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Editorial

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Editorial

What Value Family?

Have you ever had to stay in a distant city over a Saturday night to get a cheaper airfare? Often, in Washington, D.C., I have been asked by Boards or the University to stay over Saturday night in order to save \$300 - \$500. Have you noticed that hotels charge less on the weekends, again sometimes requiring us to stay over the weekend? Have you noticed how holidays and vacations are not coordinated between schools, government, and businesses? Have you noticed how a number of social policies, from Temporary Assistance to Needy Families to the Adoption and Safe Families Act (ASFA) of 1997 focus on the individual and not the family unit? Little support is provided in our society to give families more time together.

During the recent election one could not escape the overwhelming rhetoric supporting family values in our society. The politicalization of families changed in the early 1970s when President Richard Nixon, a conservative, “captured” the family issue by declaring child care as anti-family. Family issues have remained prominent on the political landscape. What value do we really place on families in our society? The reality of U.S. policy and practice raises serious questions. Airlines place making money first inhibiting families from being together on the weekend. The new Adoption and Safe Families Act of 1997 focuses more on children and less on the family unit—more on artificial time lines and less on skills to keep families together. It is clear our society does not really value families. Fortunately, under ASFA, States will be funded at a higher level to provide Family Preservation Services, even though the name has been changed, bowing to political pressure.

The family concept in American society has run headlong into rugged individualism. It appears that until this basic philosophy is addressed and clarified, those of us in the Family Preservation business will be hard pressed to get policy makers and program directors to truly value families and provide family-centered practice. There are a number of preventative activities through education, child care, employment, benefits, support services, and funding that are critically needed.

The White House Conference on Children in 1909 stated, “Home life ... is the highest and finest product of civilization. It is the great molding force of mind and character. Children should not be deprived of it except for urgent and compelling reasons.” If only we could match this mission with our policies and actions today.

The articles in this issue help expand our knowledge and approach to work with families. Dr. Berry’s study of the use of groups to help mothers who have been neglectful and feel isolated speaks to the need for agencies and workers to support the goals of families in their social environment. Ways to structure access and design programs for Intensive Family Preservation in Children’s Mental Health based on the predictors of placement is found in Dr.

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Potter's article. Our cultural competence is advanced through the analysis of African-American Family Preservation by Dr. Ciliberti. Finally, Dr. Ortiz bridges Family Preservation and childhood education through the use of fathers in literacy development.

In addition to these excellent contributions, the following exercise helps us identify what the driving force is behind policies and practices. The exercise may be of use with program directors, administrators, and policy makers. It illustrates how often agencies and policies do not truly support family-focused work. Raising the awareness of nonfamily practice is the first step in creating true family-centered policy and practice, whether it is in the workplace, the home, or at the airport.

Alvin L. Sallee

Recognizing the Driving Forces of Services for Families

Driving Forces:

S System-centered: the strengths and needs of the system drive the delivery of services

C Child-centered: the strengths and needs of the child drive the delivery of services

F Family-centered: the priorities and choices of the family drive the delivery of services.

1. _____ A family must bring their child to the mental health office for service.
2. _____ A complete assessment is done on a child and family.
3. _____ Family therapy sessions are arranged according to a family's schedule.
4. _____ Child care is provided for the brother and sister while the child with special needs receives services.
5. _____ The office hours of the psychologist are Monday through Friday, 9:00 a.m. - 4:00 p.m.
6. _____ A teacher sends the instructions for a special assignment home with the child.
7. _____ Transportation to the income maintenance (welfare) office is available from 9:00 a.m. - 5:00 p.m.
8. _____ Parent education groups may use the Food Stamp training room in the evening.

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9. _____ An Inter-Agency planning committee consists of professionals, parents, and representatives from the community.
10. _____ A child's case records are available 3-5 days after a release of information is received.
11. _____ A therapist comes to the home twice a week for a one-hour session with the child.
12. _____ A case plan developed by a multidisciplinary team is reviewed with the parent.
13. _____ School is closed for a day so that parent/teacher conferences can be held.
14. _____ Parents choose to send their child with special needs to a church camp instead of a special camp for children with his/her diagnosis.
15. _____ A homemaker arranges for Christmas gifts for a child in foster care.

Adapted from: L. Edelman (Ed), (1991), *Getting on Board—Training Activities to Promote the Practice of Family-Centered Care*, Bethesda, MD: Association for the Care of Children's Health.

The answers appear on page 95.