Current Resources

Reviewed by

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Richard Gelles has written an important book that, like the child welfare programs and systems he reviews, has a bright side and a dark side. By focusing on the life and death of one child (named David) known to the child welfare system, Gelles illustrates, in very clear fashion, the shortcomings of the present delivery of services to prevent and treat child abuse and neglect. One of Gelles’ main criticisms of the public child welfare system, with family preservation at its center, is that it has faltered in the hands of zealots making overblown claims. The subtitle of Gelles’ own book, “How Preserving Families Can Cost Children’s Lives,” seems to evidence the same flaw, however. Gelles proposes a fairly zealous revamping of the child welfare system himself, with child deaths and severe abuse as the sensationalist springboard for many of his recommendations.

Gelles’ book is a brief little analysis of the public child welfare system, and accomplishes a great deal toward educating the public in clear, understandable language about the structure and components of the current system and the inherent obstacles to the prevention and treatment of child abuse and neglect. There is much to be lauded here. Chapter One is an excellent discussion of how statistics can be sensationalized, and how some media and scholarly coverage of the well-being of children and families along sensational lines (satanic cults, sexual abuse in day care) detracts attention from more generic and pervasive risks and harms to children. Chapter Two is also a balanced discussion of reporting laws for child abuse, and the conclusion that mandated reporting can contribute to both under reporting and over reporting. This chapter is propitious in exemplifying the complexity of the system and its mandates, and the reality that the arguments and outcomes in this field are not “either/or,” but systemic and multi-determined.
Beginning in Chapters Three and Four, with a discussion of risk assessment and the provision of reasonable efforts to preserve and reunite families, Gelles begins to present his critical analysis in more specific terms. Gelles proposes the inclusion of Prochaska and DiClementi’s (1982) Stages of Change in the assessment of parents’ willingness to engage in treatment, and that the system move quickly to termination with parents who are not in a stage of change-readiness.

Finally, in Chapters Five and Six, Gelles discusses “the failure of family preservation” and proposes a more child-centered system (which includes more expeditious termination of parental rights and increased usage of foster care and adoption). These arguments and analyses are based, again, on the documented failures of the current child welfare system in preventing severe abuse and child deaths. Gelles reviews the research on family preservation in the briefest of discussions, and draws many general conclusions about family preservation (often failing to distinguish between family preservation as a program model and family preservation as a service goal) from a variety of studies which are quite incomparable. Specifically, the book’s review of the actual research base for family preservation programs comprises less than two pages of Chapter Five, citing four references (pp. 126-127).

Gelles states that family preservation services cannot work because child welfare workers and administrators “have an unrealistic belief in their own effectiveness (pg. 142).” This is quite simplistic. Child welfare workers and administrators attempting to make sound decisions and design and implement reasonable efforts to preserve families are making those assessments and decisions on more than “unrealistic beliefs.” They utilize the technology of risk assessment, the amount of training they are given, the resources available to their program, etc. These are not uninformed zealots, as Gelles would have his readers believe. Clearly, the system can benefit from enhanced compensation for skilled workers, improved training, continuing development in assessment technology, and critical thinking and design of relevant service plans and goals with families. This does not imply that we abandon hope that families can benefit from services, however.

These final chapters are where the flaws of Gelles’ argument surface, and where Gelles becomes a party to his own criticism of the sensationalism of the discussion. Child deaths are a fairly unpredictable and rare event, but are indeed sensationalized, and framing services around the heightened attention given severe abuse and child deaths neglects the more pervasive issues of poverty, poor parenting, community dissolution, and so on. Gelles gives these issues short shrift in his final recommendations for system overhaul. Finally, the call for a narrowed focus on severely abused children, during the current political climate of thinning the economic safety net for all families, is dangerous.
Overall, this book is very important and illuminating. It is well written, clearly presented, and discusses many important components and controversies of the current child welfare system. It is critical reading for anyone involved in child welfare, and will provide fodder for the public debate for months and years to come. It is important, however, that it be read with a critical eye.

References


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Children in Families at Risk: Maintaining the Connections is an edited collection of 17 chapters that present programs or interventions described as exceptional in that they go against the experts’ tendency for over-reliance on separation of family members as a resolution to family difficulties at the expense of families’ yearning for connectedness.

The book is organized into six sections—changing the way we think about engaging families, family preservation, families of children placed in institutions, foster care options, reunification, and connecting programs. Each chapter includes a discussion of the theoretical framework, philosophic underpinnings, or assumptions on which the program is based. Each contains a description of the program or intervention, emphasizing structural aspects of the program, stages or processes of an intervention, or clinical concepts and treatment techniques. Each chapter is replete with case examples, sometimes presented in separate sections and sometimes interwoven with theory or program description. Discussion of evaluation is minimal, and summarizing statements range from perfunctory recaps to insightful distillations of the contribution of the chapter.

The programs presented in this book are theory based, though the strength of the theoretical presentations varies considerably from chapter to chapter. In several instances, theory is explicit and detailed. In others it is referenced or left to be inferred from case discussions. Family therapy, in its various forms, provides the conceptual material for most of the programs. The use of construct theory is also apparent. Social construct theory provides a rich context for discussion of work with inner city tribes; personal construct perspectives, blending truths, and eliciting family stories. Attachment theory supports programs’ understanding of maternal/child bonds and of ongoing family ties. Last, the ecological perspective is apparent throughout the chapters and is explicitly referenced in several.

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Themes of the book center around how practitioners think about and relate to families. Throughout the book we are reminded to approach families with humility, since we are guests, intruders in their space. A second theme is respect for the family as an important source of information about itself; practitioners are to approach families with curiosity about their life stories, about how families experience themselves and their world. A third theme is that families have considerable strength and competence that are often not fully recognized. Last, the book stretches our concepts of family inclusion, demonstrating its implementation in a variety of settings.

This book has many strengths. The theoretical discussions and their clear application to practice with at-risk populations are very helpful. The rich clinical material infused throughout speaks to the quality of the programs included. In addition, the repetition of the themes in various contexts and in various ways gives a voice to families, who are needing and wanting to be respected and heard. Like any edited work, some chapters are richer than others. There are admitted difficulties in terms of evaluation. The chapters provide many examples of good case outcomes, and this evidence of quality is not to be ignored. However, the reader will not find much reference to systematic outcome studies. The most detailed reporting of quantitative outcomes is in relation to a family preservation program, not surprising since such programs have been popularized on the basis of cost savings related to fewer out-of-home placements or fewer days in care. Several chapters address the difficulty of evaluation, and one makes the case for good formative evaluation so that evaluation and program interact through an iterative process and program can continue to self-correct.

Practitioners and educators alike--anyone concerned about at-risk children and families--will find this book valuable. Though the programs are described as exceptional, the values, attitudes, and knowledge on which they are based should be commonplace, should be central to all child and family practice. That this is not currently a reality provides one of our greatest teaching and practice challenges.
“Family centered” has become a standard descriptor for human service programs across the continuum of service delivery systems, as agencies strive to promote the best available practices and to follow the mandates of public policy. The degree to which any program, agency, or interagency collaborative is truly family-centered in its practices, however, has not been subject to serious methodological scrutiny. We have been willing, more or less, to accept a declaration of family-centeredness at face value. With an ever increasing emphasis on proving one’s worth and documenting results, programs must now find methods to demonstrate (among other things) their family-centeredness.

The Beach Center on Families and Disability, a research and training center at the University of Kansas which focuses on families who have a member who is disabled, offers the Family-Centered Behavior Scale as a tool for agencies to use in evaluating the family-centeredness of their programs. The Scale is a twenty-six item scale of professional behaviors that are believed to demonstrate family-centered practice. The scale items were derived from an extensive review of the literature and presented for discussion in a series of focus groups; the resulting instrument was field tested with a small pilot group and formally tested through a large national survey.

In administering the scale, consumers are asked to complete the rating scale with reference to one staff person, defined by the program. A companion scale, the Family-Centered Behavior Scale-Importance, may be used to query respondents on the value that they attribute to each of the rated behaviors. The two scales can then be compared by computing a discrepancy score for each item: the difference between how important the behavior is to the respondent and the degree to which the staff person practices this behavior. Mean scores on each item as well as a total mean of all items across all respondents, provide a measure of the degree of family-centeredness of the program.
The Family-Centered Behavior Scale brings a number of strengths to the field. First, by offering a systematic method of evaluating family-centered practices, this scale begins to fill an existing void in the field. Second, the scale can be administered with minimal resources—basically, the cost of the manual, duplication of the scales, the postage and supplies needed to conduct a survey, and a limited amount of personnel time. Third, the User’s Manual accompanying the scale is clearly written and easy to understand, particularly for those without formal education in research methods and statistics. It offers practical advice on administering the scale, such as suggested sampling procedures, a sample cover letter to accompany the survey, supplemental questions that might be added for additional analysis, and ideas for conducting pre and post tests. The scales are easy to score and to interpret, and the reliability, both test-retest and internal consistency, appears to be very good.

Finally, the authors took special efforts to enhance the cultural relevance of the scale by translating it into Spanish, and submitting it for review to several people with Spanish as their primary language. By so doing, input from Spanish speaking consumers can be systematically included in an organization’s assessment. In the survey that served as the basis for the scale’s results, geographic and racial/ethnic diversity were achieved, with responses received from 45 states and 27% from minority populations.

As with all scales (and especially new ones that have not had the advantage of time for more extensive testing), certain factors should be considered in using the Family-Centered Behavior Scale. First, analysis of results was performed based on 443 usable surveys out of 1700 that were distributed. Results from any survey with a usable rate of 26% must be interpreted cautiously, as we do not know the nature or extent of selection bias that might have been introduced. Second, as a project of the Beach Center on Families and Disability, the Family-Centered Behavior Scale was tested with a population of caretakers of children with a disability. Respondents came largely from two-parent households (72%) with incomes averaging $35,000 annually. Whether the scale will prove to be equally reliable and valid with primarily low-income populations such as families served by child welfare agencies, remains to be tested.

Another limitation is the difficulty in distinguishing the measurement of family-centered behaviors from the respondent’s general disposition toward the staff member. In testing the instrument, moderate to strong correlations were found between scale items and overall satisfaction with the staff member, and the authors also report that the scale items significantly differentiated responses between those who were asked to describe their best and worst staff member. In the absence of other sources of data which could be used to cross-validate consumers’ ratings of staff behaviors (i.e., staff self-reports of their practices, observations of staff/consumer interactions, empirical data from case records, etc.), this question currently remains unanswered.

An interesting issue generated by the Family-Centered Behavior Scale is whether an organization’s, or program’s, family-centeredness can be measured as a function of the average...
frequency of specific practices of its individual employees. One can argue that from the perspective of consumers, an agency’s family-centeredness is experienced through a relationship with a staff member. Extending that principle, by aggregating the experiences of many consumers, the mean score may be a reasonable estimate of the agency’s family-centeredness. From another point of view, an organization’s family-centeredness may be more than an average of the behaviors of direct service employees, involving staff at all levels from direct service through top administration, embedded in agency policies and procedures, and evidenced in broader activity within the community rather than solely in traditional one on one staff/client relationships. The authors of this scale would likely take the broader view, presenting the Family-Centered Behavior Scale as one part of a larger organizational assessment process. With such a perspective, this tool may make a significant contribution to the understanding of family-centered practices from the consumer’s point of view.