it was expected that through the group, the researcher would have her own personal contact with the program and, by experiencing the program directly, develop perceptions of the meaning

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<sup>14</sup>Norman A. Polansky and James M. Gaudin, Jr., "Social Distancing of the Neglectful Family," Social Service Review, (June, 1983), p.196.

of the group as a social environment. The researcher would reflect on the material as the data collection progressed, reviewing and analyzing what was observed and experienced week by week. In this way, information not available through interviews would be added to the data. It was also expected that observations of the mothers group would help in establishing the reliability of other data. These observations would allow the researcher to compare information from interviews with what was learned directly and might also allow the researcher access to information that interviewees were unwilling to discuss. The direct observation of the mothers group, its activities and the behavior of the participants, would allow the researcher to get close to the program, to have a firsthand experience of the agency's work and to make discoveries without having to rely on others.

## **CHAPTER THREE**

### **FINDINGS**

#### ***The Clients***

The findings in this chapter are based on eight case studies and weekly observation of a group for one year. All of the subjects are women who are clients of the Family Life Program of the Dominican Sisters Family Health Service. They are mothers who have been referred to the program by Special Services For Children, now the Child Welfare Administration. The findings reported here are based on reviews of case records, interviews with seven of the eight women (the whereabouts of one woman was unknown) and on-going interviews with the social workers involved in each case.

Of the women who were interviewed, all are African-American except one who is Hispanic. They are the heads of households, single women with young children, on public assistance, living in the south Bronx. They range in age from 20 to 44. They were referred to the Dominican Sister Family Life Program because their children are considered to be "at-risk" of abuse or neglect.

Following are summaries of three cases considered representative of the group.

## **CASE DESCRIPTIONS**

### Case #1

Delia is a 41 year old single, African-American woman with four children. The youngest, a son now five years old was born when the other children were almost grown. She has a daughter, 26, addicted to crack and twin sons, 24, who are working and living nearby. Delia is illiterate, a source of tremendous shame for her as well as a great handicap in her life. She had little schooling in Florida where she grew up and where she and her family worked as migrant laborers. Delia's mother was 13 when Delia was born and Delia, herself, was 15 when she had her first child. She now lives in a two bedroom apartment in a housing project in the south Bronx. She moved there with her young son two years ago from a dilapidated hotel where she says life was "hell".

Delia has been a "prevention case" with Dominican Sisters Family Life Program for three years. At the beginning she went to a neighborhood social service agency asking for help because she said "she was hitting her son too much." She was referred to the Family Life Program by Special Services for Children and the agency assigned a social worker, also known as a primary care worker, to be Delia's case manager and counselor. At first, she had trouble making contact with Delia because Special Services for Children gave her an incorrect address. But, as Delia points out to me with a big smile, Lisa, the social worker, never gave up! Her letters were unanswered, but Lisa kept looking for her and finally came to the apartment house to track her down. For the client, this was an important sign of the worker's perseverance and caring as well as

competence. "That's the kind of thing she would do," she tells me later in an interview." "She wouldn't give up." "If she gave up," Delia says, "I'd be a basket case."

After two to three brief home visits, the worker made an assessment of the immediate risk of abuse or neglect to the child. She concluded that with supportive services, including a family aide, James might be able to remain with his mother. She arranged for the family aide to go to the apartment three times a week and for James to be enrolled in an agency sponsored therapeutic nursery program held at a nearby church twice a week. The social worker also referred Delia to the mothers group and to a literacy program in a neighborhood library.

Delia has a forceful personality and she quickly became a leader in the mothers group which meets one day a week while the children are in the nursery school program. Her social worker calls her "a charismatic client." She is a large, handsome, dark-skinned woman who talks and laughs easily as she tells me emphatically that no one -- at the welfare office, at the courthouse, at the day care center, anywhere -- ever gets the better of her! Her language is colorful and she is well-liked for her humor, her warmth and her out-going personality. Unlike some clients who need encouragement to join the mothers group, Delia went immediately without urging. "She knows she needs help," her social worker says and "she can reach out for it."

She keeps her problems and deep feelings of inferiority well hidden most of the time though she admits that she was "at a low point" when she came to the agency and that caring for her young child was "more than she could handle. "She admitted often losing patience with him, called him a "handful" and recognized that she might hurt him. When James came to

the nursery school program for the first time, he was thought to be "developmentally delayed" with a speech problem, though like his mother he was extremely "engaging". There were scars on his hand which the case record notes "may have been caused by his mother."

The family aide, an older woman and experienced mother who lives in the neighborhood, went to Delia's apartment three times a week to help her take care of her son and organize the household. She helped Delia establish routines for James -- a time for bed, a time for lunch etc. She went food shopping with them, showed Delia how to cook new foods and by talking to James, setting limits and encouraging him, taught Delia "parenting skills."

In nursery school, James played games with other children, rode a tricycle, built with blocks and heard stories read by a teacher. Sometimes he ate lunch sitting on a staff member's lap, listening to a guitar and folk singing. In a benign atmosphere of order and kindness, his speech improved and he became more active and outgoing.

After a beginning period in which there were home visits to establish that there was food in the house and basic child care, the social worker decided that it was important for Delia to come to the office for counseling. "I wanted her to have a life outside of James," the social worker says, "I wanted to give her some place, out of the house, to come to." The agency office is a few blocks from the "project" where Delia lives. Even now, she tells me, if she gets depressed or has a problem, she'll go to see Lisa and even if she doesn't have an appointment, Lisa "usually has time."

Delia has "terrible mood swings" according to her worker. In counseling sessions, they talked about her anger and frustration,

particularly in relationships with men. Delia began to talk about the harsh way she was treated by her own mother when she was a child and the punitive way she, in turn, coped with her older children. Lisa talked to her about how she might handle situations with James when he doesn't do what she would like. She let Delia know that she was not there as an advocate for James but rather to help Delia. "It would be pointless," she says, "to act as the child's defender or tell her that hitting is bad. I have to let her know that I am interested in helping her, that hitting doesn't work and that I can teach her ways to deal with James which will work better." She tells Delia, "I don't want you to be upset. I don't want you to feel guilty." Lisa admits that it is sometimes hard not to side with the child." There are times when I have been with them together and I can see how terrified James is. It makes the hair on the back of my neck stand up, but Delia is also a very needy child and the only way I can help James is through Delia."

During counseling sessions, Lisa built Delia's trust very slowly. When I asked how she built that trust, Lisa explained that Delia wanted the relationship. Some mothers, she explained, don't respond as readily as Delia. "She can reach out for help." "She knew she needed it." They talked about Delia's early life working in the fields in Florida, coming to New York to get away from her mother, after "a woman" told her it was "better" here. When Delia had trouble with her first reading teacher, the social worker supported her plan to change programs. By referring Delia to another literacy program, she acknowledged the validity of Delia's reaction and supported her right to express her feelings. The relationship grew.

Lisa acted as an advocate for Delia. She went with Delia to Bellevue for medical evaluations, arranged for a speech evaluation for James at Lincoln Hospital, and helped Delia clarify her status with the welfare office. Delia tells me excitedly that Lisa told the "welfare people off" when they were there. "She won't let anyone talk her out of anything!" "She goes into the back office and she tells the lady that she'd better do what she is supposed to do or else!" "She's not going to take any shit from anyone."

Delia's connection with the agency was not limited to her individual worker. With her participation in the mothers group, the nursery school, the mothers' activity group, etc., Delia also became known to other staff members, and the entire agency became a resource for her. The receptionist on the main floor greeted her by name when she came in, the nurses and teachers chatted with her, admiring her earrings, asking about her family. Delia was becoming part of the texture of the agency, just as her social worker was becoming familiar with the neighbors and family members who were part of Delia's life. Delia began to use the relationship with the agency and the women she met through the mothers group as a support network. With no extended family in the New York area, except her children, she used the connections she made through this program to build her strength and confidence. "I always had to depend on myself," Delia tells me. Now, she says, "I have somebody I can go to talk to." A woman from the mothers group helped her in an emergency when her daughter disappeared. And when she was angry and upset because her son's father failed to bring him back on time after a weekend visit, the mothers in the group made practical suggestions about what she might do.

Delia says that what was most helpful over the past two years was Lisa's "just being there." "I had somebody to talk to, somebody who was there for me, someone I could depend on." "Before," she says, "I always had to depend on myself." She says she was "at her wits' end" when she came to the agency. She was having problems with her older children who were still living in her apartment and fighting with her and she wasn't taking care of James. Her social worker helped her see that "we women don't have to take this kind of crap!" "She gave me self confidence." Once, when she was hurt in a fight with her son, Lisa came over. "She wiped the blood up," Delia said, "She cleaned the place."

Lately, Delia is acting as her own advocate. She recently moved to a two bedroom apartment in the building where she lived. She told me, smiling, that she "made friends" with the people in the housing office. "If you can't fight them, you might as well join them," she tells me. "I met the people from the office coming and going every day." "I was nice to them and I won them over." She tells me that she decided she was going to get "buddy-buddy" with them and she laughs as she describes how nice she was, knowing that it is not her usual style. "It was worth it," she says showing me her new freshly painted apartment. Delia tells me that she feels stronger "mentally and physically" than she has for a long time."

## Case #2

Sally is 36 years old, overweight and sad looking. She wears men's clothes most of the time, jeans, shirt, baseball cap, with a "walk-man" in her ears. She is a light-skinned, African-American woman; a recovered

alcoholic and drug user, who is also a single mother raising two children, Victoria, age 14, and Tony, age 6, in a public housing project in the south Bronx. Sally is an intelligent woman with a high school equivalency diploma, some business school training and experience working as a clerk. She has a no-nonsense, tough manner and an unflinchingly honest, though harsh, view of herself and the Mott-Haven area where she lives. She is talkative and easygoing in the mothers group and in casual conversation, but in our interview she becomes reluctant and guarded. It isn't clear whether it is that she is afraid something will be expected of her, that she is mistrustful or that she just finds it too painful to talk about her life experience and review what has happened to her. In the way she looks at me, and in what she says, she expresses utter hopelessness. There's not much in it for her, she seems to be saying, nothing to be gained in talking, in looking for a job or in doing anything else, for that matter. Sometimes Sally even sucks her thumb.

Sally was referred to the Family Life Program five years ago by a social worker affiliated with the agency's public health nursing service. Her son's leg had been treated for a "suspicious" fracture at a neighborhood hospital and although the investigation by Special Services for Children was inconclusive, it brought about agency involvement. When a social worker from the Family Life Program made a home visit, she reported that the house was "dark, dismal and dirty and the children, neglected." Sally was using drugs and alcohol. Frightened that SSC would remove the children from her apartment and place them in foster care, she agreed, under pressure, to enter a detoxification program. When she was discharged from that program early in 1985, she formally became a

"prevention case" with the Family Life Program and she has been involved with the agency ever since.

When Carol, her social worker, met Sally for the first time, Sally was living in an apartment with her two children, two of her brothers who were addicted to drugs, and her common law husband, a drug user who was also violent. Sally too was using drugs, but drinking was her primary addiction. (She now says that drinking and getting high was a way of getting out of the house because she was afraid of her husband.) For the first few months that the agency was involved, Sally missed appointments with the social worker, denied that she had a problem and refused to see anyone who came to the house. The Family Life Program had to file a child abuse/neglect report with SSC, and Sally was hospitalized at Bronx State in a disoriented, confused and suicidal state. Her aunt took care of the children temporarily.

When she was discharged, the agency had difficulty finding a treatment program that would take a patient with a dual addiction. Finally, she was enrolled in a neighborhood program, and the children started going to activities sponsored by the agency. Victoria went to the after-school program, and Tony was enrolled in the day care program. The primary care worker along with other staff members, who now saw the children regularly, tried to assess whether Sally would ever be able to take care of them. For several months, Sally went back and forth, some progress and some back-sliding, but she was unable to remain sober. The social worker made regular home visits, but the family situation deteriorated and four months after her first discharge from the hospital, Sally was badly beaten by her husband who also tried to stab her and rape her daughter. The police had to be called. Her husband was imprisoned

and Sally had to be hospitalized again. The children went into kinship foster care with Sally's aunt.

After a brief time, she was discharged, the children again returned home and this time, Sally began participating in the mothers group. With support from the social worker and the mothers group, while her husband was still in jail, she insisted that her brothers find a place of their own. (Both brothers died later, probably from AIDS.) Sally now remembers that her social worker told her, "People can help you. You don't have to live like this." She tells me that Carol, the social worker, "got my old man away from me." "Without her, I wouldn't have pressed the issue."

For a short time, the family seemed to make some progress, but Sally once again began drinking heavily, frequently becoming violent and abusive, endangering the children. Again, she became depressed and suicidal and had to be hospitalized. Another report was filed with Special Services for Children, and her aunt again took the children.

This time, on discharge, a new alcohol program was found which offered comprehensive services and had a counselor Sally felt understood her needs better. After a brief period, however, she began drinking again, and this time was even more angry and violent toward the agency, accusing it of taking her children away and reporting her to the police. She began to see her husband, who was now out of prison. She caused daily disturbances at the agency office and one day threw a rock through a window. Again, a report was filed with Special Services for Children but this time a clear contract was worked out with Sally, SSC and the Family Life Program. The children were placed in a formal foster care arrangement with her aunt. Certain specific tasks, mandated by Family Court and monitored by SSC, had to be achieved in order for the children

to be returned to her. For the first time, the agency's efforts were coordinated with the client and with SSC. In November, 1986, Sally made what is described in the case record as a "serious" commitment to work toward sobriety.

The Family Life Program provided intensive counseling and helped her get started at Alcoholics Anonymous. Sally says that she has been sober since then and has learned other ways of coping with stress. When she gets upset, she tells me, she locks herself in the bathroom, or goes into another room or she tells the kids to leave her alone. She says, "I'll talk to you later." Sometimes, she says, if she's upset, she'll call someone from the mothers group.

Talking about the social workers from the agency, Sally smiles as she tells me that "even when I asked them to leave me alone, they wouldn't." Most important to her is that the social workers didn't abandon her when she was at her worst. She says the agency is "like a family." "They say things you don't want to hear." But, she says, "I know they are really interested in me." (She has tested them!) She talks about Carol with warm feeling. She says, "She was more than a friend, she was a person you could go to. She was there for me."

"This agency would never turn you away," Sally continues, "They are not high-fiddidy folks. I just like these guys, they're nuts, like me! Here, I know they'll listen. They'll go out of their way. They'll get really involved." To cite an example, she says, the nurse from the agency called when her brother had surgery just to find out how he was. "The social worker will go to your house," she tells me, "They took me to AA. They will go places with you, check out your health, help you get camp for the kids." These services are vital to her.

Sally is deeply involved in the activities of the mothers group. She is a leader, an important member, well liked by the other women. She helps organize events and outings, distributes tickets when children and mothers go downtown to the circus or decides who fries chicken for the sidewalk food sale. She helps Santa Claus distribute gifts at the Christmas party and arranges where to meet before a trip to see the Christmas tree at Rockefeller Center. Before she started at the mothers group, she tells me, "I didn't know people and I didn't want people to know me."

Now, she experiences herself as a competent woman in the group, someone who knows her way around the neighborhood, knows how to get things done, a woman others depend on. "She is a natural community leader," a social worker tells me. Sally jokes that one of the things she likes best about the mothers group is that "it gives mothers a job!" In fact, she is applying for a job as a lunch room aide in a nearby school. She wants to work and tells me angrily that "they ask you if you have experience, but they don't let you get any!" She talks about wanting to go to school and get a job but she is frustrated, feeling that she is up against obstacles she cannot surmount.

When there were staff changes at the agency, it was hard for Sally to accept a new social worker. When she met her current worker for the first time at an agency picnic, she was hostile. Her current worker remembers going to her and trying to win her over by suggesting that they work together to get her kids returned. She remembers saying, "maybe I can help you get the kids back. Maybe we can do that together." When Sally agreed, the worker helped her clean the apartment and then made almost daily phone calls to SSC urging them to make a home visit and reassess the home. After a month and a half the children finally came back and the

worker remembers calling Sally from home on a Saturday to see if they had gotten there. Afterwards the worker helped Sally negotiate with the welfare office so that the family received the maximum allowance.

Through this period and up to the present time, Sally has continued to look at the impact of alcoholism on her life and on her family. She sees her social worker at least two times a week, sometimes in a formal session, other times she just stops by for a brief chat. The children are well cared for and Sally is painfully aware of the impact their life experience has had on them. She is determined to help them in ways that she never experienced herself as a young child. She is interested in learning about health and nutrition so that she can take good care of their physical needs. She wants to know how to discuss sex with her daughter and how to foster independence and competence in her children though she often finds herself fearful. When she feels "jittery" she says she knows she can bring the children to the agency and if she is afraid she will hurt them, she can call her social worker who will make time to see her. She is beginning to acknowledge her own strengths, the progress she has made and she is beginning to focus on her own life, the goals she has for herself and plans for the future. In reviewing her life, Sally reflects with a smile, "I guess God just wanted this fool alive!"

### Case #3

Flora is a 27 year old Hispanic woman with three children, 8, 5 and 2. She was referred to the Family Life Program by Bronx Family Court when her youngest child was born with "positive toxicology" (addicted to

crack) at Lincoln Hospital in 1987. He was a "boarder baby" and he lived at the hospital for six months until Flora agreed to enter a drug program and to become involved in a "prevention service," the Family Life Program at the Dominican Sisters Family Health Service, so that she could learn how to take care of her children.

Flora lives with her mother, two sisters, a brother and two nephews in a five room apartment in the Bronx. Their block is one of the worst in the south Bronx with many young men known to be neighborhood drug dealers prowling the street, leaning against the brick walls of tenement buildings that stretch along the block, waiting to do business from the sidewalk or through the windows of slowly passing cars. Flora's two sisters are active drug users, her brother is in jail on a drug-related charge and her sister's children were also born addicted to drugs. The father of two of Flora's children is in jail and she has nothing to do with the father of the third child. When she started working with the agency more than two years ago, the children were said to be living in an "atmosphere of anger and chaos." The household was crowded and disorganized. The children were unsure who their mother was, they were not getting medical care, they were not eating regularly and their behavior was out of control. There was serious risk of foster care placement.

Flora is an attractive young woman. She is heavy set and round-faced and though she tries hard to appear tough and street-wise, she cannot repress her natural warmth and enthusiasm. Her style is playful and flirtatious and she smiles easily as we talk but every once in a while she catches herself, pulls back and becomes angry and sullen looking. She is neatly dressed in the style of a high school student, tights, long tee shirt with bright logo, sandals and oversized gold hoop earrings. Recently, she

had a small gold ring put in one of her nostrils. She takes pride in her appearance and likes to look up to date. In fact, she looks younger than her chronological age, and hardly old enough to be the mother of three young children. When she talks to me, she is enthusiastic and lively and enjoys being the center of attention.

The agency has provided many different kinds of at-home services to Flora and her children since March, 1987. First, the social worker, Debbie, who speaks some Spanish, focused on developing a relationship with Flora. She established herself as someone interested in helping Flora and other family members and someone with access to resources through the agency. She spent time "hanging out" in the apartment and became familiar to Flora, and to her family, neighbors and friends. She made home visits a couple of times a week, late in the day, and became part of the children's life in this crowded, active and often confusing household. The social worker's relationship with members of the family was informal with everyone calling her by her first name. She used her knowledge of Spanish to solidify her connection not only with Flora but also with her mother and sisters. Meanwhile, the worker was getting to know the family's world, and its members were beginning to trust her. "Just being there," the worker says, makes a big difference with Hispanic families. "We have to be accepted as part of the family. We have to be with them to be effective. We have to go to the school, or to the welfare office, or to the hospital." Many Hispanic families are isolated from major institutions in the city, including the Church. They need help in making connections with the services they need. "But the relationship has to be made first, they have to trust you before anything can happen."

The social worker coordinated services for Flora, the children and for the family. While Debbie understood the need to look at this family as a unit and to understand how all of the members affected one another, she also realized that if Flora was to develop a sense of self and view herself as a mother who knew how to care for her children, Debbie needed to concentrate special attention on Flora. It was especially important that Debbie spend time with her alone and away from the apartment when it became clear that Flora's mother, Maria, also needed help from the agency. Maria was a key factor in this family and because she was often depressed and angry there were frequent violent fights with her daughters, and her frustration was directed at the children. The agency began to provide counseling and advocacy services for Maria in addition to her daughter.

The social worker saw herself as a "traffic controller" who coordinated the efforts of all those working with the family. Family aides went to the house three mornings a week to help with housekeeping and to show Flora and Maria how to organize the household and care for the children. They taught them how to use the laundry machine, how to help the children behave better by sitting with them and eating meals at regular times.

A nurse from the agency's home health program took charge of the children's medical needs, arranging for past due vaccinations and inoculations. Flora's pre-school children attended the therapeutic nursery two days a week, and Debbie helped make arrangements for special education classes for Flora's older child. While the children were in school, the mothers group met in an adjoining room where Flora was able to talk with other women while she sewed and ate lunch. Meanwhile, the

worker also supported Flora's efforts to remain drug free in an environment in which drugs are commonplace.

At first, Flora tested the worker's commitment by missing appointments and then trying to please her. Debbie had to be extremely consistent in demonstrating interest and support in spite of Flora's erratic behavior. Her goal was to enhance Flora's sense of her own competence by building a relationship with her, accepting her and helping her get some control of her life. She then hoped to change Flora's pattern of watching videos until early in the morning, sleeping in the afternoon and ignoring the children. Building on the work done by the family aides and with help from the nursery school teacher, the social worker began to show her how to talk to the children, play with them and how to set limits when they got wild. She showed her by doing it herself, with Flora, in the apartment. She talked to the children, showed them pictures and used words to improve language skills.

With the children getting more attention at home and at school, Flora began to see an improvement in their behavior. The children are "much better now", she says. They are learning how to do things in the nursery school program, and she is proud of them. She is more appropriate with them because they now respond to her. She says excitedly, "my son knows how to sing to me and do things for me. He can come and talk to me!" When she feels better about the children she also feels better about herself and she takes an active maternal role.

The nursery school teacher encourages Flora, giving her practical suggestions on dressing the children properly for the weather and helping her understand child development. The teacher collaborates with Flora's social worker so that she understands the family situation and is also able to

observe the children for signs of abuse or neglect. Flora needs on-going help and supervision in order to meet the demands of caring for three young children, but with reinforcement and encouragement she continues to try.

She tells me that Debbie, her social worker, was "her friend." She said that after she knew her a while, she could talk to her "about anything." Flora describes Debbie affectionately, telling me that Debbie often took her places, "like to the park", that they talked a lot there (out of the apartment where she felt freer) and that Debbie "helped her a lot." One year, she tells me, Debbie was the only one who remembered her birthday. She bought Flora a radio and some books. Those gifts were important as a sign of her special interest and caring.

"Debbie did things for me that my family did not do," Flora says, "When I talk to my mother, it's like nothing. My mother has a lot of problems. Debbie really helped me". Flora goes on, "this agency is a family. It helps you a lot, not like your own family. They put some sense in your head. They tell you the truth. Families lie; this agency doesn't lie. This agency is like a family, a good family. They stick together."

This prevention program has provided comprehensive social work services including counseling, nursery school, family aides and nursing consultation to this family for the past three years. The social worker, always available through a phone and beeper system, has been an advocate for the family in getting Medicaid and most recently in making an application for an apartment for Flora and her children in the public housing office. The children have been able to remain with their mother in reasonable safety and they are functioning at a higher level. They talk more, have fewer accidents and their coordination has improved. They all

continue to have learning and behavior problems, as well as health problems such as severe asthma, and Flora continues to be a mother whose children are "at-risk" due to her own emotional and intellectual limitations and her environment.

## **DATA ANALYSIS**

Several key issues emerge from the data in these case studies, the five other studies which make up this sample, and from the observations collected over the course of a year of a mother's group which met weekly. They highlight significant areas of social work practice in a New York City child welfare prevention program at this time and may help to formulate guidelines that can be used in other programs.

First, the most significant component of those services is the intimate relationship of the worker with the client, based on the client's needs rather than assuming the more distanced, professional role familiar to most social workers.

Second, it becomes clear that when services delivered by social workers in a way which closely resembles the informal social support and kinship networks of the clients' communities, they are effective in reducing social isolation and enhancing the coping mechanisms of mothers who are at-risk of abusing or neglecting their children.

Third, the data indicate that clients in this study benefitted from intensive services of various kinds provided "under one roof" in caring for their children and preventing their entry into foster care. The agency provided a mix of concrete services, in-home services, programs for

children, support groups and counseling with staff members who have the time and are willing to build close relationships.

### ***Access: A Community-Based Agency with Neighborhood Workers***

Some mothers who might be unable to care for their children need the services of a family support program and can benefit from a relationship with a social worker who acts as an encouraging friend and a wise guide. With encouragement from someone willing to make a close connection with them and with services delivered in an informal, non-bureaucratic style, some clients are able to overcome great personal difficulty and function adequately as parents. The data show that services should be based in the community so that workers are easily available at stressful times and are familiar with the significant environmental factors impinging on parents and children. The importance of the worker's "being there", in the neighborhood to bolster the mother's abilities and support her strengths is borne out by the data.

---Frankie says that when they first started working together, she and Susan, her social worker, would often go for a "talk and walk." Particularly at the beginning of their relationship, when Frankie needed help organizing herself and understanding her psychiatric history, they met at the agency a couple of times a week and just walked together. The worker helped Frankie understand that she needed regular medication. The social worker judged that talking in the apartment or at the agency would be stressful and guessed that walking would ease the tension and facilitate the beginning of the relationship.

---Margie tells me that Gail, her social worker comes to the house every morning to help her get the children ready for school. Margie has nine children; the youngest is a year and a half old, and the children have not been going to school. She is an alcoholic and the task that she and the social worker have agreed on is for her to send the children to school each day in clean clothes.

---Sally says her first social worker was more than a friend, she was "a person I could go to." Sally, a drug user and an alcoholic has two children. During the first few months she was involved with the agency, she went back and forth, some progress, some back-sliding. During this time, the social worker made regular home visits. Sally says, "Carol was right there during that time. She came to see me when I was sick, she took me to the doctor." Later, after a hospitalization, when her children were still in foster care, another social worker helped Sally organize her apartment in preparation for the children's return. That worker explains that when she makes a home visit, "if my client is doing laundry, we do it together." Sally says if she feels "jumpy or jittery" with the children, she knows she can bring them to the agency. Sometimes, if she's afraid she may hurt them, she'll call her social worker who will "make time" to see her.

---Tamisha is a young, inexperienced mother trying to establish a home with her baby and boyfriend. The social worker makes home visits once a week to demonstrate how to care for an infant. Before the baby was born, the worker took Tamisha to the store to buy equipment she would need. Tamisha tells me that when she first met her social worker she didn't think she was "the type" who would be willing to come to her house. It pleases her that Ann makes home visits instead of asking Tamisha to come to her office. It seems to demonstrate the worker's commitment. She tells me that Ann "really listens." "She is like an older sister." Tamisha likes Ann; she says Ann "knows what it's all about."

---Flora describes her social worker as "her friend." Debbie often took her places, "like to the park" where they "talked a lot." Sometimes Debbie visited her in the apartment and just

"hung out." When it was her birthday, the social worker was the only one who remembered. She bought Flora a radio and some books and gave them to her. When Flora was referred to the agency and the extent of the risk to her children was still unknown, the social worker made home visits several times a week. She stopped by for short visits in the early morning or evening.

---When Delia was referred to the Family Life Program by Special Services for Children, the social worker made several home visits to get to know her and her young son, James. At the beginning, she would spend 2-3 hours a week in Delia's apartment, visiting her, seeing her with her neighbors, friends or with her grown children. Now, after almost three years of working with her, she is more likely to see Delia in the agency office, but Delia tells me that when she gets depressed or has a problem, even if she doesn't have a "definite appointment" she will go to the agency and Lisa usually "will have time for her."

Data bear out the significance of the agency's location in the neighborhood near where clients live. The program is housed in a low brownstone building, formerly a one-family house, easily accessible from the sidewalk, on one of the main streets of the Mott-Haven area.

Brownstone houses line the wide block with a police station on one corner, a library on another and a church nearby. A block away, on a cross street, small, run-down looking stores line the sidewalk, a Spanish bakery, a hardware store and other services for the people in the housing project across the street. Across from the church a small grocery and a bar are neighborhood meeting places with people often standing outside in groups.

In this program, social workers make frequent home visits (initially, two or three each week) and often go with their clients to the nearby elementary school, day care center and hospital. They know the streets of

the south Bronx and the services in this community well, and by moving around, they appreciate the social and environmental factors which affect their clients.

Just as they get to know the community, they also get to be known in the community, easily recognized by the residents of the buildings and the housing projects where their clients live. Social workers report that they are often greeted and protected by the "guys hanging around." "People know we are trying to help," they say, and acknowledge that they sometimes get useful information and support from their clients' neighbors and friends. When one of the clients relapsed and started using drugs again, her neighbors stopped the worker on the street and said, "Oh, you're going to see Frankie. She's not doing so well."

The agency has been the source of public health nursing services in the Mott-Haven neighborhood for many years, and social workers in the Family Life Program are fortunate to be able to draw on a reservoir of good will and a long established agency history. They also get referrals from the nurses who may be the first people to understand that a child is in danger. By focusing on how their clients "fit" into the community and building contacts for their clients with community resources such as the school, day care center, neighborhood health center and housing office, they extend the agency's presence further and increase its fund of good will.

The data point to the multiple benefits to families and children when the agency and its staff are close to the environment. Through home, school and hospital visits, social workers see their clients' world, the neighborhood, first hand. They are aware of changes taking place, trouble spots and dangers in certain apartment houses, conditions on specific blocks

and floors of housing projects which affect children. This knowledge is useful in making assessments and developing treatment plans. It also increases the worker's stature with the client as a reliable source of help. The social worker understands the child in the context of the family, and, by being close to the scene, is in a better position to understand the family in the context of its surroundings, including its cultural traditions and expectations which are likely to influence child-rearing patterns. With Hispanic families particularly, one worker tells me, "it's important to get to know the family, to just hang around. It's important to understand the influence of the mother in those families."

Staff members are also nearby when clients face problems, or stressful events occur which have an impact on children. At those times, mothers are reassured by knowing that they can "drop by" and will be seen for a few minutes. The proximity of the program is comforting and helps to bolster the confidence of mothers with a low "boiling point" who also have a fragile sense of self-worth. If their own social worker is not available, someone else will talk to them briefly, and, if a professional is not available, the receptionist will spend a few minutes in friendly chit-chat. The entire agency acts as a "safe-haven" for mothers in time of trouble or need, e.g. when frustration mounts and the pressure of caring for children becomes overwhelming. One day a distraught mother, enraged and in tears, came to the agency after a recertification hearing at the welfare office. Her budget, incorrectly cut due to misinformation about the number of children living at home was reinstated after a few days, but the danger to her children who might have felt the full brunt of her anger was averted on the day of the hearing because there was somewhere she could go for help and understanding.

The agency's closeness to home makes it possible to respond promptly if a child is in danger, an important aspect of a child welfare prevention program. In one instance, a social worker looked in on children several times a day to determine if they were being fed and cared for. The worker took the two older children to school, reassured them that she was nearby, that she would be stopping by to talk to their mother and see how she could help. There is a 24 hour emergency telephone number and a beeper system which extends coverage when the office is closed.

The data also consistently point to the importance of the style with which services are delivered. Social work practice in this program is marked by informality and attempts to bridge the gap between workers and clients. Mothers feel at ease with the staff and use the services freely. The tone of the social worker is collaborative; "we can do this together," the worker will say and even in the worst of situations will make it clear that the client has choices. The worker will describe the program, outline the options and let the mother decide what she wants to do. The worker may acknowledge without being judgemental, "this is not good for you and it's not good for the kids. There are things we can help you with. It's up to you."

It is significant that social workers are known by their first names and dress informally. In their speech (often peppered with street language) and in their appearance, they attempt to minimize the differences in education, income and life experience with their clients. Social workers may use the language of the client literally and figuratively to build a relationship. A worker says "how come I'm hearing from everyone else that you're depressed. I'm fucking angry. What's going on? How come

you didn't come to talk to me, put it on the table so that we can look at it and deal with it?"

The social workers are willing to engage their clients and build trust in ways which other programs might frown upon and consider unorthodox, e.g. while walking or doing laundry. They may take unusual steps, including direct at-home services like helping to get the children off to school or teaching infant care, to help clients and demonstrate their own commitment. Data indicate that the availability of the worker and his/her compassionate interest in the texture of the clients' every day life often comes as a surprise to women who think they are worthless and have had poor past experience with the social service system. Direct service is often the beginning of the work the client and social worker will do together.

In this program, social workers emphasize building a warm, friendly relationship that is sensitive to the client's point of view in a respectful atmosphere. They may draw on their own experience, their commonality as women (there is only one male worker at this time) or as human beings who also have family, housing and job problems. They are not afraid to disclose information about their own lives if it is helpful. They recognize that some clients may prefer to see them outside an office, e.g. in the park or on the street, and that with others, being at home with the extended family will foster a relationship and demonstrate their genuine concern. The worker's willingness to meet the client "on her own turf", to understand her perceptions and see her world, reinforces whatever remains of the client's tenuous self-esteem and confirms her value as a human being, key factors in engaging clients in a treatment plan which will protect children.

### ***The Agency as Social Support Network***

The data indicate that the agency is a supportive "extended family" for clients who have experienced severe deprivation. For a number of mothers whose children are at-risk of placement, the agency may be able to substitute for the natural helping network of family members who are now alienated or whose resources are either too limited or depleted to be of any help. When the agency acts as a support system and a personal "back-up," it plays a critical role in minimizing the sense of isolation for those mothers and in improving their skills as parents. The worker's approval and willingness to "be there" for the client and to act as an advocate implies a respect for the client's individual worth, a key aspect of this child welfare prevention service. It also assumes that as parents they are the most significant influence in their children's lives.

The data also indicate the importance of a "family-style" delivery system where mothers experience the willingness of the agency to believe in their potential and where they feel the warmth of being understood and accepted. The agency provides, to a limited extent, a "mothering" experience which appears to strengthen their capacity to function as adequate parents. It models behavior which mothers are likely to use with their own children.

---Delia sees the agency as a valuable resource and as an advocate when she has to deal with the social service system. She has no family in the New York area besides her children. Her mother, aunts, uncles, sisters, brothers are in Florida where she grew up. In an emergency, e.g. when her daughter disappeared, she turned to the agency for help. When her ex-

husband failed to return her son according to the terms of their custody agreement, she asked her social worker for legal advice. One time, her worker went to the welfare office with her to help her clarify her status. Describing this incident, Delia says, "Lisa won't let anyone in the welfare office talk her out of anything." "She'll go into the back office and she'll tell the lady that she'd better do what she's supposed to do, or else!" "She's not going to take any shit from anyone." Delia says quietly that before she was involved with the agency, "I always had to depend on myself."

---Margie shows me the washing machine the agency gave her. "It's the love of my life!" she says, laughing. It is meant to help her keep the children's clothes clean so that they can go to school. Talking about the agency, she says, "They don't do things by the book, they have compassion." She tells me they gave the children gifts at Christmas time -- "nice ones, too," she adds quickly, and she tells me with feeling that they even gave her boyfriend a Christmas present! She says she "almost cried."

---Louise says that when she first heard about the agency, she thought it would be an institution run by strict nuns! "That's all I need," she said, "Someone giving me orders -- that's what I came from." She said she thought the workers would be dressed in religious clothes, but they weren't. When she met a social worker from the agency for the first time he told her that the program "helps families stay together." She thought, "that's what I need." These people are different from BCW, she explains, where they go around threatening to take the kids away. "With them, it was like a head game," she says in disgust.

---Flora told me that her social worker did things for her that her family never did. "When I talked to my mother," she said, "it was like nothing." "My mother has a lot of problems." But when she talked to Debbie, she said she really helped her. In fact, Flora said, "This agency is a family." "It helps you a lot, not like your own family." "They put some sense in your head." "They tell you the truth." "Families lie, this agency

doesn't lie." "This agency is like a family, a good family. They stick together."

---Frankie says this agency "knows you so well." She tells me her social worker "is like the police! She threatens me. She can tell when I'm not taking my medication. She's tough and she tells me what I have to do! She gets after me. She keeps me out of trouble. Once, I started using drugs again, and Susan knew it. She knew I was using but she didn't let SSC know. One time the agency even gave me extra money when my check ran out so that I could buy food and they didn't press me to pay it back. If they hadn't been there, I would have gone off the deep end," she says quietly.

---Sally says, "This agency would never turn you away. They're not high-fiddidy folks. I just like these guys, they're nuts like me! Here, I know they'll listen. They'll go out of their way. They'll really get involved. They took me to AA. They'll go places with you, check out your health, help you get camp for the kids."

Many clients have had to face overwhelming personal problems alone. They have often exasperated their closest relatives and friends and exhausted their support through repeated lapses into alcoholism or drugs. Isolated and overwhelmed by the continuing demands of child care, faced with the stress of poor housing and an inadequate welfare allowance, they are neglectful and abusive mothers. It often comes as a great surprise when agency social workers are willing "to go to bat" for them, by going with them to the welfare office or to an AA meeting. To have an advocate, someone who understands the resources of the social welfare system, and knows how to negotiate on their behalf reinforces their effort to cope with life on a day-to-day basis. The agency becomes part of the personal community surrounding the client and services such as advocacy become

part of the client's world. A new network of social support is built and "ties" are established that are significant in maintaining their psychological and physical well being and therefore in protecting their children. Those ties serve to anchor and confirm an identity where previously there was isolation and anonymity.

Social work practice in this program creates a helping network for women who have poor access to information and resources that might help them care for themselves and their children. By insuring that an eligible mother receives Supplemental Security Income instead of Public Assistance, a worker is able to put a client in touch with a more reliable source of financial support. This bit of environmental modification has important implications for herself and the well being of her child and, of course, for her ability to continue to care for him at home. Concrete aid, such as a washing machine or emergency food money, is a tangible demonstration of the agency's concern and commitment, establishing a bond with the client which has implications of its own, but it also helps to get the children to school without being hungry. Social work practice here aims at making improvements in the environment surrounding the client and includes advocacy with a wide array of community services.

### ***Social Work Practice: Emotional Support and Tangible Aid***

The data suggest that the relationship with the social worker and the worker's consistent support and acceptance are critical aspects of a child welfare program geared to preventing the entry of children into foster care. It appears that with workers trained to provide a broad spectrum of

services, including consistent social and emotional support, some mothers who have a history of being abusive and neglectful can be helped to function well enough to maintain their children safely at home. These services are particularly effective when they furnish the kind of support usually provided by informal social support and kinship networks.

--Delia teases her worker about their common problem with weight and how hard it is to find a good man. (Her social worker is single.) Delia tells me that Lisa "has a beautiful personality." "Once, she came to the house when I got into a fight with my son. She wiped the blood up. She cleaned up the place. She helped me to see that we women don't have to take this kind of crap." According to Delia, what is most helpful about Lisa is her "just being there."

---Sally says that before she came to the agency, "I didn't know people and I didn't want them to know me." She remembers her social worker telling her that "people can help you, you don't have to live like that." After she was badly beaten by her husband who also tried to rape their daughter, she tells me her worker "got my old man away from me." Without her, I wouldn't have pressed the issue. Even when I asked these guys [the agency] to, they wouldn't leave me alone. This agency is like a family."

---Margie says, "They don't do things by the book. They have compassion." Sometimes, she says, she "messes up the food stamps," but they'll help her, tide her over and make sure she has food. When that happens she's afraid her worker might not like her. She tells me that it's like what she used to do with her mother. Then smiling, she says, "Someday, I'm going to surprise Gail. I'm going to go back to school."

---Tamisha says that when she moved into her apartment, she received a visit from Gail, who came with sheets and pillow cases, and when the baby was born she brought bibs. "Gail is like an older sister. She knows what it's all about. She comes

to the apartment. She will sit with me, have something to eat. She doesn't take one side or the other when I fight with my family. She will really listen."

---When Carol, Frankie's first social worker, left the agency, it was hard. Frankie says, "It was like a loss." It took time for her to like her current worker, but she knew that if she didn't like her, she could get another one! Smiling, she says, "Susan should have been born black. She does some crazy things."

---Louise says, "Last summer, I was living like a hermit. I wouldn't go out except to do shopping. Millie tries to help me. She's trying to get the children into day care. I ask her when I want to know if something is a good idea." Now, she says, she feels "somebody cares."

For a number of years, the traditional role of the professional social worker has included proscriptions of what "ought" not to be done on behalf of clients, what may foster dependency or blur the line between worker and client. In contrast, social workers in this program, start with what the client needs which may include a close relationship with the worker and interactions which are not based on an authoritative, professional role. Relationships of this kind require intimacy, deep emotional nurturance and even occasional personal self-disclosure. They may also include tangible aid such as food, household supplies. In this program, social work practice, though delivered through a component of the formal social support network, takes on the characteristics, e.g. intimacy and marked familiarity in relationships, more frequently associated with the informal social support network.

By giving various kinds of help to their clients, material aid, social companionship (see later description of the mothers group) and emotional

support, and by maintaining a flexible repertoire of skills, social workers in this program are able to strengthen their clients' coping capacities and by improving their clients' well-being, also improve their functioning as parents. The workers are unafraid to become closely involved with the "whole cloth" of their clients' lives and are responsive to situations as they arise. Most important, clients experience acceptance and a consistent commitment to helping them even when they test individual workers most severely. The program acts as a source of many different kinds of support for a group of the most vulnerable mothers and children.

### ***The Mothers Group***

The Family Life Program is a comprehensive program which offers varied services to children and families. It provides individual casework to parents, an after-school childrens group, a family aide program, drug education for adolescents, a therapeutic nursery program and a mothers group. The purpose of the mothers group is two fold: to provide social support and to teach social skills. It builds an environment in which mothers exchange ideas and experiences and form relationships, and it provides a milieu in which they learn and practice social skills which increase their competence and lessens their isolation. The group provides an experience of "belonging", in which the individual is fed and supported through connections with others.

The mothers "rap group" takes place every Thursday under the leadership of a nurse-clinician, a consultant to the Family Life Program. The group meets in the agency kitchen, on the first floor of the brownstone

house which is the agency office, the kitchen being the usual gathering place for staff members. There is a well-worn, wooden kitchen table that fills most of the attractively wall papered room, an automatic coffee maker on the counter, two large windows which overlook the rear garden, a kettle on the stove and a stack of chairs in the corner which are used to augment the 8-10 chairs already around the table. There is a refrigerator, light wood cabinets filled with dishes, food supplies in boxes above the cabinets, everything that would be found in a big family kitchen as well as a bulletin board announcing upcoming events such as a New York Public Library symposium on "Strategic Facts About AIDS". In fact, it is obvious that this kitchen is well used and well kept. It is worn and comfortable.

The rap group meets once a week when the mothers arrive in the middle of the morning. They come from the church, a half block away where some participate in a crafts program while their children attend a nursery school. They are noisy as they come into the building on the lower level, greeting each other and the receptionist, loudly announcing to all that they are now here and it's time for the group to begin. They come up the stairs to the kitchen, and after the door is closed for privacy and everyone gets a cup of coffee or tea the group starts to settle down. The rap group is viewed differently from the casual talking which takes place at the church where women sit around a huge table sewing, crocheting and making items for sale. In the rap group the talk is more personal and no other activity takes place. One of the rules of the rap group is that no one reads a newspaper while they meet.

The mothers rap group is the core of the family life program and expresses the service philosophy of the agency. It complements other services the agency offers and is there for those mothers who want to

participate. It is a resource for women who can relate to each other, help each other and eventually learn to act on their own behalf. It establishes bonds among people in the community and provides an environment in which people develop strengths and practice competency.

The findings reported below are based on weekly observation of the group from April, 1989 through June, 1990. Before attending the rap group as a participant/observer, I participated in the crafts program for several weeks, met group members individually and explained who I was and the purpose of my research. A staff member had to translate into Spanish for a number of women who attend the church sewing program and speak little English. The mothers rap group, however, has few Hispanic members since only those fluent in English are likely to attend.

Of the seven women who attend the mothers group regularly, there were usually five at each meeting. Four to five other women come in sporadically, attend a few sessions, drop out and then rejoin. All of them are also seen individually. Four of the women who attend regularly are African-American middle aged women, the fifth is an Asian woman in her late thirties. All are single, except one Hispanic woman who attends intermittently. All are on public assistance and are clients of the Family Life Program, that is, women whose children are at-risk of foster care placement.

## ***DATA ANALYSIS***

The mothers group is based on a belief in the need and benefit of mutual support and its potential to strengthen individuals in their roles as

parents. Several themes emerge from the data. They highlight the significant role played by a "rap group" in a family support program and the multiple function of such a group. First, the group serves a social and recreational function. It is a "sounding board," a place to blow off steam, a place to make friends and talk with others who face the same problems. For some mothers it is the only source of recreation and social life especially when they are alienated from family members or have had to cut off other close contacts in order to stay drug free. Second, it serves an educational function, a meeting place to learn about raising children, an information center about public assistance and entitlements. Third, it is a place where women can practice expressing themselves, develop confidence in what they have to say and improve their communication skills. By participating in the group, learning about the world, and hearing how others have coped with similar situations they are more likely to be able to act as their own advocate.

The rap group is significant in fostering friendships among people in the same neighborhood faced with common problems. Women who have previously been isolated and overwhelmed with poor housing, drug or alcohol abuse, poverty and racism now find connections which help them to feel stronger and more competent, making them more able to function appropriately as mothers. With an "extended family", a social network, there is a sense of community and belonging to something which reduces the deleterious effects of stressful, deprived lives upon vulnerable children. The findings are consistent with previous research which indicates the significance of reducing social isolation in families involved in child welfare prevention programs.

## ***Sharing of Feelings and Common Experiences***

As the women discuss their experiences, certain common emotions emerge. Sharing with the group allows them to discover these commonalities and draw strength from mutual aid. Some of the common themes discussed are:

- 1) past experiences with men and the resulting mistrust, including the fear of being exploited;
- 2) difficulty raising children, especially controlling the behavior of boys as they become adolescents;
- 3) giving up drugs or alcohol and not slipping back;
- 4) negative feelings towards their children, including anger and jealousy.

Group Meeting on 11/30/89 -- Cynthia is anxious to talk about the "whole man" she met. The group often talks about the shortage of good men and the bad experiences they have had with the men in their lives. They describe most men as a "piece of a man" or "half a man." She tells the group she met a man in the hospital when she went to visit a friend. Someone asks if he has AIDS. She says he has pneumonia but Frankie tells her that sometimes pneumonia is a sign of AIDS. Cynthia tells the group that he is supposed to visit her today and for the first time she admits to wanting to have "something" for herself. Cynthia says, "I don't want to go to a nursing home alone." She recalls times when she was not alone e.g. when her brother took her son to his house for a visit, when her older son gave her money. Then Sally tells the group she too has a new man who is "hanging around" her apartment. He does things for her, hanging pictures, fixing the sink etc. The group agrees that men are always nice to the kids first, that's "their way to the mother", but then watch out! Alice tells the group about the bad checks her boyfriend wrote. She tells

them that she called her ex-husband and talked to his wife. They agree that it's lonely without a man, but they warn each other about trusting men.

2/2/89 -- Viola talks about her son, Kenneth who is 13 years old. She is angry that he doesn't want to walk to school with her. She takes a course at night and sometimes she wants company. She doesn't understand why he says no. Delia says that it's hard to handle kids when there is no man around, and the group leader reminds Viola to leave the house, take a walk around the block to cool down when she is angry at Kenneth. "Remember," she says to her, "no hitting!" Sally explains very carefully that Kenneth may be upset about something and that's why he is acting that way. Again, they talk about men who want to live off women on welfare. "They want you to be pregnant, live off you, then they talk about you." "They come in and they're so nice to the kids, the next thing you know they say, they're so tired, they want to stay over night. They bring you presents but you can't trust them."

5/25/89 -- Delia talked about the birthday party she gave for James and how angry she got at him. Delia, who is usually unwilling to let anyone see her sensitive side tells the group that he called her "a dumb bitch." She admits that she was hurt and angry and she hit him on the legs and spanked him. The group talked about how hard it is particularly at times like birthdays and holidays. "You want it to be a happy day but it sours and ends badly," someone said. "Something that should be good turns bad." Then Sally talked about how angry she gets at her daughter who is always losing her watch.

2/9/89 -- Everyone congratulates Sally when she comes in today. The group leader let them know that it is one year since Sally has used either drugs or alcohol. The worker is taking Sally out to lunch to celebrate. Everyone seems to appreciate what an accomplishment this is and they let her know that she has done something difficult and important. Sally recalls her experience with her husband and tells the story of how he cut her legs and hit her with a lamp. "I still have the scar," she says. Frankie says her son sees her man,

David, in the playground. "He calls him David, but he knows he's his father."

10/26/89 -- Maria comes in agitated and upset. She dominates the group, talking without a stop. She says "everyone is trying to get her." "What do they want from me," she asks. She's afraid that SSC is going to take her child away. The leader asked what she would like for her daughter who is deaf. Maria said she'd like to see her "out of this world." Maria said, she's going to go to Japan. " I can't stand this country any more." The group talks about hitting kids. One mother who brought her new-born baby to the group recalls a time when she hit her older son with a belt. They questioned her at Lincoln Hospital. Everyone remembers a time when they were treated suspiciously by people in authority. Maria goes on and says that if she doesn't hit her daughter, "she'll take over!" She looks around distraught, confused, "everyone is making appointments for me." "I don't know what to do first." Delia quietly asks her if her daughter was this upset before her baby was born. She remembers that her grown son was jealous of James when he was born. She says, "Sometimes I'm jealous of James!"

5/4/89 -- Anna talks about her 5-year old son who knows when the welfare checks arrive. She says, "I'm embarrassed" when he asks her whether her check came. Afterwards, if he wants something at the store he'll remind her that she just got her check and that now she can get it for him. "He'll say, 'Mommy, I know you got the check yesterday' or something like that." Anna says she doesn't like it. The others agree that the kids all know when the checks come. The women talk about being afraid of "raising boys." "When boys get big they get out of control. You have to keep them under control. You have to threaten them and they have to know you mean it. I tell him I'll beat his black ass if he doesn't do what I say!" They compare how tough they are with their sons but they are all afraid that when they get older these young boys will be too big and too strong for them to fight, so they will get into drugs, not going to school etc.

The women in this group have come to know each other well. They know each other's stories, their children, the hardships of their lives, the poverty and poor housing they deal with each day and their fears as mothers. They also know each other's weaknesses, their histories, including alcohol and drug problems. They help each other by listening, encouraging each other, and minimizing one another's hopelessness. Some women have become good friends through the group and see each other informally apart from the group. Others see each other only at the group meetings. For all, the group provides a set of connections, a "pattern" of nurturing ties that helps them to maintain themselves psychologically in the face of tremendous stress.

The group also facilitates the exchange of concrete services. Mothers share children's clothing, visit each other when babies are born, arrange a bake sale to raise money for the summer program and help each other out with baby sitting. One mother who is illiterate is an excellent mechanic and helps another connect her washing machine. The group promotes a social support network which helps women psychologically and in concrete ways to ease the burden of raising children and lessen the risk of abuse and neglect. In this case, formal and informal helping is combined. The data indicate the benefits to children of an informal helping network of friends established through the program of a child welfare agency, a component of the formal social service delivery system.

## ***Learning About the World***

The data indicate that the group also serves an educational function. The group is a forum where women learn from each other and from the group leader how to negotiate some of the complicated practical issues they encounter daily. The exposure of many members of the group to aspects of the larger community has been limited by poverty and by a lack of education. Though immensely street-wise, they are often unsophisticated about medical procedures, entitlements and how to cope with the "red tape" of bureaucracies. The group serves as an information center and informal classroom. The data indicate that a family support group such as this one is important in meeting the needs of parents and that by enhancing the information and skills of mothers, the group builds self-esteem and competency and ultimately increases the ability of members to function as adequate parents.

Among the practical issues discussed at the meetings are:

- 1) how to look well groomed and dress appropriately;
- 2) how to seek legal redress through the court system;
- 3) how to eat well without gaining weight;
- 4) how to approach a job interview;
- 5) how to get the best schooling for the children.

3/2/90 -- Delia is wearing make-up today. She looks cheerful, talks a lot and tells everyone she's feeling good. Someone notices her make-up and there is a discussion about how much make-up to wear and how it looks. Two of the women wear no make-up and they start to talk about how they were always

told by their mothers that they were unattractive. Mary remembers that her mother hit her when she put on lipstick.

12/15/89 -- There is a story in the newspaper about a woman who killed her husband after he beat her. Maria urges others in the group to go to court to protect themselves. "You can go up to Bronx Family Court and get an order of protection," she tells everyone. Someone asks what that is, and she explains, "You can call the cops if he comes near you." They compare notes about how it is when you call the police; usually they don't pay much attention. Maria tells the group about her own experience in court and how tough she was, and everyone tells a story to demonstrate how tough-talking they can be with the police or a judge.

2/2/90 -- Alice is talking about her weight problems. She asks the group about different kinds of exercise. They ask her what she eats, whether she eats between meals, how much bread she eats. There is discussion about food, oils to use, frying not being good, and the nurse/group leader talks about nutrition and some ways to eat breakfast that would keep you healthy but also maintain your weight.

6/15/89 -- Ida is going to interview for a job as a maid in a downtown hotel. Everyone asks her questions about the job and how she heard about it. Someone says she wouldn't take a job cleaning someone else's shit. Frankie tells Ida not to take her baby when she goes to the interview. She offers to baby-sit for the baby. "It's important what kind of impression you make," she tells Ida.

6/15/89 -- Sally is talking about going to two graduations. She has her hair in rollers. People ask if she is going to wear a skirt. They encourage her to get a little dressed up: "You can look good," they tell her. They talk about how you should look when you go to school for graduations.

10/12/89 -- Anna tells the group about going to her son's grammar school and telling them that she wants her child to have homework every day. They all agree that the

neighborhood schools are not very good and that you have to fight with "them" to get what your kids need. She says she went over there, she said that she wanted to talk to someone and she gave them "a piece of her mind." She wants her son to do well in school, "to be somebody." "How's he going to be able to do that if they don't give him homework, if they don't expect anything from him?" Later, when the group is leaving, Anna slaps everyone's hand and says "if I can do it, you can do it!"

9/21/89 -- Mary tells Frankie what she has to do to enroll her son in the neighborhood parochial school --.when applications are taken and where you go to get one. Mary is adamant about wanting her son to go to the Catholic school. Another mother tells the group that the mothers of children who go to the Head Start program have to go for an AIDS blood test! The group leader is shocked to hear this and tries to find out more details and whether this is hear-say or accurate. There is discussion about AIDS, about blood tests, about whether that kind of testing would be legal. Afterwards, feeling that she is better informed, one of the mother says, "They think just because you're on welfare, you're dumb, you don't know anything."

There is specific information regarding school board elections, mortgages, hospital services, neighbors and friends, foster care programs etc. exchanged in the group. When the mothers hear others describe their experience with the teacher, with the doctor in the neighborhood health center or with representatives of Special Services for Children, their own perspective is enlarged and they are able to test their own reality against that of others. The group experience helps to deal with the anger which they feel after being insulted or overlooked or disbelieved by those in authority. A common theme in the group is how they have stood up to the judge or told the social work investigator off or refused to sign the works

slip for the housing office until the window was really fixed. One mother tries to outdo the other in vehemence as she describes how tough she is.

From the sharing of experiences, mothers learn more about community resources and how to use them. They pool their responses to life situations and learn from each other how to assert themselves, how to deal with the bureaucracy, how systems work. With that knowledge, not only do they feel stronger and less vulnerable, but they are in a better position to be advocates for themselves and for their children.

The group leader is a nurse/clinician, and she is often asked information questions about mental illness, about drugs, psychiatric hospitals, child development and sex. She is understanding and compassionate but she also expresses society's expectations, that is, what the proper limits of corporal punishment are, or under what circumstances Special Services for Children will remove the children, or what will happen if someone is caught in a car with drugs.

Although the leader answers questions and shares information, she is very careful not to present herself in an authoritarian style. Again, as with the other workers, her style is informal, her language similar to that of the mothers. The leader, a young white woman in her mid-thirties who has faced many difficulties in her own life, talks openly with the group about her own pain when it is relevant. They know she has a history of alcoholism in her family, that she was once a foster mother, that her elderly mother is in a nursing home etc. The group uses her expertise as a professional but in an atmosphere which is egalitarian and markedly free wheeling. She takes a back seat and through her style and minimal direction, she makes it clear that she is a facilitator not a therapist or a teacher. She helps everyone be heard and encourages interaction, but the

issues the group chooses to discuss and how the group process develops is left to the mothers. She is sensitive to the feelings of women who have had little experience of power and self-direction and she recognizes their need to do things their own way in this place. The group, paradoxically, is a place to connect with others but also the vehicle for individual members to practice autonomy and assertiveness.

### ***Autonomy and Empowerment***

It is significant that the mothers group is expected to plan its own activities and carry them out. My observation indicates that the women who participate have the opportunity through group activity to practice communication and management skills and to develop greater confidence in themselves and their potential to help themselves. One of the purposes of the group is to give women the opportunity to express themselves and be heard. Another is to practice cooperation and decision-making. Through their participation, particularly in planning group activities, they have the chance, all too unusual, to act on the environment in a positive way. In planning a trip downtown at Christmas time, arranging a meeting place, deciding who is to bring sandwiches, who will take care of the tokens, and how they will escort children whose mothers are unable to come, they develop greater confidence in their ability to make decisions, to organize a plan, and to act responsibly and competently. This is a significant experience for women whose lives have been punishing and whose stance vis a vis the world has been negative and antagonistic.

Even further, the group affords a few women the chance to take a leadership role. It is a new experience for an alcoholic woman who has been labeled "bad" or "crazy" to be able to plan a "pot luck lunch", act as a hostess and receive the thanks of everyone who enjoyed the event. The bake sale, organized each year by the mothers requires delegating tasks, dealing with money, keeping records etc. Someone has to help organize the annual Christmas party, wrap presents, help to distribute them. For women who have been hospitalized and who have been drug users or alcoholics, it is a new experience to plan a positive action, make it happen and receive praise. It is through group programs such as the trip to the circus, the bake sale and the Christmas party that the women develop new strengths and better coping mechanisms which will in the end benefit their children.

The group provides an experience of connectedness for women who have had few opportunities to interact with others in a gratifying way. Observations of the mothers group indicate that it provides a positive experience in which they become aware of each other and part of one another's lives. The women experience being members of a group, a small community, and through that membership, they gain a sense of security which influences how they feel about themselves and how they care for their children. In summary, the findings indicate that services in a child welfare prevention program can indeed enhance the social support resources of parents and promote their capacity for growth and development.

## **CHAPTER FOUR**

### **DISCUSSION, IMPLICATIONS AND RECOMMENDATIONS**

#### ***Introduction***

There have always been poor, orphaned and abandoned children who have needed care. Since colonial times, Americans have made some kind of public provision for dependent children. The kind and shape of those provisions have changed with time; as attitudes toward children and their place in society changed, as the concept of childhood emerged and as the social and political context of the United States changed. Almshouses no longer exist and indentured labor is a thing of the past. Large orphanages where children lived in regimented, institutional environments have been discredited and we no longer send homeless city children to the mid-west to rural foster homes. But over the years certain ideological themes and prevailing values remained constant and these along with economic and political forces continue to shape social welfare thinking today. They influence our view of how we ought to care for dependent children and they limit our view of the available options.

Any broad study of child welfare services will have to address the issue of how Americans view the poor and why there seems to be a reluctance to allow a strong government role in the provision of social services to children. For the purposes of this study it is important to note that whether we emphasize services to support families prior to breakdown or foster home placement afterwards, whether we look to institutional care or substitute families and, most important of all, whether we limit our

public discussion only to those options has to do with political feasibility and attitudes toward the poor and is related to deeply held beliefs about how and where children should be raised.

There is an ideology about the family that may be outmoded but continues to persist in our society and is firmly embedded in current child welfare policy. We believe children should grow up in a family and usually we envision a traditional two parent household where child care is the mother's major responsibility, where everyone in the household is part of a kinship group and where all of the child's physical and emotional needs are met within one unit. We speak of every child's "right" to a family, a concept unfamiliar in earlier days. An image of the family has been constructed in twentieth century America which leads us to conclude that the health and happiness of each child depends on living in a family. When we determine that a mother or father or both parents fail to provide such a "family" for a child or that a child is at risk of being hurt or neglected, we allow, even encourage, public authority to move the child to another family.

The society is a harsh judge of those unable to take care of themselves or their children in the United States. There is a long-standing belief that they are at the least, irresponsible, immoral and indolent. In spite of the general reluctance of Americans to allow government to interfere in family life, when parents fail to meet their role expectations, we are willing to break the bond between parent and child and move the child to another family unit. Instead of helping people overcome obstacles to being good parents and providing supports which make it possible for a child to stay with his biological family, we rely heavily on foster care placements. By their failure, we believe parents have proven themselves

unworthy to keep their children. We might question how much our heavy reliance on foster home placements also subtly reflects the notion that those parents who cannot care for their children should be punished by having them taken away. It is only in the last few years that we have begun to think of foster home placements as temporary and worked intensively with parents in order to return children from foster care.

It must be noted here that there will always be some children who will require substitute care and that for a number of those children the only alternative will be the disruption of kinship bonds and ultimately, adoption. Even with the best help available, some foster care placements will be unavoidable and some children will never be able to remain with their biological parents or return from foster care. For those children, a firm assessment must be made and work undertaken to secure a permanent home. In this study, however, we are looking at a preventive service geared to those parents who, with supportive services, might be able to regain their children or maintain their capacity to care for their children, eliminating the need for foster care.

Another theme undergirding present public policy is the boundary between remedial child welfare services such as foster care and the broader issues of income, employment, health and education which have a direct impact on the well being of parents and therefore of children. In fact, the basic provision of an adequate children's allowance has to be the single most significant component of child welfare policy that needs to be addressed. How can we ever meet the needs of children without dealing with the inadequacy of allowances under our program of Aid to Families with Dependent Children (AFDC) or welfare, as it is commonly known? The child welfare service system is currently defined only as the network of

public and voluntary agencies which provide services such as adoption, foster care, and group homes; services we enlist after a child is in need. There is an illogical boundary between provisions for the abandoned/neglected child and issues which directly affect the economic well-being of children. How realistic or appropriate is it to separate policy questions surrounding child welfare services from issues of basic income security, or issues of health and housing? Only with an enlarged perspective which sees child welfare in a larger context, acknowledging the relationship between poverty and foster home placement, and redefining the boundaries between income maintenance programs and services such as foster care, can we hope to have a comprehensive child welfare policy which will prevent the disruption of families. Only then will we minimize the need for services such as foster care or the prevention service which is the subject of this study.

There are many dilemmas in child welfare and questions which are widely debated. As social workers, we discuss when to maintain a child's tie to his biological parent and when to move toward adoption. How to provide services for children whose families have broken down. When to separate a child from his kinship network and move him into a foster home. Are there alternatives to foster care? Are there ways to support families (usually mothers) so that they are able to care for their children? This research project focuses on the way one program, known as a family support program, provides services to families where there is a risk of a child entering foster care. Family-centered programs have gained increased attention over the last decade. They may have the potential for contributing to the treatment of abusive and neglectful families so that children can remain with their biological families. This study was undertaken to delineate the actual program processes of an active family

support program in New York City at this time. Its purpose was to provide an explicit description of social work interventions, identifying the salient features of home-based, family-centered programs. It was anticipated that research directly linked to social work practice would be helpful in future efforts to develop prevention programs in child welfare.

### ***Summary of Major Findings***

The most significant finding of this study is that a community can be built through the activities of a social work agency -- a community which clients can then use as a support to help them keep their children at home and out of foster care. A family support program based in the neighborhood, which establishes connections, linking its clients with each other, with the agency, its staff and with surrounding institutions, provides clients with an experience of "positive membership."<sup>1</sup> Through agency-sponsored activities, and especially the relationship with a social worker, clients interact with the staff and with each other in ways that are gratifying, helping to overcome a sense of social isolation and rejection. A community is created where people no longer have to "go it" alone, where an individual's birth, life and death makes a difference to others. The agency becomes a source of security, a safe haven in a harsh world, where the sense of being valued is fed and supported. How does this take place? How is the sense of community fostered? Several key factors emerge from the data and are described below.

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<sup>1</sup>Hans S. Falck, Social Work, The Membership Perspective (New York: Springer Publishing Co., 1988), p.45.

## ***Relationship With the Social Worker***

### **Personal Connection**

The findings from this study highlight the prominent role played by the client's experience of acceptance and belonging achieved through a close relationship with a particular social worker who facilitates their participation in the activities of a family support program. The findings indicate that the quality of the relationship between worker and client is the single most significant factor in achieving the goal of maintaining families and keeping children out of foster care. We know from previous studies that when people fail to receive love and affection from those in their closest circle, they sometimes can have those affective needs met by "outside" people or even by institutions.<sup>2</sup> We also know that interventions or actions of many kinds, including social work interventions, have affective elements as well as those related to their specific purpose. For example, a person may provide childcare and do it in a way that may or may not be nurturing to the child and comfortable for the parent. From this study, we can conclude that a key element of a family support program is its ability to provide services in a way that meets the affective needs of its clients.

In the data analysis, the worker's responsiveness emerges as a more significant feature of a family support program than was originally anticipated. From client interviews and from observation, the prominent

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<sup>2</sup>Kathleen M.L.Coulborn Faller, "Social Structural Variables in Families That Abuse and Neglect Their Children" (unpublished Ph.D. dissertation, University Of Michigan, 1981), p.165.

role played by the social worker's friendly affect is evident in developing the client's trust and and later in achieving the long term commitment necessary for on-going work. The worker's ability to communicate warmly without being judgmental, to project genuine acceptance and empathy, along with professional competence and a desire to help, are critical factors in how clients experience the program and the effectiveness of the service. The personal qualities of the worker, her willingness to "pitch in" and do whatever is needed is significant in whether a family becomes engaged in the program and whether they feel supported and worthy through the helping process, rather than diminished and humiliated.

Relationship lies at the heart of social work, and this study bears out not only the significance of the quality of each worker's relationship with each client but also the complex nature of that relationship and the difficulty of understanding the "magic" of what happens when client and worker interact with each other. The findings point to the worker's conscious use of self in making an emotional connection with the client, which then may be used to mobilize the mother's capacity to care for her child and prevent the child's placement in foster care. As clients and workers share their views in this investigation, we see that along with genuine interest and caring, the worker must communicate respect and an optimism that the work can be done. Her tone is collaborative and respectful as she conveys confidence that, with the help of the agency, the client can organize herself and her household to care for her children and keep them at home.

The importance of the worker's tone is highlighted in many client interviews and, it should be noted, this tone is often in sharp contrast with that in highly-structured child welfare programs, where there is

considerable formality and reserve, and where a strict boundary is maintained -- even required -- between client and worker. In those traditional programs the major service of prevention work is counseling or "treatment". The worker is often at great distance from the client's life, both geographically and psychologically, and the client is expected to maintain a formal schedule of office contacts. In those settings a harsh, punitive element may even emerge quite subtly in the interaction between the client and the social worker.

### Mutuality In Practice

The findings confirm the significance of "mutuality" in the social work relationship and its particular relevance to the work of a child welfare prevention service. The data indicate that in the program studied, workers view themselves engaged in a cooperative effort with the client, one that allows for self-determination but also requires a strong investment and commitment on the worker's part. Workers encourage independence and are careful not to support negative behaviors. They are prepared to confront the client when she fails to hold up her end of the "bargain," to stop drinking or to attend a drug rehabilitation program, but they are also willing to meet the client more than halfway when she participates. They will be sure the client feels "cared for" and acknowledged. Their work will be a joint undertaking, where "whatever is done for the client is done with the client to the greatest possible extent."<sup>3</sup>

From the data, it appears that a family support program substitutes for or supplements the client's informal social support network. As noted

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<sup>3</sup>Falck, Social Work, The Membership Perspective, p.56.

in reports of interviews in Chapter Three, the worker in a prevention program is sometimes compared with an older sister or described as an ideal, dependable, loving parent. The findings suggest that an essential element of a family support program is the close, almost familial bond which develops with the social worker. Like a good parent, the worker communicates a belief in the client, faith in her potential to care for her children, either to get them back or keep them with her. She tries to provide a corrective, emotional experience for mothers who have often had little nurturing in their own early life.

As has been noted before, the worker may demonstrate her commitment to the client by remembering a birthday with a small gift, by making frequent home visits or by offering concrete help in an emergency. These are significant aspects of social work practice in a prevention program which substitutes for the help others receive from families, friends or neighbors. For many of these clients, those resources have been alienated or depleted. Of particular interest always is the worker's attitude -- the explicitness and openness which respects the right of the client to participate or not and reaffirms her inherent worth as a human being despite anything that she may have done. The worker is unafraid to empathize openly, to relate as a human being while projecting strength and ability to help. This is the essence of the client-worker relationship and the heart of a family support program.

#### Personal Qualities of Staff

In discussing staffing for preventive services, an influential 1976 study pointed out, that "even more important than training and experience are the personal qualities needed in staff -- commitment, flexibility,

warmth, good judgment and a belief in people."<sup>4</sup> There was, even then, a recognition that the attitude of the staff and the level of staff commitment were significant factors in the success or failure of prevention efforts. For women who live with great insecurity and vulnerability, close to the edge in terms of subsistence, the personal qualities of the staff, particularly the openness with which social workers respond, including their willingness to become closely involved, takes on great significance and may determine their investment in the program. Clients are more likely to establish a relationship with a worker and follow through on mutually agreed upon tasks, such as participation in a literacy program, keeping food in the house, or seeing that children go to school each day, if they know that the worker cares and will be available if needed.

These findings indicate that preventive services are effective when provided by staff not only willing to be deeply involved with clients, but also willing to deal with a wide variety of "messy" problems that may stand in the way of their functioning as adequate parents. According to Dr. David Rogers, the president of the Robert Wood Johnson Foundation, "human misery is generally the result of, or accompanied by, a great untidy basketful of intertwined and interconnected circumstances and happenings"<sup>5</sup>. The whole basketful may need attention if a problem is to be overcome. In a family support program that basketful is particularly large, including a wide array of concrete problems that need attention before more familiar social work interventions can begin.

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<sup>4</sup>Mary Ann Jones, Renee Neuman and Ann W. Shyne, "A Second Chance For Families" (New York: Child Welfare League of America, 1976), p. 126.

<sup>5</sup>Lisbeth B. Schorr, Within Our Reach (New York: Anchor Press/Doubleday, 1988), p. 257.

As this study demonstrates, in a family support program help may range from taking a client for a walk in the park, attending an Alcoholics Anonymous meeting, to getting children ready for school or doing laundry. Emergency food supplies or rent money may also have to be provided. The agency may provide a washing machine for a family with nine children or collect basic necessities for a young mother and her baby. (Frequent signs posted in the agency's kitchen ask for donors of unused baby cribs, infant clothing or a winter coat in size 12.) These results show that a preventive child welfare service requires a resourceful staff, not necessarily all graduate social workers, willing to be flexible in responding to the varied problems presented by families at-risk of abuse and neglect. The staff must be willing to assume various roles as they assess their clients' needs, and respond to them with a wide array of interventions, some quite unorthodox by the standards of child welfare practice in bureaucratic agencies.

### ***Social Worker as Community Liaison***

From information obtained by interviews with mothers in the sample, it is apparent that an important element of a family support program is the worker's active involvement in every aspect of the client's life, including the client's relationship with community services such as social service agencies, hospitals, drug treatment programs, schools and self-help groups. The pattern of findings suggests that in such a program it is common for the worker to act as an advocate with the network of community institutions which are part of the environment. As an advocate,

the worker assumes an educational role, with the ultimate goal of teaching the client how to negotiate those systems for herself. In the family support program, which was the subject of this study, a considerable amount of the social worker's time was spent accompanying a client to the welfare office or to the hospital, talking to the income maintenance worker or the doctor, acting as an advocate with community institutions, and also modeling techniques for the client to use independently.

The findings indicate that the worker in a family support program is less likely to focus on intrapsychic issues and issues of interpersonal helping than in traditional child welfare practice. These workers are more likely to understand the vital importance and complexity of everyday existence for their clients and become directly involved with housing, health and school issues, which have an immediate and direct impact on families. An important element of a child welfare prevention program is the worker's habit of seeing the client in relation to factors in the social environment which effect the circumstances of daily living, and taking action to provide the client with needed support. Such a perspective emphasizes the client's environmental context, allowing a broader choice of practice methods, including advocacy. To relieve a client's stress, the worker might go to the housing office, day care program, or help with an application for Supplemental Security Income. For the worker in a family support program directly involved in the client's social world, the person-in-situation formulation for social work practice is more than a theoretical one. It is the underpinning for the work undertaken each day by the client and the agency.

As we can see from these findings, social work service in a prevention program is not confined to office or home visits. The worker

enlists the collaboration of community resources on the client's behalf in a practice sometimes known as "community counseling". Workers describe frequent encounters with personnel in other agencies. They may take a client to the welfare office several times and later provide her with the name and phone number of not only the person directly responsible for her case, but also that of her supervisor. The client learns whom to reach when she has a question about her budget, and whom to contact if dissatisfied with the first response. For example, when a client received extra help from a welfare worker, she and the worker wrote thank you notes enclosing a picture of the client's young son. She soon received a response from the welfare worker indicating her willingness to help in the future -- an important lesson in advocacy! Or the client sees that the worker is no more successful than she in obtaining a clear response from a doctor in a hospital about a child's illness, learning that certain occasions are frustrating for the worker too.

It has been pointed out that families known to be at-risk of abusing and neglecting their children are also likely to be isolated families living in urban areas, separated from major societal institutions and resources. Without help, those families are unlikely to be able to teach their children the "rules and tools"<sup>6</sup> for managing in the larger society. In order for parents to teach their children these skills, they have to be familiar with those institutions and have some positive experience with the larger world. In a prevention program a social worker who facilitates connections with the community may provide parents with experiences helpful in raising

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<sup>6</sup>Delores G. Norton, "Understanding the Early Experience of Black Children in High Risk Environments: Culturally and Ecologically Relevant Research as a Guide to Support For Families," Zero To Three, Vol. X, No. 4, April, 1990, p. 3.

their children to be less alienated from prevailing customs and values. In helping clients learn about the world, and make connections with the larger community, they are also heightening their children's chances of success.

Findings confirm that an ecological framework with its focus on the dynamic interaction between people and their environment comes closer than others to explaining social work practice in a family support program. In its emphasis on the life space of the client and its concern with how the client functions in the social environment, it points the way for key social work roles, advocacy and education, to facilitate a client's connections with whatever relevant community resources can be found. From the findings reported here, it is evident that workers in a prevention program, aimed at families at-risk of maltreatment, spend considerable time acting as liaisons with community institutions. While they recognize the usefulness of counseling for some clients, particularly after an emergency has been stabilized, workers in a family support program emphasize more than other social workers the need to cope with everyday realities. Because social workers in a community-based program are closer to the client's world, they are also more likely to engage issues related to community institutions. They are "on the scene" and therefore can go to the police station inquiring about a missing child or to the school to help a mother understand why her child has been suspended. Workers in a family support program understand the importance of engaging systems and resources in the environment and using them to benefit their clients. As Bronfenbrenner said, "unless you have the external supports, the internal systems don't work."<sup>7</sup>

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<sup>7</sup>Schorr, *Within Our Reach*, p.285.

### ***Community Location and Agency Environment***

The geographical location and the physical environment of the agency's offices turn out to be of major significance in this study of a family support program. They emerge from the results of this study as two key elements of a child welfare program aimed at preventing the placement of children in foster care. First, the findings confirm the importance of locating a family support program in the heart of the community in which its clients live. Second, the look and feel of the program's offices appear to have a strong influence on clients, workers and the way services are delivered and are closely related to client satisfaction and a positive relationship with the agency.

The Family Life Program, which was the focus of this study, has offices in a low-rise brownstone, residential-looking, on a major street in a Bronx neighborhood. This location makes the agency convenient for its clients who live on the surrounding streets and seems to minimize not only the physical but also the psychological distance between the worker and the client. A long subway ride to an unfamiliar downtown location is likely to create an obstacle for all clients, but for those who are "involuntary," that is, referred by Family Court following an investigation by Child Welfare, and those who are called "hard-to reach," it may present an insurmountable barrier and one that is certainly impractical. It is fair to conclude that clients are more likely to participate and remain in a program which is rooted in their community, familiar with community issues (e.g., school board elections,) knowledgeable about community problems (e.g.

apartments that are "crack houses") and is itself a factor in rebuilding the community's strength.

The anecdotal information obtained from interviews indicates that clients found it reassuring that the worker was nearby, that they had permission to "stop by" if they were feeling anxious and upset. A theme which emerges repeatedly from the data is that what was most helpful was the social worker's "being there" both emotionally and physically. With the agency around the corner there is greater likelihood that clients will turn to their social worker when they need help, when they find themselves losing their temper with their children or when there is a family emergency. The worker is more likely to become a "significant other"<sup>8</sup> for the client. The availability of the worker in times of stress and the proximity of the office, help establish the agency as an important and dependable source of security and support, increasing its usefulness to clients and therefore, reinforcing the relationship.

The data also suggest that workers in close contact with the neighborhood are in a better position to be knowledgeable and sensitive to issues of cultural diversity, and to understand and respond to the needs of various ethnic groups. It should be noted that the agency's neighborhood location alone is a symbol of respect, communicating a willingness to "come to the client," and conveying a message of genuine interest and caring. Workers in this study, who were accustomed to close contact with the community, were also less likely to project their own cultural practices onto others and more likely to allow for pluralistic interpretations of behavior. For example, the particular influence of the mother, the need to

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<sup>8</sup>Brenda Nelson, "A Comprehensive Program for Pregnant Adolescents: Parenting and Prevention," Child Welfare, Vol. LXVIII, No. 1, January-February, 1989, p. 60.

be on a first-name basis and to be viewed almost as "family" before a relationship can be established were noted by one social worker as especially relevant in her work with Hispanic families. Her clients' cultural identification with the Catholic church, including the significance of an expensive baptism party for a destitute family, are apt to be appreciated by a worker who makes frequent home visits, is in close touch with the cultural traditions of the community and is willing to examine her own cultural preconceptions and point of view.

Community location also serves an important practical function for a child welfare program aimed at preventing the placement of children in foster care. From these findings, it appears that in certain emergency situations, the agency's proximity facilitates the worker's making a prompt and thorough assessment of parental neglect and abuse but one that also does not prompt turning to foster care as a solution prematurely. The location of the agency within a few blocks walk from the client's apartment makes it possible for a worker to assess the potential of the family to stay together in visits and interviews over several days instead of responding to a crisis and perhaps moving too quickly to removal of the children from the family. The worker is able to take some time to explore the capacity of the parent to care for the family with supports, e.g. a family aide, without jeopardizing the immediate health and welfare of the child. With extra time there is also an opportunity to assess if there are other networks of social support, such as extended family, friends and neighbors who might be enlisted to help, making it less likely that the bond between child and family will be disrupted except in the most extreme circumstances. In the example cited below, the proximity of the worker did not avert the need

for foster care but it assured that placement took place only after several interviews, home visits and careful observation and study.

In a case which was part of this study sample, six children, under the age of eight, were placed in foster homes following an assessment by a worker based on several visits to their dilapidated apartment made in a few days. The local grade school referred a family to the agency whose children appeared severely neglected. A worker then went to their apartment, one block from the office, three times before the knocks were answered. The worker found a man, the mother's boyfriend, possibly high on drugs, trying to care for four pre-school age children in filthy circumstances. She immediately began to evaluate the capacity of the mother and her boyfriend to establish a relationship with the agency and to use their services. The worker visited the family two or three times a day for several days trying to make direct contact with the mother (she appeared intermittently) assessing the children's condition, talking with both parents, observing if there was food in the house, and noting the general condition of the household. Their proximity to the office made it possible for the worker to see the children and parents repeatedly, to reassure the older children, to talk with them separately and together and to assess their motivation and capacity while exerting an organizing influence and insuring that the children were safe and receiving a minimum of care.

From a window in the apartment on the first visit, the worker pointed out the agency office. She told the children's caretaker (the mother's boyfriend who appeared to be high on drugs), "You can see where we are, we can help." "Stop by later and we will give you food for the children's supper." [Spaghetti is taken out of the box so that it cannot be resold.]

Tell Althea [the children's mother] to come and see me tomorrow morning -- we can help her with some of her problems. We know she needs help. We'll start by making a list of what has to be done in the apartment. From the window, you can see where we are. We're only a block away, we can help."

Although the children eventually went into foster care (all of them in different homes), we can conclude that the agency's location in the neighborhood facilitated a thorough assessment, and made it more likely that all options were explored prior to placement. Family support programs are designed to work with families at the brink of dissolution and, though in the case cited above the referral may have been made too late to maintain the family, the action to remove the children was not done precipitously. After several court dates in which their mother failed to appear, she finally said "maybe my kids are better off in foster care."

The pattern of findings, including the example cited above, suggests that one of the significant features of a family support program is the frequency of home visits. Workers in a family support program make home visits in emergencies such as the case cited above, but they are also more likely than other workers to make frequent home visits as part of the on-going work with clients. An agency's neighborhood location makes it manageable to go into homes and become involved, if only for a time, in a family's natural life context where children, neighbors or others may come and go. The worker is able to meet the client on her "turf" rather than the agency's turf, which is not only less intimidating but also communicates a respectful attitude clients have too often given up expecting. The data indicate that when workers make frequent home visits, they respond more informally and become involved with their clients as human beings and with less professional distance. With a neighborhood connection, the

worker moves closer to the client's natural "life process," the client's reality, and is more likely to appreciate the role of the social environment in the family's functioning.

Not only is the geographical location of the program important but the atmosphere and social climate of the agency's office also seems to have an impact on the nature and the quality of the services provided. In an extensive study of client feedback, Maluccio points out that the physical and social environment of the social agency deserves further attention by social workers.<sup>9</sup> He claims that we have not always fully appreciated how both the location of the agency's offices and the atmosphere of the office, e.g. the attitude of the receptionist, the "homey" quality, may be related to the engagement of clients and, ultimately, to the effectiveness of a social work service. We have paid far too little attention to what these arrangements mean to clients, whether they reinforce or reduce self-esteem, and what they say about the commitment of the workers involved. The central location of the office, the accessibility from the street, the availability of a kitchen, the informal arrangement of offices and the overall climate are factors to consider if we hope to remove obstacles likely to keep clients away and if we are interested in constructing an atmosphere which is friendly and inviting for both staff and clients.

The ambience of the agency influences how clients and workers interact. From this study, we see that the agency environment effects how open they are with each other and how deeply they become engaged with one another. We know that the interpersonal helping process is a complex phenomenon with many factors influencing what takes place between the

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<sup>9</sup>Anthony N. Maluccio, Learning From Clients (New York: Macmillan/Free Press, 1979), p. 195.

the worker and client. The physical environment is clearly one of those factors and may be a social work intervention of its own given far too little attention by social work practitioners. On coming into the agency offices, clients can count on a friendly greeting, a few words with their own social worker or someone else who may even make a cup of tea while listening. This is a "kind place", to use Anna Quindlen's words, "not big and reductive" as are the "great gray systems,"<sup>10</sup> usually associated with social services. Besides being friendly and supportive, the atmosphere and physical arrangements confirm the client's worth as a human being and the commonality of worker and client.

The impact of the quality of the agency's physical and social environment on staff members as well as clients should not be overlooked. Though it is beyond the scope of this study to analyze the specific organizational implications of such an environment, it is apparent that the arrangement of agency office space, the social climate of agency life, contributes to the kind of work staff members do with families, the way it is done, and influences job satisfaction and the depth of commitment workers are able to make to clients. The quality of the workplace, that is, the interactional environment of the program, including its physical and social atmosphere, appears to be as significant for workers as it is for clients. The same environmental factors influencing work with clients also influence the staff's interactions with each other. The informality and responsiveness of the agency environment engenders closeness and connections among workers, creating a sense of community, providing the

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<sup>10</sup>Anna Quindlen, "A Kind Place", The New York Times, March 7, 1991, p. A15.

support which is needed to do intensive and psychologically demanding work over a long period.

## ***Range and Structure of Services***

### **Package of Interventions**

It has been noted that "programs that are successful in reaching and helping the most disadvantaged children and families typically offer a broad spectrum of services."<sup>11</sup> The data gathered for this study indicate that family support programs must offer comprehensive services and the range of services must be flexible enough to meet the immediate needs of parents and children in a crisis and maintain parents until they are able to resume caring for their children. The findings indicate that a "package" of interventions, incorporating a variety of strategies, all of which are designed to enhance social support, is required in a family support program.

To be effective, the agency has to act as a "family center," working with the whole family, providing health care, community activities and social work help. The idea of a "family center," developed in Great Britain during the 1970s and 1980s, is "a generic term for any provision for parents and children where a range of services is offered to families living in a defined area and where the center acts as a base for carrying out many of the activities."<sup>12</sup>

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<sup>11</sup>Schorr, *Within Our Reach*, p.256.

<sup>12</sup>Erica De'Ath, "The Family Center Approach to Supporting Families", *Child Welfare*, Vol. LXVIII, No. 2, March-April, 1989, p. 200.

The data from interviews with social workers confirm that the range of services in a child welfare prevention program must include a mix of concrete services and counseling with heavy emphasis on direct services. Pressing needs of health, housing, and financial entitlements often demand immediate relief, and these must be addressed before other, "softer," interventions are helpful. Social workers in a family support program are emphatic in stating that counseling can not be the core of professional practice. Not only does the social worker have to focus on concrete services, but in these programs a primary worker in the role of a "social broker" must act as an advocate and a coordinator to help the family get all the services it needs. Those services may range from financial aid to housing assistance, help with school and health systems, even shopping and transportation.

It is only after these immediate needs are met that social worker and client can discuss some of the underlying problems, such as how the client's own experience with being "mothered" relates to the way she deals with her children. From the data it is clear that instead of relying on referrals to other agencies, social workers in a family support program must be prepared to help families and children cross the artificial boundaries found in our highly bureaucratic social service system and help them overcome whatever organizational barriers stand in the way of their gaining access to the services they need. One of the key elements of a family support program is that "no one says, this may be what you need, but helping you get it is not part of my job or outside our jurisdiction."<sup>13</sup>

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<sup>13</sup>Schorr, Within Our Reach p.258.

Besides helping clients with concrete services, the family support program has to offer a coherent network of services of its own that are easy for clients to use. In the program which was the focus of this study, a therapeutic nursery program two mornings a week allows mothers respite from the routines of child care and gives professional staff an opportunity to observe the health and well-being of each child. The children play, learn and eat lunch in a warm, well organized environment. Their mothers sew and participate in a crafts group in the next room and if they choose, they attend a weekly "rap" group. An after-school program for school age children provides recreational activities, trips, job information and a discussion group. One day a week there is a self-help group for mothers with alcohol and drug problems where some who "graduated" from the program act as mentors for others. There are support groups, parent-education meetings, parent-child activities, e.g. picnics, trips to the circus, summer camp and community action groups. It should be noted that the linkage with the sponsoring agency, a home health service, is a particularly fruitful collaboration allowing social workers an opportunity to coordinate their efforts with public health nurses, a natural partnership with many benefits for clients and the community.

### Family Aides

Findings indicate that family aides are a particularly important component of a family support program. They are a critical factor in keeping families together when there is imminent danger of child being placed in foster care. Mature women from the community serve as parental role models -- shopping, cleaning, establishing routines for children, helping to stabilize and organize chaotic households. They are

available to provide in-home help several hours a day, several days a week, to bring order and assist families cope with crisis . They provide guidance to mothers, support and practical training in parenting and home management skills.

A family aide described her work with a mother who was afraid to touch her baby. "You have to try," she said to the mother. "You'll see me do it and then you'll learn." She began by showing her how to test the temperature of the bath water, then she said "We start. I show her how to wash the baby, then how to wash the baby's hair. I 'go easy' at the beginning. The trick is not to push too much." "She just had no confidence in herself."

Family aides share their experience in routine tasks of mothering and running a household with single mothers who have little support. The family aide is part of the social work team focusing on small, step-by-step changes with the client.

The family aide described holding the baby and talking to him in Spanish. The mother, who is black, asked how the baby could understand. The aide explained that the baby likes the sound of her voice and the language and the words don't matter. She held the baby, talked to him for a while, made some cooing noises looking at him and then said, "Don't you want to hold your baby?" The mother took him cautiously, held him the way the aide demonstrated and started to talk to him in English. Later, when they had grown closer, the mother acknowledged that she was jealous when Carmen came to the house to teach her how to take care of her baby, but she admitted it helped her a lot.

Family aides take a nurturing and supportive role with parents, but they are careful to focus their help on teaching and mobilizing the parent's strength to do those tasks independently as soon as possible. The help offered by paraprofessional family aides represents a blending of formal

and informal services in a social service agency. The service itself replaces the informal social support network, substituting for help not available from members of an extended family or friends and neighbors. The family aide's role is similar to that of a grandmother, mother or older sister. In the family aide program, there is also an additional blending of professional and para-professional staff. For the families in this study, at-risk of abusing or neglecting their children, often isolated from others, the family aide program fills a large gap in providing social support.

In summary, a comprehensive family support program attempts to overcome the fragmentation of children's and family services by offering several kinds of service under one roof, using flexible practice methods and various strategies derived from different theoretical bodies of knowledge, all designed to meet the client's need.

### ***Limitations of the Research***

Before proceeding to discuss the implications of the findings presented here, it is important to consider some of the limitations of the research. During the time period, April, 1989 to June, 1990, when the writer was a regular visitor to the program, a total of eight families were studied, through interviews and case record reviews. In addition, the researcher observed weekly meetings of the mothers group which allowed her to become familiar with four other women. The group had a consistent membership of seven whom the investigator came to know well and four others who were involved intermittently. Some but not all the women who participated in the group were also part of the study sample.

The program is small, and the study sample is small, and therefore any generalizations from these findings must be made very cautiously.

It is also very difficult to assess the researcher's impact on the material collected and its presentation. How much did the researcher's interest in the program prompt a positive response from those who were interviewed? To use an anthropological term, what was the researcher's "impress" on the data? The Heisenberg Uncertainty Principle, well known in physics, establishes that the introduction of energy such as light on a particle of matter immediately changes the status of what is being examined. From the moment we turn our attention to an area of research, we begin to change its nature. The data collected will be influenced not only by the energy of the research (the Hawthorne effect), but also by the mind and heart of the people involved, both researcher and subject. As Crapanzano points out, any ethnographic encounter "is always a complex negotiation in which the parties to the encounter acquiesce to a certain reality."<sup>14</sup> First, there is a presumption that we can know someone else's reality and capture it. Second, there is the stance adopted by the researcher that the specific questions in the instrument will elicit statements illuminating that reality. In a study like this each of the parties involved agrees to a negotiated settlement of reality. They reach an unstated agreement of how far they will go, how deeply they will probe, how much they will risk. To be realistic, these findings represent only an approximation of "the truth". As Patton suggests, "in the end, all we can provide is perspective."<sup>15</sup>

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<sup>14</sup>Vincent Crapanzano, *Tuhami. Portrait of a Moroccan* (Chicago: University of Chicago Press, 1980), p. ix.

<sup>15</sup>Michael Quinn Patton, *Qualitative Evaluation Methods* (Newbury Park, California: Sage Publications, 1980, p.327.

It should be noted that there was a certain identity attributed to the researcher throughout this study. In spite of any disclaimers that were made, the researcher was strongly identified with the agency staff. As a white, middle class woman, known to be a social worker, the researcher was neither free of connection with the agency nor someone from the surrounding community. Therefore, we must ask how much the client's wish to please influenced responses to questions. Also, how much did the misunderstandings of cross cultural communication affect these findings? Did fear of repercussion within the agency influence the data? How did the client's pleasure at being interviewed and the status it conferred affect the content of the interviews? (In the middle of an interview, one client remarked "I feel like I'm on Barbara Walters!" )

All of these are valid questions and are directed to problems inherent in qualitative research. We recognize the "elite bias" in the findings, that is, those who are the subjects of this study are likely to be among the most articulate, accessible and most successful in their group. Nevertheless, we present our findings as a "slice from the life world" of the client, where the conclusions "fit" the data from which they are derived and the reader recognizes that data as valid from observations in other contexts.

What may be most significant is the investigator's own view of the study and the quality of the interactions that took place in the process of the research. It is argued by anthropologists that the psychological and social interactions which happen in the course of a study, compose the "field" of the investigation, an important element of the research. An "encounter" takes place between the investigator and those who are interviewed, in this case clients and staff, which has an impact on all and on the investigation itself. In this study the writer admired the "grit" and humor of women

who lived under the most trying circumstances and deeply appreciated their willingness to "open up" and talk about painful incidents in their lives. The extent to which they welcomed the researcher was remarkably generous and could not have been expected. The mothers group responded to a participant/observer from a different social class and a different religious background with friendly curiosity, asking questions about family patterns, religious holidays and foods and women's health issues. At times, there was good-natured teasing of the interviewer, almost as a visitor from another planet, and at other times in a more serious vein there was a bond as women, allowing the writer to describe a personal dilemma related to nursing home placement for an elderly family member.

Interactions with social workers were also informal and friendly, though based more narrowly on professional interests. Here again, the research was facilitated by the personalities of those involved as well as by the political climate of the agency. Even as interactions with staff members were often brief and rushed, their purpose was understood and supported. These social workers took pride in their work and enjoyed the prospect of having it acknowledged. The researcher in this project was concerned about issues in child welfare and enthusiastic about the work presented here. She was seen by both clients and staff as caring and interested, raising the hotly debated issue of the affect of the researcher on the data and the possibility of objectivity in qualitative research. Can we, as qualitative researchers, maintain a caring but neutral position in which we are not predisposed to certain findings but are also responsive and involved? Can we remove ourselves from the data we present? Probably, we are limited to examining how we may have affected the data and

acknowledging that the data presented here has, of necessity, been "filtered" through one social worker's consciousness.

### ***Implications for Social Work Practice***

This study has described the workings of a family support program in New York City in 1990. From research closely linked to social work practice, a description of service activities has been presented here outlining the specific content of a program designed to prevent the placement of children in foster care. These findings hold a number of implications for the costs of child welfare services, the organization of child welfare agencies and for social work practice and education.

First, this study illustrates that an effective child welfare "prevention" program, closely linked with the community, and costing far less than foster care, can hold some families together and avert the need for foster care placement. Estimated costs of a prevention program range from \$2,000 to \$6,000 per family, per year,<sup>16</sup> while the cost of foster care is reported by various sources as \$12,000 to \$19,000 per child, per year.<sup>17 18</sup>

In addition in November, 1990, a report of the state's Task Force on Permanency Planning for Foster Children reported that the growth in

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<sup>16</sup>Janet Kahn, interview held at Dominican Sisters Family Life Program, New York, New York, February 7, 1991.

<sup>17</sup>Report of the Manhattan Borough President's Advisory Council on Child Welfare, "Failed Promises," Megan E. McLaughlin, Advisory Council Chair, New York, New York, July 1989 (New York City: Office of the Manhattan Borough President, 1989), p.4.

<sup>18</sup>Sara Rimer, "Woman Overcomes Bureaucratic Odds to Regain Her Children", The New York Times, January 25, 1991, p. B3.

numbers of children in foster care has been astronomical.<sup>19</sup> At that time there were 45,500 children in foster care in New York City and 360,000 nationwide.<sup>20</sup> A recent study by the National Commission on Family Foster Care estimates that the number of children in foster care will rise to more than 500,000 by 1995.<sup>21</sup> With the vast increase in the numbers of children needing foster care and the shortage of qualified foster families, state and national officials speak forcefully of the need to spend more on programs to keep families together. Not only is there a decrease in the number of families who have traditionally been foster parents but also the children in foster care are more troubled than those of a decade ago, placing special strain on foster families. Therefore, from the point of view of finances in a constricted economy and the overwhelming numbers of needy children and a political climate that does not support social service spending, it makes good sense to focus our attention on building a network of community-based family support programs in key neighborhoods of New York City.

Second, investing in "prevention" programs with the potential to prevent placing children in foster care, requires changes in the organizational arrangements of child welfare agencies. If we are to capitalize on family support programs and promote them as a force for parent "empowerment" with long term benefits for parents, children and the community, as outlined in this dissertation, we will have to look at how to bring child welfare agencies closer to the people they serve. Programs

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<sup>19</sup>M.A. Farber, "A Growing Foster Care Program is Fraught With Ills", The New York Times, November 22, 1990, p.B 1.

<sup>20</sup>J.C. Barden, "Foster Care System Reeling, Despite Law Meant to Help", The New York Times, September 21, 1990, p. 1.

<sup>21</sup>Martin Tolchin, "Panel Seeks Foster Care Reform", The New York Times, February 26, 1991, p. B7.

need to be small and friendly, accessible and easy for clients to use. Workers have to carry small caseloads so that they are able to work intensively with each family. It has been suggested that clients have to be able to develop "more intimate relationships with fewer service deliverers."<sup>22</sup>

Like the settlement house of another era, the child welfare agency must be a hospitable corner in the neighborhood -- personal, flexible and informal. Long ago, Jane Addams wrote, "the one thing to be dreaded in the Settlement is that it lose its flexibility, its power of quick adaptation, its readiness to change its methods as its environment may demand."<sup>23</sup> Today, the structure of many child welfare agencies is strongly hierarchical and departmentalized, geared to accountability and emphasizing efficiency and control rather than flexibility and adaptability. Large bureaucratic structures with rigid staffing patterns, these agencies often fail to provide the setting in which independence and competence of both clients and staff are supported. Their size and organizational design are poorly suited to their task, resulting in an awkward mesh or "fit" of design and function. Social work in a family support program is, above all else, work with people and has to be approached in humane settings with special consideration for the emotional needs of people, both staff and clients.

Third, surely the results of this study suggest that social workers in a child welfare agency must be committed to intensive "hands on" work with clients, including home visits, advocacy, case coordination and work with the community. Workers in a family support program will have to learn

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<sup>22</sup>Bernice Weissbourd and Sharon L. Kagan, "Family Support Program: Catalysts for Change", American Journal of Orthopsychiatry, 59(1), January, 1989, p.25.

<sup>23</sup>Jane Addams, Twenty Years At Hull House, (Fourth Printing; New York: Signet Classic, Macmillan, 1960), p.98.

to work with clients informally, minimizing the distance between them. This kind of practice has implications for the retraining of practitioners and the education of social work students. It also raises questions related to the composition of the staff. Are educational credentials, that is master's level training, appropriate for all staff members? Do all workers need master's degrees? One agency director says the best people on his staff, with or without MSW degrees, are "mavericks, champions of a cause." But, he warns that the "maverick quality" has to go with adequate training.<sup>24</sup> Specialized on-the-job supervision and support will be essential in a family support program that attempts to combine the strengths of professionals and lay workers and achieve a comfortable balance between their assets.

Family support programs require new staff roles and new staffing patterns with a mix of professional and non-professional staff. But how do agency directors recruit staff open to new practice approaches and willing to become closely involved with clients? The Director of the Family Life Program reports finding new employees through newspaper classified advertising. With careful screening she hires men and women, some with social work degrees and others who aspire to master's level work, who have the personal qualities and commitment necessary to work with families in a poverty area of the south Bronx. The Director, quietly charismatic, provides experienced supervision in a warm, family-like atmosphere. Once, after discussing her philosophy of caring for staff and showing me the agency's new comfortable offices, the Director asked, "wouldn't you want to work here, too?"

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<sup>24</sup>Edna McConnell Clark Foundation, Keeping Families Together: the Case For Family Preservation (New York: Edna McConnell Clark Foundation, 1985), p.35.

In a 1979 study of client satisfaction, Maluccio urged that social work educators "reexamine the pervasive emphasis on pathology-especially psychopathology- in our theories and in our teaching."<sup>25</sup> His observations have particular relevance for education for social work practice in the family support programs discussed in this paper. Work in these programs demands that we focus on human strengths, finding the resources and potential of individuals within various cultural and social traditions. Social work educators need "to give more weight to nonclinical activities such as advocacy, situational intervention, and environmental manipulation -- all of which have traditionally been neglected or have had limited prestige in the hierarchy of treatment modalities."<sup>26</sup> This will necessitate teaching students how to provide case management and identify resources for clients, how to do recording oriented toward client strengths and how to be an effective advocate. From the results of this study, we can conclude that the "ideology of treatment"<sup>27</sup> and the focus on individual adjustment which continues to pervade social work practice is not well suited to work in child welfare programs geared to the prevention of foster home placements. Efforts to develop effective child welfare programs demand that we reevaluate our emphasis in social work education on narrowly defined clinical issues, that we expand our thinking about appropriate practice methods and broaden the perspective of future practitioners.

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<sup>25</sup>Maluccio, Learning From Clients, p. 197.

<sup>26</sup>Ibid., p. 199.

<sup>27</sup>Ibid., p. 190.

**APPENDIX ONE**

Hunter College School of Social Work  
129 East 79th Street, New York, N.Y. 10021  
(212) 452-7069

**Participant's Statement of Consent**  
February 1, 1989

I hereby give my consent to Ellyn Berman, a doctoral candidate at Hunter College School of Social Work, to read my case record at the Dominican Sisters Family Health Service and to use relevant material for research purposes. I understand that my privacy will be protected at all times, and no identifying information will be used.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Researcher's Statement of Confidentiality**  
February 1, 1989

I hereby promise to protect the confidentiality of all case record material.

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date

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