

CHILD AND FAMILY SERVICES

Towards a comprehensive developmental approach in serving the needs of all families.

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1. INTRODUCTION

Child and family welfare services are currently defined as formally organized services rendered to parents, juveniles and children who experience problems in the parent-child relationship. Traditionally child and family services are divided into the following service categories:

1. Supportive (auxiliary) services are aimed at encouraging the family to use its own strengths to reduce the tension in the parent-child relationship and to prevent estrangement, desertion or divorce.
2. Supplementary services are applied when the parent-child relationship is seriously handicapped, yet the family composition is such that the child can remain at home, while receiving supplementary services without being harmed in any way. These services are proved in the form of social security, housing assistance and day care.
3. Substitute/residential care are applied when the circumstances are so detrimental that the child has to be removed from the family either temporarily or permanently e.g. foster care, adoption or residential care.

To be eligible for services families have to prove that they are "inadequate" and therefore needy and that they match the criteria or mean (test) required for that specific service category. Moreover, the needs of children are traditionally and artificially divorced from the needs of the family as a unit. The subsequent conflict of interest and focus left (and is still leaving) millions of children and their families marginalized and uncared for.

2. THE DEFICIT CHILD WELFARE SYSTEM

Child Welfare Workers, and this includes all categories of workers within the broader field of children and family services, are often challenged and criticized for their adherence to a deficit perspective on families in difficult circumstances. A major criticism against the child welfare system has been that too often children have been removed from their homes for long periods of time and on an unplanned basis. The reasons for out-of-home placements are often not specified or motivated in terms that are in line with or connected with permanency planning or family reunification services. Moreover, the motivation and reasons for placement most often benefits the agencies concerned primarily. For example the lowering of already too heavy



caseloads or unskilled workers. The placement is therefore not necessarily in the best interest of the child and family. Furthermore, only a fraction of these placed children receive clinical services. While services to the biological parents are virtually non-existent.

For many years we have all heard and contributed to arguments and debates about why we should invest primarily in families. Some of these are:

1. The values and theoretical perspectives that elaborated on both the significance and primacy of parent-child attachment and the effects of separation and placement;
2. The increasing awareness and emphasis on children's rights;
3. The definition of abuse and the way in which we choose to define abuse directs what we choose to do about it. Most children in our welfare structures are abused children. There exists a fine relationship between poverty and neglect. Many doctors, social workers, therapist and other professionals working in the system lack support, training and financial backing.
4. The broad recognition in social welfare circles that social policies and intervention strategies is based on a deficit model, and that there exists a need to acknowledge the strengths and potential of families.
5. The growing concern for the increasing numbers of children in foster care and residential care with the recognition that placement of children in foster or residential care does not ensure that children will be safe from abuse or neglect.

Alas, old arguments, yet no indications that things are about to change. Public opinion as well as professionals seem paralysed by a problem they do not know how to handle, often out of fear that they might do more harm than good.

### 3. SUGGESTIONS FOR A DEVELOPMENTAL APPROACH TO CHILD AND FAMILY SERVICES

Family-centredness emphasizes the value of preserving family units and the importance to children of their own homes and families. Permanency planning emphasizes each child's right to continuity of relationship and the potential jeopardy to emotional growth of long-term impermanent foster care. Permanency planning stresses the procedural requirements of periodic case reviews, clear expectations for parents, and documentation of their responses to services.

Family-centred services moves beyond permanency planning by focusing on the agency's responsibility to help parents improve and maintain their homes for their children. The interaction and connectedness of the family and community is emphasized and utilized toward the development of both the community and the family. The concept of linkages and networking embraces the principle of a comprehensive primary health and community development approach.

Implicit in the approach to practice is a belief that the potential for growth and change is enhanced when the help is provided in a quick, timely and focused strategy that instills hope and empowers families. Rather than an



emphasis on their failures or "differentness".

#### UNDERLYING ASSUMPTIONS AND PRINCIPLES

- a. All children have the right to a permanent and loving family. Many children can remain at home safely if their families have timely and effective services to keep them together (holistic focused/permanency planning perspective).
- b. All families have strengths and, given sufficient and effective resources, can and will provide a safe and healthy environment for child rearing (empowerment perspective).
- c. Behavioral and emotional responses are not solely a function of personality or of environmental influences, but rather of the complex interaction between person and environment (ecological perspective).
- d. Services should be based on a frame of reference for understanding a household and its members in relation to goals and needs that are common to all persons and household, as well as in relation to their own particular aspirations, needs and qualities (developmental perspective).
- e. No intervention programme or service discipline can claim to serve the complex needs of families. Rather, an integrated continuum of services should be available in which families, communities, service programmes and the government participate (interdisciplinary/intersectoral/participatory/reciprocity perspective).
- f. families are most likely to change when their strengths are emphasized and when they have input into the decision-making process.

#### 4. SUGGESTED APPROACH TO POLICY FORMATION

1. Families would be categorized in terms of stages in family career. Such categorization avoids definition by ethnic or socio-economic status, and does not pass judgement on the variety of ways in which families cope with each stage.

Family development stages could be identified as:

1. The beginning
  2. Child Bearing stage
  3. Families with Preschool children
  4. Families with School children
  5. Families with Teenagers
  6. Launching stage for Young Adults (Youth Development)
  7. The middle stage - empty nest stage
  8. Old age/retirement
2. Key stresses of each stage, and means of alleviating those stresses for each stage are identified. Such identifications and ameliorative techniques will change as research and the service repertoire increases/improves. It avoids the trap of assuming that a given service is appropriate to all families, or even to all families exhibiting common symptoms of distress, by recognizing that services are differentially effective depending on the stage of a particular family's career.



3. Inventories of available services for stage-specific services will yield specific information on gaps in service for different kinds of families. Current practice just keeps asking for more of everything for everybody. Stage-specific inventories enable reallocation to meet policy objectives and priorities. We see such capacity as essential as we move into a steady-stage or declining economy. Current service allocations are virtually random when viewed from the family career perspective. Combining knowledge of existing community resources with recently validated data on the relationship of service-development and community support will permit federal investments to be more likely to be matched - or absorbed - by local resources.
4. Goals for programmes and services would be set, defined in terms of social indicators continuously, independently collected, and regularly provided to federal, state and local agencies/authorities. By keeping the local operators focused on the natural purposes of their programmes, and keeping them continuously aware of the status of their own communities, a powerful incentive for collaboration with other agencies will be built into the system.
5. Programmes moving more rapidly than average toward the desired goals will be readily identified, and can, directly or indirectly, assist programmes moving less quickly, or more expensively than the norm. Because goal-setting provides a great variety of means, social invention can be encouraged, measured, and disseminated more rapidly than is now usual.
6. Because a goal-defined family unit programme would place greater responsibility on local governance units, a correspondingly greater responsibility for citizen education would fall upon federal programme managers.  
There exists widespread lack of knowledge about government support services, and the low level of public support for many programmes may be directly related to this lack of public understanding. A family-oriented policy structure would be more likely, it seems to us, to capture general public interest than programmes defined in terms of specific social or ethnic minorities.
7. Because goals directly imply values, both the public and their representatives could more easily understand - agree - and support them. For example, it is probably easier to get consensus around the proposition that all small children should have supervision than it has been to get agreement on the provision of universal day care. Rather than get sidetracked by right-wing visions of government brainwashing institutions for children or in costly battles over day care staff ratios, public funds could assist a wide variety of sensible provisions for child care. Those most likely to need public help would be young parents early in the family career. Recognizing that fact would suggest ways of targeting the service more precisely than simply considering "day care" irrespective of its connection to the family career.



8. By designing policies around the family career, we avoid the anomalies of penalizing families for sensible behaviour, and avoid the need to write rules or laws that are unable to recognize that needs change as the family changes. Current structures require us to treat a twelve year old mother of one the same way we treat a forty year old mother of six. We land up treating neither of them very well.

#### SPECIFIC SUGGESTIONS FOR IMMEDIATE ACTION:

To develop an efficient, effective and responsive social welfare policy, it is crucial and urgent to address the paucity of data/information and to formulate recommendations in the following areas:

1. Family research: A review
  - i. The changing status of families and family life.
  - ii. Perspectives on family analysis.
2. The relationship between the Government and family life:
  - i. Considerations and implications
  - ii. Guiding principles
  - iii. A framework for Policy Construction
  - iv. Family life and Economic structure.
3. Pluralism and Diversity: Implications for Policies and implementation.
4. Management systems: National/Federal; Regional; local.
5. Service Delivery Structures and Stakeholders.
6. Programme Planning.
7. Programme Implementation.
8. Programme Evaluation.

#### SOME PRIORITIES FOR ACTION:

- State funding crucial
- Restructuring of child/family welfare services are fundamental to changing the situation of children and their families.

Call for proposals to respond to demonstration projects in the areas of:

1. Child and Family Advocacy programme.
2. Family support and resource programmes.
3. Early intervention services.
4. Intensive short-term crisis services.
5. Reunification services/reconstruction.
6. Child abuse and neglect services and training.
7. Independent living programmes.
8. Adoption services.
9. Staff development and training.
10. Youth Development and juvenile justice/diversion programmes.
11. Research and policy development.



## CONCLUSION:

Families are central to success in child welfare. When we help families gain strength to change, to create a healthy environment for their children, we achieve the best possible outcomes for children at risk. Even for children who cannot remain at home, or return home, we are most successful when we can help them and their parents explore what is possible, come to closure and move on.

## THE FOLLOWING AREAS HAS BEEN IDENTIFIED AS PRIORITY AREAS OF CONCERN BY THE NCRC SECTORAL WORKING GROUPS:

### **DISABILITY SECTOR :**

- Services for disabled children, eg. schools, social security, etc.
- situation in institution for children; issues like child abuse and disability to be areas of focus.
- children from township need support in their workshops.

### **HEALTH SECTOR :**

- NCRC to facilitate "Facts For Life":-
  - Revamp the section on Child Development.
  - A chapter on Child Abuse/Sexuality Education to be included.
  - Translation into key languages.
  - Re-organizing the original copies.
  - Printing thereof.
- To launch "Happy Family SA":
  - Recruit strong mothers; train them to visit new mothers.
  - Mothers to be paid in terms of prevention of child abuse.
- People to be paid to workshop on ongoing basis.
- Implementing media network, eg. "Facts For Life" could be televised.

### **EDUCARE SECTOR :**

- to make a plan for our region,
- local structures should be involved, parents, and the outside stakeholders must be involved,
- training programmes and workshops for parents and educare workers,
- different organisations should be involved, eg. representatives of City Council, Health & Welfare, United Preschool Association, C.P.A., Joint Educare Standards Forum, Non Governmental Organisations & Community based organisations including the Muslim Judicial Council, N.I.W.C..
- workshops should be arranged for solving problems that arise.
- to campaign for housing, more clinics, a better environment for children,
- state funding - Regional control
- local forums to be included: Service organisations, NGO's,



CBO's, PTO's, Political Organisations, UPA, NIWC, SANCO, Associations, Area Forums,

- an integrated Department of Early Childhood Educare
- The questions are overlapping and too many meetings.

- Piggy back consultative meetings.

- Stakeholders are :

Children  
Parents  
Agencies - PTA's  
Training services  
State departments  
Private sectors  
Educare workers  
Training colleges

- Involving people : Teachers

Parents

Other professionals/Health workers  
Organisations striving for children rights  
Children  
Existing organisations

- Link needed between Education and Health Sector

- The Department of Education must recognise the needs identified at grassroots level

- Special children are not to be seen in isolation with other children : they fit into all sectors just as well.

#### Future Structures :

- to bring all aspects of the child together into one place (Educare, Health, Welfare)
- eg. Children's Ministry

#### STREET CHILDREN SECTOR :

- a need to go out into neighbouring regions and address issues relevant there
- a geographical division of the Western Cape was identified :

Western Cape  
West Coast  
East Coast  
Boland  
Karoo

- a need to network and identify projects at regional level.
- Rationalization - restructuring services to street



children in the Western Cape.

#### **FAMILY WELFARE SECTOR :**

This sector arrived at the following considerations:

1. Research into, and development of facilities to accommodate:
  - a) Children infected by HIV virus.
  - b) Children orphaned due to HIV.  
This would include a programme to educate communities concerning AIDS, in the hope that facilities eg. foster care, can arise from the community.
2. Research into, and development of, resources to cope with children needing alternate care, eg. abandoned, abused children.
3. Subsidized adoptions.
4. Subsidizing families to keep their children rather than subsidize others to look after them. Development of programmes to assist deprived communities to care for their children.
5. Mobilizing support networks within communities to help those families that are struggling eg. "support families" to assist with parenting.
6. Funding for demonstration projects.

#### **CHILD ABUSE SECTOR :**

- Employment of a Training Officer/Co-ordinator for Western Cape region, to work in terms of education and training around Child Abuse Prevention; to devise programmes to take nationally and implement.
- Assess school situation and how to influence curriculum - what curriculum needs in terms of Child Safety.
- More positive images for co-ordination in media.  
Promoting children rights through media by means of radio stations, television and newspaper.  
The time is now right for production of media!
- Specific campaigns to be launched.  
One to be against corporal punishment against children.  
To start with petitioning, then support from stakeholders, thereafter to be accompanied with literature, finally to go into schools where teachers will be trained to use conflict resolution rather than violence, since this steps in line with keeping peace.

#### **A PROPOSED NATIONAL STRATEGY TO ADDRESS CHILD ABUSE AND NEGLECT:**

- Declaration of a S.A. Nation against abuse.
- The SA Advisory Board on Child Abuse and Neglect.
- National strategy re response to the national abuse issue.
  - a) The scope of the problem definition and incidence.
  - b) The complexity of the problem:  
Poverty, Ethnicity, Community functioning, Mental Health problems, Substance Abuse, Children with special needs.
  - c) The relationship of the problem to changes in family



- and community life.
- Economic status; family structure, Care of children.
- d) The Nature of the Child Protection system.
- e) The role of the Private Sector in the CP system.
- f) The crisis in the Child Protection system.
- Overload of cases.
- Fostercare and adoption.
- The absence of a focus on the needs of children.
- Other deficiencies.
- g) The role of and Relationship with the Government.
- h) A proposed programme of reform. (1 - 8)

1. Recognizing the problem and taking responsibility.
2. Providing leadership.
3. Co-ordinating efforts.
4. Generating knowledge - information systems  
research and evaluation
5. Diffusing knowledge.
6. Increasing Human Resources. Making CPS a profession,  
upgrading profession.
7. Providing and improving programmes.
8. Planning for the future.

#### VIOLENCE AGAINST CHILDREN & WOMEN :

Some of the plans/ideas for 1994 will be :

- i) That a plan succinctly drawn up by each region as to how and when and where operations do take place of each sub-committee.
- ii) That the civics: AZAPO, PAC, ANC and other structures send reps to NCRC regionally.
- iii) That representatives from organisations be compensated for their duties of work, so as to have accountability to NCRC. time from
- iv) That all sub-committees be accountable to their regions for actions, statements they make.
- v) By the end of each month report back be submitted to the chair of each region.
- vi) UNICEF to fund a Western Cape study on violence.

#### WORKING GROUP WESTERN CAPE :

- support to do projects; these to emanate from the various sectors.
- sectors will be working at budget, thus the budget needs to be clarified in terms of how much can be allocated to the various sectors.
- NCRC National to produce a document on procedures, structures and available resources including funding.