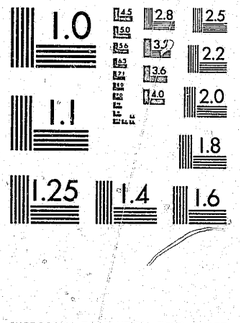

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
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CHILD NEGLECT:

MOBILIZING SERVICES

THE USER MANUAL SERIES

This manual was developed and written by Carolyn Hally, Nancy F. Polansky and Norman A. Polansky. It was edited and produced by Kirschner Associates, Inc., Washington, D.C., under Contract No. HEW-105-77-1050.

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PREFACE

Few social problems create greater confusion than child neglect. At first, the problem seems a straightforward demand for action. A child is reportedly living in an unsafe home, chronically hungry, wandering unsupervised--in short, neglected. "Obviously," the child's chances of growing up competent and happy are dismal. Unmistakably, somebody should do something. By general consent, the person elected to the task is a child protective services (CPS) worker.

Obviously, the CPS worker should begin by getting in touch with the child and the parents to ascertain whether the care is, in fact, so poor that outside intervention into the private life of the family is warranted. If intervention seems needed, the worker will not draw back, but will begin the steps necessary to protect the child right now and in the future. And it is about here that the sense of righteous certainty begins to falter.

There are cases brought in by the police of young children abandoned by both parents for two or three days. There are instances of parents so incapacitated by drugs, alcohol, or serious mental illness that there is no doubt that the children must be rescued immediately. Even though appropriate stand-by arrangements must be available when rescue is urgent, such clear cases of neglect make up only a small percentage of reports. Far more typical are families where the children's care is chronically undesirable but not life-threatening; where there are only undesirable alternatives from which to choose. Psychologists have long known that choosing among things a person wants is not only pleasant, but takes less time than choosing among evils.[2]

This manual is intended to supplement the monograph, *Child Neglect: Understanding and Reaching the Parents*, by Polansky, DeSaix and Sharlin, published by the Child Welfare League of American in 1972. There are new findings that need to be shared; and the treatment of neglectful families can now be placed in a larger context. There is also some recent progress in the treatment of the problem.

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[1] N. A. Polansky, C. Doroff, E. Kramer, D. S. Hess and L. Pollane. Public opinion and intervention in neglect." *Social Work Research and Abstracts*, 14: 11-15, 1978.

[2] D. Cartwright and L. Festinger. "A quantitative theory of decision." *Psychological Review*, 50: 595-621, 1943.

Child neglect once dealt primarily with how the worker adapts casework techniques to fit parental diagnoses. Later work, however, demonstrated that even skilled, intensive casework usually must be supplemented and coordinated with other forms of helping. The CPS worker, in other words, must have a range of resources on which to call to meet clients' needs. In this manual, therefore, the emphasis shifts to the role of the larger community and its other services in the social treatment of neglect.

The hope is to inform; the hope is also to reduce the overwhelming sense of ambiguity that new workers often experience. It is not the intent of this manual, however, to suggest that something rather complicated is really very simple. Treatment has to be organized around planning that is optimistic enough to try for ideal solutions. It also has to be realistic enough to ensure that there are backup solutions. Planning programs for the treatment of marginal and substandard child care is planning for uncertainty. Uncertainty is constructive when it is a reminder that there is a lot more to learn. And, when it comes to treating neglect, uncertainty plagues the experts only somewhat less than it does those just beginning the work.

Child Neglect: Mobilizing Services is one in a series of manuals based on the *Draft Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects*.*

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*Other manuals in this series address related topics such as the roles of various professionals in preventing and treating child abuse and neglect, community planning, and self-help. Readers are encouraged to consult other manuals for additional information on ways in which child abuse and neglect can be most effectively addressed in their communities. Information about other manuals in this series may be obtained from the National Center on Child Abuse and Neglect.

I

OVERVIEW OF CHILD NEGLECT

THE PROBLEM IN CONTEXT

The neglected

- *child* is part of a
- *family*, residing in a
- *neighborhood*. The latter, in turn, helps make up a
- *community* which is part of a larger
- *society* whose natural *economic* and *political* variations it shares and whose cultural *values*, including those about child rearing, largely determine its own.

These statements are truisms following a simple principle of inclusion. While, in themselves, they reveal nothing that is new, they serve to reinforce the fact that neglect seldom occurs in isolation from its various social contexts.

Even the definition of neglect is relative to the standards of the society where it occurs. To be sure, there are parental failures, such as starving an infant, whose effects are so physical and--again--so obvious that abhorrence of them hardly seems a matter of culture. Yet, there have been communities as civilized as the Greeks in which damaged infants and unwanted daughters were simply left on hillsides to die of exposure. Americans would regard such actions as more than neglect, as infanticide or child murder. Therefore, it is clear that any definition of neglect is culturally relative, and that the meaning in the United States, or even in one area of the United States, need not be the same as might apply elsewhere.

In the context of American society, the definition of neglect cannot stray too far from that which is acceptable to "most people," or CPS workers will not have community support behind them. Fortunately, despite a number of gray areas and ambiguities, there seems to be substantial agreement about what constitutes child care that is below standard. A recent study indicates that on "gut-level" issues regarding child care, reactions of social workers

were very similar to those of low-income, blue collar mothers; and the latter, in turn, were in surprising agreement with upper income and middle class mothers.[1] While blue-collar mothers put more emphasis on physical care, there was also great similarity of opinion about emotional care and cognitive stimulation. It is not certain that ignoring a four year old who comes crying with a hurt, or a six year old who wants to talk about school will damage their personalities; however, most mothers agree that these are inappropriate ways to handle children.

Although there is some consensus about what constitutes minimally adequate child care, because of the nature of American society there are limitations as to what professionals can do about neglectful parents; laws protect these families from unreasonable intrusion.

Perhaps it is possible to draw some inferences from viewing neglect in its societal context. Perhaps the neglectful couple is just one example of a more general community or societal trend. Such thoughts offer relief from the frustrations of working with individual families, since no one expects each worker to alter society as a whole. Moreover, there are some observations to support the belief that "society is to blame." Indifference to parenthood has become increasingly widespread. And estimates of the extent of child maltreatment have consistently erred on the side of conservatism.

Research has shown that the rate of reported child maltreatment correlates substantially with the affluence or poverty of neighborhoods.[2] Even neighborhoods at the same general economic level differ markedly with respect to how socially supportive, or how "socially impoverished," they are for their families. It is logical to conclude that a vulnerable family would be especially likely to have its child care deteriorate in a setting where neighbors are unfriendly and unhelpful. In a broader social context, it makes sense that in a place like Sweden where good day care is widely accessible and children's allowances are universal regardless of family income, all children benefit.[3] School lunch programs are

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[1] N. A. Polansky and D. P. Williams. "Class orientations to child neglect." *Social Work*, 23: 297-401, 1978.

[2] J. Garbarino and D. Sherman. *High risk neighborhoods and high risk families: the human ecology of child maltreatment*. Boy's Town, Nebraska: Center for the Study of Youth Development, 1978.

[3] L. F. Sanders. "Sweden's unique approach to child protection." *Child Abuse and Neglect Reports*, pp. 1-4, March 1944.

usually beneficial for neglected children, as they are for children in general. Thus, natural conditions and governmental programs that improve the quality of life for the whole society are likely to benefit the neglected child as well. Assessing the services available and, indeed, the overall well-being of communities will probably help to reduce rates of child neglect.

There is need for caution regarding theories of neglect that rely too heavily on general sociological theories. The typical neglectful family is atypical of its own social group; moreover, its relative isolation reduces its communication with its environment, and makes it less open to surrounding influences which might be beneficial. While neglectful parents are often aware of the child rearing values of their neighbors, they do not practice them. Neglectful parents are less involved in ordinary networks of mutual help, or even of socializing.[1] They are the lonelier of the Lonely Crowd; and many have been lonely all their lives.[2] It is important to bear in mind that even in at-risk settings, neglect is not universal; only some at-risk families will actually be neglectful. So the interdependence of neglected children and their community is a complicated one which cannot be readily designated as "societal neglect" without violating the facts.

IDENTIFYING NEGLECT

> Child neglect may be defined as a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience available present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities.[3]

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[1] N. A. Polansky, M. A. Chalmers, E. Buttenwieser and D. P. Williams. "Isolation of the neglectful families." *American Journal of Orthopsychiatry*, 49: 149-152, 1979.

[2] D. Reisman. *The Lonely Crowd*. New Haven: Yale University Press, 1950.

[3] N. A. Polansky, C. Hally and N. F. Polansky. *Profile of Neglect: A Survey of the State of Knowledge of Child Neglect*. Washington, D.C.: Department of Health, Education and Welfare, Community Services Administration, 1975, p. 5.

In contrast to incidents of child abuse, in which damage is inflicted, neglect is characterized by *omission*. That which should have been done, was not. This does not mean, however, that child neglect is less serious for, like abuse, it may prove lethal. Potentially lethal neglect includes such omissions as: failure to feed and nurture an infant; abandonment of very young children;[1] delay in obtaining urgent medical care. Whereas abuse typically consists of discrete occurrences, neglect is likely to be chronic. In fact, it might be more appropriate to collect statistics on the prevalence of neglect--the number of neglect cases at any one time--than on its incidence, or the number of new cases per year.

Beyond its verbal definition, how may neglect be defined operationally? By what measures or indices can a family be characterized as neglectful? At this time, there are few specific and concrete standards universally in use. However, the next section describes one method of evaluating the quality of child care.

Childhood Level of Living Scale

The authors have developed a method of scaling essential elements of child care dealing with "gut-level" issues. It is called the Childhood Level of Living Scale (CLL). The first version of the Childhood Level of Living Scale is given as an Appendix to the *Child Neglect* monograph mentioned in the Preface. That version was based on research among intact families in southern, rural Appalachia. Since then, an urban form of the scale has been developed for research among white, low income families in Philadelphia. This second version of the CLL is presented in the Appendix.

It is nearly impossible to devise a method for quantifying quality of child care without taking into account the age of the child. Parental efforts essential to the survival of an infant, for example, would be deemed inappropriate if applied to an eight year old. Both versions of the CLL are designed to apply to care of a child between four and seven years of age; however, it can be applied to a somewhat wider range. The urban form does not assume both parents are present. It covers nine factors, five descriptive of Physical Care, four descriptive of Emotional/Cognitive (or psychological) care.

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[1] D. M. Bullard, H. H. Glaser, M. C. Heagarty and E. C. Pivchik. "Failure to thrive in the neglected child." *American Journal of Orthopsychiatry*, 37: 688-690, 1967.

A major finding from both studies is that level of child care tends to be general. It is possible, for example, to find a family whose physical conditions are very much below standard, but whose love and stimulation of their youngster appear to compensate. But this is most atypical. Indeed, the correlation (r) between score on Physical Care and Emotional/Cognitive was found to be .81. Thus, odds are rather good that if children's housing, clothing, feeding and medical care are poor, the same will be found true of their psychological care. The generality implies that the level of care reflects something about the parents' total level of functioning and, indeed, this proved to be true.

WHAT NEEDS TO BE DONE

Services that nearly everyone may need at some point in time are especially necessary for neglectful families. A list of such services encompasses a surprisingly wide range:

- Emergency shelter
- Emergency child care/day care
- Homemaker services
- Free medical/dental clinics
- Public housing/welfare
- Transportation
- Family and marital counseling
- Mental health centers
- Vocational rehabilitation/employment
- Juvenile and family courts
- Foster care and adoption.

Potentially, each of these services can be used to prevent or treat neglect. For example, a psychotic mother should not be discharged from the hospital without taking into account her probable impact on her children. Mothering is not occupational therapy. Thus, in this case, the family may need multiple, concurrent services such as emergency child care/day care, homemaker services, transportation, and mental health counseling. A psychiatrist, a nurse, or a

hospital social worker may accept full responsibility for mobilizing these preventive services for the mother and her family, or they may refer the family to child protective services and request that CPS do so. The crucial point is that this potentially neglectful family situation is identified by the hospital and, in turn, responsibility is accepted for mobilizing a treatment plan to prevent the neglect from occurring.

Child welfare agencies currently devote the majority of their resources to the prevention and treatment of child neglect. Indeed, in a recent survey of the caseloads of all public social services agencies, neglect was the most frequently cited problem.[1] However, while the neglectful family may be of only marginal concern to one of the services listed above, for example day care, the assistance day care provides may be critical to the CPS worker's efforts to prevent further child neglect. Child protective services, thus, has a vested interest in the effectiveness and accessibility of a wide range of resources in the community. And each resource has a role in preventing or treating child neglect.

Although availability of a specific community resource may be a necessary condition to preventing or treating child neglect, a single resource, in and of itself, is seldom sufficient. For example, low income housing contains many families who practice substandard child care; much inadequate child care also is found in families on public welfare. Yet, it is impossible to attempt to treat neglect without adequate housing or income sufficient to meet the family's basic needs.

To go beyond the necessary to the sufficient conditions for preventing and treating child neglect, it is imperative that one agency, child protective services, take lead responsibility for the marginal or neglectful family. This responsibility involves working personally and individually with each member of the family, while mobilizing other resources in the community to assist in meeting the family's needs. In brief, the elements of the treatment process are the family, the CPS agency, and other professionals and social agencies. The task of CPS workers is to marshall these elements towards a common purpose--prevention of further neglect within the family.

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[1] *National Study of Social Services to Children and Their Families*. Washington, D.C.: Department of Health, Education, and Welfare, Office of Human Development, 1978.

To be effective in accomplishing this purpose, CPS workers must be given substantial authority to formulate and implement a treatment plan according to the needs of the family and individual family members. If CPS workers fail to accept or are not given this authority, the course of treatment for families is usually chaotic. Most neglectful families generate enough chaos internally without being subjected to more from their service providers. Thus, to maintain an orderly approach and to enhance CPS's and other service agencies' effectiveness with a neglectful family, CPS workers must accept lead responsibility and other service agencies must surrender autonomy with grace and accede to the CPS workers' requests whenever possible.

Finally, there seems to be a correlation between a difficult or multiple-problem family and the amount of interagency conflict regarding that family. Agencies frequently take their frustrations toward such a family out on each other, while the family pits one agency against the other. Thus, it is extremely important that, when interagency conflicts arise, the CPS worker and other service providers examine together the underlying dynamics and the family's manipulation of the service system. Further, if shared cases are not systematically examined and discussed, one agency may find itself aiding a family to undercut the CPS worker. This can result in everyone losing sight of their original purpose in working together--that is, to meet the needs of the neglected child and his or her family so that further neglect is prevented.

II

DYNAMIC VIEW OF THE NEGLECTFUL FAMILY

Neglectful parents differ from other parents at the same socioeconomic level. Although the parents may share many of the same life problems, the results for children of neglectful parents are far more drastic.[1] Neglectful parents suffer pervasive and profound character disorders, of which the two most frequent are the Apathy-Futility Syndrome and the Impulse-Ridden Character. Many children have one parent who does not function well, but the slack in meeting their needs is picked up by the other parent, or by a substitute parent figure. For neglected children, the "luck of the draw" is to have parents who are much alike, so that if one is inadequate the other is likely to be also.[2]

It is unfortunate that the word "infantile" has acquired derogatory connotations, because it describes very accurately the emotional functioning of neglectful parents. The word may also describe regressive feelings stirred in a CPS worker or other professional involved with the morass of a family's problems--fury at the inability to "defeat" a family member who makes unrealistic decisions, and futility about the hodgepodge the family makes of its life. So, it helps to remember that "infantile" means remnants of unfinished business left over from childhood.[3] Present unintelligible behavior proves, from the standpoint of the parent's history, to be an attempt to replay scenes from the unhappy past. Knowledge of this fact helps to maintain perspective and the will to continue to work with these families. It also gives direction to attempts to improve levels of child care.

Along with strengths, everyone has at least some vestiges of infantilism. The trouble with neglectful parents, typically, is that these elements are so pervasive. Research shows that the average neglectful parent, as compared with the non-neglectful parent also living in poverty, is: *more isolated*, has fewer

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[1] N. A. Polansky, M. A. Chalmers, E. Buttenwieser and D. P. Williams. "The absent father in child neglect." *Social Service Review*, in press, 1979.

[2] Ibid.

[3] N. A. Polansky, R. D. Borgman and C. DeSaix. *Roots of Futility*. San Francisco: Jossey-Bass, 1972.

relationships with others; less able to plan and to *control impulses*; less *confident* about the future; less *verbally accessible*; less equipped with a sense of *workmanship*; more plagued by psychological and psychosomatic *symptoms*. These are the problems for which Ruesch coined the term infantilism.[1] Neglectful parents go out less often, and participate less in formal organizations. As can be expected, they score significantly higher on a scale for *anomie* (or absence of social norms and values).[2] They are *isolated* from the informal helping networks in which their neighbors are typically well-embedded.[3] Many describe their CPS workers as the only concerned outsiders. As could be expected from the deprived circumstances of their own earlier lives, neglectful parents also score lower on *intelligence* testing than do their counterparts. The exhibit following this page summarizes the characteristics of neglectful parents.

Research shows that both the physical and psychological care received by a child is determined in large part by the character structure of the mother and, to a somewhat lesser extent, by that of the father. In low-income families, child care is still generally the responsibility of the mother. However, an inability to form interpersonal relationships is the most significant deficit in the fathers. These findings, of course, do not detract from or diminish admiration for parents who, despite poverty, inadequate and even dangerous housing, and a plethora of illnesses and emotional upsets, care for their children adequately. However, those identified as neglectful, whether they be a low, middle, or upper income family, are more vulnerable because of life-long traits; and their child care does, in fact, deteriorate.

It is often said that you cannot give love if you have never received it. Neglectful mothers often report profound sadness over not having been loved or wanted by their own mothers. Many have been in formal placement as children; even more have been given to relatives to rear for long periods of time. One mother's salient memory is hearing her mother say, "I cursed the day you were born."

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[1] J. Ruesch. "The infantile personality: the core problem of psychosomatic medicine." *Psychosomatic Medicine*, 10, 1948.

[2] N. A. Polansky, M. A. Chalmers, E. Buttenwieser and D. P. Williams. "The absent father in child neglect." op. cit.

[3] N. A. Polansky, M. A. Chalmers, E. Buttenwieser and D. P. Williams. "Isolation of the neglectful families." *American Journal of Orthopsychiatry*, 49, 1979.

EXHIBIT I

CHARACTERISTICS OF NEGLECTFUL PARENTS AS COMPARED TO NON-NEGLECTFUL PARENTS

Neglectful parents are *less*:

- involved with others
- able to plan
- able to control impulses
- confident about the future
- verbally accessible
- equipped with a sense of workmanship.

Neglectful parents are *more*:

- plagued by psychological and psychosomatic symptoms
- socially isolated--formally and informally
- isolated from informal helping networks.

Neglectful parents *score*:

- lower on intelligence testing
- higher on a scale for anomie.

Such mothers started life lonely, and lonely is the way they live.

In order to illustrate more vividly the present condition and cumulative life insults experienced by a neglectful family unit, two examples are given. The examples describe the two major categories of dysfunction found among neglectful parents, and indicate the present, potential, and inter-generational nature of the life they experience.

THE APATHY-FUTILITY SYNDROME

The street on which the Lord family lives is filled with litter and bounded on each end by warehouses, truck stops and high speed trains. A number of the row houses are boarded up with "condemned" signs tacked to their doors. Inside, the sagging couch keeps company with two wobbly wooden chairs stacked with dirty laundry mixed in with the clean. The single front window has cardboard stuffed into missing panes. The greasy kitchen table holds remnants of food--an open loaf of bread, soggy cereal in bowls and canned luncheon meat that looks rancid. Mrs. Lord is in her mid-thirties, the separated mother of seven children. Her stringy hair pulled back from her face into a ponytail accentuates her obese 240 pound frame which seldom moves from the sofa. From this position she talks on the telephone, yells at the children when they cross her path, and conducts her encounters with bill collectors. She is quite verbal but relates her life plight in a flat voice.

She was the first of four children born to a sixteen year old mother and an unknown father, and is self-described as an "unfortunate accident." Her mother whom she describes as "able to love only one person at a time" placed all the children except the last daughter. That girl is, according to Mrs. L., the "only sane one" and a good wife and mother. After five years in an institution, Mrs. L. was placed in foster care--five placements to be exact--whence she was removed because "they couldn't stand the stink." She was "put out" before she was sixteen and went back to her mother because, "Nobody wanted me, not even the social workers. So I got dumped." She stayed there less than a year--until she got pregnant and had her first child, Joy. Now, Joy is being reared by the grandmother who can love only one at a time. Mrs. L. has no contact with her mother or the other foster home-reared daughters. Her mother "calls her a whore." Her successful sister lends a listening ear from a distance and "sends a card at Christmas."

At eighteen, Mrs. Lord got a job as a machine operator in a poultry processing plant, the only job available for someone with only an eighth grade education. There she met, and began living with, John. The relationship lasted twelve years but they were never married because "he had another woman someplace else." It was a stormy relationship which split for the eighth time--"this is final," she says.

Eleven-year-old Jennie is expected by her mother to take care of the other children, all of whom are referred to as "little bastards." Jennie is older and larger than the other fourth graders and frequently is absent from school. Her mother allows this, expecting her to clean and cook when she is truant. However Jennie has taken to setting off for school, but has ended up wandering in the central city.

The seven-year-old boy, Jimmy, is restless, unable to concentrate in school and also often stays home. Mrs. Lord calls him "my little man," tells how happy she is when he "wants to sleep" with her and, in the same breath, how concerned she is that he has no friends and is failing in school.

The four preschoolers spend most of the day watching TV and squabbling. They seldom go outside. Mrs. Lord reports a great trick she has discovered for keeping the two-and-a-half year old quiet. She sits her on top of the washing machine and turns it on (without laundry). It vibrates, the child sings, and "it keeps her out of my hair."

The children all bear the scars of a mother who cannot communicate joy, interest, or even love. Yet she clings to them tightly because "they are my whole life." Mrs. Lord once called a mental health center about Jennie because of her running away. She was assigned a worker but, "She kept her eye on the clock and was never there when I needed her." She feels abandoned by the worker--a feeling with which she is very familiar. Meanwhile, she vegetates, time passes, and nothing helps.

THE IMPULSE RIDDEN CHARACTER

The impulsive parent is not, on first acquaintance, as easy to size up as the one who is apathetic. Protests of being "wronged" or "ratted on by that busybody" may seem to have elements of truth. It takes more than spot observations to verify the patterns of impulsivity. This home may be neat or just marginally disarrayed. But through history and ongoing contact, repetitive crises brought

about by impulsive, thoughtless decisionmaking are found. The children cannot feel confident about what is expected of them because discipline is so erratic. The mother who is loving one minute may be angrily rejecting the next for no apparent reason. The family is often hounded by creditors because of impulse buying. While the physical care is not obviously bad, children in these homes have little security, are abandoned and exposed to danger, and lack the comfort that develops from inner control.

The case of Mrs. Lewis exemplifies the impulse ridden character. Mrs. Lewis describes her mother as a cold person who warned her and her six brothers "not to get too attached to anybody." Her father, she says, often complained about what a thankless job being a parent was. She feels her parents were overprotective and too demanding, never giving approval. "No matter what you did it was never good enough. They ruled with an iron hand, choosing our friends, and 'strapping' us." She talks about feeling insecure and remembers being a bed wetter which got her a whipping, but it was never actually talked over.

When Mrs. Lewis graduated from high school with a good average, she got a job which she held for a year and a half. She decided to become a nun and was accepted by a local order. She bought the clothing and a trunk, but on the day she was to leave for the next state, she ran away and got married. "Whenever I am scared of anything new, I manage to run."

She is now divorced from her husband who, she says, beat her and their four children. After delivering the third child in three years, Mrs. Lewis turned herself in at a state psychiatric hospital, "so my husband could get a taste of what it was like to take care of babies, constantly changing diapers and listening to the squalling." Mrs. Lewis lives with her children in a look-alike little box of a house which on the interior is comfortable and orderly. She is neat in blouse and slacks and has short, stylish blond hair. There have been several transitory male friends "when I felt like it." But now she has a live-in friend, Joe, the brother of a man she had been seeing. He became a boarder at her house after his release from prison. "He makes me feel like a woman--God knows how long it will last."

Mrs. Lewis gets into jams periodically. The neighbors reported her for taking off with Joe for the weekend, leaving the eight-year-old daughter in charge. She complains that nobody helps her. "All I wanted to do was escape. I intended to come back . . . don't know why they can't leave me alone." Sometimes she gets hysterical,

threatening to "put the kids away." She has numerous creditors who call and come by. She says she spends all her money on the kids, including purchase of a bicycle for Ralph (who is two years old). Joe is mad at her now because she spent the money he gave her, to pay the phone bill, on new prescription sunglasses for herself. She explains, "I was tired of the old ones." She is now trying to talk her CPS worker into babysitting so she can go to the beach.

The children reflect Mrs. Lewis's restlessness, intolerance of stress, and lack of consistency. They never know what to expect, because she punishes them severely for something and later laughs off the same behavior. They "tune her out" and are hostilely compliant in the face of the threat of placement that she constantly talks about. The older child, Karen, is obese, withdrawn, and failing in school.

There are some positive elements here, although finding them is not easy. The CPS worker involved with the family is strong and not easily manipulated. And Mrs. Lewis says, "I like her. She is trying to get me to think about things before I do them."

III

TREATMENT FOR NEGLECTFUL FAMILIES

SALVAGING THE FAMILY

At times, the nuclear family seems to be a structure which has outlasted its evolutionary function. However, this is not the perception from the standpoint of child protective services. Parents who love each other and remain together, and who do a "good enough" job of child rearing are, at a minimum, an enormous convenience to the rest of the community. Providing paid staff to substitute artificially for the physical care that competent parents provide voluntarily requires intricate arrangements and great expense.

A number of influential writers have emphasized the psychological importance of permanent attachments for the growing child.[1] As Fraiberg discusses:

> We now know that a child who is deprived of human partners in the early years of life, or who has known shifting or unstable partnerships in the formative period of personality, may suffer permanent impairment in his capacity to love, to learn, to judge, and to abide by the laws of the human community.[2]

It is preferable, therefore, to try to make it possible for children to remain in their own homes, without being neglected.

Relevant work with families can be addressed under two headings--equilibrium maintenance and disequilibration.

Equilibrium Maintenance

Most families have a level of child care which typifies them. From time to time, the level may rise in response to some good fortune or because of a sudden influx of psychic energy in one of the partners, but the family then reverts to type. Child care may start to deteriorate when there is a crisis in the household, but

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[1] J. Goldstein, A. Freud and A. J. Solnit. *Beyond the Best Interests of the Child*. New York: Free Press, 1973.

[2] S. Fraiberg. *Every Child's Birthright: In Defense of Mothering*. New York: Basic Books, 1977, p. 113.

non-neglecting families appear to have built-in mechanisms that uphold the level of care and return it to their norm. These mechanisms, termed equilibrium-maintenance, are largely positive in these homes so that basic child care is among the last behaviors to deteriorate.

Examples of spontaneous equilibrium-maintenance mechanisms are:

- membership in an extended family sufficiently competent and successful so that, although each nuclear unit is usually expected to make it on its own, grandparents and other relatives step in when the need arises
- available savings that can be used to hire household help in a crisis
- parents who each have enough ego strength to do double duty to protect the children if a partner dies or becomes disabled
- skill in locating agency facilities.

If the family's spontaneous abilities to cope are overcome by the nature of the crisis, social institutions may be used to restore equilibrium. Services such as emergency shelters, emergency financial assistance, and housekeeping services work toward equilibrium restoration, as may child protective intervention. Where the deterioration, for example, arises out of severe conflict, marital counseling may be in order. Where the crisis is loss of a parent, the CPS worker sometimes provides a transitional, substitute relationship. Efforts designed to alleviate depression in a parent also aid in the restoration of equilibrium. So there are a variety of agencies and services present in any community whose efforts may be seen as preventing neglect, or treating it in its incipient stages.

Equilibrium-maintenance efforts make sense only under conditions in which a family has "something to go back to," that is where there is evidence of a child care norm which was once quite satisfactory. In general, such efforts apply to families in whom a rather sharp deterioration in the level of care is noted, with the deterioration relating to something identifiable in their lives. The "something identifiable" need not be as gross and situational as desertion by a parent. The birth of another child may upset the parents, if the husband suspects that he is not the father or if compulsive mothering makes the husband feel left out and deprived.

Disequilibration

It is important in working with families not to confuse equilibrium-maintaining devices with those needed for making change. Among character-disordered parents providing poor child care, there is likely to be an equilibrium, too. However, it sustains care at a low level and resists efforts by the worker to help the family shift to a higher level of care. When such a family begins to receive Aid to Families with Dependent Children (AFDC), for example, the results can be frustrating; that is, if the potential of AFDC is overestimated. AFDC is primarily a device to make it possible for families to remain together in the face of life's disasters. If properly used, it helps non-neglecting parents maintain their children's level of care. However, when the program is administered to neglectful parents without supportive services and counseling, there is very little about it that can lead to a shift in the level of child care, especially upward. Most critiques of AFDC overlook what it really does, and what it was intended to do.

Therefore, the goal among parents diagnosed as infantile, or retarded, or having culturally-induced patterns of unacceptable child care is not to sustain their equilibria but to upset their equilibria. As Lewin describes it, we need to "unfreeze" their standards, get them to move upward, and then try to re-freeze them at the new level.[1] Only after improvement has occurred and been held in place for some time will the homeostatic processes shift from being the worker's opponents to being the worker's allies.

Dislodging Mechanisms

A variety of treatment mechanisms can be used in the effort to disequilibrate a family's inadequate pattern of child care (see Exhibit II). Informing families that their standards of child care are not acceptable to the community may accomplish this; threats of legal consequences, including removal of the children, may also be effective. Unconscious identification with a well-liked worker may also upset low standards. Similarly, low standards of care may shift upward in the course of discussions in a parents' group.

Attitudes which maintain poor child care may shift for other reasons. An unmarried mother who has been led to think of herself as worthless may offer substandard care to children whom she sees as part of herself. The fact that someone cares about her, even a

[1] K. Lewin. "Frontiers in group dynamics." *Human Relations*, 1: 2-38, 1947.

EXHIBIT II

MECHANISMS THAT MAY DISLODGE UNDESIRABLE FAMILY EQUILIBRIA

- Informing parents that their standard of child care is not meeting the community's standards
- Explaining the possible legal consequences of inadequate child care
- Showing feelings of genuine concern for the parents and the family
- Engaging either or both parents in a parents' group
- Enlisting the support of a volunteer couple who offer friendship to the family
- Assigning a homemaker who offers the family warmth and models housekeeping skills.

CPS worker, may operate to break up this balance between what she does and what she thinks she deserves. So may warm responses from others in her mothers' group, or the continuous interest of a couple from the community who volunteer to befriend her, one on one, as their contribution to helping with neglect. A homemaker assigned to an immature and neglectful family offers a variety of chances to dislodge such equilibria, too. Her warmth may help to counter intense feelings of loneliness and worthlessness which drain energy and justify poor child care. The homemaker's work around the house and the behavior she models illustrate a quite different standard of care from the mother's accepted level. The parents' own acquisition of knowledge and skills puts them in a different position with regard to their tasks than they were in previously. But, to reiterate, it cannot be expected that an improvement shown by a mother for a few days is permanent.

Balancing The Child's Needs

In addition to families in which an adequate level of functioning can be restored or maintained and others in which improvement can be hoped for, there remains another major group of families. These are families where change is unlikely. However, the worker seeks to salvage the family unit for the child, while trying not to let the child's development suffer due to the family's inability to change. For example, there are families where child care is marginal, where parental behavior presents an outright danger to the child's safety and physical health, and where the child's need for permanent family relationships outweighs the emotional damage likely to be suffered from depending on or identifying with an inadequate parent. Moreover, the worker often lacks confidence about what the child will gain from foster care or institutional placement.

Where it is hoped that children can remain with parents whose child rearing skills are inadequate, those skills must be supplemented. This is necessary so that the physical and psychological nurturing of the child is adequate to promote growth. These additional arrangements are termed "parental supports."

SUPPLEMENTING THE FAMILY

The majority of neglecting parents are not people who have generally been well functioning individuals; the neglect of their children is an extension of the morass in which they have increasingly found themselves. The children are extensions and evidence of self neglect made worse as the debris of a planless, marginally

self-preserving life piles up. For those families in which the danger, disorganization, and inadequacies in child rearing are not so great as to warrant permanent removal of the children, the alternative is long term supplementary treatment.

In a poorly functioning family, it is necessary to be quite realistic regarding problems which must be dealt with, what is intended, and why a particular treatment method is selected. There are a number of salient points to keep in mind. It is unrealistic to hope that the outcome of treatment will be a "model" family. Parents this dysfunctional will probably never be able to fulfill the needs of their children sufficiently to reach the primary goal of breaking the cycle of neglect. Rather, it is hoped that there will be enough improvement or stability to see the children through to adulthood without great damage being done to them.

These supports may be preferable to removal of the child for a number of reasons:

- the lack of foster care homes and the marginal quality of some which are available
- the trauma to children of removal from parents
- the tendency of such families to replace these children with more children.

In addition, there is the concrete factor of cost. It is simply cheaper to maintain the family unit rather than provide for children in any other way. However, supplemental care requires long term commitment as well as the integration of a variety of functions on the part of the worker.

CPS Functions

Liaison

The first function of the CPS worker is to orchestrate the whole range of supplementary services offered to these families. No program will succeed without a substantial cadre of personnel who are gifted at reaching out to, and holding onto, neglectful parents. The formation of the relationship needed is not something that will happen quickly. Time and pains are required, and the question of how the family is feeling toward the worker remains a continuing issue throughout the life of the case. A high proportion of parents are too shy, naive, frightened of the unknown, and awkward to avail themselves of services. Thus it is necessary, when performing a liaison function, to find out whether anything

can be done (for example, about a medical problem) and then whether anyone can help get it done (for example, Vocational Rehabilitation). Liaison may also necessitate dealing with parents' emotional blocks to accepting help.

Some families are immobilized or phobic and need to be coaxed, pulled, and pushed toward these services. Unless some individual whom the family trusts acts as guide and liaison to other services, these parents will not receive outside assistance at all; most services might as well not exist. Furthermore, the CPS worker is usually the one best able to estimate and monitor the current state of child care in the home. The initial goal, therefore, is to promote dependency--not to repel it.

Interviewing

In some cases, simply interviewing neglectful parents can at least modify some crippling behavior patterns, even if it does not result in character alteration. Because of their training, CPS workers are in the best position to improve communication within families. They are also likely to become involved with the children individually in supportive, therapeutic relationships, since the children are likely to be more accessible than the parents. What serves for the child as supplementary care, serves for the parent as supplementary ego strength.

Supportive Counseling

Of all the means for dealing with child neglect or potential neglect, none is more crucial than interpersonal influence, the effort of one human being to reach out and help another. In sustaining the equilibria of neglectful families, the time-honored method of supportive counseling is very effective. The function of such counseling efforts is primarily to maintain equilibrium. While more conservative than psychotherapy, it is more in keeping with the character structures of neglectful parents and the circumstances of their lives. It is a therapeutic accomplishment, in other words, if they can be helped to stay afloat.

Loneliness Assuagement

Neglectful parents are, typically, immature. As part of the pattern, they are very lonely people. Indeed, loneliness was sometimes their main motivation for having children. It is necessary for the worker to let them know that they are not totally friendless, that someone else cares; no more important service can be offered.

Unfortunately, the offer of caring is unlikely to be immediately accepted. More mature people are less lonely because they have found it easier to relate to others. Reaching a neglectful parent is not something accomplished in an hour or an afternoon. It takes the parent a long time to be willing to trust; and it takes skill in handling suspicion, sensitivity to unconscious fears, and the ability to withstand the tedium necessary to help the parent accept the worker's interest.[1]

Help in Maneuvering the Environment

Neglectful parents often have less skill and knowledge for achieving their goals than most people. There is much they do not know, ranging from knowledge about children's diseases to better values in foods. They can be helped to keep their balance by giving them information. Often, it is necessary to "take parents by the hand" in order to seek appropriate services when they are frightened or phobic about unfamiliar and group situations. In the past, it was thought that this kind of detailed help "created dependency," but now it is known that this is advantageous rather than detrimental to the family.

Modeling and Values-Instillment

Persons offering themselves as helpers can become models for the persons they are trying to assist.[2] One of the functions of one-to-one contact is to impart attitudes about child rearing. It is preferable to demonstrate techniques for handling children or to discuss child rearing alternatives, than to preach at or advise an inadequate parent. However, there are times when specific advice is called for. It can only be given if the parents are not so defiant of authority that they need to prove "it doesn't work."

Releasing the Panic Button

Another function of the helping person is to reassure the parent about fears which are groundless, or about anxieties which have some realistic basis but which the parent has magnified out of proportion. The aim is to help parents get their fingers off the

[1] N. A. Polansky, C. DeSaix and S. Sharlin. *Child Neglect: Understanding and Reaching the Parent*. New York: Child Welfare League of America, 1972.

[2] S. Wasserman. "Ego Psychology." In: *Social Work Treatment*. (F.J.Turner, Ed.) New York: Free Press, 1974, pp. 42-83.

panic button so they can think more clearly about what they might do to help themselves.

Counter-regressive Demands

Many immature parents compete with their children for attention; it is as if they resist behaving at more adult levels.[1] If demands are made on the parent too abruptly, loneliness assuaging contact is interrupted. But after there is mutual attachment, it is helpful to begin to introduce demands which will cause the parents to meet normal expectations in handling children, such as keeping the house clean and preparing meals regularly.

The exhibit following this page describes some methods by which the worker can supplement child care in neglectful families.

Employing Parental Supports

The hope is always to improve the basic competence of neglectful parents. Such change usually requires a long, slow process and progress may be minimal or nonexistent. In the meantime, the children are left in the care of parents damaged in their abilities at parenting. To provide a normal chance at development for the child, natural mothering must be supplemented from the outside through the use of day care and homemaker services. These compensatory services for both parents and children are referred to as parental supports.

Day Care

Day care has major potential as a method of providing supplementary mothering.[2] Given that day care experiences are good for average children, their potential for deprived children is obvious. Yet deprived youngsters are least likely to be served because of the nature of their parents' disabilities.

Contrary to popular propaganda that day care is useful in getting more AFDC mothers back to work, most mothers capable of working are already doing so. Day care is more likely to keep them at work than it is to increase the work force. In addition to the overt benefits of day care for any mother, there is the added hope that

[1] L. Young. *Wednesday's Children*. New York: McGraw-Hill, 1964.

[2] B. M. Caldwell. "What is the optimal learning environment for the young child?" *American Journal of Orthopsychiatry*, 37: 8-21, 1967.

EXHIBIT III

WHAT THE WORKER CAN DO TO SUPPLEMENT THE FAMILY

- Orchestrate the range of services the family needs to improve child care.
- Deal with the parents' emotional blocks to accepting services.
- Guide the family to needed services and facilitate the use of those services.
- Interview parents, helping them to improve interpersonal communication skills.
- Offer children individualized and supportive relationships.
- Reach out to family members with supportive counseling.
- Let family members know that someone is concerned about them.
- Provide parents with information and step-by-step guidelines for accomplishing tasks.
- Be a model for child rearing techniques and for instilling family values.
- Help parents keep their fears and anxieties from growing out of proportion.
- Once mutual attachment is obtained, introduce expectations for the parents to meet.

this regular, temporary relief from the care of children will lessen the strain on the neglectful mother's already weakened ego. In child neglect cases, day care should be offered as early as possible in the child's development. This cannot be stressed enough because by the age of two it is already remedial, and by age three, deficits may be irreversible.

Day care has short term advantages for both parents and children which may have long term implications. For example, for the mother who is described as "impulse ridden," who generally does well with her children but periodically becomes overwhelmed with the demands of motherhood, it offers a safe place where she can leave her children. Thus, she can have a respite period without just walking out and leaving her children unattended. It can also compensate in family situations where one parent is ill or absent and the other parent is trying to cope.[1]

For the child, it is hoped that this supplemental care will be compensatory on a number of dimensions of development.[2] First, with staff who are warm and skilled, and with reasonable continuity of personnel from year to year, the child will get affectional nurturing--extra loving and attention--which will permit individuation. Secondly, for a child born into a life of general deprivation, there is remarkably little stimulation, except perhaps the dubious TV. Day care can be used to try to offset cognitive deficits due to lack of stimulation. Then there are the more obvious opportunities for providing, or at least monitoring, nutrition and health care.

Through the experiences of the Bowen Center and others, it is known that there are a number of problems in addition to the unwillingness of communities to provide quality day care for all children who need it. Some are practical; others are rooted in the make-up of the parents. Many neglectful mothers do not know about the service; others simply cannot mobilize themselves to see that the children attend each day. Recurrent family crises cause spotty attendance and quitting at minimal provocation. A major block is that the mother often clings to her children as a defense against her own loneliness. She does not really want them "out from under foot." In other words, if the neglected child is to be offered day care services, the parent will have to be wooed and pursued.

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[1] N. A. Polansky, R. D. Borgman and C. DeSaix. op. cit.

[2] E. Pavenstedt. "An intervention program for infants from high risk homes." *American Journal of Public Health*, 63: 393-395, 1973.

Special arrangements may be needed to see that the child gets to the center. This is as true in rural areas as in cities, but in rural settings there is the added cost and inconvenience of picking children up from widely scattered houses each day. Also, if day care is to be used by the child, there must be a person from the day care program who has established a working relationship with the parents.

Homemaker Service

The family suffering a major upheaval, like illness or death of the mother, needs someone to perform basic household functions, such as cooking, cleaning, washing and bed making. The need for an outside homemaker is not limited to neglectful families. But many neglectful families live in a constant chaos of unplanned meals, dirty clothes, and garbage. Professional homemakers are frequently assigned to neglectful families to aid in cleaning up and organizing the housekeeping. The service is implemented in various ways throughout the country. Some homemakers are volunteers; more often, they are full-time, paid personnel.

The purpose of the homemaker, of course, is to bolster the children's level of living. This is something she can do directly, by her own efforts, but the improvement then will only last as long as she remains with the family. Therefore, more and more homemakers try to teach parents by demonstration and by working alongside them so that the parents themselves can sustain the improvement. If poor child care is largely the result of a lack of maternal training, this goal is quite attainable. However, when the poor care is embedded in such things as low intelligence, emotional disturbance, or chronic physical illness, the family's ability to acquire better methods from the homemaker is limited. In severe neglect, assignment of a homemaker may be for a period of many months. There are other families in which the homemaker may be needed permanently; the cost of this is justifiable because it is so much less than alternative placements for all the children.

In longer term placements, the homemaker becomes an important element of the treatment of the parents' character problems, serving as a role model, a confidant, and a "good" mother image. In these circumstances, the CPS worker/homemaker collaboration becomes intricate. It may be made more complicated by the tendency of many immature parents to perceive people as either "good" or "bad," and to manipulate them into fighting with each other. In at least one setting a test was conducted to determine how much homemaker service was required to eliminate severe neglect. This "test" indicated that two days a week is about all that both the mother and the homemaker can stand, and half-days often work better.

Homemaker service is one of the most promising developments in supplementary treatment, and may prove the method most warranting major expansion.

Using Intermittent Services

In addition to those services received over a continuous, ongoing period by neglectful families, there are other important ones which should be available when needed. For example, special education is needed for children, especially older ones, who cannot adapt to general classroom routines because of behavior or other deficits.[1] The courts must be used as a continual, or periodic, reminder to parents of their minimal responsibilities to their children. Community health nurses offer access to medical services and monitor health needs. Parents' groups provide loneliness assuagement and social interaction, information-sharing, panic prevention and values instillment. However, most parents need the encouragement of someone with whom they already have a preliminary attachment before they are willing to join a parents' group. The use of groups is a developing aspect of practice with neglectful parents. Not too much should be expected of it to avoid losing parents who "do not fit the treatment."[2]

A feasible service for rural as well as urban areas may be "emergency parents" who are kept on a small retainer to be available to crisis ridden families. "Emergency parents" can take children in overnight or for several days if the mother becomes ill, or if the father gets drunk and becomes abusive and family members have nowhere else to go.[3] They take on the role played by grandparents in more fortunate circumstances. They offer the added benefit that children may return to familiar people and surroundings rather than to an institution or to a different place each time there is a family crisis.

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[1] M. Sullivan, M. Spasser and G. L. Penner. *Bowen Center Project for Abused and Neglected Children*. Washington, D.C.: Department of Health, Education, and Welfare, Office of Human Development, 1977.

[2] B. M. Ambrose. *Parent Rehabilitation and Enrichment Project*. Albany: State University of New York at Albany, School of Social Welfare, 1975.

[3] N. W. Paget. "Emergency parent: a protective service to children in crisis." *Child Welfare*, 46: 403-407, 1967.

In summary, long term work with severely neglectful families has certain truisms similar to those about the role of administration. An intelligent administrator knows that the success of an agency is completely dependent on the tenacious spirit of those doing the frontline job. The tensions of this kind of work need to be fully appreciated, and supervisors must be capable of sustaining their subordinates' morale. Those who can work well with neglectful parents are always in short supply. When such persons turn up, the tendency is to concentrate their work load in this area. This is a mistake. The gains in finesse and knowledge hard-won in working with these families are eventually outweighed by exhaustion. Each CPS worker needs to deal with at least an equal number of less demanding, draining clients, and work in a setting where lines of authority and workloads are consistent and reasonable.

IV

SUBSTITUTING FOR THE FAMILY: PLACEMENT

Despite the dedicated and shared efforts of CPS workers and other professionals and community agencies to salvage and treat neglectful families, there will be some situations where substitute parental care of the children is a necessary part of the treatment plan. Sometimes the plan may require substitute parental care for only one to two weeks; at other times, substitute placement may be necessary for six months to a year. Regardless, the plan to place a neglected child with a substitute family must be part of, *not* independent of, an overall treatment plan designed to meet the individualized needs of the child and his or her parents. Thus, foster care, when used properly, can be an appropriate service for preventing and treating child neglect. This chapter focuses on the foster care process in cases of child neglect; and on the placement and treatment considerations necessary to understand and meet the neglected child's needs.

MAKING THE PLACEMENT DECISION

The decision to place a neglected child in foster care should be based on the child's developmental needs and problems as well as on the immediate or long range goals for the family. The responsibility for making the decision should be shared by a team of professionals--the CPS and foster care supervisors and workers, a pediatrician, a psychologist, a child development specialist, the juvenile/family court judge--*and* by the family members. Each has a specialized knowledge that can provide guidance when making a placement decision and when implementing treatment plans for neglected children and their parents.

Involvement of the family members throughout the decisionmaking process warrants emphasis. If parents are unable to meet their child rearing responsibilities, they deserve professional help in acknowledging their incapacities and in developing a plan of substitute parental care for their children. They also deserve counseling before and after placement to help them deal with their feelings and to implement a plan for the return of their children. Neglected children deserve professional help, too. They have a right to know what is being planned for them, to understand the reasons for the plan, and to receive sensitive emotional support throughout the decisionmaking process.

In some cases of child neglect, the decision to place the child is relatively clear-cut:

- The child is in immediate danger due to: severe malnutrition; environmental failure to thrive; abandonment by the parents; severe parental mental illness; or severe parental substance abuse.

- The family is experiencing a situational and temporary crisis, such as hospitalization of the mother, and emergency services such as 24 hour homemaker services are not available.

However there are many more cases of neglect where the decision to place the child is less clear cut and thus more difficult to make. The weaknesses of the parents in meeting their children's needs must be weighed against their strengths and the children's attachment to them. For example, there are families where the neglect conditions are chronic and the parents seemingly cannot be helped to meet their child care responsibilities. Sometimes, the child's emotional and physical deprivation is apparent; at other times, the child appears to be emotionally and physically healthy despite the chronic deficiencies of his or her parents. There are also some neglectful parents who state that they need time away from the responsibilities of parenthood and voluntarily request foster care for their children. What might happen to these children if the placement request is not granted?

When difficult placement decisions must be made, the decisionmaking process should begin with an assessment of the neglected child and his or her parents to determine the most appropriate plan. The possible ramifications of the decision, such as the long term physical and emotional damage to the child who experiences chronic parental neglect, are such that one person has neither the skills nor the expertise to make the decision alone. A team of professionals is necessary to determine the best possible plan for the child. If the joint decision is placement of the child in a foster home, the same team should be enlisted by the CPS or foster care worker to help determine the appropriate type of foster family for the child. In other words, the child's needs and strengths must be matched with those of the foster family. When the "right" foster family is not available, special recruitment efforts have to be initiated which tap a variety of potential resources, such as the mass media, religious groups and organizations, and volunteer organizations.

IMPLEMENTING THE PLACEMENT PROCESS

Once a foster family is identified for the neglected child, the foster parents join the "team" in planning for the child's placement and subsequent treatment needs. Structured meetings to accomplish the planning are crucial, with participants forming a partnership toward the initial common goal of making the placement less traumatic to the extent possible.

The following are important factors which must be considered to effectively implement the placement process.

- Delineation of the respective responsibilities of the CPS worker and the foster care worker for sharing placement information with the biological parents, the child, and the foster parents.

- Determination of responsibility for working with the child's biological parents. If the parents have established a trusting relationship with the CPS worker, and if the anticipated length of the child's stay in foster care is less than six months, it may be preferable for the CPS worker to continue to work with the biological parents, while the foster care worker works with the child and the foster family. It is *crucial* for the CPS and foster care workers to establish a "team approach" with frequent communication and joint planning with the parents and child.

- Establishment of an agency-family agreement with the biological parents regarding their responsibilities while their child is in placement. These responsibilities may include: helping the CPS worker prepare the child for placement; gathering past medical records, clothing, special toys, family photos, and belongings; visiting the child on a frequent and regular basis; working with the agency staff and any other service providers toward the goal of family reunion; and paying child support.

- Establishment of a projected date for termination of the child's foster care placement. The projected date must be determined along with specific intermediate goals and objectives to be achieved by the parents. The parents must be fully aware of the agency's alternatives for the child (for example, adoption) if they fail to make the necessary progress.

The parents and the child should participate as fully as possible in these decisions. Despite the upheaval of placement, there must be opportunities for the parents to have some control over what is happening, such as deciding the best dates for the child's pre-placement visits to the foster home and the date and location of the parents' first visit with the child after placement. Each possible area of parental strength should be tapped during the placement process to help offset the accompanying feelings of parental failure. Again, children must be helped to understand the reasons for the placement, be encouraged to ask questions about the foster family, and as much as possible be assisted in alleviating their fears about the future.

Finally, although the neglect of the child by the parents ceases upon placement, the problems that caused the neglect linger. Returning the child to the home is not a feasible goal unless placement is viewed as an opportunity for personal growth for the parents, with consistent intervention along the way to make such growth possible.

CHILDREN IN FOSTER CARE: CLINICAL CONSIDERATIONS

The child who is placed in foster care because of neglect has already experienced maternal and paternal deprivation. The separation itself is stressful for the child, and repeated separations from one foster family after another compound the child's feelings of rejection. The average foster child spends five years in care during which he or she experences five or six placements. Acting out behaviors such as destructiveness, belligerence, hyperactivity, fighting, and other aggression evidenced by the child may indicate underlying difficulties. These difficulties may be physical or emotional in nature, such as minimal brain dysfunction; lingering nutritional deficits; learning disabilities; low self-esteem; anxiety about parental visits or returning home; and/or confusion about who can and cannot be trusted. Symptoms such as withdrawal, fearfulness, and pervasive detachment are just as, or perhaps more, significant. Clinically the normal response to loss, seen almost universally in children in foster care, is depression. In fact, depression is so common it is frequently overlooked by those working with children in placement. These children experience rejection, hopelessness, anger and rage which they may turn inward.

The effects that neglect and subsequent foster care have on a child depend on certain variables, including:

- the degree of inadequate parenting the child has suffered in the home

- the age of the child
- the child's temperamental resiliency
- the psychological make-up of the parents
- length of foster care
- emotional support perceived by the child through the placement process
- number of placements
- the contact the child has with his or her biological parents while in placement
- the child rearing abilities of the foster parents.

Guidelines for Placement and Treatment

In foster care, child care and treatment are inseparable; the child in foster care with a history of parental neglect is best served by their joint consideration. An understanding of the psychological developmental stages of children and of research findings regarding children's reactions to divorce may aid professionals in predicting the effects of placement on children.[1,2] Such an understanding may also aid in the determination of methods for working with the neglected children which will enhance or at least not retard their psychological development.

Infancy (0-18 Months)

The developmental tasks of infancy are twofold: one, to obtain a feeling that the world is receptive and nurturing, and to establish basic trust that needs will be met and that the world is a welcoming, dependable environment; and, two, to make an attachment to a satisfying person experienced as outside of themselves.[3] The

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[1] J. B. Kelly and J. F. Wallerstein. "The effects of parental divorce: experiences of the child in early latency." *American Journal of Orthopsychiatry*, 46: 20-32, 1976.

[2] J. F. Wallerstein and J. B. Kelly. "The effects of parental divorce: experiences of the preschool child." *Journal of Child Psychiatry*, 14: 600-616, 1975.

[3] E. H. Erikson. *Childhood and Society*. New York: W. W. Norton, 1950.

importance of a "constant object" in the form of a consistent parent figure is paramount. The amount and type of interaction infants have with their biological parents or other primary caretakers is the most important determinant of children's cognitive, emotional and physical development. Caretakers must be sensitive to the children's needs and, therefore, convince infants that they are loved. Physical needs must be met by the caretaker through proper and adequate nourishment, changing diapers, and sleeping arrangements. Emotional needs are met by holding, stroking, cuddling, and talking to the infant. The exquisitely empathic interaction that develops between the infant and caretaker is essential.

Therefore, for infants' optimal development while in foster care, they should be placed with consistent primary caretakers who genuinely care for them. It is important to note that having the biological parent present is not necessary to the infant; rather, having a caretaker who is emotionally secure, who can give love and be sensitive to the infant, is primary.

Toddler (18 Months to 3 Years)

Emotionally, toddlers enter a new level in relation to the world. They are very much aware of being a separate person from the parents, but still do not have sufficient cognitive development to comprehend a rational explanation for a parent's absence or departure. Consequently, loss or separation from the parent causes great anxiety and distress. Separation anxiety is more likely and emotional pain is greater in children who are given no explanation of parental absence, and who sustain more than one loss of a caretaker or parent. Toddlers may show regression from their very recently acquired mastery over bodily functions. Children frequently evidence regression in toilet training if that has been accomplished, eating problems, sleep disturbances, increased autoerotic activities, whining and temper tantrums. The regression is an expression of separation anxiety which the child is feeling but not expressing verbally.

The implications for foster care are obvious. For the best interests of the neglected child to be met, multiple placements must be avoided. Children again require one consistent, familiar person who can understand and respond sensitively to their needs. Therapeutically, it is important to be comforting and reassuring to the child who cannot understand lengthy verbal explanations and has no intellectual concept of length of time. The parenting person must be tolerant of the negativism and temper tantrums which are normal in this age group and which may be heightened by separation.

Oedipal Age Child (4-5 years)

Children at this age begin to struggle with power and identification and develop strong ties of affection for the parent figure of the opposite sex. These children may fantasize that the parent of the same sex will leave or die. Consequently, if the family breaks up and the child is placed in foster care, some of the daydreams may actually come true.

Typical responses of these children to the breakup of their family and to placement in foster care include the following. These children may feel responsible for the breakup. They may feel that if they had acted better or differently, the dissolution of the family would not have occurred. These children, as did the toddler and infant, will suffer separation anxiety, although it will be somewhat more refined for this age child than for younger children. Children will be anxious regarding the separation and regarding what will happen to them. Aggressive behaviors--acting out, antisocial activities, bullying, fighting--are common, particularly among boys. Children in this age group are quite peer-oriented and are beginning to get gratification outside the home in peer groups and school. Some of these children may seem to withdraw from the conflict regarding their family and foster care, and have many of their needs met by peers and school. It is important to remember that exceptional detachment and withdrawal behaviors are indications that something is wrong in children of any age.

Implications for planning foster care and treatment of neglected children are several. These children can begin to verbalize feelings and can benefit from supportive interpretation of what is occurring in the family. This can dissipate their unfounded guilt and relieve any present aggressive behaviors. Children at this developmental stage benefit from a placement where they will have playmates, although studies indicate they do not usually do well when placed with a child their own age because the resultant rivalry is detrimental. Since many of the child's reactions at this age are psychological, they may be overlooked if the child does not act out. Nevertheless, feelings of guilt, sadness, and hurt are inevitable for children and they need some help with them. The child continues to need a parenting person who is warm, responsive, and tolerant.

Latency Age Child (6-11 years)

Psychodynamically, latency is a less conflicted time for the child than the developmental periods preceding and following it. Developmental energies are focused on intellectual and cognitive learning. Parents are role models for developing value systems and

social ideals. This necessary identification process can take place only when the child has stable, consistent attachments. Children who move from placement to placement may never have an opportunity to form long term identification relationships. Or they may consciously reject positive adult values due to the pain of moving from one foster home to another and the consequent feelings of rejection. Unlike the younger child who feels the lack of attachment but cannot understand it, or the older child or adult who can use sophisticated defenses to allay the pain, the latency age child feels the pain acutely. However, he or she does not have sufficient ego integration to utilize defenses alternately with suffering to gain relief. Pain and resentment toward adults who have hurt them emotionally in the past may make these children assume defensive positions of not caring about anyone or about school achievements. Consequently, they may do poorly in school, be unconcerned about educational achievement, and manifest predelinquent behaviors.

In counseling, the latency age child may use avoidance or silence in the interview, but, nevertheless, listen intently to a kind therapist. Counseling may help these children to identify and deal with their fears, their realistic concerns about what will happen to them, and their feelings of deprivation. The depression, sense of loss, and sometimes incompleteness these children feel must be dealt with. If possible, children should be placed with their siblings to lessen their depression and to maintain some sense of family.

Adolescent (12-18 years)

The primary developmental task of the adolescent is the establishment of identity. This involves becoming detached from parent figures and consequently results in feelings of ambivalence, isolation, and eventual maturity. It is important for healthy development that the teenager be the one to "detach," rather than be abandoned or deserted by the parents. Placement for the teenager can severely overburden the adolescent ego in its maturational tasks, particularly if the child has not had adequate developmental support along the way. Teenagers in foster care typically may not have had solid parental identification figures earlier and, consequently, may have incomplete or shallow self-images. The desertion or inability of the parents to keep the teenager can have several ramifications:

- a quickened realization of parental deficiencies, so much so that the teenager's developing self-esteem suffers

- a premature entry into adult behaviors, such as sexually acting out and quitting school

- loyalty conflicts in which teenagers feel the need to choose between the parents who may have abandoned them and their foster parents

- a delayed entry into adolescence to avoid acknowledging painful feelings

- a withdrawal that may appear unhealthy at first but which actually may be a defense mechanism to avoid becoming involved in family difficulties and neglect.

Teenagers can verbalize their feelings more than younger children and counseling is helpful for them in conjunction with foster care placement. Due to the importance of the peer group, group therapy dealing with these problems may be helpful. For some teenagers, particularly those with loyalty conflicts, a group placement may be advisable.

In summary, it is obvious that dependable figures are essential in order for children with histories of neglect to have a healthy psychosocial development to mature adulthood. It is important to note that biological parenting in itself has little or nothing to do with meeting a child's developmental needs. But a continuous, loving relationship from someone is essential if a child is to evolve in an emotionally healthy fashion. Children must *not* be shifted according to whims of the court, available placements of the child welfare agency, or their parents' changing life situations. The needs of neglected children are paramount in making placement decisions. In addition to ensuring physical health, the placement of neglected children must provide them with a full opportunity for developing secure and stable attachments in order to assure a healthy adulthood.

Exhibit IV on the following page summarizes guidelines for foster care placement and related treatment for neglected children.

BIOLOGICAL PARENTS

Studies of foster care suggest that neglected children become lost in the foster care system because their parents do not receive appropriate and effective treatment services and because

EXHIBIT IV

GUIDELINES FOR PLACEMENT AND RELATED TREATMENT OF CHILDREN WHO HAVE EXPERIENCED NEGLECT

Age	Goals	Care and Treatment
0-18 months	• To help infant obtain a feeling that the world is receptive, nurturing, and dependable • To help infant establish basic trust • To help infant make an attachment to a person outside himself/herself	• Provision of consistent, loving caretaker • Empathic interaction between infant and caretaker • Sensitivity to and actual meeting of infant's physical and emotional needs
18 months-3 years	• To acknowledge and reduce the toddler's anxiety and distress caused by the loss or separation from the parent • To maintain (or reduce regression in) toddler's mastery of developmental tasks • To avoid multiple foster care placements	• Provision of consistent, loving caretaker who is responsive to toddler's needs • Tolerance of toddler's negativism and temper tantrums • Provision of comforting and reassuring behavior
4-5 years	• To reduce the child's anxiety regarding separation • To help the child verbalize his/her feelings of being responsible for the family break-up • To help child channel his/her aggressive behavior into positive peer relationships and achievement in school	• Provision of supportive interpretation of the family's situation • Placement with older or younger children—not with children of same age • "Listening" to child's feelings of guilt, hurt, and sadness • Tolerance of child's aggressive behaviors • Continued provision of warm and responsive caretaker
6-11 years	• To help child deal with acute, emotional pain resulting from family break-up • To reduce child's defensive positions about not caring for anyone or about school achievements • To help child channel energies into intellectual and cognitive learning • To help child form long-term identification relationships	• Placement with siblings to reduce feelings of loss and depression • Provision of counseling to help child identify and deal with: fears; realistic concerns about what may happen to him/her; and feelings of deprivation, loss, and depression • Provision of consistent role models for developing value systems and social ideals
12-18 years	• To help adolescent establish a sense of identity • To help adolescent recover his/her self image as related to a quickened realization of parental deficiencies upon placement • To deter a premature entry into adult behaviors • To deter an "unwillingness" to enter adolescence • To reduce loyalty conflicts between the parents and foster parents	• Provision of counseling to help adolescent verbalize and deal with feelings about: self, parents, and foster family; and depression • Provision of peer group counseling • Group placement for those adolescents who experience loyalty conflicts between parents and foster parents

the planning process is inadequate.[1] In most current foster care programs, treatment for the biological parents does not receive sufficient attention. Parents who have to give up their children to foster care because of neglect usually have a configuration of serious personal and environmental problems with few or no outside support systems to fall back on. Treatment for the biological parents must be directed at both environmental and emotional deficits. Improved housing, better public assistance, job training, and better physical health care can improve these parents materially. Supportive counseling, supplemental services, and hospitalization are necessary for some of these parents. Many of these parents require therapy for intrapsychic or personality problems that have prevented them from being adequate parents and productive members of society.

Parents experience additional emotional problems specifically related to the foster care process. Loneliness is intensified. Giving a child up to foster care is viewed as failure by many parents; their relatives often agree. Feelings of low self-worth, futility and depression are common. Helping these parents to recognize and understand their feelings about themselves and their children with regard to placement is essential in working toward the eventual reunion of the family.

Some parents are ambivalent about keeping their children and want to give them up but feel guilty about terminating the parent-child relationship. Therefore, their children remain in limbo forever. Professional counseling can offer these parents the opportunity to assess what they want and, with professional help, to give up their children if it is best for all concerned.

Children and parents who maintain contact during foster care through visits and other means have the best potential for future reunion.[2] Maintaining contact with parents gives the child psychological continuity and facilitates parental motivation. Parents, like their children, may heal the loss with detachment. It is a difficult task to help the parent allow the child to be placed in foster care, yet work to maintain the parent-child relationship.

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[1] E. A. Sherman, R. Newman and A. W. Shyne. *Children Adrift in Foster Care*. New York: Child Welfare League of America, 1973.

[2] D. Fanshel. "Parental visiting of children in foster care: key to discharge." *Social Service Review*, 49: 493-514, 1975.

FOSTER PARENTS

In program planning the foster parents are the third factor to consider. Foster parents need to be carefully and professionally screened. Currently, the trend is moving away from a search for "perfect," all-purpose foster parents toward, more realistically, foster parents who can best fit children's individualized needs. Yearly state licensing of foster care homes is designed to ensure quality control, but exceptions to the ideal are made due to the dearth of available homes. Generally, state standards for licensing are adequate.

The role of the foster parent is ambiguous and potentially difficult. To be loving and compassionate and yet be able to let go on demand is a difficult assignment. To handle the role of foster parent in relating to the biological parent, to be foster parent to another child and parent to your own, requires personal security and maturity. In foster care programs, foster parents should have automatic access to a professional worker to deal with the inevitable problems that arise. Foster parent groups have been formed which meet on a regular basis, and they are found to be effective. Foster parents offer advice and support to one another regarding methods for handling their foster children, the economics of the task, biological parents, and the agency worker.

In a good foster care program there should be an emphasis on working with the foster parents. Foster parents should be viewed as therapeutic agents for the neglected child and in reality they usually know the child much better than the CPS workers do. A more professional status for the foster parent with commensurate pay is advocated, as the few relevant studies in this area show that, with better pay, a more highly qualified foster parent can be employed. In turn, the special treatment needs of the foster child with a history of parental neglect can be better met.

V

SOCIAL POLICY CONSIDERATIONS

The fate of neglected children concerns all professionals involved in child protection. Their parents have survived to adulthood, but it is often uncertain whether the children will. Should these children escape premature death, and fortunately most survive, they run a chance of being physically handicapped. That they will be psychologically crippled, however, is more than a chance; it is a probability. Society does not know everything there is to know about developing happy, competent people; however, in the last century society has learned that people with good biological potential may, nevertheless, become intellectually stunted and burdened by emotions that include anger, anxiety and intense loneliness. It does not require extraordinary sensitivity to feel badly for others whose chances at happiness are wasted. How does society benefit when children survive physically only to be socially and emotionally damaged? Nor is it possible to turn away from the parents of these children, for they did not choose to be this way.

And, besides, these families are members of society. They affect everyone. Along with pity, society is experiencing a rising sense of alarm. There is now evidence that children who have been maltreated, especially neglected, are more likely than others to be delinquent; moreover, their crimes are more likely to be crimes of personal violence.[1] These families also consume common resources without contributing proportionately to their renewal. In a time of declining American affluence, everyone shares in the burden of the unproductive. Legislation aimed at social control applies to all, but it appears particularly relevant to people unwilling or unable to instill workable consciences in their children. Social reactions, such as holding parents personally responsible for thefts and assaults by their children, are understandable. CPS workers and other professionals in human service fields can only hope that such reactions will prove ego-supportive rather than merely punitive for parents with whom they are involved.

A holistic approach to child neglect recognizes its place in a social process that is dynamic and interdependent. There can be

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[1] J. Alfaro. *Summary Report on the Relationship Between Child Abuse and Neglect and Later Socially Deviant Behavior*. New York State Assembly Select Committee on Child Abuse, New York City, 1978.

no change in part of the system without affecting other parts, for better or worse. For example, mature people can adapt to freedom and moral relativity; the children of neglect are not mature. Therefore, agencies external to the family compensate by police action to control these children. But detention homes cannot convince such children to internalize values. In tightly organized groups, such as the Army, group discipline is imposed so that impulse-ridden and even inadequate people jointly accomplish group missions. Neglected children, in their fashion, reflect one type of social breakdown; they add to the temptation to solve social problems by resorting to authoritarian policies. The deterioration of life in American cities is related to neglect, then, in a way that makes it nearly impossible to separate the miscreants from the victims.

A vision of the interrelatedness of social phenomena can be used to justify doing nothing, with an attitude that there is no point in propping one wall of a collapsing building. The same vision, however, cheers some professionals on. For whatever good can be done for a few neglected children with whom there is direct involvement has a positive impact on the whole community. If no single effort can cure the problem of neglect in its entirety, by the same token, no effort is wasted.

APPENDIX

URBAN CHILDHOOD LEVEL OF LIVING SCALE

The urban Childhood Level of Living (CLL) Scale* is made up of 99 items. Each item consists of a simple statement likely to be descriptive of a single aspect of the child's living conditions, and is to be rated true or false by a worker who knows the family.

The CLL scale is scored so that a high score reflects a good level of child care and a low score a poor level of child care. The highest possible score is 99, based on the 99 items included. Some items are regarded as assets, some as defects. If a positive item is true of the household, it yields a score of 1; a "no" answer on a positive item yields a zero. Similarly, if a negative item is *not* true it yields a score of 1; if a negative item is true it yields a zero. If not all items can be scored because of insufficient information, the score can be converted into a proportion which indicates the percentage of all credits received out of the total number of items rated. Thus, final scores can be made comparable across homes despite missing information.

The final score contains two major segments. Part A, Physical Care, deals with basic issues such as food, clothing, shelter, safety, and health care. It contains 47 items divided into five clusters. Part B, Emotional/Cognitive Care, has to do with provision of growth experiences and emotional support. It contains 52 items divided into four clusters. It is important, when using the scale, to disassemble the clusters so that items are randomly listed; this helps to prevent unconscious bias.

The following preliminary standards for evaluating results are offered:

Severely Neglectful	0-47	to the 20th percentile
Neglectful	48-62	to the 40th percentile
Marginal Child Care	63-76	to the 50th percentile
Acceptable Child Care	77-87	to the 80th percentile
Good Child Care	88-99	to the 100th percentile

The Childhood Level of Living Scale is presented on the following pages.

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*This material is reprinted by special permission of the Child Welfare League of America from *Child Welfare*, Volume 57, No. 7, July/August 1978, pp. 439-449.

		Key to Scoring Yes	No
13.	Child is taught to swim or mother believes child should be taught to swim.	1	
14.	Mother will never leave child alone in the house.	1	
15.	Mother uses thermometer with child.	1	
II.	State of Repair of House.		
16.	Storm sashes or equivalent are present	1	
17.	Windows are caulked or sealed against drafts.	1	
18.	Doors are weatherproofed.	1	
19.	House is dilapidated.		1
20.	There are window screens in good repair in most windows.	1	
21.	Wood floors are cracked and splintered.		1
22.	There are screen doors properly mounted.	1	
23.	There is an operating electric sweeper.	1	
24.	Floor covering presents tripping hazard.		1
25.	Living room doubles as a bedroom.		1
III.	Negligence (Reciprocal Meaning).		
26.	There are food scraps on the floor and furniture.		1

CHILDHOOD LEVEL OF LIVING SCALE

Items and Scoring

Part A - Physical Care

		Key to Scoring Yes	No
I.	**General Positive Child Care**		
1.	Mother plans at least one meal consisting of two courses.	1	
2.	Mother uses good judgment about leaving child alone in the house.	1	
3.	Mother plans for variety in foods.	1	
4.	Mother sometimes leaves child to insufficiently older sibling		1
5.	Mother plans meals with courses that go together	1	
6.	The child receives at least 9 hours of sleep most nights.	1	
7.	Child is offered food at fixed time each day	1	
8.	Bedtime for the child is set by the parents for about the same time each night	1	
9.	Mother has evidenced lack of awareness of child's possible dental needs.		1
10.	Mother expresses concern about feeding child balanced diet.	1	
11.	Mother enforces rules about going into the street.	1	
12.	Child has been taught own address.	1	

		Key to Scoring Yes	No
13.	Child is taught to swim or mother believes child should be taught to swim.	1	
14.	Mother will never leave child alone in the house.	1	
15.	Mother uses thermometer with child.	1	
II.	**State of Repair of House.**		
16.	Storm sashes or equivalent are present	1	
17.	Windows are caulked or sealed against drafts.	1	
18.	Doors are weatherproofed.	1	
19.	House is dilapidated.		1
20.	There are window screens in good repair in most windows.	1	
21.	Wood floors are cracked and splintered.		1
22.	There are screen doors properly mounted.	1	
23.	There is an operating electric sweeper.	1	
24.	Floor covering presents tripping hazard.		1
25.	Living room doubles as a bedroom.		1
III.	**Negligence (Reciprocal Meaning).**		
26.	There are food scraps on the floor and furniture.		1

		Key to Scoring	
		Yes	No
27.	Child 5 years or older sleeps in room with parents.		1
28.	At least one of the children sleeps in the same bed as parents.		1
29.	Mother plans special meals for special occasions.	1	
30.	Windows have been cracked or broken over a month without repair.		1
31.	Clothing usually appears to be hand-me-downs		1
32.	Buttons and snaps of child's clothing are frequently missing and not replaced		1
IV.	Quality of Household Maintenance.		
33.	There are dirty dishes and utensils in rooms other than the kitchen.		1
34.	There are leaky faucets.		1
35.	The roof (or ceiling) leaks.		1
36.	The floors of the house appear to be swept each day.	1	
37.	Bathroom seems to be cleaned regularly.	1	
38.	Mother takes precautions in the storage of medicine.	1	
39.	Mattresses are in obviously poor condition.		1
40.	Repairs one usually makes oneself are left undone.		1

		Key to Scoring	
		Yes	No
V.	Quality of Health Care and Grooming.		
41.	Mother has encouraged child to wash hands before meals.	1	
42.	Ears are usually clean.	1	
43.	Mother mentions she makes effort to get child to eat foods not preferred because they are important to child's nutrition.	1	
44.	Poisonous or dangerous sprays and cleaning fluids are stored out of child's reach.	1	
45.	Mother has encouraged child to wash hands after using toilet.	1	
46.	Mother cautions child to be careful of flaking paint.	1	
47.	It is obvious that mother has given attention to child's grooming at home.	1	
	Part B - Emotional/Cognitive Care		
VI.	Encouraging Competence.		
48.	Planned overnight vacation trip has been taken by family.	1	
49.	Child has been taken by parents to see some well known historical or cultural building.	1	
50.	Child has been taken by parents to see a spectator sport.	1	
51.	Mother mentions that in the last year she has: taught the child something about nature; told the child a story; read a story to the child.	1	

		Key to Scoring Yes	No
52.	Family has taken child downtown.	1	
53.	Chld has been taken by parents to see various animals.	1	
54.	Child has been taken by parents to a carnival.	1	
55.	Mother is tuned into child's indirect emotional signals.	1	
56.	Mother mentions that she has played games with the child.	1	
57.	Mother mentions use of TV to teach child.	1	
58.	Child has been taken by parents to a parade.	1	
59.	A prayer is said before some meals.	1	
60.	Mother comforts the child when he is upset.	1	
61.	There are magazines available.	1	
62.	The family owns a camera.	1	
63.	The child says prayers at bedtime.	1	
64.	Child has been taken to children's movie.	1	
65.	Mother mentions that she answers child's questions about how things work.	1	
66.	Child has been taken by parents to the firehouse.	1	
67.	Child has been taken fishing.	1	

VII. Inconsistency of Discipline and Coldness (Reciprocal Meaning).

68.	Mother seems not to follow through on rewards.	1	

		Key to Scoring Yes	No
69.	Mother mentions that she cannot get child to mind.	1	
70.	Child is often ignored when he tries to tell mother something.	1	
71.	The child is often pushed aside when he shows need for love.	1	
72.	Mother seems not to follow through on threatened punishments.	1	
73.	Spanking is sometimes with an object.	1	
74.	Mother threatens punishment by imagined or real fright object.	1	
75.	Very frequently no action is taken when discipline is indicated.	1	
76.	Mother frequently screams at child.	1	
77.	Mother is made uncomfortable by child's demonstration of affection.	1	
78.	Mother complains a lot about life.	1	
79.	Mother mandates child's play according to sex (*i.e.* girls may play only with dolls)	1	
80.	Child is never allowed to make a mess.	1	
81.	Dolls are available to the child for play.	1	

VII. Encouraging Superego Development.

82.	Mother expresses to the child her concern for child's safety if there is a real danger.	1	
83.	There is a designated area for play.	1	
84.	Parents guard language in front of children.	1	

		Key to Scoring Yes	No
85.	Child is immediately spanked for running into the street.	1	
86.	Mother mentions child asks questions showing curiosity about how things work.	1	
87.	Child is taught to be respectful of adults.	1	
88.	Mother puts child to bed.	1	
89.	Mother mentions that she limits child's TV watching.	1	
90.	Child is encouraged to care for own toys.	1	
91.	Child is taught to respect property of others.	1	
92.	Mother expresses pride in daughter's femininity or son's masculinity.	1	
93.	Mother is able to show physical affection to child comfortably.	1	
94.	There are books for adults in the house.	1	
95.	An effort is made to provide choices for the child.	1	

IX. Material Giving.

96.	Crayons are made available to the child.	1	
97.	A play shovel is available to the child.	1	
98.	Child is sometimes rewarded for good behavior with a treat.	1	
99.	The child has a book of his own.	1	

DEFINITIONS

The following definitions were used in making assessments:

A. Terms generally used

1. Appears - is readily apparent from observations.
2. Complains - expresses discontent with the situation.
3. Expresses - reveals in any manner, as in words, gestures or actions.
4. Mentions - spontaneous reference to.
5. Plans - intentional ordering or arranging to achieve purpose or goal.
6. Routine - conforming to a habitual course of procedure.
7. Seems - apparent from observation.

B. Relative to specific items

1. Item 1 - "meal courses"; either meat and one vegetable or two vegetables.
2. Item 3 - same as Item 1.
3. Item 4 - "insufficiently older sibling"; child less than 12 years old or any person who could not reasonably be expected to provide adequate care.
4. Item 14 - "yes" means mother will not do this.
5. Item 16 - "equivalent"; a plastic covering.
6. Item 18 - "Weatherproofed"; can be with insulating material of any sort.
7. Item 19 - "dilapidated"; a house that does not provide a safe and adequate shelter.
8. Item 21 - "splintered"; not just one splinter.
9. Item 29 - "special occasion"; birthdays, Thanksgiving, Christmas, etc.
10. Item 55 - "indirect emotional signals"; mother interprets child's behavior.
11. Item 73 - "object"; belt, shoe, switch, etc.
12. Item 81 - "dolls"; includes male dolls (e.g., super-hero dolls, etc.).

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