The Welfare of Children

SECOND EDITION

DUNCAN LINDSEY

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OXFORD
UNIVERSITY PRESS

2004

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Oxford   New York

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To Betty McDaniel, M.S.W.

who has devoted her life to child welfare

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Preface

Most children in America are well cared for by parents who have the necessary resources and love. But many children are not so fortunate. Millions grow up in homes where the basic resources of food and clothing and, sometimes, even love are not available. They live in dilapidated housing and blighted neighborhoods. The adults who care for them are barely able to care for themselves. These adults are struggling to make a living and to keep food on the table. The attention to the needs of their children and even basic child care are too often neglected. This is life for the millions of children living in poverty.

Today, the typical family for such children is a single parent, most often a lone mother, who, although she may love her children, does not have the resources, time, energy, or education to properly provide for them. The wages of her full-time job are often so low that paying for child care takes most of her paycheck. Her children's father too often provides little or no support, and is unlikely to be materially or emotionally involved in his children's lives.

What support will this mother receive from society, from government and charitable organizations? Very little or none. In earlier times the public child welfare system would have assisted her with supportive services, but that system no longer exists, replaced by a child protection system whose sole concern is finding and removing a relatively few children from situations of severe child abuse. The child who is simply poor and disadvantaged is not the client of the child protection system.

The United States is the wealthiest country in the world. We have unlimited possibilities. Most children are raised in families that will be able to provide for the futures of their children. The United States in recent decades has adopted policies and programs that have led to increased inequality. The enormous new wealth created has not been distributed widely to all. One of the consequences of this inequality is that the situation for the poor has deteriorated. The economic circumstances for poor children have declined. These children cannot be expected to alter their situation. They are, after all, just children; they rely on their parents. But their parent, the single mother who is working full-time to provide for them and their home and to earn a living is under stress and strain that are unlikely to allow for the care and nurturing needed to ensure their future.

It is not too late. We can reverse this situation by developing policies and programs that support these parents and reduce their poverty and stress, thereby aiding their children. We must develop a public child welfare system that truly lifts children's hopes and aspirations and produces a different outcome for all disadvantaged and poor children. In doing so we will be ensuring that the creators of the future no longer include large numbers of bitter and disappointed youth. Only then can we hope for a stable, secure, and harmonious society for generations to come. To this end, this book is about our children and our collective obligation to them.

Acknowledgments

tion I served as Chair of the UCLA Academic Senate where I shared thoughts with numerous colleagues including Cliff Brunk, Judy Brunk, Steve Cederbaum, Luisa Crespo, John Edmond, David Kaplan, Kathy Komar, Michele Mehaffey, Boni Mendez, Kathy Speers, John Tucker, William Worger, Steven Yeazell, and the many others who make the Senate such a great part of UCLA.

I want to thank all of the students I have had the great pleasure of working with over the last decade at UCLA. The classroom experience has been a forum to examine and challenge ideas and, in this process, been an incomparable joy. I would like to thank Laura Batres, Heather Beasley, Corinna Benn, Tuyen Bui, Jennifer Carew, Bethany Daly, Hildy Dimarzio, Corinne Ear, Gloria Escamilla, Katherine Ford, Rhona Gardner, Alicia Garoupa, Maria Gil, Maria Guerrero, Yvonne Guzman, Joyce Johnson, Michelle Koenig, Melinda London, Cynthia Long, Ngu-Mui Lu, Sean Lynch, Kai Martin, Tisa McGhee, Laura Mooiman, Abigail Nelson, Catheryne Nguyen, Michele Palmer-Bray, Tracy Peeples, Minh-Thuy Pham, Martin Raya, Sherri Reeves, Teresa Rubio, Nao Saadi, Jenny Schulman, Lylia Segovia, Amy Stansel, Natalie Stewart, Michelle Tally, Peter Tran, Deborah Ujfalusy, Nicole Viola, Shana Votaw, Amber Wiley, Cynthia Wu and the many other students who have engaged the issues presented here.

While writing this and the earlier edition I have sent versions to various friends and colleagues. I am grateful to those who provided comments and criticisms, including Victor Groze, Elizabeth Hutchison, Alfred Kadushin, Thomas McDonald, Leroy Pelton, Lois Pierce, Aron Shlonsky, and Ted Stein. Several other colleagues and friends were generous with their interest and concern. I particularly want to thank Marianne Berry, Douglas Besharov, Andrew Bridge, Edythe and Eli Broad, Emily Bruce, Sheldon Danziger, Robert Dingwall, Jane and Michael Eisner, William Epstein, David Fanshel, David Gil, Jessica Huang, Diane Jacobs, Henry S. Maas, Rosemary Sarri, Ira Schwartz, Margaret Sherraden, Michael Sherraden, Paul Stuart, Michael Wald, and Stan Witkin.

The first and second editions of this book took shape with the help of Howard H. Wade. Before it was drafted Howard and I debated and discussed these issues for endless hours. While assembling the study Howard's analytic and editorial skill was tremendous. I cannot adequately express my gratitude for his contributions both as architect and builder of what you now see as a book.

In addition, I have had the great fortune of working with David Roll and later, Nancy Hoagland, Maura Roessner, and Joan Bossert at Oxford University Press. The book that emerged following their editorial leadership is considerably different from what I started with. I am grateful for their tireless effort and encouragement.

My mother has provided the most important ingredient of this study. I am eternally grateful for all she has taught me and for all she has done. It has taken many years to realize the sacrifices she made to raise my brother and me. But now I am beginning to understand and appreciate all she has done. I hope in some small way this book is a testament to that understanding.

My family has been my haven. They have provided the context for everything I do, including the writing of this book. My identical twin brother, Buck, and I have engaged in a dialogue since we could first talk and which continues to this day. His careful reading and critique of the ideas presented here have been essential—even when we disagreed. My wife, Debbie, more than anyone, has nurtured and encouraged this study. She is the center of my world. Our children, Ethan and Sierra, debated many of the issues discussed here. I owe so much of my understanding of children and young people to them. They have been the source of my inspiration and perseverance in completing this work. Other family members who have shared their views with me include Jerry McDaniel, Paul and Paula McDaniel, John and René McDaniel, Jenny Lindsey, Merlin Kaufman, Dana Diller, Marci and Paul Cauthorn, and Danny and Kirsten Kaufman. I would also like to thank Garrett and Sean Lindsey, Ann Marie, Aaron, and Rebecca McDaniel, Luke, and Aiden Kaufman, and all our children.

Betty McDaniel, my wife's mother, has been a child welfare social worker (MSW from the University of Chicago) throughout her career. Her life has been dedicated to children. She has lived what she believes and has provided an example for all who know her of heartfelt commitment. I have dedicated the second edition of this book to her. There is no person I love and admire more.

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Introduction

The Talmud, emphasizing the importance of each individual life, says, "If during the course of your own life, you have saved one life, it is as if you have saved all humankind." Few occupations give us the opportunity of participating in the saving of a life. The everyday life of the child welfare worker is concerned with just that—reclaiming a child for life.

Alfred Kadushin, *Child Welfare Services*

When we examine how a society cares for its children, especially its disadvantaged children, we are peering into the heart of a nation. The United States, the wealthiest country in the world, has more children living in poverty than any other industrialized nation. Millions of children wake up to dangerous neighborhoods, dilapidated and violent schools, impoverished and stressful homes, and futures void of opportunity. While poverty has essentially been eliminated for groups such as the elderly, it continues to blight the lives of millions of children with little change in the last several decades. Further, the country that pioneered strategies to prevent child abuse and now spends more money fighting it than do all other industrialized countries has the highest rate of child abuse in the world. In fact, more children are reported for child abuse and neglect in the United States than in all the other industrialized nations combined.

In our society we assign primary responsibility for the care and nurturing of children to the family. Collective responsibility for children is restricted to reclaiming children from situations where the family is unable to meet its obligation. This approach was adequate when most families were able to meet their children's needs. However, in the last several decades major social change has left large numbers of families unable to meet those needs. The TV family of the 1950s where father goes off to work while mother stays home and cares for the children has become less common while the single mother struggling to raise two, three, or more children on a minimum-wage job, without child care, health care, or the support of an extended family, has become more common. For the millions of children living in this latter family structure, poverty is the prevailing condition.

Impoverished families who are unable to meet the needs of their children are, in overwhelming numbers, looking to the child welfare system for

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help. Yet the child welfare system, which has been transformed in the last several decades into a child protection system directed toward investigating abuse and neglect, and removing children from families and placing them in foster care, is no longer prepared to assist in solving the problems of child poverty.

From its inception over a century ago the child welfare system has focused on the "residual" [1] group of children who were "left out" (the residue or leftovers of a productive society), that is, those who were orphaned, abandoned, neglected, or impoverished. In the early years of child welfare such children were cared for in orphanages and later in foster families. As long as the problem could be confined to a limited, identifiable group of children, services could be developed to meet their needs. In recent decades, economic and social demands have narrowed this definable group to such an extent that the residual approach no longer makes sense. Today, child welfare social workers no longer try to alleviate poverty and its impact but instead spend most of their time investigating reports of child abuse, and trying to rescue children from crises, when they should be working in a framework that will effectively prevent those crises.

Critics like to think that child welfare professionals are themselves the culprits. If only they could... well, do their job more effectively. But social workers are not miracle workers, and it is hard to imagine how they could do more, given their crushing caseloads and shrinking resources. Struggling daily to aid multitudes of children caught in a web of social disintegration, poverty, substance abuse, and despair, most are doing all that is humanly possible. Increasingly, child abuse regulations are placing these professionals in a position where they can do little more than conduct criminal abuse investigations—something for which most lack the training, aptitude, and authority.

The problem lies with the *residual* perspective that guides current understanding of what can be accomplished. This approach demands that aid should be invoked only after the family is in crisis and other support groups (kin, neighborhood) have failed to meet a child's minimal needs. In this perspective the child welfare agency becomes a kind of triage, a battle-front hospital where casualties are sorted and only the most seriously wounded receive attention. But because the damage to children is so great

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[1] Merriam-Webster's dictionary defines *residual* as "remainder" such as "of, relating to, or characteristic of a residue." The residual approach focuses on dealing with the residue separate from the whole of which it was a part. For example, *residual oil* is defined as "fuel oil that remains after the removal of valuable distillates (as gasoline) from petroleum." In the context of child welfare the "residual approach" examines the left over children separate from the larger society of which they are a part and which contributed to their circumstance.

by the time they enter the system, the number who survive and benefit is minimal. A growing proportion of children are being left to fend for themselves in an increasingly competitive high-technology market economy.

By every standard the residual perspective and the system it spawned have failed to make progress for children. Overall the residual model has not adapted to the major social and institutional changes that have occurred. In critical ways it lacks the instruments to effectively solve the problems confronting impoverished children today. While the residual approach may stave off the most brutal and horrific instances of abuse and poverty, it cannot return the millions of children who live in poverty to the economic and social mainstream.

It is significant to note that the situation children face is not tolerated in other areas of our society. For example, government is quick to provide the technology, infrastructure, and resources that businesses require to compete in the global economy. Entrepreneurs and investors routinely look to government to provide a suitable environment for their economic enterprises. Likewise, through Social Security and Medicare, senior citizens have seen poverty ended among their ranks.

In 2003 more than 13 million children live in poverty in the United States. This poverty is heavily concentrated among children of color. There are few federal programs which address this problem. Further, the few limited programs that deal with child poverty have not proven effective in reducing it. The current programs that deal with it are ill-conceived and outdated. The major barrier continues to be social policies and programs guided by a perspective that requires we wait until severe problems emerge before we act. However, when millions of children live in poverty, with no end in sight, we must begin looking for the root causes and solutions that will prevent disaster before it happens.

The current approach is that resources are allocated to society's less fortunate only when they can be identified. While such a residual approach may have been sufficient in the nineteenth and early twentieth centuries, it is not suited to the social conditions to which our society has evolved. What is needed are innovative and imaginative solutions that will address the problems poor and disadvantaged children face in a postindustrial market economy.

To the extent that the problems which children in poverty face are structural (i.e., induced by external socioeconomic forces and circumstances), they must be approached at that level. During the Great Depression, instead of viewing social problems as the product of the dysfunctional behavior of individuals, social reformers struggled to alter dysfunctional social structures. In the 1950s poverty was greatest among seniors. However, universal coverage of all seniors by way of Social Security and Medicare has dra-

matically reduced poverty among the elderly. Today rates of poverty among the elderly are among the lowest of all groups.

In the same way, if there is to be any hope of developing workable solutions to child poverty, the child welfare system must begin looking to the wider social and economic problems which families face. We must begin looking for long-term solutions that can be as effective at addressing child poverty as Social Security and Medicaid have been in addressing senior poverty.

The problems that confront the public child welfare system are not insurmountable. Children in poverty can be helped. Their safety and opportunity can be significantly improved. The high rates of poverty that have persisted among them for decades can be substantially reduced. All of this is possible given strategies that account for new realities. The government of the United Kingdom has committed to reducing child poverty by 50 percent in the next ten years and ending child poverty within the next 20 years. They have embarked on major reform to achieve this goal.

Organization of the Second Edition

The second edition of *The Welfare of Children* takes into account two major changes since the publication of the first edition in 1994—one legislative and the other technological. First, the welfare reform legislation of 1996 has fundamentally altered the public child welfare system as broadly understood. The implications of this reform are examined. Second, the internet has emerged as a major source of information on child welfare programs at both the state and federal levels. Throughout the text I provide links to these web based resources. Further, supplementary and updated materials found in the book are now made available at the book's Web site at www.childwelfare.com/book. This allows for continual and periodic updating of the statistics and other material found in the second edition.

Some material only tangential to the thesis has been shortened or removed, while other material more central to the thesis has been expanded for clarification or emphasis. As well, the order of argument has been slightly restructured. Of course, statistical data have been updated while other material and points of view that either had not yet appeared ten years ago or that I was not aware of have been included.

As before, this book is divided into two parts. Part I (chapters 2–7) provides a history of the child welfare system, examining specifically the residual model, which is the form collective responsibility for children has taken from the time the field emerged around 1850, until now. I analyze changes in our society and in the practice of child welfare that have led to

the problems we now face. I also provide an overview of what researchers have learned about the effectiveness of child welfare programs. Only when we understand the knowledge base that informs current child welfare practices are we ready to examine their limitations and look toward long-term solutions. Overall, part I seeks to provide the necessary foundation for understanding and critically assessing the public child welfare system and to develop broad new policy initiatives.

Chapter 1 reviews the first century of development in child welfare (roughly 1850 to 1960) which ended, after World War II, with a renewed commitment to child welfare research and to the development of institutions to support that research.

Chapter 2 examines research on the effectiveness of casework—the main approach used by child welfare social workers to serve their clients.

Chapter 3 examines research aimed at improving the effectiveness of the public child welfare agency. Since the 1970s there have been several major child welfare demonstration programs which paved the way for comprehensive reform of child welfare services. We review these studies.

Chapter 4 examines how the child welfare system has adapted to the changing conditions of American families. After World War II mothers began a long steady entry back into the labor force that would continue for the next half century. Increasingly, women with preschool children were expected to work outside the home. Although education (and thus child care) was provided for children ages six to eighteen, very little was available for children under six. The failure to provide universal day care placed increasing demands on the mothers of these children.

Chapter 5 explores the transformation of the public child welfare system into a child protection system. In 1962, in the *Journal of the American Medical Association* C. Henry Kempe and his colleagues reported on hundreds of children under three years of age who had been "battered," and whose broken bones or cranial injuries could not be adequately or consistently explained. The dramatic image of infants being battered horrified the public. Child protection advocates passed mandatory child abuse reporting laws, with the result that annual child abuse reports have risen in the United States from 10,000 in 1962 to more than 3 and a quarter million in 2002. In the ensuing decades, the child welfare system has been redirected from aiding disadvantaged children to investigating child abuse reports.

Critical to the functioning of the child welfare system is the process of decision-making. Which children should be removed from their families and placed in foster care? When should they be removed? These questions are central to effective decision-making of the child welfare system. What process is used to make these decisions? How precise is our knowledge which guides this decision-making by social workers? As will be seen in

chapter 6 these critical decisions are rarely made with scientific precision and accuracy.

Chapter 7 questions the soundness of child abuse remaining the principal focus of decision-making. I describe how efforts to protect children from alleged physical and sexual assault have absorbed virtually all the resources of the child welfare system. I argue that the proper place for the investigation and prosecution of physical and sexual assault of children is with the police and judicial system. If the police were to play their appropriate role, the child welfare system could return to its original mandate—serving disadvantaged and deprived children. Child welfare social workers lack the investigative training and coercive authority required to deal with the physical and sexual assault of children. Placing responsibility for protection from abuse with child welfare mires the profession in a morass it cannot solve.

Part II (chapters 8-12) points the way toward long-term solutions for child welfare based upon the needs of children in an advanced global economy in the postindustrial society. This section reviews the major programs and policies that affect children, and explores structural approaches and investments in our social infrastructure that may help to break the cycle of child poverty, neglect, and abuse. It attempts to identify those child welfare problems that are best treated through a structural approach, while redefining and clarifying those services that must continue to be addressed through a residual approach.

Chapter 8 analyzes the distribution of resources in the U.S. and other industrialized market economies, identifying those economic and social assumptions that drive our free market system. How much wealth and income is produced? How are these distributed? How much goes to children, especially children in poverty? With what consequences?

Chapter 9 explores the root causes of many child welfare problems. When young people start a family before they have the resources and maturity to be self supporting they are forced to rely on welfare. For most, the consequence will be a life of poverty and despair. How much of this is part of a larger cycle of poverty stemming from the lack of opportunity for poor children? I examine the development of the welfare system and the criticisms made of it. I suggest approaches that I believe could lead us out of the woods of the too long unresolved welfare debate.

Chapter 10 examines the effects of the most important event affecting poor children in the last several decades—welfare reform of 1996. It is now possible to examine the consequences of this reform for children. Proponents of the reform herald the dramatic drop in the welfare caseload. In most states, the number of children receiving welfare has been cut in half. Several states have achieved a more than three-quarters reduction. What

has been the consequence of this dramatic end of welfare as we know it? In this chapter I examine the economic circumstance of poor children post welfare reform.

Chapter 11 examines social policy initiatives and programs designed to alter the current structural arrangements responsible for the condition of poor children. If the families served by child welfare agencies suffer from severe economic hardship, and this hardship is a factor that contributes to the problems child welfare is attempting to solve, social and economic policy changes that address this hardship should be pursued. Further, solutions to these problems do not necessarily require more money as much as rethinking and redesigning policies and programs that have proven ineffective and out of date. For example, children suffer because of an ineffective and obsolete court administered child support collection system. They also suffer because of inequities in the form of the children's allowance program developed in the United States. I review these programs and suggest needed reforms.

Chapter 12 proposes a "social savings" approach that would break the continuing "cycle of poverty" among children. This is essentially the same approach that was used to end poverty among the elderly. In 2003, Britain implemented a Child Trust Fund that uses this approach. No doubt the Child Future Savings Account proposal has limitations, but it suggests the kinds of strategies, within a broader structural understanding of child welfare, that might solve the problems children face. Ending child poverty will take more than providing immediate relief of hardship. Long-term solutions designed to break the cycle of poverty are required.

The closing chapter brings the arguments together and presents a summary of the analysis and a discussion of future directions.

While part II speaks to the current state of affairs in the American child welfare system, it nevertheless rests upon a conceptual foundation established by part I. Understanding the history of child welfare informs the discussion of long-term solutions I believe are necessary and suitable for the problems we face in the twenty-first century. If you are not interested in the historical development of the child welfare system, but would like to examine various approaches designed to ameliorate child poverty, begin with part II. Later, if interest leads you, return to part I.

The child welfare system we know today emerged in its current form during the 1850s. Chapter 1 begins the story.

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Part I

The Child Welfare System

The maltreatment syndrome of children is an intolerable disease and can be eradicated through definite measures and through cooperative integrated efforts by the medical, social and legal disciplines of our society.

V. J. Fontana and D. J. Besharov, *The Maltreated Child*

Child welfare has historically responded to the needs of dependent and neglected children with common sense, energy, and practicality and has been motivated by a sense of moral responsibility and compassion, like the charity movement that preceded it. Lacking a tradition of scientific research, help relied on good intentions and high moral purpose. This approach was satisfactory for only so long in an age of research and science. My interest in part I is to examine what is known from research in the field of child welfare. Has a credible and serviceable knowledge base developed that would permit building an effective child welfare service system?

The Medical Model

There are certain historical and present-day parallels between the child welfare and the medical professions. Prior to the late 1800s, the medical profession was essentially nonscientific. Medical practice was transformed into a respected profession because of the development of scientific knowledge and technology for the treatment of medical problems. Physicians were authorized to prescribe treatment regimens based on their professional judgment as to what would work for a given patient with a particular set of problems (Starr, 1982).

In the second half of the nineteenth century, major advances in medicine occurred. Understanding of human physiology, the autonomic nervous system, the cardiovascular system, and other major components of the human anatomy and organism was greatly advanced. Procedures for surgery were also advanced.

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The contribution of Joseph Lister provides an illustration. Before Lister's research, people feared surgery—and for good reason—since many didn't survive. The simplest surgery could lead to infection and often death. In fact, death after surgery ranged as high as 50 percent. The research by Louis Pasteur set the stage for Lister's work by focusing on bacteria. After Pasteur discovered that bacteria caused fermentation, Lister discovered that fermentation of pus was also due to germs (bacteria). At first, Lister used carbolic acid spray to kill the bacteria in the air. However, Lister soon realized that the surgeon's hands and medical instruments were principally responsible for carrying bacteria. To prevent the spread of bacteria, Lister urged the use of antiseptics to kill germs on the surgeon's hands and instruments. He demonstrated that following this approach greatly reduced the likelihood of deaths after surgery. In 1880, Lister introduced the use of "catgut gloves" as an additional way to reduce the transmission of bacteria. Mortality after major surgery fell from as high as 50 percent to 5 percent, largely as a result of the application of antiseptics advanced by Lister.

Where is the child welfare field in the development of a scientifically validated knowledge base? Part I examines the current state of knowledge development in the child welfare field. As with medicine, so it is possible in child welfare to develop empirically tested and measured programs and intervention strategies, a scientific discipline and profession that would allow for better service to children and families in need (Desowitz, 1987; Lindblom and Cohen, 1979; Epstein, 1999). I examine the progress the child welfare field has made in this regard.

Taken as a whole part I provides the necessary understanding of the field and background information required to develop broad policy initiatives in the child welfare field. It is written for those who have an interest in understanding how the child welfare system emerged and why it has come to take the form it has. It provides an understanding of the problem that the solutions in part II address.

1

Emergence of the Modern Child Welfare System

Of Child-Birth. When labour proves tedious and difficult; to prevent inflammations, it will be proper to bleed...She should lose at least half a pound of blood from the arm. Her drink ought to be barley water sharpened with juice of lemon.

<div align="right">

William Buchan, M.D., *Domestic Medicine*

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Prior to the mid-nineteenth century the practice of medicine was essentially nonscientific, which is to say that the causes of most medical problems were unknown. It was not until the last half of the nineteenth century that germs, viruses, and the host of genetic and functional causes of illness were discovered. Even the mechanisms associated with obvious traumas were known only in a very gross way: "broken bones heal correctly only if reset properly and immobilized." The medical profession was, by and large, restricted to minor symptomatic treatment where that was possible, and palliative "supportive therapy" that consisted primarily of comforting and giving hope. Seriously ill people went to the hospital, such as it was, to die. The beds were arranged so the patients could see the altar and join in the celebration of daily mass. Instead of nurses, the hospital staff was comprised of nuns. The staff administered medicine made from herbs gathered from the wild or cultivated in the convent gardens to relieve the suffering of the patients in their final days.

Given this state of medical development, it was not surprising that even mild illnesses and injuries could prove fatal, especially among the poor. A fall from a roof, resulting only in broken bones, could mean death a few days later. A minor flesh wound in war often festered into an injury that took the soldier's life. What today might be regarded as a routine complication of child birth frequently carried away the mother. A mild flu or cold could escalate into a fever that within hours or days consumed the patient.

Throughout the nineteenth century, and as late as the first decades of the twentieth century, large numbers of children lost their parents in just this fashion, and so became wards of the state. In 1920, more than 750,000 orphaned children—children whose parents had died—could be found in the United States, a number that would decline to less than 2,000 fifty years later. Until the mid-nineteenth century, provision for the welfare of orphaned or abandoned children took the form of institutional custodial care. Children were lodged, as had been the practice since the seventeenth century in Europe, in infirmaries and almshouses (poorhouses) alongside the aged, infirm, and insane. The conditions under which young orphan children were condemned to live were often appalling:

> In no less than three different infirmaries, we found little boys confined, for constraint or punishment, with the insane. In one instance, a little deaf and dumb boy was locked in a cell, in the insane department, opposite a cell in which a violently insane woman was confined. This woman had been casting her own filth, through the shattered panels of her door, at this little boy, the door of whose cell was all bespattered. He was crying bitterly, and, on being released, made signs indicating that he was very hungry. He was locked here to prevent him from running off. This little boy is something over 10 years of age. His father was killed in the war of the rebellion; his mother is an inmate of a lunatic asylum. He (the boy) is of sound body and mind. (*Children in Ohio Infirmaries*, 1867, Albert G. Byers, Secretary of Ohio Board of State Charities, p. 249)

> Last spring I was much attracted by a little girl in the poorhouse, three years old, whose parents were respectable people. The father had been drowned, the mother had an arm so wasted by rheumatism that she was unable to support herself and child. Notwithstanding the painful surroundings, she being one of three respectable women in a room otherwise filled with women of bad character, the love of the mother and child, the one so tender and patient, the other so clinging and affectionate, brought a redeeming flood of light into the darkened room. Shortly after, the mother died. Last autumn I saw the little girl. In the interval she had changed to stone. Not a smile nor a word could be drawn from her. The bright look had faded utterly. She was now under the care of the old pauper-woman. I had known this old woman for more than a year, and ought not therefore to have been surprised at the change in little Mary, and yet I did not recognize the child at first. I could not believe such a change possible. . . . A member of our Committee on Children, Mr. Charles L. Brace, when informed of the condition of these children, offered, as Secretary of the Children's Aid Society, to take all these children, including the little babies, free of charge, and provide them with [foster] homes in the West. But the superintendents declined this offer. They

wished the children to remain in the county, where, as they said, they could see them themselves, look after them, know what became of them. Alas! we know only too well what becomes of children who live and grow up in the poorhouse. (*Children in Westchester County Poorhouse*, New York, 1872, Miss Schuyler, State Charities Aid Association, First Annual Report, 1873, p. 251)

Investigations and exposés of the conditions of almshouses gave rise to a reform movement to place children in more humane surroundings, such as children's orphanages, large custodial institutions that provided food and shelter to sometimes hundreds of children of all ages in a single building. Although expensive to operate, they nevertheless removed children from the abuse, neglect, and despair of the poor houses, and placed them in an environment where their needs could be more adequately addressed. Many children entered the orphanage as infants and left as young adults. Although orphanages were regarded as cold, people-processing institutions lacking the warmth and loving care of a family, they continued to proliferate throughout the 1800s, until by the end of the nineteenth century they housed probably in excess of 100,000 children.[1]

Invention of Foster Care

In New York in 1853, Charles Loring Brace, a young Yale-educated theologian, believed a better way could be found to provide for the children and youth wandering the streets of New York City. As an alternative to life in large custodial institutions such as orphanages and almshouses, Brace founded the Children's Aid Society and developed the "placing-out system" (or foster care) in which orphaned and abandoned children from New York were sent to farm homes in Ohio, Michigan, Illinois, and Indiana (Brace, 1859). The children were sent in groups of about a hundred to designated locations where farmers and their families would gather to receive them. Between 1853 and 1890 the Children's Aid Society alone placed more than 92,000 children from the almshouses, orphanages, and slums of New York City to family farms in the Midwest (Leiby, 1978).

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[1] In 1882, Hastings Hart presented a census of public institutions for children (Bruno, 1957: 69). According to Hart the total number of children in public and private institutions was 100,000. There were 74,000 children in orphanages; 15,000 were in reformatories, 5,000 in institutions for the feebleminded, 4,500 in institutions for the deaf, and 1,500 in institutions for the blind.

Brace argued that placing children not only provided farm families with needed labor, it gave the children wholesome work and a caring family. Placement represented more than just care and provision of orphaned and abandoned children; it was an avenue of upward mobility and a way for the children to escape poverty. "The very constitution, too, of an agricultural and democratic community favors the probability of a poor child's succeeding. When placed in a farmer's family, [the child] grows up as one of their number, and shares in all the social influences of the class. The peculiar temptations to which he has been subject—such, for instance, as stealing and vagrancy—are reduced to a minimum; his self-respect is raised, and the chances of success held out to a laborer in this country, with the influence of school and religion soon raise him far above the class from which he sprang" (Brace, 1880).

Brace's experiment was favorably received by many people concerned with the problem of orphaned children, and soon became widely used. By the turn of the century the emerging "system" of child welfare consisted not only of numerous large custodial orphanages, but of many foster care agencies that sought to place[2] orphaned and abandoned children out with farm families.[3]

Challenges to Brace

Those who operated orphanages were, not surprisingly, critical of the placing-out system. Was foster care, they asked, really an improvement over an orphanage? Custodial institutions offered professional attention to the needs of the children, which foster families, lacking the training, could not provide. Children placed in orphanages were not dispersed all over the country where their care could not be supervised. The proponents of institutional care were concerned that children placed out in foster homes were too often regarded by their caretakers as indentured servants or even slaves. And, no doubt, some farm families certainly exploited their foster children for their labor.

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[2] In 1891, J. J. Kelso developed the "placing out" approach in Canada and founded the Toronto Children's Aid Society. Kelso has been viewed as the chief architect of Ontario's, and to a lesser extent, Canada's child welfare system (Bellamy and Irving, 1986; Jones and Rutman, 1981).
[3] Preceding the development of family foster care was the policy of sending vagrant and homeless street children from Britain to colonies around the world.

On the other side, foster care advocates argued that placing out provided a nonrestrictive family home environment in which the children might receive love and care in a manner not found in orphanages. Such arguments were, of course, based not on empirical research but on commonsense views of what was best for children. While Brace received support from New York City officials who facilitated his efforts by pointing to the decline in the number of juveniles arrested—from 5,880 in 1860 to 1,666 in 1876—others voiced concern about where the juveniles were ending up. In 1879, at a national conference on social work, Albert G. Byers of Ohio claimed that Brace simply dumped carloads of delinquents in the Midwest without concern for the welfare of either the children or the states receiving them. John Early of Indiana echoed Byers's concern and declared that many of the children sent from New York ended up in state penitentiaries. Every placed out child from New York that he knew about, with the exception of one, Early said, had gone "to the bad." In 1882, at a national social work conference, a delegate from North Carolina claimed that the farmers receiving the children used them as slaves.

In 1876, stung by accusations by the New York Prison Association that Midwestern prisons were filled with former wards of his placing-out system, Brace sponsored a series of studies to investigate the allegations. He assigned investigators to visit prisons and reformatories in Illinois, Indiana, and Michigan. In 1894, after several years of tracking down and interviewing thousands of people who had been involved in the placing-out experiment, he was able to proclaim, "It was found that in Michigan and Illinois, where 10,000 children had been sent for foster care placement, not a single boy or girl could be found in all their prisons and reformatories!" (Brace, 1894: 348).

In 1894, Hastings Hart, secretary of the Minnesota State Board of Charities, examined the fates of 340 children sent from New York in the previous three years. According to Hart, more than 58 percent of the children either turned out badly or could not be located. Hart found that a few seriously delinquent children had been placed, perhaps without the knowledge of the Children's Aid Society, but placed nonetheless. In addition, Hart found that many children had been hastily placed without adequate supervision to ensure their protection. Hart concluded his study with recommendations that would prevent the placing out of dangerous children and ensure the proper protection of all children once they were placed.

Brace responded to these criticisms by improving the procedures used to place children. However, it was long after Brace's death before the Children's Aid Society implemented procedures to ensure supervision of chil-

dren placed out in distant farm homes. What eventually distinguished foster care, as initiated by Brace and Kelso, from indentured servitude, was that the children were placed in homes where a Children's Aid Society caseworker had conducted a "home study" to make sure the family would provide a suitable home for the child placed in their care. In addition, the Children's Aid Society periodically reviewed the homes where the children were placed to monitor their progress. If children were exploited or mistreated, they would, at least in theory, be removed and placed in another, more suitable home.

The Early Studies of Foster Care

Although questions on the placing-out system lingered, no significant studies on the effectiveness of foster care versus institutional care, or for that matter any aspect of the emerging child welfare "system," were undertaken for some 25 years following publication of the last Brace-sponsored studies (Wolins and Piliavin, 1964). Then, in 1924, Theis published a study entitled, *How Foster Children Turn Out,* which examined a sample of 797 children who at one time had been placed in foster care. After interviewing two-thirds of the children Theis concluded that "of those whose present situation is known 77.2 percent are 'capable' persons, individuals able to manage their affairs with average good sense and who live in accordance with good standards in their communities" (p. 161). In other words, foster care, Theis concluded, did not prevent children from becoming responsible members of the community.

An immediate criticism of Theis's study, one reflected in the foreword by Holmer Folks, was that it lacked a comparison group of children in institutional care. In 1930, Trotzkey rectified this in a study that included a sample of 1,214 foster children and a comparison group of 2,532 children in institutional care. Trotzkey examined the physical and psychological development of the children and concluded that "both types of care are doing good work and are needed." Trotzkey argued against the critics of institutional care and suggested that to abolish institutions would result in "a distinct and irreparable loss both to the child and the community" (Trotzkey, 1930: 107).

Following the studies by Theis and Trotzkey, no other significant research on foster care would be attempted until the early 1950s when a consistent effort at conducting research in child welfare would emerge. To guide the research efforts the child welfare field would need to develop a

consensus on its purpose and domain. Once a definition was agreed upon, practitioners and researchers could begin developing the necessary scientifically tested knowledge base required for professional practice and effective services.

The Redirection of Foster Care: Not Just for Orphans

As the new century neared, and the number of orphans declined, foster care began to be directed toward children whose mothers were viewed as being unable to properly provide for them. Clements, who examined the history of children in foster care in late-nineteenth-century Philadelphia, found that most came from families who were either "too poor or too vicious" to care for them. The children were removed from impoverished lone mothers and placed in "good Christian homes" in the country, which were viewed as providing a clean wholesome environment far removed from the deleterious influences of the urban squalor they came from. The children were returned home only when the mother was able to demonstrate she had the economic resources to properly care for the child (Clement, 1978; Gordon, 1988). Costin (1992: 191) cites a letter from the period (1916) that indicates the patronizing and authoritative attitudes of child welfare workers:

Dear Sir,

During the last week we have heard from several neighbors and numerous friends of yours that you have been drinking a great deal. We also heard that you are partly to blame for your wife's recent conduct [due to your alcoholism]. We urge you to stop drinking, as we are seriously thinking that the home environment is not what it should be for the children.

We hope you will give us no further opportunity to warn and reprimand you.

Very truly yours,
The Associated Charities

Thus, as the number of orphans declined, foster care would come to serve primarily children whose mothers were viewed as being unable to provide for them. It should be noted that the primary concern was not to assist the mothers, but to aid the children. The bias throughout North

America during this period derived from the Puritan tradition that viewed the poor and unemployed as "lazy" and "undeserving" (Sinanoglu, 1981), while mothers of children born out of wedlock were "sinful." Thus, the children placed in foster homes were being rescued by the early social reformers from an immoral and unhealthy environment and placed where clean air, middle-class values, and strong religious guidance were believed to be abundant.[4]

Early Residual Approach to Child Welfare

It is important to note that from the beginning the problem of orphaned and abandoned children was viewed from a *residual perspective*.[5] Without family or resources, abandoned or orphaned children constituted the social "leftovers" (or residual children) who had fallen beyond the economic and social pale. That this may have happened through no fault of their own was of no consequence. They were to be provided for, if at all, as inexpensively and conveniently as possible, enough to satisfy the social conscience but no more. At best, child welfare services were viewed as a grudging handout. As Kadushin and Martin (1988: 673) noted, "In general, arrangements to provide institutional care for children were made for the convenience of the community, not out of the concern for the individual child. Provision of minimal care in the cheapest way was considered adequate care."

Within this residual perspective, numerous internal debates would arise. One question that arose early on was this: which was better, foster care or life in an orphanage? (Barth, 2002; McKenzie, 1999; Wolins and Piliavin, 1964). Later, when the number of orphans and orphanages declined, and foster care emerged as the dominant choice of child welfare intervention,

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[4]The effort to rescue children from "unsuitable" conditions also characterized the wave of child exports from England during the same period (roughly 1850 to 1950). Altogether about 150,000 homeless and wayward youth were gathered up in urban centers of England and sent to rural farm outposts in Canada, the United States, South Africa, and Australia (Bean and Melville, 1989).

[5] The residual perspective regards state intervention as a measure of last resort to be used only after the resources of the family, kinship network, and neighborhood have been exhausted (Wilensky and Lebeaux, 1965). The residual approach holds that individuals who need help should look first to their family and kinship networks and then to their friends and immediate community. Only if all these sources of support fail should the individual turn to the wider society (government) for help. When the government does help, the residual approach suggests it should be minimal, time-limited, and confined to highly selective forms of help directed to specific categories of need.

the questions would become: How effective is foster care? How and when should it be used? How can children be kept out of it? As we shall see, such questions would guide the direction of research in the field for the next century. However, the underlying premise that neglected, abandoned, and orphaned children were a social problem to be dealt with in a residual fashion would continue unexamined.

The Children's Bureau—The Beginning of a System

[The purpose of the Bureau was to investigate and report] upon all matters pertaining to the welfare of children and child life among all classes of our people. [It was charged to investigate] infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, and legislation affecting children.
Dorothy Bradbury and Martha Eliot, *History of the Children's Bureau*

By the turn of the century child welfare had begun shifting from institutional care and placing out of children to a broader definition of what child welfare should involve. The Children's Bureau, established in 1912, was heralded, along with the establishment of the juvenile court, as a major achievement of the Progressive Era. A federal agency, it was responsible for research and dissemination of information about children. In its early years it focused on infant mortality, maternal and child health, child labor, and the promotion of mothers' pensions.

Infant Mortality

In 1900, almost one in five children did not live to the end of the first year. In fact, many children died during birth, and it was not uncommon for the mother to die also, especially if she was poor and the birth was difficult or complicated in any way. Those children who survived were confronted with other threats: pneumonia, diarrhea, cholera, bacterial infections, diphtheria, measles, convulsions, and more. Most deaths were preventable and largely the result of poverty and unsanitary conditions.

After studying the problem of infant mortality and identifying its causes, the bureau mounted a national campaign advocating sanitary conditions, improvements in well-baby care, prenatal check-ups, and higher standards for milk. Mothers were warned of the dangers of raw milk and informed of the value of breast-feeding. The bureau's efforts brought dramatic success, and a rapid decline in infant mortality continued for the next several decades.
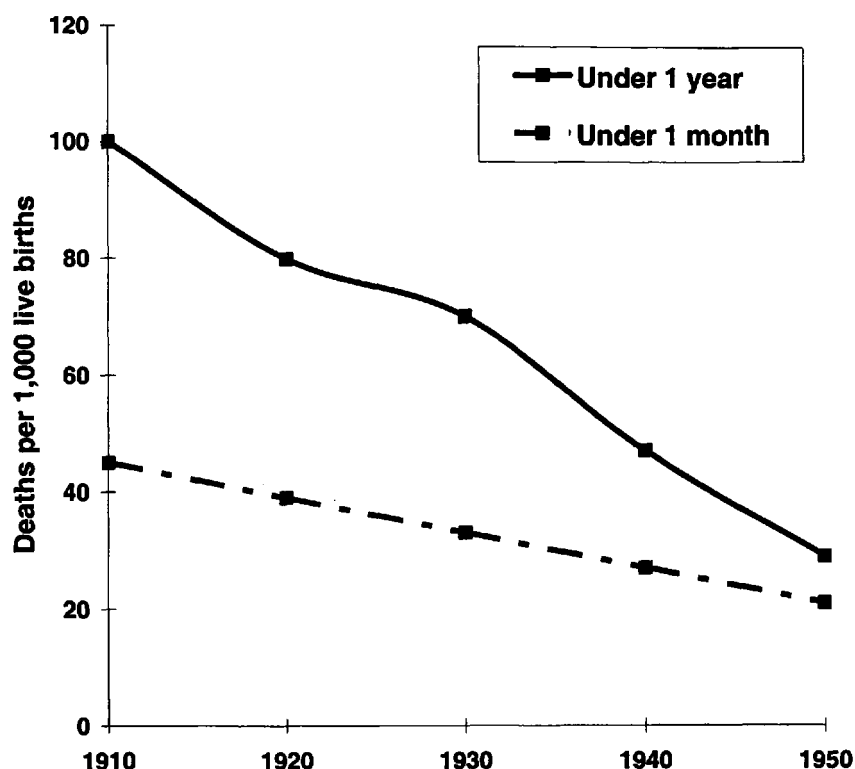
Figure 1.1 Infant Mortality in the United States, 1915—1950

Without question, the efforts of the Children's Bureau resulted in dramatic improvements in the general health of all children. The efforts begun more than 75 years ago continue to impact the lives of children. Today, the rate of maternal and infant mortality is one-fifth what it was when the bureau began (see figure 1.1). Through the bureau's efforts federal legislation to protect the health of mothers and infants was enacted calling for the availability of public health nurses, hospital and medical care for mothers and infants, instruction in hygiene, and centers for advising mothers on child health and development issues. The legislation, passed in 1921 and known as the Sheppard-Towner Bill, provided for federal grants-in-aid to the states to implement its provisions. Regrettably, the bill was repealed seven years later as being too intrusive into affairs of the family.

Child Labor

> Through the eyes of the Bureau, the United States began to see the long pro-
> cession of her toiling children—grimy, dirty boy workers in mines picking
> slate from coal, small children working far into the night in tenement homes
> on garments or artificial flowers, where home was a workshop; groups of
> small children toiling in fields under a hot summer sun setting onions, picking
> cotton, topping beets; children picking shrimp and working in canneries;
> youngsters working at machines in factories.
>
>   Dorothy Bradbury and Martha Eliot, *History of the Children's Bureau*

In addition, the Children's Bureau organized research and investigations of
the exploitation of children in the labor market. At the turn of the century
children could be found working in the coal mines of Kentucky and Ten-
nessee, in the factories of the industrial states, and in agriculture in virtu-
ally every state. Early reform efforts brought attention to the exploitation of
children for their labor and led to legislation at both the federal and state
levels limiting child labor.[6] Overall, as a result of the efforts of the Chil-
dren's Bureau and the leadership of Julia Lathrop, Edith and Grace Abbot,
and others, the exploitation of children for their labor was substantially
reduced.

Mother's Pensions—The First Family Preservation Movement

> The power to maintain a decent family living standard is a primary essential in
> child welfare.
>
>   Julia Lathrop

In the 1890s concern had focused on protecting children from cruelty and
neglect at the hands of their parents. In the Progressive Era of the early
twentieth century this concern was challenged by a family preservation
movement critical of the large number of children who were ending up in
institutions and foster homes. At a 1909 White House Conference on Chil-
dren a consensus was reached that children should never be removed from
their parents "for reasons of poverty." Mary Richmond (1901) argued that
"the cry of 'Save the children' must be superseded by the new cry 'Save
the Family,' for we cannot save one without the other." Virtually all the
families served by the early "child-savers" had been impoverished widows
or mothers raising children by themselves. For the first time, the customary

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[6] Of course, the mechanization of the modern farm and the resulting decline in demand for
child labor was also responsible for progress against the exploitation of children for their
labor.

view that indolence or lack of character resulted in poverty was being challenged by social workers.

The child welfare system must, according to social workers, focus on keeping families together and preventing the problems that lone mothers faced. In 1899, the Committee on Neglected and Dependent Children urged the importance of family preservation:

> Do not be in a hurry to send the children to an institution until you are convinced of the hopelessness of preserving the home. Remember that, when the home is broken up, even temporarily, it is no easy task to bring it together again, and that a few dollars of private charity, a friendly visit, a kind word and a helping hand will lift up the courage of the deserving poor; and this is half the battle, because discouragement begets carelessness. (*Report of the Committee on Neglected and Dependent Children.* Proceedings of the 26th National Conference on Charities and Corrections.)

The general child protection attitude that "if child rescue is the object, stick to that and that alone" began giving way to the view that protecting children meant trying to preserve the fragile family unit of the poor mother and her children. Central to preserving the family was the view that poor mothers needed public aid so that they could avoid the conditions that would lead to removal of their children. In 1911, Illinois became the first state to provide aid to dependent children in their own homes through a program of mothers' pensions.

In 1914, the Children's Bureau joined the effort to promote mothers' pension programs with the first of a series of studies demonstrating the value of this approach. The studies included research on the use of mothers' pensions in Denmark, New Zealand, and several of the states. Within the next two years virtually all states were considering mothers' pension schemes to provide aid to dependent children. By 1920, mothers' pension programs had been enacted in 40 states. They became the major mechanism for ensuring that poor mothers could keep their children and preserve their families. In 1921, more than 45,000 families with 120,000 children were receiving assistance through such programs, which would become the precursor of Aid to Dependent Children enacted in 1935 as part of the Social Security Act.

AFDC (Welfare) and Child Welfare

During the Great Depression social welfare became an institutionalized function of government, with the Social Security Act forming the foundation of the modern welfare state in America. Provisions of the act provided

income protection (or welfare) not only for the elderly (Old Age Assistance) and the disabled (Aid to the Permanently and Totally Disabled [APTD]), but also families headed by mothers (Aid to Dependent Children [ADC] and later Aid to Families with Dependent Children [AFDC]). The Social Security Act also provided federal support for foster care (through Title IV) for poor families. Despite this shared goal, the administration and control of income protection programs (AFDC and later TANF) remained separate from the child welfare system, including foster care.[7]

The Modern Child Welfare System

By the 1950s the modern child welfare system began to emerge as a major public institution, with child welfare agencies becoming professional state agencies providing foster care and an assortment of other services.[8] In 1956, the Children's Bureau reported that 5,628 staff were employed in public child welfare agencies (Low, 1958). Six states had more than 200 child welfare workers, while only eight states had less than 25 staff. During the 1950s thirty-five states and the District of Columbia passed their first legislation giving local public welfare agencies responsibility for child welfare services. Within the next decade the staff of public child welfare agencies in the United States nearly tripled (see figure 1.2). By 1977, the professional employees in state and local child welfare agencies had doubled again to more than 30,000. Further, child welfare agencies were separate from public welfare agencies, a circumstance that added to the popular support and professional prestige of the child welfare system.

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[7] In the first edition of his classic textbook on child welfare Kadushin (1967) devoted his longest chapter to the AFDC program. Steiner (1976) posits that since its emergence as a profession child welfare sought to disassociate itself from public assistance, even though these programs accounted for most of the assistance to poor children. Roberts (2002) points out that, "in an attempt to secure bipartisan support for government spending on poor children, liberals such as Senator Walter Mondale abandoned their focus on poverty's harm to children." Nelson (1984) writes, "This was part of a conscious strategy to dissociate efforts against abuse from unpopular poverty programs. The purpose was to describe abuse as an all-American affliction, not one found solely among low-income people."

[8] Foster care has historically been the major expenditure for child welfare agencies. In 1956, 72 percent of total spending for child welfare services by state and local agencies in the United States went for foster care payments (Low, 1958). Analyzing the annual reports of the Ministry of Human Resources in British Columbia between 1978 to 1981, Callahan reported "that funds for 8,700 children in care demanded at least 65 percent of the budget while preventive programs including day care, rehabilitation, special services, and homemakers for 25,000 children received the remaining 35 percent" (1985: 23).
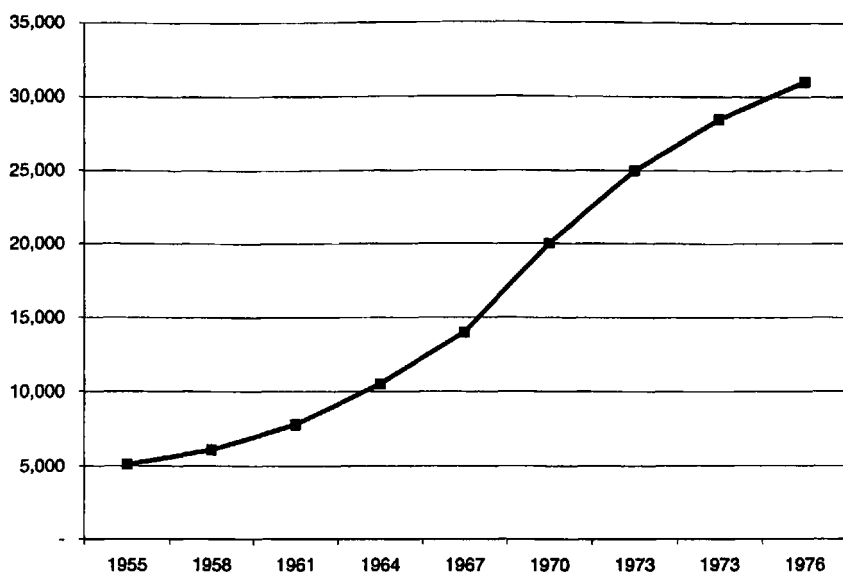
Figure 1.2 Full-time Professional Employees of Public Child Welfare Agencies, 1955 to 1976

As early as 1934 professional organizations had attempted to define the focus of the child welfare field. By 1957, Hagan could write: "Child welfare in social work deals with the problems of the child that result when the needs which parents are ordinarily expected to meet are either unmet or inadequately met." The Child Welfare League of America's (1959) task force on defining child welfare services echoed Hagan's definition. Neither group mentioned child abuse but focused on the needs of disadvantaged children.

Deficit Model

In 1967, Alfred Kadushin, one of the great theorists in the field, published *Child Welfare Services,* his seminal textbook on child welfare. His work, which reflected an encyclopedic knowledge of the research in child welfare at the time, expanded and elaborated on the definition of child welfare proposed by other professionals. It would determine the direction of child wel-

fare for the next three decades. To Kadushin, the child welfare system existed within the traditional residual orientation:

> The approach suggesting that child welfare services are responsible primarily in those situations in which the usual normative social provisions are failing to meet the child's needs adequately is generally called a residual or minimalist orientation to social services. A residual orientation may leave the child without protection until such harm has been done since it is essentially crisis-oriented and reactive rather than proactive, remedial rather than preventive in approach. It is frequently termed a "deficit model," in that it is focused on family breakdown. The aim of this book is to describe the residually oriented activities that child welfare services actually do perform. (Kadushin and Martin, 1988: 7-8)[9]

Operating within the residual perspective, Kadushin maintained that child welfare social workers must look to and understand the parent/child relationship, because it was from problems in this relationship that the need for social work intervention arose. The child welfare system was:

> a network of public and voluntary agencies in social work practice that specialize in the prevention, amelioration, or remediation of social problems related to the functioning of the parent-child relationship through the development and provision of specific child welfare services: services to children in their own home, protective services, day care, homemaker service, foster family care, services to the unwed mother, adoption services, and institutional child care. (Kadushin and Martin, 1988: 24)

The Traditional Residual Model

According to Kadushin, child rearing was the responsibility of parents. He identified a number of role responsibilities that parents had in raising their

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[9] Kadushin and Martin (1988: 24) recognized that "the contrasting developmental orientation suggests that child welfare services are social utilities, like public schools, libraries, and parks" (see Wilensky and Lebeaux, 1958). Such services, then, should be made available to all children in all families and should be appropriately helpful to all. Child welfare services, rather than being only for the "poor, the troubled, the dependent, the deviant and the disturbed," should also be directed to "average people under ordinary circumstances" to meet "normal living needs" (Schorr, 1974; Kahn and Kamerman, 1975; Kahn, 1976). Nevertheless, Kadushin preferred the residual model.

children.[10] If all went minimally well in these responsibilities, there would be no need for state involvement. He also identified circumstances in which parents failed to fulfill their responsibilities, and which would require the intervention of public child welfare.[11] The child welfare system helped parents meet their responsibilities through the provision of supportive and supplementary services or, when that was not possible, by removing the children and providing substitute care. Kadushin viewed the child welfare system as a system designed to provide services that would assist parents in meeting their obligations to their children. He identified three levels of intervention to characterize the hierarchy of services that child welfare agencies provided:

- *Supportive.* Direct service programs, such as in-home counseling to help parents fulfill their parental responsibilities, were designed to strengthen and preserve the family.

- *Supplementary.* The provision of income assistance (TANF) or in-kind services, such as homemaker services and day care, would help parents carry out their parental role responsibilities.

- *Substitute.* If the parent was unable to meet the essential parental role responsibilities, even with the provision of supportive and supplementary services, services to temporarily replace (or substitute for) the biological parent, such as foster family care, group care, residential treatment and, when appropriate, adoption, would be provided.

Although the traditional model proposed a three-tier service approach, the residual perspective had the effect of ratcheting the system down so that foster care became the heart of child welfare. The residual model, especially in difficult economic times, required limiting services to the most serious cases. Over time the child welfare system became a crisis intervention service where only the most seriously harmed children received attention. The needs of families that did not require the child to be removed

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[10] The role responsibilities of the parent include providing (1) income (for food, shelter, clothes, etc.); (2) emotional security and love; (3) discipline; (4) protection from harm and danger; (5) education; and (6) socialization.

[11] Problems of role functioning are categorized by Kadushin as (1) parental role unoccupied, e.g., death of parent; (2) parental incapacity, e.g., serious illness, drug addiction; (3) parental role rejection, e.g., neglect or abandonment; (4) intrarole conflict, e.g., neither parent takes responsibility for care and discipline; (5) interrole conflict, e.g., competing demands prevent adequate care of child; (6) child incapacity, e.g., autism, epilepsy, brain injury; (7) deficiency of community resources, e.g., unemployment, economic depression.

would have to wait. Supportive services such as counseling and parent training were usually the first to be cut, while supplementary services such as day care never became a principal concern. Although Kadushin listed these in his textbook, in practice they were rarely provided by child welfare agencies.

During its early history the child welfare system was concerned primarily with supportive and substitute care services. Although originally viewed as central to child welfare, income maintenance programs (such as TANF and social assistance) are now viewed as outside the domain of child welfare (Steiner, 1976: 36–39). Although Kadushin, in his early formulations, was concerned with the importance of income security programs like TANF, he eventually came to view income security programs and issues of economic well-being as outside the scope of the child welfare social worker.[12] Income maintenance and child welfare are now provided by separate agencies and departments, with little formal connection between the two.

The residual perspective assumes that the troubles of those families served by the child welfare system derive from shortcomings in the parents (that is, a moral, psychological, physiological, or some other personal failing) that must be addressed through casework. As Martin (1985: 53) observes, "The residual perspective incorporates the psychological rationale. Underpinning this ideological set is the belief that our society offers opportunities for all families to provide for the physical, emotional, and social needs of their children and, consequently, that failure in these tasks is a failure of the parent(s) or possibly the family as a whole. Service intervention is thus focused on seeking change at the individual or family level." The child is seen as needing protection from these failings. Foster care emerged as the major tool the child welfare system uses to deal with parental and family problems. The agency removes the child and then watches and hopes that the family will sufficiently heal itself to take the child home again. Only occasionally are services provided to the parent.

As a result of the arguments put forth by Kadushin and other child welfare theorists the residual model was cemented into place as the underlying premise on which the entire edifice of traditional child welfare practice rested. During the formative years of the profession, it provided the framework and underlying assumptions for essentially all research that would occur. It shaped the questions to be asked. It narrowed the aspira-

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[12] This can be seen by Kadushin's treatment of AFDC in the first edition of his textbook (1967). Originally, Kadushin included a major chapter on AFDC. In the fourth edition (1988) this chapter was omitted.

tions and opportunities the child welfare system might have. The major textbooks in the field continue to advocate the residual approach (Kadushin and Martin, 1988; McGowan and Meezan, 1983). McGowan and Meezan (1983: 505) argue:

> We believe it is unrealistic to expect the child welfare field to expand its boundaries to the point where it could assume the responsibility of providing for the welfare of all children, and we would urge a renewed emphasis on its original function of providing services to children whose developmental needs cannot be fully met by their own families, even with the assistance of the community support services available to all families and children. In other words, we view child welfare as essentially a residual service system.

Why did Kadushin and his colleagues choose to define child welfare within a residual perspective? Its major advantage is that it allows the profession to *target* limited services to those most in need. In this sense, the residual perspective differentiated child welfare from other activities that were supportive of the general welfare of children, such as the Girl Scouts, Campfire Girls, and the Boy Scouts. Child welfare was directed toward disadvantaged or needy children. Thus, the choice of the residual perspective was, in large measure, pragmatic. There were many children who could benefit from publicly supported programs (Zeitz, 1964). If services were made available to all children, the amount available to any one child would be limited. Further, it was believed that disadvantaged children were more in need of the limited resources of child welfare than were others.

The choice of the residual perspective was also in keeping with a cherished belief in protecting the privacy of the family. Within this view, "the State should not interfere in the rearing of children unless it can be shown that the child is exposed to a serious risk of harm" (Archard, 1993: 122). The residual perspective conformed to this view. Involvement of agents of the public child welfare system was to be invoked only when the child was at risk of harm because of parental failures. As Goldstein, Freud, and Solnit (1979: 9) argue: "The child's need for safety within the confines of the family must be met by law through its recognition of family privacy as the barrier to state intrusion upon parental autonomy, a child's entitlement to autonomous parents, and privacy—are essential ingredients of 'family integrity.' " The decision of Kadushin and others in the child welfare field to stay with the residual perspective was in keeping with the history of the field. Yet, as we shall learn, this decision was to have profound consequences for the growth and development of the profession.

Development of Institutional Support for Research in Child Welfare

From the start of the century to the years immediately following World War II child welfare social workers had been working to establish themselves as "professionals" responsible for the organization and management of child-serving institutions (both foster and institutional care). Their efforts, as we have seen, were mainly organizational. The charity movement provided its own motive and rationale for child welfare staff in the early period. Limited scientific research had been undertaken to justify or guide their actions. Following World War II this came to be regarded as a great lack, since, with the impetus and prestige given science and technology by the war, a coherent scientific knowledge base was something increasingly necessary for any group wanting to regard itself as "professional" and "scientific."

One reason for the dearth of research in child welfare is that before 1948 no professional journal that might attract research existed. In that year, the Child Welfare League changed its *Bulletin*, which until that time had been essentially a newsletter discussing professional matters, into a professional journal entitled *Child Welfare*. The editor observed, "This first issue of *Child Welfare* . . . marks our rededication to better services for children. The content is particularly appropriate, for each article tells of efforts of social agencies that promise decidedly better service" (Gordon, 1948: 10).

The following year *Child Welfare* published an article entitled "The Challenge to Research" by Gunnar Dybwad (1949: 9), in which the author began: "If we pose as our first question, 'Why do we need research?' the simplest answer might be: To explain and evaluate what we have done in the past; to be able to defend or even to understand what we are doing now; and to plot the guideposts of future planful action." It was, however, difficult to conduct major empirical studies without proper funding. Dybwad pointed out that "in 1947 the Army and Navy together spent $500 million for research, and the Department of Agriculture spent $13 million, of which no less than $1,300,000 worth of research was spent on cows; as contrasted to $50,000 available to the Children's Bureau for research (1/26th of the amount spent for research on cows)."

Although Dybwad chafed at the lack of money, he was aiming in another direction: "As social workers, we must either relinquish the claim of constituting a professional group, or we must acknowledge that one of the basic criteria of a profession is its use of scientific analysis in constant self-

evaluation."[13] Dybwad's plea for research was being echoed in the broader field of social work (Abbott, 1942; French, 1949; Karpf, 1931; Todd, 1919). Since the early formation of the profession, social work had been concerned with the development of a method or approach that would allow it to persuade the general public that practitioners should be relied on to solve the problems of the disadvantaged and the poor. The primary method developed by social work was "casework." Casework procedures were particularly suited to the needs of child welfare social workers, since they allowed for the careful tracking of children who became the responsibility of the state. Casework procedures were used to conduct "home studies" to determine the suitability of a prospective foster home. Once children were in care, casework provided a method for monitoring the progress of children.

The casework method promoted by Mary Richmond in the early decades of the century emphasized systematic, efficient, and accurate record keeping along with an attitude of scientific investigation and understanding of the client's problems.[14] Along with developing a professional approach, Richmond identified the need for social work to specify its knowledge base. For Richmond the focus of casework was the individual and his or her problems. Knowledge and theory about human behavior were viewed as central to effective casework practice. In 1917, Richmond published her *Social Diagnosis*, which symbolized the transition "from Darwin to Freud, from environmentalism to the psyche [which] had startling consequences" for the social work field (Wenocur and Reisch, 1989: 69).

Richmond's emphasis on the psychological problems of the disadvantaged and poor offered charity workers the opportunity to move "beyond

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[13] During its earliest years *Child Welfare* was the major journal in the child welfare field. The journal was published by the Child Welfare League of America (CWLA). The membership of the league was not individual child welfare social workers, but public and private child-serving agencies. Thus, the league was governed by the executives and managers of these agencies. One consequence of this structure was a reluctance to criticize or question the effectiveness of child welfare service agencies (see Lindsey, 1978).

[14] The social work profession emerged from a dialectic between its two major theorists—Jane Addams and Mary Richmond. At the turn of the century there was considerable debate as to the best method or approach for social work. Jane Addams (1910) developed the settlement movement at the Hull House. The settlement house movement advocated a broader community organization and social change approach. Addams (1902) was critical of the approach taken by Richmond because it established the caseworker in a role of "moral guardian" to the disadvantaged and poor. Although this concern was appropriate to understanding the problems of the poor, the needs of orphaned and abandoned children required adult supervision and intervention. Addams also criticized the "negative, pseudo-scientific spirit" of the casework approach. Wenocur and Reisch (1989) argue that the casework approach advocated by Richmond prevailed, owing in part to its sponsorship by the powerful elites such as the Russell Sage Foundation and universities.