Editorial:
The Value of Understanding Child Welfare Services from Children's Perspectives

If you go to a hospital, shop in a department store, visit a mechanic to get your car fixed, or even log in to a Web site, you will probably be asked for feedback about the quality of your experience as a consumer. In the 1990s, there was a significant movement toward consumer evaluation of mental health care services, which fortunately has continued (at least to some extent) today (McCran, Ross, Hardy, and Shapiro, 1999; Rapp, Shera, and Kisthardt, 1993; Owen, Rutherford, Jones, Wright, Tennant, and Smallman, 1996). Nevertheless, despite awareness of the need for and value of consumer evaluation of services, one group of consumers continues to be seriously underrepresented: children.

Some scholars have commented on this problem from a social justice standpoint, believing that adultcentrism (a pervasive bias against children's points of view [Petr, 1992]) is at fault. In a landmark book on this subject, *What Children Can Tell Us* (Garbarino and Stott, 1989), Garbarino and his colleagues explored the developmental factors that influence children's communication; described biases that interfere with adults' accurate understanding of and ability to elicit information from children; and set out guidelines for communicating with children in educational, legal, psychological assessment and medical settings. Among their conclusions were that adults need 1) more accurate understandings of how children transmit information, and 2) to develop an ability to communicate with children in ways that come naturally to children (such as using stories, metaphors, and games). Furthermore, we need to pay attention to critical differences between how adults and children experience their relationships, such as children's experience of their own safety and their logic about what constitutes caring for themselves. The insights of Petr and Garbarino et al. are essential cornerstones for a much-needed knowledge base about how children experience child welfare services.

Fox and Berrick's review of children's reports about their experiences in foster care (2006) identified several critical questions that only child clients can answer, but that have not yet been studied:

- How safe do children feel during visits with their birth parents?

- Were children harshly punished or abused in foster care settings?

- What forms of support are helpful to children when they must change schools because of being placed in care?

- How can adults help with the loss of friendships when children are placed in care? (One study found that this was the loss children reported as most distressing.)

- Were children victimized by community violence while in foster care?

- How do children feel about permanency planning, and what do they think are the best ways to include them in the permanency planning process?

In another fairly recent survey of children in foster, kinship, and group care, the findings of Chapman et al. show that children in out-of-home care struggle with powerfully mixed loyalties (Chapman, Wall, and Barth, 2004). Although one-third of children said they wanted to be adopted by their foster parents, and half said that they wanted their foster home to be their permanent home, most children also said that if they could choose with whom to live, they would choose their birth mothers and that they wished they could spend more time with their birth mothers and birth fathers. Such reports are

rich in information for child welfare service providers, who are continually striving to tune in more accurately to their clients.

Can we rely on these reports? Are children reliable commentators on the services they participate in? Wilson and Conroy (1999) found that the children they interviewed about the child welfare services they received provided responses that were consistent across time periods and interviewers. Baker-Ward and colleagues (Baker-Ward, Gordon, Ornstein, Larus, and Clubb, 1993) found that most children remember the details of pediatric exams with a fair degree of accuracy; they also discovered patterns related to interview style and length of time since the exam event that explain inaccuracies. In a 2001 survey of children's memory, Gordon et al. (Gordon, Baker-Ward, and Ornstein, 2001) commented that although children certainly are suggestible — perhaps more so than adults — it is also true that a number of them resist suggestibility; it is important to understand that as well. In a 1998 review, which includes a summary of many studies about the reliability of child witnesses, Bruck, Ceci, and Hembrooke (1998) concluded that children can be competent witnesses, and that factors in a child's immediate relationships (such as the quality of interviewing and the child's relationship with caregivers), rather than internal psychological factors, determine the degree to which suggestibility influences the child's testimony. Accordingly, it is possible to identify and understand the circumstances under which children are and are not reliable informants about services they need and receive. This too is extremely important information for service providers.

Practitioners have many examples of children's astute observations about the problems they experience and the services they want. For instance, a five-year-old African-American boy with clear mental disabilities (due to exposure to cocaine in utero), who with his three-year-old sister had recently been placed in a temporary shelter because they had been physically abused, came over and sat on his volunteer social worker's lap. As he relaxed, he confided, "I want to go to the family place, can you take me?" The social worker asked, "Oh—what place is that?" The child said, "The place where you can get parents. My sister needs a mommy and daddy." Family therapists often ask children for their opinions, knowing that they may elicit a frankness that can be hard for adults to provide. For example, in a family assessment process, only the 10-year-old could say that the teenager identified by all other family members as the problem substance abuser was following the model of his mother, who abused alcohol. A child being treated unsuccessfully for stomachaches was regarded by teachers, family, and friends as completely normal, except that the stomachaches persisted for no apparent reason. No one else thought the child needed treatment — but when meeting for the first time with a child therapist and given the opportunity, the child said very determinedly, "I want to come here once a week." The children in these examples were very capable of perceiving problems and of enlisting the help of caring adults to find constructive solutions.

If we are to provide competent care as child welfare service providers, we need to accurately understand how our child clients experience the problems they want to solve, and also how they perceive the service relationship. Children's experience of our roles and our relationships might be quite different than we expect. For instance, a child therapist's five-year-old client left a toy in her office. The next session, he came back and found it there, but was uncharacteristically irritable with the therapist. When she asked him if he was annoyed with her about something, he said, "You hid that toy and kept it here so you could play with it!" This client's comment illustrates that child clients can assume we might hurt them as they have been hurt before, and also can be quite confused about the differing wishes, interests, and roles of adults and children. This makes it all the more important that we understand, with our clients, how they experience the relationship with the service provider.

Understanding how children experience our care applies to all child welfare service providers. Researchers studying clinical decisionmaking in medicine have found that physicians' understanding of their client's experience of the relationship has critical importance for the quality of care physicians can provide (Evans, Block, Steinberg, and Penrose, 1986). In Emily Buss's famous paper, "You're My What?" (1996), she described many important features of the lawyer's role from the child's perspective—including how children experience their attorneys and the ethical implications of decisions attorneys make about how to represent child clients. For example, despite assurances that their attorneys would advocate for what the children said they wanted, children tended to believe that their attorneys were like all the other adults deciding their fate, and would operate without regard to their child client's preferences. Perhaps this is because children suffering from complex trauma (most child clients of child welfare systems) have a view of the professional's role that is deeply imprinted by past experiences of disappointment and betrayal. Sometimes the children Buss described wanted outcomes that were quite different from those available, as poignantly illustrated by the child who said to his lawyer, after she had painstakingly described all the possible choices the child could make about whom to live with, "I think I'd like to live with you" (Buss, 1996, p. 1699).

Perhaps we do not listen more deeply to what children want because it is distressing to hear what Buss heard, and to learn about the gaps between what children want and what can be provided for them in existing systems. After all, the United States is a country where one out of every five children exist below the poverty line, with all the environmental hazards and deprivation that accompany profound poverty (Garbarino, 1998). It can be very painful to hear these children's stories and feel that there is so little one can do to improve their circumstances. A national survey of children who had been in foster care for more than one year found that the multiple needs of children in foster care "suggest that these children require substantial resources that are likely to go beyond the service capacity of most child welfare agencies" (NSCAW Research Group, p. 4).

Nevertheless, listening and understanding are crucial. What we can potentially learn from children about child development and the therapeutic and recovery processes will likely be full of helpful surprises and profoundly meaningful. In his study of people who survive disastrous events, Laurence Gonzales found that three- to five-year-olds had among the best survival rates:

> Despite the fact that small children lose body heat faster than adults, they often survive in the same conditions better than experienced hunters, better than physically fit hikers, better than former members of the military or skilled sailors. And yet one of the groups with the poorest survival rates is children ages seven to twelve. Clearly, those youngest children have a deep secret that trumps knowledge and experience (Gonzales, 2003, p. 161).

Gonzales speculated that children aged three to five have not yet developed the mental frames of reference that adults have, so they do not experience themselves as lost. They retain a conviction that where they are is where they need to survive, and so they follow their moment-to-moment needs for food, water, shelter, and rest and do not panic and try to run somewhere beyond their field of vision. He recommended that following the example of these youngest children could improve adults' survival rates.

Perhaps hearing more from children will assist us in making more efficient use of the resources we do have to help them—improving our science as well as meeting the social justice concerns noted earlier. What would our knowledge be like if children filled out opinion questionnaires about their needs and the care they receive as often as

parents and teachers have rated children's behavior using the Achenbach scales?

There have been important efforts in this direction. In addition to the studies mentioned earlier, Brad Stolbach (1997) developed a questionnaire that explores dissociation in children experiencing complex trauma, from within the subjective experience of children. One of the pioneering studies that focused on children's opinions about their out-of-home care experiences was conducted here in Illinois. Because so little work had been done in eliciting children's opinions, the researchers had to design their own questionnaire and then implement it with 1,100 child clients, most of whom were in foster care (Wilson and Conroy, 1999). From these children they learned several facts critical for those designing child welfare services:

- Children are significantly more likely to feel safe and happy in foster care settings than in group settings.

- Less than one-third of the children said that their opinions were considered when it came to deciding their permanency arrangements; one child summarized the feelings of many in saying, "It was like I wasn't even there" (p. 63).

- Only 63% rated DCFS or their private agency services as "good" to "excellent."

Clearly, we can do a better job of satisfying our child clients: 63% is a low rating indeed in the context of consumer evaluation studies of social services, which typically receive positive ratings of 80 to 90%, and in which a major scientific problem is the bias toward excessively positive comments.

Valuing children's opinions certainly adds more complexity to our scientific endeavors. Yet, as the philosopher of science William Wimsatt pointed out in his discussions of scientific modeling in complex systems, we do ourselves no service if we sacrifice accuracy for an excessively exclusive valuing of simplicity (traditionally called Ockham's razor):

> With the right standards, one could remain an Ockhamite while recognizing a world which has the rich, multi-layered, and interdependent ontology of the tropical rain forest—that is, our world. It is tempting to believe that recognizing such a world view requires adopting lax or sloppy standards—for it has much more in it than Ockhamites traditionally would countenance. Quite to the contrary, I think that the standards for this transformation are not lax, but only different. Indeed, the standards which I urge are closer to our experience and arguably more fundamental than those used during the hegemony of foundationalist methods and values (Wimsatt, 1994, p. 208).

One of Wimsatt's points is that to generate robust knowledge of any complex system, one necessarily adopts multiple perspectives—*perspectives* being points of view that are necessarily grounded in one's position in the system under study.

It can be helpful to have a conceptual framework to organize the diverse perspectives that contribute to developing service models in child welfare. If we look at child welfare services, we can see immediately that all perspectives—those of researcher, practitioners, clients, and consumers—are necessarily theory-dependent (based on beliefs and values), including research designs that seek to test theories (Danziger, 1985). We can divide up the perspectives as seen in the following table. There are perspectives that focus on how and why interventions are made, from the standpoint of formal theory and from the standpoint of practitioners' experiences; and there are perspectives that provide information about the impact of interventions, including process studies, outcome studies, and consumer evaluations. We can also divide perspectives into those that are regarded as relatively more objective, as though one were

speaking in the third person (about "them"); and those that are relatively more subjective, those that clearly convey a first-person or "I" point of view (Wimsatt, 1990-1991). Perhaps because social and behavioral scientists have inherited a positivist legacy that regarded subjectivity as irremediably unreliable, and also unrealistically believed that subjectivity could be eliminated from research, studying subjective experiences has had low priority. In this category (lower right quadrant) fall children's opinions about the services they receive.

Trevor Parry report on their use of children's serum cortisol levels to evaluate the impact of day care centers on children's stress levels in Australia. In Australia, as in many countries, a significant majority of children under four years of age spend some portion of their lives in day care or similar arrangements. Thus, one of the most important issues for children's well-being is the quality of day care; it is essential to find ways of evaluating day care that are cost-effective and minimally intrusive for child clients. Focusing on standards for day care quality that pertain directly to children's

Perspectives in Child Welfare Service Model-Building	From a more third-person point of view	From a more first-person point of view
Theory-dependent explanations of how and why service interventions are made	Developing aspects of theoretical models, such as: • Concepts • Principles • Values • Assumptions	Practitioners' experiences of therapeutic interventions: • About specific services • "Practice wisdom" shared in supervision/consultation
Theory-dependent data about the impact of services	1. Outcome and process studies of single-case services 2. Outcome and process-oriented program evaluations relying on recipients' behavioral variables	Consumer evaluations by: 1. Adult, youth, and child service recipients 2. Community members contributing to policy development

It is not that self-reports or consumer evaluations of any one group need be privileged—after all, the self-reports of adults are fraught with biases, as has been well said elsewhere (Lewontin, 1995). Rather, to optimize what our scientific understanding can accomplish to improve the welfare of children and families, we need to include the many perspectives available to us and avoid the pitfall of systematically excluding any one point of view.

In this volume of *Illinois Child Welfare* you will find articles covering all four possible perspectives on child welfare services. In a most relevant presentation of a cost-effective new method for program evaluation, Margaret Sims, Andrew Guilfoyle, and

experiences of the program, the results of the study by Sims, Guilfoyle, and Parry indicate that those programs that are evaluated as the most respectful of and sensitive to children's needs also reduce children's levels of psychophysiological stress, as measured by serum cortisol levels. Hence, checking serum cortisol levels can be a very effective way of evaluating the sensitivity of day care programs to children's psychological needs.

Dorothea Epple uses an intensive case-study design to *expand theoretical models* that address gender and intergenerational addiction and child abuse in child welfare clients. Kathy Gomez and Vanessa Brown

expand our understanding of features associated with Reactive Attachment Disorder in children, most prominently risk, resiliency, and vulnerability. They apply these concepts to further our understanding of and care for foster and adoptive families. Also contributing to practice models *at the theoretical level*, in "Cyber Bullying: What Teachers, Social Workers and Administrators Should Know," Ann Epstein and Jeffrey Kazmierczak combine data from educators, parents, and youth to delineate the dynamics of cyber bullying. This form of psychological violence, now reported by many young people, includes slander, harassment, social exclusion, and efforts to terrorize using threats. It occurs through Internet means such as e-mail and blog sites. Although not everyone is vulnerable to the psychological distress that cyber bullies seek to perpetrate, children in particular are likely to be hurt, and it can have psychologically harmful results that are as toxic as the playground bullying with which readers may be more familiar.

Two articles address child welfare practice *from the standpoint of practitioners.* In "Attracting African-American Adoptive Clients to the Domestic and International Adoption Programs at a Faith-Based Service Organization," Erin Bass and Wayne Evans address the challenging question of how, in a context where higher percentages of African-American families adopt compared to Caucasian families, more African-American families might be encouraged to adopt out of the child welfare system. Interviews with practitioners in child welfare shed light on how services can be planned to be more appealing to African-American parents. From within caseworkers' subjective experiences, Elizabeth Talbot inquires into how caseworkers use theory to assist with casework and the very complex decisions about when family reunification is justified. Most of the social workers affirmed that theory can be a helpful tool, and Talbot's results show that social workers who referred to or relied on theory felt more confident about their decisions regarding family reunification.

From *within clients' subjective experiences*, Rita Vaicekauskaite expands our understanding of how Lithuanian parents of disabled children experience their children's autonomy and the availability and impact of services on their children's development of autonomy. The parents were deeply troubled by the social exclusion their children suffered, and described the ways in which that exclusion occurred. Vaicekauskaite also found that many parents had an inner vision that their disabled children would be able to experience more autonomy. However, they were saddened to find that the vocational and supportive services needed to make the vision of their children's autonomy a reality had yet to be developed, and they saw their children's development hindered as a result of this lack.

From the perspective of *clients who are community members*, Dawn Hemingway and Gerard Bellefeuille consider the important topic of how the citizenry have been and can be more involved in child welfare service design and provision. They found that genuine community involvement in change is harder than it seems, as it requires enlisting community members, overcoming barriers of mistrust, and changing entrenched values and structures in service design and provision. At the same time, their findings highlight a very important opportunity to significantly improve services, because the community members they interviewed wanted more involvement in the process and were vocal about their opinions and wishes.

In a study based on data from 150 children in the region of Berhampur in the south Orissa region of India, Prafulla Kumar Das and Sangita Patnaik carefully distinguish between different childrearing philosophies and then analyze the children's reports of the parental support they experience. Finding that girls tend to experience less parental support than boys, even controlling for the employment and education of their mothers, Kumar Das and Patnaik attribute this to cultural variations in values regarding male and female roles, and make recommendations

for improving the parental support provided to girls in India.

Finally, the annotated bibliography by Deborah Major focuses on an issue that all child welfare service providers are concerned about but which has needed her incisive and thorough analysis: the factors, within the subjective experience of the foster parent, that are most closely tied to constructive changes in foster children, including reflectiveness, availability, and attention to the child's intentionality.

The excellent book reviews continue to expand our theoretical understanding. One of the most challenging aspects of child welfare continues to be how to provide effective therapeutic care for troubled adolescents. David Scheinfeld presents the promising field of adventure therapy for troubled adolescents, and reviews the seminal contemporary compendium of work in this field, *Coming of Age*. Kathryn Cornell, a very experienced child welfare practitioner

and new scholar, reviews *The Development of the Person*, a full treatment of the Minnesota Study of Risk and Adaptation, led by Alan Sroufe. Cornell's discussion reviews this study, which is probably the most significant longitudinal study of human development of our time, with special emphasis on its implications for child welfare services.

This volume is dedicated to a member of our Editorial Board, Dr. Jane Roiter, who unfortunately passed away this year. In the course of a distinguished career in child welfare and clinical social work, Dr. Roiter gave generously of her time and support to her clients and colleagues over the years, and to this journal as well. She is greatly missed.

Illinois Child Welfare would not exist without you, our readers, and we are most appreciative of your continued support and feedback. We hope this volume enriches your perspectives on child welfare, and we continue to welcome your thoughts and contributions!

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