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IF YOU CARE ABOUT CHILDREN,

THEN CARE ABOUT PARENTS!

Arthur C. Emlen
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Address to Tennessee Association for Young Children
Nashville, Tennessee
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Gloria Vaughn, Tennesseans, Good morning. It is a pleasure to be here. I have always had a kindred feeling for Tennessee. I have always been impressed by the research and demonstration projects coming from Tennessee -- which, in their concern for children, show respect for parental responsibility and the role of the family. Also, I am impressed by this turn-out, which cuts across so many professions related directly or indirectly to the development of children.

I came to keynote a theme. As the title of my address says, "If you care about children, then care about parents!" As you know, it doesn't automatically happen that way, and the idea I wish to express is that the way we focus on the child -- either as individual professionals or as a society -- does not always support the family as the primary institution responsible for the welfare and education of children. In our eagerness to serve or to teach children, or to protect them, we are sometimes led to ignore the parents, to be insensitive to their concerns, to compete with them, to criticize them, to be frustrated with them, to be more expert and to compensate for their inadequacies, to protect the child, save the child, to do it all ourselves.

I do not wish to derogate direct services to children or advocacy for children's rights or the rich contributions of early childhood education; but I do believe that in finding our way to our goals for children, the only way to get there from here is through and with the parents.

I want to advocate a strong parent and family approach to work in behalf of children. The family is the primary though not exclusive medium through which developmental continuities are supported. You are all so sophisticated in child development, I won't belabor this point. But I believe this was borne out, for example, by the Head Start experience, in which lasting benefits seemed to be associated with the role of the parents: how they were engaged, how they participated, and probably what they felt and did as parents when nobody else was around. The differential gains made by former Head Start children relative to controls, which once faded, now appear to be reviving for them as school agers. Documented in several follow-up studies, these results suggest to me that the mediating effects of parents must have been crucial in supplying the continuities (Report on Preschool Education, June 7, 1977).

Yet parents and the family are in an unfair position when you think about how much they are expected to do and how little help they get in doing it. By the daily news, we are constantly encouraged to deplore the plight of the family and the inadequacy of parents. But how much help do they get? We sit back and watch them fail. In a political society devoted to veto groups and voting one's interests, families don't vote as such and don't lobby. Precious few constituencies represent family interests either locally, at the state level, or nationally. So as a society we really are not fair to parents.

- We do not ensure adequate incomes for young families, but we do expect families to make ends meet.
- We create employment and social welfare policies that force young solo mothers to choose among unacceptably extreme alternatives, either to work too soon, too long, and for too little, or to go on welfare.
- We segregate by age all of the members of the family, robbing it of family cohesion, and then exhort parents to exercise authority over their children's behavior.
- We tolerate social isolation of members of our community and then are shocked that our failure to support parental care and protection of children could result in neglect and abuse and other extreme responses to stress.
- We expect parents to make wise choices, but supply them with insufficient consumer information.
- We expect family members to participate to the point of exhaustion, in assuring the success of our myriad, complex, formal organizations, but we provide very little assistance to the family in coping with everyday life.
- We take advantage of the family's great virtue of flexibility. We expect the family to accommodate our organizations; we are not prone to accommodate the family.
- In our delivery of health care and social services, we do not place the issue of convenience for the family high on the list of priorities.
- We develop the kinds of day care that please the professionals and seem not to understand that it really matters whether or not it fits well into family life.

- We do not, on a large scale, make available parent education or homemaker services or a number of other supportive services for families in difficulty.
- For lack of adequate in-home services to families, we place children in substitute care unnecessarily and leave them there too long.

Due Process of Service

The absence of adequate and timely services to the family creates what I like to call a lack of "due process of service". There are at least two aspects to it. Part of what the term refers to has been called the right to treatment. The 14th Amendment is coming whether we like it or not and we should get ready. In the field of mental health it came recently in a "right to treatment" case at the Florida State Hospital, O'Conner vs. Donaldson (43 U.S.L.W. 4929, June 26, 1975) in which the U.S. Supreme Court held that if you want to keep a man in a hospital for 15 years you'd better be able to show that your milieu was doing something for him that he couldn't get in jail. The right to treatment supposes that the treatment program is sufficient for the purpose.

The second aspect to due process of service asks whether escalation in level of intervention is really necessary, or is it an overkill. A child and his family should have a right to be spared the extreme remedy of separation until more preventive remedies have been tried. Due process of service is a safeguard which assures that a child's needs will be addressed by a sufficient but parsimonious response. Such a graduated response supplements the capabilities of families with a minimum

escalation in official responsibilities and a minimum loss of self-sufficiency and personal freedom.

Let us look at "due process of service" as it applies to foster care -- a service whose purpose and function are under intensive study today. In every state across this country the magnitude of inappropriate foster care placements and drift is substantial. In Oregon, in a study and demonstration project, of 509 children who were identified as not likely to return home, 26 percent in fact did during the course of the project. Another 52 percent were adopted or were about to be, more than half by the foster parents to whom the child had become attached (Emlen, et al, 1977). The obvious implication is that many of the foster home placements were inappropriate. For some it was unnecessary and for others it wasn't enough.

For example, an exotic dancer is arrested, and the child, who goes with her to the nightclub, is placed in foster care. The police can't hold the dancer, but the child stays in care. Two years later we find in a case review that there is no basis for keeping the child in foster care or for termination of parental rights; in fact, the child could be and is returned home. Foster care had not been necessary. Instead, what the mother had needed was help in making a suitable child care arrangement -- a day care service. A less extreme remedy than foster care probably would have sufficed. It might have failed to suffice, but it was not tried; it was not even considered. The defect was in the procedures. Less extreme, known alternatives to foster care were not

used, so there is no way of knowing whether foster care placement was the necessary level of response to the child's vulnerable situation.

Due process of service may also require a more radical solution than foster care provides. In situations of extreme and probably long-lasting parental inadequacy, the solution may not be foster care but termination of parental rights, which permits an adoption by parents who could be permanent. While termination of parental rights is a "radical" legal remedy, in another sense it is a less radical concept than foster care; termination of parental rights permits a permanent legal family for every child, while foster care, though intended to be temporary, in practice allows the child to drift along in a developmentally hazardous legal limbo. After all, the customary way in which children's rights, welfare, and interests are protected is by those adults the law holds to be their parents, either biological or adoptive. Parental rights ensure continuity of the child's primary nurturing relationships, and parental rights protect parental authority to raise the child. When those parental rights are called into question on grounds of sufficient gravity to remove the child and not return him, then permanency for the child probably can only be achieved adequately through legitimizing the child's status as a member of another family.

Does the significance of such extreme situations seem remote from your work? It shouldn't. The problem of foster care drift and inappropriate use of foster care is relevant to you because 1) lack of adequate preventive strategies is part and parcel of the pressure to use foster care in-

appropriately, and 2) the high cost of substitute care takes funds away from services that should come earlier in the service plan.

When concern for children is coupled with inadequate technology for supporting parental capability, and when it is coupled with an absence of resources or policies that strengthen the family, then it creates pressure to make unnecessary use of substitute forms of care and treatment.

I should like to postulate that out-of-home placements occur when at least some of the following conditions are present:

- a crisis threatening the family's ability to provide care or to make its own arrangements for supplemental care;
- a protective response from the community;
- a negative process that discredits the parents as parents;
- the existence of places that are regarded as a solution to the immediate crisis;
- the absence of less extreme remedies, because they are not available, not accessible, or not perceived;
- the lack of due process procedures for reviewing the necessity for placement.

It has been argued by Hollister (1970) that in mental health services those interventions should first be tried that are least disruptive, involve the least separation from family, school or job, are the least extensive in their impact, and the least expensive. Yet, with apparent helplessness, the state accepts burdensome responsibilities for children by placing them, whether they need it or not, in expensive, specialized treatment

and care settings. In other words, it responds with overkill. A general principle regarding needs and resources appears to be that whenever there are gaps in the range of resources available to match a range of needs for help, for control, or for care, there will be pressure to use those resources that provide the more total care, treatment, and control. It is especially true with respect to the shift from services in the child's own home to out-of-home placement and service that the unavailability of appropriate resources at preventive levels creates pressure inappropriately to use more specialized and expensive treatment resources. If treatment services are packaged only with placement resources, then placements will be used as the only available way of obtaining treatment for a child.

This problem, then, of slippage of children into foster care for lack of prior services is your challenge, whether you are a child welfare worker or a child development specialist or a public health nurse or a home economist, whether the program is day care, Head Start, homemaker, protective service, family counseling, family life education, parenting classes, well-baby clinic, hot line, emergency services, or community development.

Informal Networks: Intervention that Preserves Family Strength

Now I want to switch from one end of the service continuum to the other -- from substitute care to family-supportive approaches. We discussed foster care as an example of an overprotective response, or "overkill", when used inappropriately. Now I want to go to the other extreme -- to areas of service neglect. What services are indeed to fill the service gaps, to provide a gradation of services as Hollister suggests? A number

of programs both traditional (Jones, Neuman, and Shyne, 1976) and new, such as your Comprehensive Emergency Services here in Nashville (Burt and Balyeat, 1975), have demonstrated that timely services prevent placement. You are involved in a wide range of innovative services. Your conference program reflects this. But they are not available widely enough. The question is how to extend the reach of our efforts.

I want to turn your attention to some largely untapped human resources available in the community for supporting family life. I believe we must extend our reach to the family through systems of service delivery that are based on informal neighborhood networks, or otherwise we will not have enough human resources to support the family on a scale that will solve the problems of availability and accessibility (Collins, 1973; Collins and Pancoast, 1976).

Most of the acts of service and assistance to others in this world are not part of a formally organized service. The help is informal. It consists of an incredible amount of what some call prosocial behaviors -- as opposed to antisocial or competitive behaviors, because they involve altruistic acts or cooperation. Let me just list some and you'll know what I mean.

- Some involve material assistance, such as donating, giftgiving, sharing, lending.
- Some are separate acts or continuing arrangements involving help or service such as providing day care, nursing, housekeeping, transportation, home repairing, letter writing.

- Some are forms of association such as visiting, calling (telephoning), meeting, accompanying, introducing.
- Some are acts of emotional support, such as encouragement, agreement, sympathy, befriending.
- Some are acts of communication, sharing information, giving advice, making suggestions, confirming impressions, giving opinions, criticizing.
- Some should be called communication services because the acts of communication are systematized or repeated and involve networks such as matchmaking, recruiting, finding, referring.
- Some are protective responses, rescuing, protecting, warning, complaint making, looking out for, looking in on, checking on.

OK, to what extent are these behaviors a resource for our work?

First, the parents themselves and other members of the family are a resource. Consider the problem of child abuse. One can focus on abuse clinically, and one can view abuse as a breakdown in protective behavior. Self-referrals by abusing parents run high. The protective impulse is there. When does protective behavior break down? I don't think we know, but it appears to involve one or another form of social isolation. The question becomes how can we reach and reinforce protective behaviors? The hotline has become an important channel in recent years as have volunteer self-help groups. There also are more sustaining ways that families get hooked up with others in their neighborhoods and wider communities.

Neighbors and friends and brief acquaintances are a resource. Think for a moment about family day care which is a neighborhood network between families. Some of you may know that I spent several years studying informal family day care arrangements in Portland, Oregon. Now, 94 percent reported having no relative at home who could serve as a caregiver and 84 percent no relative in the vicinity (Emlen, Donoghue, Clarkson, 1972). No kin, but they did find a non-relative -- child care by kith. Think about this as a cultural revolution because as many working parents are now using non-relatives as relatives for in-home and out-of-home care in the United States. If you were to write a proposal, plan such a program, and achieve results like families have done all on their own, you would be a success. It is a natural system of child care. Not much of a system, you say. Well, it does need help and it could be better if it were supported by persons like yourselves. We experimented with one approach called the Day Care Neighbor Service (Emlen and Watson, 1971; Collins and Watson, 1977), in which we found women who were already active as matchmakers of day care -- the Mary Worths of day care to whom people turned for information and help. We paid them $25 per month and provided them with expert consultation as they went about assisting their neighbors in finding child care or in dealing with the problems of providing it. The network we discovered created a service delivery system that supported child care by supporting families in a highly accessible way. Anyway, it is one example of using neighborhood networks to multiply the effects of one's effort.

With your ingenuity, you will discover many other ways to support families in their efforts to deal with the problems of parenting and family life. That is the right note on which to stop. What I have tried to do in this keynote address was to focus your attention on the importance of caring about parents in the process of caring about children.

Thank you.

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