



## Looking Beyond 30, 60, and 90 Days

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Child welfare agencies have moved to a decidedly short-term orientation toward service delivery. The problems faced by many families, however, require a more long-term approach, with services designed to address problems with roots in a host of social, economic, and familial troubles—often going back many generations. This paper describes the conceptual framework for an on-going and non-categorical approach to services, based on a home visitor model. Obstacles as well as advantages are discussed.

Now more than ever before, "in-and-out" seems to be the operational maxim of child welfare services. Rarely can agencies provide intensive services over the long haul, even if that is merely defined as over 90 days (Schuerman, Rzepnicki, Littell, & Budde, 1992). Propelled by a combination of budgetary constraints, misplaced faith in our ability to help deeply-troubled clients, and single-minded prescriptions, child welfare agencies are more and more focusing on short-term services and treatment interventions (McGowan, 1990).

Many families can indeed be put on the path to healthy functioning through one or two months of well-structured assistance, but many others will not make real progress in 30, 60, or even 90 days. Those with serious and long-standing problems often need long-term support and guidance (Wells, 1993). Even when short-term programs like Homebuilders begin the process of change in clients, long-term follow-up is often needed to reinforce the progress made and to build upon it. The question is: Are we prepared to accept this fact—and to act upon it?

### Child Welfare in Context

Because of the difficult financial situation of most governments, this is a difficult time for child welfare agencies. In recent years, over 30 states have such substantial budget deficits that they have had to cut or freeze

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child welfare spending. Twenty and thirty percent cuts in services are not uncommon. At the same time, the problems that child welfare clients face have worsened: Poverty rates are rising. Drugs are a plague on the parent child, and especially the mother-child, relationship (Besharov, 1990a). More of our clients live in violent, hurtful neighborhoods where powerful environmental forces add an extra obstacle to their doing better.

These are the realities within which services must be planned and provided (Kamerman & Kahn, 1990). They should shape our understanding of what contemporary child welfare services can--and cannot--accomplish. At the same time, even as we recognize today's problems, it is important to step back and to appreciate the achievements that have been made. Without wanting to suggest that child welfare's major work is done, a review of the past 20 years' developments does give a sense of substantial accomplishment.

Recognition and reporting of child abuse and neglect are very much improved (Besharov, 1990c). Child protective agencies now exist in every county of the nation. Multi-disciplinary activities have taken root. Community networks of cooperation and referral are stronger than ever. Parents Anonymous is a national movement. There are better ties between police and child protective agencies; joint investigations are almost routine in many communities. Child protective agencies and drug treatment programs, and alcohol treatment programs, are learning how to work together better. Lastly, Homebuilders and other short-term family preservation services are gaining deserved appreciation and expansion (Wells & Freer, 1994).

#### *Short-term Services*

Properly targeted, time-limited interventions can make a major difference in the way some families live and in the way they take care of their children. When my wife worked as a school social worker in New York City, she learned that the mother in a family newly arrived from Bolivia was beating her fourth grade daughter. My wife made a report that was investigated, as often happens, by a recent college graduate who had majored in art or some other subject similarly irrelevant to child protective work. The child protective worker made a home visit and asked the mother whether she beat her child. The mother admitted doing so, but did not think she was doing anything wrong. (The beatings, though severe, were disciplinary in nature, not vicious or sadistic.) At a loss for words, the new worker said something to the effect that: "Well, in this country, it is against the law to beat children" and then she read parts of the New York child abuse reporting law to the mother. The beatings stopped.

This is a simplistic but not frivolous example of how short-term, focused interventions can change parental behaviors. There are times in people's lives when an immediate and decisive intervention can redirect their life-course. Such crisis-oriented interventions can often accomplish beneficial change in family functioning more effectively--and more economically--than can long-term, intensive services. This is the essential, theoretical core of programs such as Homebuilders, and it is valid. We have a name for the process: *crisis intervention*.

Many other families known to child welfare agencies, however, cannot be helped so easily and so quickly. They have more deep-seated problems, problems with roots in a host of social, economic, and familial troubles--often going back many generations. For these families, to think that sustainable change can occur in 30 days, in 60 days, or in 90 days is wishful thinking (Wald, Carlsmith, & Leiderman, 1988). Worse, it undermines support for the kinds of on-going efforts that have to be made for these deeply troubled families.

There is an analogy here. It is unpleasant to talk about this way, but if we accept that some of our clients have severe emotional handicaps as real as the physical disabilities that other people face, then picture a world in which we give someone a wheelchair, for 30 days or 60 days or 90 days--and then take it away. In child welfare work, this is what happens all too often.

### *Long-term Services*

When I was first appointed director of the National Center on Child Abuse and Neglect, I visited an inner-city multi-service treatment center. The center had a wonderful therapeutic day-care nursery and a counseling program for some relatively dysfunctional families. After the program had been set up, the staff realized that the three-room apartment over the day-care center could be used as a residential facility for severely dysfunctional families. Their plan was to place a family in the apartment and to nurture the family with services until it no longer needed their help--and then to move in another family, and then another family, and so on.

I visited about three years after the center had opened and the apartment had been in use as a residential facility: The same family that had moved in three years earlier was still living there. The parents were coping well, I should add, and were taking proper care of their children. But, speaking metaphorically, they were still in the wheelchair. They could have been moved out of the apartment but, and this is the point, they still would have needed sustained support and supervision.

To help families like this one--and there are more families like this than we would like to acknowledge--we must develop an infrastructure of

long-term services. There is no magic about how to do this. The answer comes from the past, from the types of services that we have let atrophy in recent years.

In most communities, for example, public child welfare agencies used to maintain a "family service" or "preventive service" unit for long-term family supervision. Never well-funded, these units have shrunk considerably as agencies have responded to the often crushing burden of investigating an ever-increasing number of reports of suspected child abuse and neglect (Kamerman & Kahn, 1990).

In-home services have likewise suffered. Homemakers, for example, were always in short supply, and many questioned how they were used. Nevertheless, many, and perhaps most, public child welfare agencies once could place homemakers with troubled families for extended periods of time. Now, budgets for homemaker services have all but withered away.

In thinking about long-term services, however, it is a mistake to think solely about what child welfare agencies can provide. At some point, child welfare agencies need to be able to turn families over to less intensive, and more voluntary, community-based service programs that support families at-risk.

Caseworkers used to be assigned to every AFDC family, and these caseworkers used to visit the families at home on a regular basis. There were, of course, abuses of the process (Handler & Hollingshead, 1970). Some of these workers thought their only job was to enforce the man-in-the-house rule, but many more saw themselves as helpers, as facilitators, and as encouragers of improvements in their clients' lives. Many more assessed the functioning of the families on their caseloads to determine which needed on-going supervision and support. For these families, they made sure that the children got to school, even if that meant signing them up themselves; made sure that children were immunized, even if that meant going with the family to the clinic; and made sure that a host of other needs were also met.

With the separation of income maintenance and social services in the mid 1970s, this capability of providing on-going and non-categorical social services was lost. It is time to build a new and improved version of this lapsed infrastructure. Such a preventive and supportive service infrastructure would help families across the spectrum of social welfare programs, including AFDC, Medicaid, Food Stamps, and WIC. This is the only way to provide coherent and coordinated long-term services to disadvantaged and at-risk families.

There are two major obstacles to developing this kind of services infrastructure: One is budgetary, the other is conceptual in nature. Ironically, it is the second that probably poses the bigger challenge.

*Budget Constraints*

It is important to recognize that long-term services are not cheaper than short-term services. Yet, they are not as expensive or as out of reach as is sometimes feared. The key to promoting long-term service lies in the structure and orientation of the services. Anyone who has reviewed child welfare cases has seen patterns of repeated reports on the same family—over the course of many years and often across generations. The best estimate is that, over time, the families in about half of all substantiated cases are reported again. (The cases in the other half, significantly, are not re-reported, suggesting that child protective intervention has an immediately beneficial impact on many families.) Thus, in an odd sense, we do have long-term services. We open a case on a family and we close it and we open another one on the same family and we close it again, year after year, generation after generation. Hence, child welfare often ends up providing services to a family for many years. But there is a cost: More time is spent investigating the repeated reports than with the family trying to help them with their problems. And, of course, there is neither the continuity of service nor the continued momentum of sustained therapeutic involvement so needed to achieve personal change.

This does not necessarily suggest that keeping such cases open would result in substantial savings. However, it seems clear that real efficiencies could be achieved—as well as a more effective service to clients—if we recognized that some families will be reported again and again and again. (A key challenge, of course, would be to distinguish between those families that require long-term help from those that do not.) Thus, a long-term orientation toward services could save investigative and administrative resources that would be better used for treatment services.

Other efficiencies are also possible. I have argued that considerable savings could be achieved by reducing the number of inappropriate child abuse reports (Besharov, 1990b). Better professional and public education about what should and what should not be reported and improved screening at intake hotlines are what is needed here.

An expansion of long-term services, of course, will require additional funds. I believe this is possible. The recently enacted Family Preservation and Support Act (Early & Hawkins, 1994) provides more federal aid to state child welfare programs, and makes reimbursement rules more flexible. Some of this new money could be used to build long-term service capabilities. Thus, even in the current fiscal atmosphere, calling for an increase in the amount of long-term services available to the clients of child welfare agencies is not as quixotic as it might seem. Nevertheless, providing long-term services can be prohibitively expensive if agencies do

not know how to turn off the service at some point or other. Clearly, some constraint on the amount of services provided would have to be imposed. Choices would have to be made about what services can reasonably be provided over the long term.

My own preference for the core of a long-term service strategy would be a modified version of a home-visitor service, an idea that C. Henry Kempe personally nurtured for many years and that was endorsed by the Federal Advisory Board on Child Abuse and Neglect (U.S. Advisory Board on Child Abuse and Neglect, 1991). I say modified because I think that the home visitors should be an adjunct to the standard package of child welfare/child protective services. In addition, an attempt should be made to recruit entry-level staff who have more in common with the families they are seeking to help, that is, who share similar social and economic backgrounds as their clients.

### *Thinking Long-term*

Another barrier to developing long-term services, though, is conceptual and perhaps ideological in nature. For long-term services began to disappear long before the last recession. As a field and as a society, we do not like to think long-term. Three examples will illustrate.

First, it is hard to build support for a strategy that does not promise immediately dramatic results. A long term strategy just isn't sexy. It requires agencies to lower their programmatic sights. For many families, the most realistic goal for intervention is stabilization--not cure. That's simply not an inspiring goal; it is hard to build excitement for a program that, instead of promising to cure child abuse, seeks merely to manage it. A major attraction of Homebuilders-type, family preservation programs, for example, lies in their promise to reduce foster care placements through a time-limited, four to six week dose of services. So, some creative nomenclature might help. How about: *long-term family preservation*?

Second, working with seriously dysfunctional families is not for the faint-hearted. Often the parents--and sometimes the children, too--do not welcome intervention, however well-meaning. Instead, they can be unpleasant and even outright hostile to caseworkers and other helping professionals. Even when they do want help, they can be frustratingly unable to keep appointments, let alone to follow through with treatment plans. Behavioral change, in other words, can come slowly, if at all.

Third, a long-term perspective on client needs raises many controversial and discomforting issues. Family planning and contraception come immediately to mind. Many of the parents in greatest need would do much better if they had better control over their own fertility.

How many times have we seen a drug-addicted mother's children taken from her, either all at once or one-by-one as they are born? Some of these mothers want to have more children. Many others do not, but have lifestyles and personalities not conducive to traditional methods of contraception. The aim of professionals should not be to coerce abstention or contraceptive use, but, rather, to help motivate clients by encouraging them to gain control over their own lives.

Technology may also help. Norplant, recently approved for use in this country but being used by more than a million women around the world, obviates the lifestyle problems of other forms of contraception while being fully and easily reversible. One need not agree with me about contraception to recognize how the issue is much more likely to arise during a long-term service relationship than in a brief one. And that is my point. Making a real commitment to these families means trying to address their real and multiple needs, whether for education, job training, employment, or contraception.

### Conclusion

The obstacles to developing a long-term services capacity are great, and there can be legitimate debate about their scope and orientation. But the plight of these parents and their children (and the parents as well as the children deserve our humane concern) imposes a moral duty to respond. To do otherwise is to condemn a very large percentage of our caseloads to a life of continuing deprivation and despair.

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