

home with the proper supports runs close to \$5,000 annually. At some point, however, the expensiveness of these services, which serve relatively small numbers of children, may collide with the mood of "ephemeralization" that is sweeping the social work profession. This mood is described by Bernard Gelfand who wrote:

One might predict that the preferred mode of future treatment will be delivered in large groups which have relatively few contacts and in which the principle of peer helping is emphasized. . . . Social treatment made rapid strides in its ability to ephemeralize, that is to provide more and better service to clients through the expenditure of less time, energy and personnel.

As one consequence of this ephemeralization, the multi-problem, poor Jewish family tends to slip through today's network of community services that is composed so heavily of crisis-

oriented programs, group treatment modalities and brief treatment services that demand a high degree of client motivation and self-responsibility.

5. To reduce costs, agencies may have to develop forms of practice that systematically include paraprofessional workers, volunteer or paid, and that space out long time service. Otherwise one caseworker can be tied up for years with a caseload of 15-20 children and their parents and there obviously is not enough money, let alone conviction, for such intensive service. Several current experiments in preventive services that utilize paraprofessional volunteers working under the direction of M.S.W. social workers should be watched carefully.

<sup>7</sup> Bernard Gelfand, "Emerging Trends in Social Treatment," *Social Casework*, Volume LIII, Number 3, pp. 156-162.

## Emerging Trends in Services to Children\*

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*Two contradictory trends seem to be developing . . . At the political level there is a constriction of interest in and allocation of funds to child welfare services. At the professional level and at the level of private welfare agencies the effort and interest are in expanding services by encompassing greater numbers of children and enlarging the types of available modes of service.*

MY point of view is that of a layman, a director of a child welfare agency, a member of the Chicago Jewish Community, and the spouse of a social worker and family therapist.\*\*

As background, I want to give a general overview of services to children.

Two contradictory trends seem to be developing in Chicago and throughout the State of Illinois. At the political level there is a constriction of interest in and allocation of funds to child welfare services. At the professional level and at the level of private welfare agencies the effort and interest are in expanding services by encompassing greater numbers of children and enlarging the types of available modes of service.

A recent statistical study discloses the disappearance of child welfare services in their own right — either by mergers or by the elimination of separate child welfare departments in public and private welfare agencies. Historically, this presages a shift away from services which give first priority to their child component.

It is increasingly self-evident that children need advocates. And it is apparent from the reality around us that

children are the underdogs on the playing-field of advocacy and vested interests. Children have no vote. Adults do not seem to identify with needs of children. Adults seem to forget where they have been. Adults focus on where they are now: the problems of adulthood; and where they are going: the problems of aging.

Commitment to children is a myth. My guess is that we do not put our money where our mouth is. I would guess that proportionate to population representation, less money is allocated to services to children than other population categories, as for example, the elderly. Look at the agendas of local Jewish Federations. How often are children the focus of concern? Even the 1974 meeting agenda of this very conference glossed over the unique needs and problems of children.

A major reason for the constriction of child welfare services is the high cost involved, particularly for institutional care. Children require more care than adults. They cannot fulfill their own needs as well as adults. The range of problems and the corresponding range of services which must be kept available for children in need seem to be greater than with adults. Moreover, the problems of high unit costs are accentuated by the current leveling or in some cases reduction in community contributions to support private welfare services.

\* Presented at Meeting of the Association of Jewish Family and Children's Agencies on November 20, 1975.

\*\* My remarks and thoughts incorporate in large measure the ideas and expertise of Morris Davids, Executive Director of JCB.

The inevitable consequence of these cost and funding trends has been to force private child welfare agencies to become more and more dependent on public funds. JCB, for example, looks to the State of Illinois for 88 percent of the cost of its residential treatment services. Furthermore, sectarian agencies, such as JCB, have the added difficulty of trying to maintain a Jewish-focused program in a social climate of affirmative action, which creates reverse discriminatory practices.

Inflationary pressures and reduced funding have forced private child welfare agencies to decrease or eliminate services, at a time when the demand for service is growing. In an attempt to meet these demands, one sees an accelerating effort to develop innovative or new types of lower-unit-cost intervention services. For example, we see growing emphasis on community-based services such as outreach, day programs, advocacy programs, use of para-professionals, use of former recipients of service — addicts, alcoholics, child abusers. Many of these programs are very productive, but only when tied to professionally sound, firmly established agencies. A real danger in the trend lies in the high value placed on these services by the community without the understanding that unless they are integrated into a full range of quality available services their ultimate impact will be little more than cosmetic.

At JCB and in Chicago many variations in services are being explored and put into place.

One finds an expansion of family oriented programs and family therapy. Of course, many families cannot use all these services. The key is to be flexible and not rigidly apply any one treatment approach. For example, unwavering use of family therapy often leaves the children holding the bag.

Greater reliance is being placed on

homemaker services. These help in caring for children, particularly young children, whose parents are involved in a catastrophic situation. They are also used with parents involved in child abuse situations or crises arising from desertion of one parent and hospitalization. In general, homemaker services constitute a short term, stop-gap solution to an immediate crisis. They do not get to the underlying issues creating the crises.

A variation on the homemaker theme is a combination of homemaker services and in-home child care workers and social workers. In effect, this is the old-fashioned home visit on a more extended basis. In its most intensive phase it brings the treatment mode of residential services into the home.

Significant new emphasis is being placed on day treatment or day hospital services. Here the child is immersed in a therapeutic milieu during most of the day but goes home to sleep. This service mode uses child care workers and social workers, supported by psychological and psychiatric consultation, when necessary. The concept is professionally accepted. Barriers are being encountered, however, with third party payers, *i.e.*, insurance companies which are very slow to qualify such services as reimbursable expenses.

At JCB we are exploring and have in place modifications of the traditional residential treatment service. We are using specialized group foster homes. Foster parents are subsidized or employed by the agency which also owns or rents the apartment or house in which the family lives. We are exploring the use of five-day week group homes. The children go home over the weekends, usually to foster homes. We are using short-term placements in residential centers. We have small group homes at various levels of intensity, from the most intensive to intermediate and tran-

sitional. We are examining the feasibility of community-oriented, time-limited intensive residential treatment centers for diagnostic purposes to help in formulating treatment objectives. We are expanding the use of volunteers for indirect services to children. And, finally, we are increasing our emphasis on Jewish identity with a view to improving the quality of Jewish family life. We have a young rabbi on our staff who brings himself and his Judaism to our children and who brings those of our children who desire into his home for Sabbath and other Jewish occasions.

In closing, where does this all leave us?

At the political level, we find the need to combat the shrinkage of commitment

to serving children. At the board level, we see the need to resolve the problems of program, identity and control which arise from growing reliance on public funds to support private agencies. At the professional level, there is a critical need to innovate; to create new programs; to modify traditional modes of treatment in order to serve more children at lower unit costs; to stretch the budget dollar without sacrificing quantity or quality of service. And at the lay level, there is the need to understand and respect children and their unique problems and demands; to speak out on their behalf; to put the muscle of the adult community behind our high-flung rhetoric about how important our youth are to us.