PREPARING THE NEXT GENERATION
Some Perspectives on Children's Services

MARGARET WEINER, MSW
Associate Executive Director, Jewish Family Service, Southfield, Michigan

The work performed by Jewish Family Service agencies on behalf of children has changed in accordance with changing needs and service modalities, both inside and outside the Jewish community. Promoting wellness needs to be given as much attention as treating pathology, and whenever possible, professionals should work with families, even when the child is the identified patient.

The approach of a new millennium lends itself to ritualized, hyperbolic expressions of how we view ourselves and our world. Doomsayers run rampant and pollyannas are everywhere. Maybe, as Dickens said about another time of upheaval, this is both the best of times and the worst of times—one of major transitions with all the discomforts and opportunities that accompany such times. Consider the likely landscape of social services for children in North America in the late twentieth century and early in the twenty-first century.

THE LANDSCAPE

This likely landscape is based on the following characteristics of U.S. children in the 1990s (U.S. Bureau of the Census, 1996):

- Of the 70 million children under age 18 in 1995: 69 percent lived with both parents, 27 percent lived with one parent only, and 4 percent lived with neither parent.
- In 1992–94, 1.6 percent of all children under 18 had no health insurance coverage.
- In 1992, 15 million children under 18 were participating in selected means-tested government assistance programs.
- In 1994, there were 302,350 juvenile arrests (ages 10–17) for selected offenses, including violent crime, drug abuse, and weapon law violations.
- In 1994, there were 875,711 victims of substantiated child abuse and neglect under age 18.
- Of children age 12 to 17 who have ever used drugs, 41.2 percent have used alcohol, 33.5 percent have used cigarettes, and 16 percent have used marijuana. Another 6.2 percent have sampled inhalants, 4.7 percent have experimented with analgesics (excluding over-the-counter drugs), and 0.4 percent have acknowledged taking cocaine.

Social engineering is driven by money and politics. Federal health and welfare programs, previously considered untouchable, are now targeted for devolution, effectively removing a national standard of support for poor people. Changes in welfare policy may force a shift of funds from quality-of-life services to survival services (Videka-Sherman & Viggiani, 1996).

Two pieces of federal legislation—the Family Preservation and Support Services Act of 1993 and the Personal Responsibility and Work Opportunity Act of 1996—authorized decreased funding for both residential placements (including hospitalization) and community-based care for at-risk families and their children, with an increased emphasis on cost-containment and outcome measurement (Brissett-Chapman, 1997). Thus, what is euphemistically dubbed "family preservation" is more appropriately geared to doing just the reverse, in that it dilutes much of what used to comprise governmental supports for families, especially for poor families with children with disabilities or other major mental health needs.

Conventional wisdom, repeatedly supported by research, tells us that the development of a child's self-concept and social behavior is shaped by a multitude of circumstances, including, most importantly, the family's child-rearing attitudes and behaviors and the beliefs, standards, and values of the community and culture within which the family lives. Family, regardless of composition or structure, is the context for learning respect for self and for others, for learning empathy, reciprocity, and the balance between cooperation and competition. Family relationships offer a model of and practice in managing self-interest and caring for others and developing moral reasoning and prosocial behaviors.

The "good enough" family has a sense of order (not rigidity), predictability (not erratic or unreasoning rote behavior), reasonable optimism about the future, an appropriate mix of intimacy and distance, and loyalty to the family unit with tolerance for individualism. Parents in such families offer affection, acceptance, and rational discipline. They expect mature behavior appropriate to the child's level of development and model social behaviors among other friends and in the community; they expect the child to assume responsibility in getting along with others and to talk about the consequences—and act accordingly—as problems or challenges develop.

The Jewish family performs the same functions as other families, with the additional task of ensuring the transmission of Jewish values and continuity. The American Jewish landscape looks like this as we approach the twenty-first century (Hoenig, 1992):

- The number of single-parent households with children will increase. As of 1990, nearly 14 percent of all Jewish or mixed-Jewish households with children were headed by a single parent.
- Jewish families will continue to have fewer children than the rest of the population.
- Demand for adoption services by Jewish families will grow, and the frequency of adoption is likely to increase.
- The number of stepfamilies with children from previous marriages is likely to grow.
- There are more than 1.5 million two-earner Jewish households, and 75 percent of all Jewish women age 25 to 44 are employed. The growing number of Jewish children of two-wage earner families will have special needs.
- Approximately 90 percent of Jewish youth will attend college, and one-third will continue on to graduate school.

POLICY AND PROGRAM IMPERATIVES

The work performed by Jewish Family Service (JFS) agencies directly for and on behalf of children has had to change in accordance with the changing needs and service modalities, both inside and outside the Jewish community. Within that context, promoting wellness needs to be given as much attention as treating pathology. Such an approach focuses on promoting mental health through such methods as the training of young children in problem-solving techniques, the use of primary prevention programs in the schools, and small, interactive parent workshops on child development issues. (For example, how many parents know that "normal lying" is not "bad," but fulfills a developmental function?)

JFS agencies must also work according to a changed concept of intensive care. Today, the most common form of intensive treatment is not residential care, but rather a combination of therapeutic interventions and support services that are directed at both the child and the family. Providing this coordinated care requires increased community-wide coordination and cross-agency linkages. Wherever possible, professionals should work with families, even when the child is the identified client or patient. Consider, for example, substance abuse education. Decades of research has shown that "a more effective way to implement positive changes in children is to intervene first with families... target, not children in isolation, but children within the context of families... and families within a community context" (Hall, 1996).

Family education can also be used to dispense with some "pop psychology" myths that add to family stress. For example, single-

parent families are neither a new phenomenon in our history—separated families were a part of every great migration wave—nor are they intrinsically unhealthy. Based on 35 years in the field, I feel confident stating that it is not divorce per se that strongly influences the development of a child, but rather such other factors as parental warfare before and after the divorce, parenting skills, the availability of environmental support outside the family, and the child's own physical state and competency. At the same time, I believe that certain common practices related to the divorcing family need to be questioned seriously, most specifically that of joint custody. Recent findings suggest that "entrusting the custody of young children to their (divorced) parents jointly, especially where the shared responsibility and control includes alternating physical custody, is insupportable when parents are severely antagonistic and embattled" (Goldstein et al., 1996).

As other groups in our society demand "cultural competency" from those agency staffs who work with their constituencies, JFS agencies need to determine in what ways our organizations can become more culturally competent with respect to our own population. Specifically, cultural competency denotes the ability to transform knowledge and cultural awareness into specific health or psychosocial interventions that support and sustain healthy client-system functioning within the appropriate Jewish cultural context (McPhatter, 1997).

Some of these interventions constitute direct extensions of Jewish law or practices. Others trace their origins to broader societal issues or trends. But in order to fit properly within the rubric of services offered by a JFS agency, all must either respond to a critical need within the Jewish community or else offer an added Jewish dimension or sensitivity that our client families might not find elsewhere.

THE STATUS OF CHILDREN'S SERVICES IN JEWISH AGENCIES

Overall, large agencies can provide more specialized care to children than smaller agencies, although smaller communities like Portland, Oregon and those in the Southeast have demonstrated that size alone need not be a barrier in the provision of quality services to Jewish children in need. In the case of out-of-home care and adoption, even larger communities face issues of economy of scale; where these programs exist at all, they are often nonsectarian and offer a wide range of options, including kinship care, foster care, and financial assistance to services provided out-of-state. For some agencies, the rationale for continuing these services at all is to ensure *kashrut* and other Jewish observances for the child who requires them. For others, these programs become their demonstration of service to the community at large. Only very large cities like New York can offer an exclusively Jewish, complete child welfare service; for example, OHEL in Brooklyn, which offers foster care, adoption, and group residences. Significantly, almost every community that engages in adoption services shows a commitment to expansion and enrichment of their programs, including pre- and post-adoption services, aggressive recruitment of birth mothers, and the involvement of the birth mothers in the placement process. Various forms of counseling, family life education, and referral services—both for and on behalf of children—remain core to most agencies. Here are some specific examples.

New Orleans

The Jewish Children's Regional Service is a social work agency and charitable fund that serves Jewish children and young adults in seven southern states: Louisiana, Texas, Alabama, Mississippi, Tennessee, Oklahoma, and Arkansas. The agency began in 1855 as an orphanage. Primary services today include scholarships for college education, overnight camp, and out-of-home care. About 350 children are helped annually (approximately one-third of whom are new Americans), but fewer than 25 of these receive out-of-home care, including Boarding schools, foster homes, and residential treatment. The agency also

conducts home studies and consults on problems related to the developmental needs of children.

Philadelphia

Twenty-five years ago, most of this agency's caseload was Jewish. Although the agency now serves 125 children in foster care and another 100 children each year in services to children in their own homes, currently only 5 percent of these children are Jewish. The agency perceives its child welfare services as crucial to its overall role in the community, as is maintaining a service that can then be available when a Jewish child needs it. Since the balance of the agency's programs serves mainly Jewish individuals and their families, the child welfare service allows it to fulfill its mission of *tikkun olam* to the larger world. The agency provides adoption services for other foster care agencies in the community and offers independent adoptions and adoption counseling in a program called "Paths to Parenthood." A privately funded program offers mediation and counseling to refugee children from the Former Soviet Union in the school system and their families. Finally, the agency services hundreds of children each year through its counseling, psychological testing, and Jewish Family Life Education programs.

Atlanta

One of the ways in which the Atlanta JF&CS is positioning itself to attract mainstream Jewish families is by enriching its services to children and adolescents and creating a separate department to highlight this endeavor. Included are specialized counseling services: art and play therapy; psychological testing; psychiatric assessment and medication management; a Jewish Big Brother/Big Sister program; social work services to Jewish day schools, synagogue preschools, and Head Start; college counseling, and the separately named nonsectarian "Cradle of Love Adoption Counseling and Services" program.

Boston

This agency has five primary areas of child and family programming. "Adoption Resources" is a fully licensed adoption and foster care agency that provides placements and assistance for identified, designated, and international adoptions. A licensed mental health clinic with two locations provides a range of clinical services to children and families, including individual and family therapy, group counseling, and educational programs. The agency's parenting programs offer visiting moms to families who are expecting or who have new babies, as well for abuse prevention and parent education. The "Center for Divorcing Families" provides predivorce parent education classes; support groups for parents, children, and teens; and individual and family counseling. Finally, the agency's community services division offers a variety of Family Life Education programs that incorporate family development, Jewish identity and culture, and, among its most successful endeavors, a communications workshop, "Parents and Teens Together."

Portland, Oregon

This JFS agency works with parents of special-needs children to promote community awareness and inclusion and to create both online information on resources and a mentoring program for parents. In addition, the agency's child therapist is specially trained in animal-assisted therapy. Brooke, a trained therapy dog, joins the therapist in most appointments, helping children feel safe and verbalize their feelings.

Cleveland

Twenty years ago, Bellefaire, an historically Jewish residential treatment facility, had 100 beds; by contrast, today it has only 48 beds and serves a predominantly non-Jewish population. The ratio here is similar to that of its therapeutic foster care program, in which only 15 percent of the children are Jewish. In addition, Bellefaire maintains both a tradi-

tional and independent adoption program, which is about 25 percent Jewish. Their Early Childhood Services program offers group day care and family day care, serving about 100 children of whom 75 percent are Jewish. The facility is concerned with maintaining its Jewish identity and marketing services in the Jewish community.

Detroit

The Detroit JFS provides services to children primarily through family-centered services, including a family violence prevention and treatment program, WINDOWS, which is nonsectarian but has almost all Jewish clients, and specialized services, such as therapy groups for children of divorce, groups for children with attention deficit hyperactivity disorder (ADHD), and a bilingual group for Russian adolescents. Work with parents includes parenting workshops and interactive workshops for divorced fathers and mothers and for parents of children with ADHD. With a few exceptions, out-of-home placements ended in 1980 in response to rising costs and funding cuts. The agency is licensed for foster care, but uses this program only for infant care leading to adoption. The adoption program concentrates on home studies (nine of which are in process as this article was being written), post-adoption support services, and search and reunion activity. A nonsectarian full-fee educational consultation services has just been initiated to help families place their children in specialized facilities, usually therapeutic Boarding schools.

San Francisco

The agency offers early intervention through child evaluation, play activity groups, and tutoring and mentoring. There is a focus on healthy child development and family functioning through parenting workshops, family counseling, worksite programs, therapy groups, and transitional housing and other supports for homeless women with children. The adoption program offers home studies, placement workshops, and counseling.

Baltimore

As the only Jewish foster-care provider in the state, the Baltimore JFS has maintained a traditional Jewish-only foster care program since the 1940s. Averaging only one or two placements per year, however, the high costs (primarily to recruit and train Jewish foster parents) almost forced the program's closure several years ago. Then, in response to the need for more specialized therapeutic foster care placements, the agency negotiated with the State of Maryland to provide this more intensive level of care to both the Jewish and non-Jewish communities. The program remains small, however, with a capacity of 12 beds. The agency's "Adoption Alliances" program also runs on a nonsectarian basis for both domestic and international placements. About one-third of the adopting families (26 total last year) are Jewish. Other programs within the Children's Department include individual and group counseling (the latter specifically for the children of separated, divorced, or remarried families), parent guidance services, a school and camp consultation program, play therapy for young children, individual and group therapy for adolescents, family therapy, and a newly instituted psychoeducational testing service for children with behavioral or learning difficulties.

FUTURE DIRECTIONS

The North American Jewish community can boast of a long history of quality services on behalf of children and their families. Many of these services have, in fact, been replicated by other agencies and government entities. Invariably, however, new needs emerge.

- We must not assume that divorce is the only cause of single-parent families in our community. In addition to the growing but still small movement of single Jewish parents by choice, most often professional women in their thirties and forties who choose to give birth or adopt a child without the benefit of marriage, there are many Jewish children who have lost a parent to AIDS or other terminal illness. This latter group of children and their other surviving family members often need a variety of individual and group support services to help them cope with their loss and the issues surrounding it.
- Day care, the rallying cry of the past few decades, remains a critical need for families of all income levels and should include before-school and after-school care, as well as infant care and the care of children pre-kindergarten. In addition, the need for respite care, both in and out of the home, seems to grow each year, especially among families who are raising children with special needs or who are caring for chronically ill family members.
- Even though Jewish families move frequently and often far away from each other, extended family members provide a significant potential resource. Because we live longer today, on average each grandchild has twice as many grandparents as his or her parents did when they were young (Dytchwold & Flower, 1988). Increasingly, grandparents are called upon to help in situations of divorce, trauma, or financial distress, and such situations become more complicated as people marry and sometimes divorce again. JFS agencies can help strengthen intergenerational family ties and promote intergenerational activities that benefit all participants.
- We are in need of increased inclusionary programming and supportive services for families raising children with disabilities. Within this context, adoption subsidies and in-home services can and should be made available to help in the adoption of special-needs children. Additionally, we need to educate our communities to accept and support such adoptions.
- Opportunities for psychoeducational programs should be expanded, be they in the form of family retreats, single-session programs, or interactive workshops around life-cycle issues and other special concerns. Relevant topics may include infant care, babysitting, living with a child diagnosed with ADHD, coping with infertility, working with a cross-cultural adoption, or the experience of a family Shabbat. This type of format is often more flexible and more effective than individual counseling and is useful in avoiding the stigma that may be associated with one-on-one treatment.
- There remains, however, an important role for treatment. Time-limited, focused therapy groups are particularly useful in working with children of divorced families, adolescents of refugee families who are experiencing difficulties in integrating into their new schools, and children with behavioral or learning problems. Family and group therapies are cost-effective methods that are congruent with a number of theoretical bases. Individualized, long-term, or multifaceted treatment should be reserved for children facing more serious, long-term adjustment difficulties or who have been diagnosed with a severe or persistent mental illness.
- Finally, out-of-home care will always be needed and used by a small population. When placement in a foster-care or residential treatment setting becomes inevitable, the following elements must be taken into account: the child's needs for family continuity, the child's sense of time, and recognition of the judicial system's fallibility with regard to making long-range prognostications about family relationships, as well as its inability to monitor effectively what happens in a family (Goldstein et al., 1996).

UNANSWERED QUESTIONS

Looking at the landscape and current trends, some questions come to mind. How will the public and private sectors connect in relation to children's services? What will the next generation of safety nets look like? Will there even be a next generation of "safety nets?" How will our agencies assign priority to services for the aged and services for the young? Will JFS agencies continue to be trendsetters, considering the emphasis on cost containment?

There are no easy answers, but our past and present experiences tell us that JFS agencies are dynamic, adaptable organizations committed to Jewish continuity, and to high standards of practice. Somehow we always find a way.

ACKNOWLEDGMENTS

The author is indebted to Eileen Nagel Rafield of the Jewish Child Care Association of New York for her help in obtaining information about JFS agencies.

REFERENCES

Brissett-Chapman, Sheryl. (1997). Child protection risk assessment and African-American children: Cultural ramifications for families and communities. *Child Welfare, 1,* 49.

Dytchwold, Ken, & Flower, Joe. (1988). *Age wave.* Los Angeles: J.P. Tarcher.

Goldstein, Joseph, Solnit, Albert J., Goldstein, Sonja, & Freud, Anna. (1996). *The best interests of the child.* New York: The Free Press.

Hall, Nancy W. (1996). Drug policy in context: Using what we know to effect change for children. In Zigler, Edward F., Kagan, Sharon Lynn, & Hall, Nancy W. (Eds.), *Children, families and government: Preparing for the 21st century* (p. 296). New York: Cambridge University Press.

Hoenig, Barbara S. (1992, September). *Jewish environmental scan towards the year 2000.* New York: Council of Jewish Federations.

McPhatter, Anna R. (1997). Cultural competence in child welfare: What is it? How do we achieve it? What happens without it? *Child Welfare, 1,* 261.

U.S. Bureau of the Census. (1996). *Statistical abstract of the United States,* 116th ed. Washington, DC: Author.

Videka-Sherman, Lynn, & Viggiani, Pamela. (1996). The impact of federal policy changes on children: Research needs for the future. *Social Work, 4,* 595.

OLDER ADULT SERVICES
Adaptation and Innovation

HARRY CITRON, LCSW
Director
and
JANET B. KURLAND, LCSW
Associate Director
Older Adult Services, Jewish Family Services of Central Maryland, Baltimore

Blending their combined professional experiences of eighty-plus years, the authors use a case study approach to the evolution of services to older adults in the Jewish community. Competition from both for-profit and nonsectarian nonprofit agencies has encouraged viewing the client as a customer and as a true partner in the service delivery process. Change is our only constant.

The admonition, "Do not cast me off in the time of my old age; forsake me not when my strength fails me" (Psalms 71:9), has guided Jewish Family Service (JFS) agencies in their provision of support for the elderly. With a long history of age-sensitive programs, they now experience a multitude of forces that threaten to alter, shrink, or even eliminate vital services. These forces challenge our most creative thinking and demand new designs and new approaches.

HISTORY

Jewish communal responses to human need have been well documented elsewhere (Steinitz, 1986). Since the 1655 directive to the early Jewish settlers of New Amsterdam "not to become a burden to the community, [but] to support your own," Jewish communities have sought to fulfill this imperative. Communally sponsored hospitals, geriatric nursing centers, Jewish Community Centers, and more have provided care for the elderly while adhering to Jewish values of honoring one's father and mother and repairing the world *(tikkun olam).*

Care of the elderly by JFS agencies dates to the beginning of this century. However, discrete departments did not emerge until 1953, when a special agency unit was developed in Philadelphia as a guarantee that their "elderly would be served adequately." An internal study had revealed that many staff disliked working with the aged; hence the need for a special unit.

Three years later, Jewish Family Services of Central Maryland established a Department of Aging "to help maintain aged individuals in family and community life for as long as their physical and mental health allow them to do so." Other agencies followed suit, until virtually all JFSs could boast at least one elder-care specialist, primarily for the provision of counseling and case management.

DEMOGRAPHICS

Two striking demographic trends are an increase in the absolute number of aged Jews and in the proportion of the Jewish community that is elderly. In contrast to the general population, of which 12.6 percent were 65 years or older in 1991, in the Jewish community that proportion was closer to 18 percent, with one-third of the Jewish elderly over the

In preparing for this article, we contacted several Jewish Family service agencies, both large and small, representing diverse geographic locations. Problems faced and innovative adaptations were remarkably similar. The authors dedicate this article to our former Executive Director, Lucy Y. Steinitz, who for fifteen years provided our agency with unique leadership, knowledge, creativity, and vision.