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Fostering Care, Fostering Connections: Relational Possibilities for Child Welfare

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Work in Progress

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Abstract

Children in child welfare programs are familiar with change. As soon as they settle into a foster family, they often need to pack their bags and move to a different family. These children do not experience the durable, enduring relationships needed for healthy development.

Traditional psychodynamic theories of human development focus on the development of the self, indicating that successful development brings independence, self-sufficiency, and autonomy. We suggest that it is time to question the individualistic theories of human development and the programs that grow out of these theories. Integrating the principles of RCT, we propose six priorities for changing the child welfare system. We hope these six ideas will inspire many conversations about the possibilities open to us when we place relational development, not individual development, at the center of our child welfare programs.

Introduction

Child welfare textbooks are full of stories of children and families in crisis, for example:

In 1996 Brendan R., age four, was found dirty, hungry, and alone. His mother, addicted to cocaine and alcohol, was homeless and unemployed. Brendan was taken from her and spent 13 months in foster care. Motivated by the desire to regain custody of her son and assisted by a persistent and hopeful social work team, Brendan's mother overcame her addictions, fulfilled the requirements of court orders and her Parent/Agency Agreement, and found full-time employment. In slightly over one year, Brendan returned to his mother's custody, having been in the same foster home the entire time. Brendan represents a foster care success, but unfortunately, Brendan's foster care experience is not typical. Of the nearly half million children in foster care, most, approximately 65 percent, will return to their birth families but, unlike Brendan, the average length of stay in foster care is three years and the average foster child experiences 3.2 different foster placements. (Duquette & Hardin, 1999, p. 1-7)

It's gratifying to hear how children like Brendan are helped in child welfare programs; however, given the complexities of the service system, not all children are so fortunate:

Tiffany and Victoria S. represent two of the approximately 20,000 foster children adopted each year. It took far too long for them to be adopted. Tiffany was 5 when placed in foster care and 12 when she was adopted (7 years later): Victoria was 3 when placed in foster care and 8 when she was adopted (5 years later). Their adoptive

mother said, "Tiffany told us that she'd be sitting on the couch in one of her foster homes, watching TV and the social worker would come get her. She never knew when she came to a place whether it would be home for a month or a year." Tiffany says, "It was hard to be in other homes and then think, 'Is this going to be it, or am I going to have to move again?' I'm very relieved to be adopted, and it's just good to know that I am not going to have to worry about one day this social worker being here and all of a sudden saying, 'Well, Tiffany, I'm sorry but you have to leave.'" (Duquette & Hardin, 1999, p. 1-8)

A growing number of researchers and clinicians are emphasizing the crucial role of durable and enduring relationships in children's lives. Relationships provide the framework for healthy development in many ways, including strengthening a child's resilience (Spencer, 2000) and resistance to high-risk behavior (Blum, McNeely, & Rinehart, 2002; Resnick et al., 1997). Yet, many theories of psychological development posit that the outcome of healthy development is to become more independent by progressively separating from relationships. Accordingly, child welfare practices derived from these theories have tended to reinforce the ultimate, idealized goal of self-sufficiency. Thus, well-intentioned child welfare efforts have focused on helping children develop into the idealized image of an independent, self-sufficient, autonomous adult. Through a lens that privileges separation over connection, relationships are primarily viewed as a means by which self-sufficiency and independence can be achieved. Relationships are "used" to help children to "learn to stand on their own two feet."

Over the last 30 years, Jean Baker Miller, M.D., and her colleagues at Wellesley College have questioned this individualistic view of development. Based on clinical practice and research, they formulated a new model emphasizing the centrality of relationships in human development: Relational-Cultural Theory (RCT). In *The Healing Connection,* Miller and Stiver (1997) explain the crucial paradigm shift that distinguishes RCT from traditional psychodynamic theories:

All psychological formulations rest on an underlying theory and set of assumptions although these are not always made explicit. . . . For instance, psychoanalytic thinking has taken over without question the Western notion that becoming a self-sufficient individual is the goal of human psychological development. . . . But our experience has led us to a different emphasis for understanding psychological development. This book is about connections between people, about how we create them and how disconnections derail them throughout our lives. . . . Just as disconnections restrict us and block psychological growth, connections—the experience of mutual engagement and empathy—provide the original and continuing sources of that growth." (pp. 2-3)

RCT shifts the goal of mental health from the development of the self to *relational development*. In other words, rather than suggesting healthy development is characterized by successful separation from relationships, RCT proposes that healthy development is a process of expanding, elaborating, and deepening connections. In particular, RCT emphasizes that *growth-fostering* relationships are a human necessity throughout our lives and chronic or profound disconnections are a source of psychological and social problems. Furthermore, RCT recognizes that all relationships occur within and are influenced by the cultures in which they exist. Social and cultural practices impact people's ability to engage in and sustain growth-fostering relationships. Moving from an individualistic to a relational-cultural view of development, RCT opens the door to new possibilities for understanding healthy development as well as new possibilities for strengthening child welfare services.

Service providers have known for many years that child welfare practices do not provide the constancy of relationships children need. In most instances, chronic and profound relational disruptions are the norm for children living in the system. Because of this, the *Adoptions and Safe Families Act* of 1997 was instituted to minimize disruptions that occur in the lives of children in our welfare system. As a result, some children began to find more relational stability, as illustrated in Tiffany's experience:

Because of the voluntary arrangements between her birth and adoptive families, Tiffany is experiencing something previously unknown in her life—commitment and continuity. "I have my own room and have been going to the same school for three years—the longest I've ever gone to one school," says Tiffany. "I have friends that I've known for years. All those things are nice. . . but what's important is that every day when I go home, I know I will be hugged and loved and supported in whatever I do. I know they'll never leave me."(Duquette & Hardin, 1999, p. 1-9)

The *faith in relationships* that Tiffany describes is what all children need. Yet, most children in our welfare system rarely experience this type of relational stability and security, even after the establishment of the *Safe Families Act.* Once children enter the system, they must navigate a barrage of well-intended service practices that implicitly or explicitly extol the values of independence and self-sufficiency over growth-fostering connection. This paper explores RCT as a theoretical foundation for formulating new approaches to working with children and families in the child welfare system. It will (1) describe some of the many disconnecting and damaging experiences children encounter and (2) offer new possibilities for facilitating the healing and growth of children who come into the care of the welfare system.

Serial Disconnections: Complex and Compound Losses

Any child brought to the attention of child welfare workers brings with him or her complex and compound relational losses, which might be described as *serial disconnections*. For example, if the child has been abused, especially sexually abused, he or she will have kept a secret for some time. Keeping a secret requires maintaining a form of disconnection. In an effort to retain some sense of connection to the relationships she or he has available, a child must disavow her or his experience. To reveal the secret is to risk serious disconnection, rejection, additional abuse, or worse. From a RCT perspective, keeping a hurtful secret can be thought of as an example of a *strategy of survival* or *strategy of disconnection* (SD). SDs develop out of experiences of being hurt, threatened, misunderstood, or violated which lead children to feel they must hide large aspects of their experience—keep secrets and even lie—to sustain some form of connection with the important people in their lives. Children will develop SDs for very good reasons, but these strategies separate children from authentic engagement in other relationships, they are isolating, and, most importantly, they disconnect children from potential sources of help. Once the secret is disclosed, a child often experiences the disbelief, anger, and blame of those around him or her. To survive the negative responses of others, the child may sink even deeper into his or her SDs, which will result in the child feeling an even greater sense of separation and disconnection.

When the secret is disclosed and the information reaches Child Protective Services, the child suffers additional disconnections. He or she is interviewed by an unknown social worker and/or a member of the police force. If the investigation results in the child remaining at home, he or she will struggle with the tension and conflict generated by the complaint. If the investigation results in the child's removal from the home, the child leaves his or her biological family and the serial disconnections begin to multiply. Once again the child may rely upon or develop new SDs to survive his or her protracting chain of disconnecting experiences.

Culture Shock

When the child is placed in a foster home, the disconnections continue, while at the same time the expectations for new connections begin; however, it's hard to connect with new people before grieving the loss of loved ones. Nevertheless, the child is introduced to his or her new family, including new parents and new siblings and a new culture. He or she has a new room, often with new roommates. The child is frequently in a new community, miles away from home. There is a new playground and new shopping center. In addition, the move to the foster family frequently involves encountering a new ethnicity, social class, religion, and politics. While some theories of development footnote the complex influence of culture, RCT emphasizes ongoing attention to the interplay of culture and relationships impacting the experience of the child. A family's ethnicity, social class, and religion have a significant effect on the expectations for the child's behavior. If you are 15 years old and your biological family is white, upper middle class and Jewish and your foster family is white, working class and Catholic, your world changes dramatically overnight. In large urban agencies, with culturally diverse populations, children frequently find themselves in culture shock, as in the case of the 16-year-old Muslim immigrant from India who now lives with a white, Baptist family in rural North Carolina. In politics, children in foster homes face connections and disconnections in relation to their friends, school, teachers, and physicians. The extent of the changes can be overwhelming.

Most children are in multiple foster care placements (repeated culture shocks). Maybe the first foster family moved, maybe the child's behavior was too difficult for the foster family to manage, maybe the foster mother got pregnant. There are hundreds of reasons, but the result is the same; the foster child must move again. The next move brings more disconnections: loss of the biological family and community, loss of first foster family and community, new foster family, new parents, new siblings, new

room, new playground, new shopping center, new social class, new friends, new church, new school, and so on. Imagine experiencing all these changes three, four, sometimes ten times before you are 18 years old. Imagine experiencing all these changes on top of experiencing abuse in your biological family.

If the child is fortunate, the problems at home are resolved quickly and he or she is reunited with a safe and familiar family member and given sufficient professional help to recover from the trauma. If the problems are not resolved, parental rights are terminated so the child can be adopted and eventually find stability. However, the decision to terminate parental rights takes considerable time, during which the child is in a foster family. The child may return home for a trial period, but if the parental problems persist, the child returns to foster care. As much as a child may long for familiarity and stability, even a successful adoption is not without stress. Once again, the child is faced with the disconnection from the foster family and community and a connection with a new adoptive family, including new parents, new siblings, new social class, new religion, new friends, new school, and new life. After all these traumatic disconnections, what are the chances of the child being able to develop meaningful relationships?

We suggest that the child's recovery depends on the *quality* of relationships that facilitate the child's healing and growth throughout these enormous changes in his or her life. While few theorists or researchers would deny the general importance of relationships in children's lives, the scholars working at the Jean Baker Miller Training Institute have been committed to describing the *specific qualities* of relationships that facilitate healing and growth. For example, they have explained how mutual empathy and mutual empowerment in the therapeutic relationship facilitate movement toward authentic connection and the healing of trauma (Banks, 2001; Jordan, 1993; Miller, 1988). Given the breadth and depth of the disconnections and violations experienced by children in child welfare programs, therapeutic interventions must focus on helping them regain their *faith in relationships,* because relationships, in particular, growth-fostering relationships, are the vital source of survival, healing, and growth throughout people's lives.

Invisible Open Wounds: Shame and Humiliation

In addition to the visible relational disruptions, serial disconnections, and physical violations, children in the child welfare system have many invisible open wounds that derail their ability to participate in growth-fostering relationships. For example, being forcibly removed from one's home and family can be a profoundly shaming and humiliating experience for a child. Without assistance, a child's shame and humiliation can become an open wound that chronically obstructs the ability to participate in relationships in therapy and in his or her life.

While many scholars have described the individual, internal consequences of shame and humiliation (Kaufman, 1980; Lewis, 1987; Nathanson, 1987; Tangney, 1990; Wursmer, 1981), RCT helps us attend to the relational effects of these types of experiences. From a relational perspective, Jordan (1989) suggests that shame is the "felt sense of being unworthy of connection, a deep sense of unlovability, with the ongoing awareness of how very much one wants to connect with others" (p. 6). Many events can instill the notion that a child is unworthy of connection, e.g., lack of responsive parenting, neglect, physical or sexual abuse, abandonment, etc. Once the child enters the welfare system, feelings of shame are reinforced and amplified by multiple placements, inadequate foster care, over-worked, inattentive service providers, lack of coordinated services, failed efforts to return the child to the home, termination of parental rights, failures to find long-term placement, etc. A child in the welfare system can become shadowed by shame, which is pervasive and enduring. It can cloud all the child's efforts to connect.

Some children may also experience a sense of humiliation, a sense that one is unjustly being put down, degraded, or devalued in connection to others. The word humiliation comes from the Latin root word "humus," which means earth, soil, or dirt. To humiliate someone literally means to treat him or her like dirt (Hartling, Rosen, Walker, & Jordan, 2000). When children and families are forced into an over-burdened, under-funded, or inadequate service system, they may come to feel like they are being treated like dirt. To illustrate this point, at one agency, whenever a child was moved to a new foster home, the child's belongings were placed in a large black garbage bag, which would accompany the child to a new home. While this practice may have developed out of an effort to economize, it clearly communicates to children that they are of little value as human beings. In a system that is severely strained, it is not surprising that service providers are forced to engage in cost-saving or time-saving practices that unintentionally intensify a child's humiliation and, consequently, a child's sense of disconnection.

Shame and humiliation are two examples of the many invisible wounds children may carry with them as they enter the welfare system. A RCT perspective heightens our awareness of these relationally damaging injuries. To help children overcome and grow beyond their wounds, we must provide them with experiences that allow them to establish or regain their faith in relationships. Furthermore, we must help them strengthen and enhance their ability to be resilient, especially relationally resilient. We believe that RCT—with its focus on connections, disconnections, and cultural context—is uniquely suited for facilitating these goals and for working with children and families who find themselves in the child welfare system.

Building Resilience through Relationships

Research indicates that we can help children overcome experiences of trauma, disconnection, and adversity by strengthening their ability to be resilient (Spencer, 2000; Spencer, Jordan, & Sazama, 2002). RCT, supported by a growing-body of research, proposes that the best way to build a child's resilience is through the formation of growth-fostering relationships (Hartling, 2002, 2004; Jordan & Hartling, 2002). While much of the research on resilience emphasizes individual, internal traits (e.g., temperament, intelligence, self-esteem, mastery, internal locus of control, etc.), some of the earliest research has noted the importance of relationships. In her groundbreaking 40-year investigation of over 700 multi- and mix-raced children coping with severe hardships in Hawaii, Emma Werner (1993) observed that "...resilient youngsters in our study all had at least one person in their lives who accepted them unconditionally, regardless of temperamental idiosyncrasies, physical attractiveness, or intelligence" (p. 512). Others have described how relationships are the source of experience that strengthens the individual traits associated with greater resilience in children (Hartling, 2002; 2004; Jordan & Hartling, 2002).

Reviewing the literature on resilience over the last 40 years, Renée Spencer (2000) identified many studies that indicate that a relationship with at least one supportive adult can lead children to achieve good outcomes despite exposure to numerous forms of adverse conditions and experiences, including child maltreatment (Cicchetti, 1989), poverty (Garmezy, 1991), separation from a parent (Rutter, 1971), marital discord (Rutter, 1971), divorce (Wallerstein & Kelly, 1980), and having a parent with severe mental illness

(Rutter, 1979). In her own research, Spencer and her colleagues (Spencer, Jordan, & Sazama, 2002) described the important growth-promoting qualities of children's relationships with adults, which included mutual empathy, mutuality, respect, responsiveness, a sense of being valued, and movement toward greater authenticity.

Relationships also appear to strengthen resilience by reducing a child's risk of developing psychological, social, or behavioral problems. After studying over 12,000 adolescents around the country, Michael Resnick and his colleagues (1997) concluded that a sense of connection (with parents and other adults) is the most important factor reducing the chances an adolescent will develop a problem with substance abuse, violence, depression, early sexual activity, or suicidal behavior. This finding held true regardless of the adolescent's race, ethnicity, socioeconomic status, or family structure. This research supports Judith Jordan's (1992) notion that resilience grows through connection.

On the other end of the spectrum, serious disconnections combined with a lack of growth-fostering relationships may severely impair a child's ability to be resilient, increasing their risk of pathology and dangerous behavior. An FBI report (O'Toole, 2000) examining the experience of children involved with school shootings found that these children were unable to "bounce back" (to be resilient) after experiencing a significant disconnection or relational violation, such as being humiliated, put down, or rejected. Furthermore, they were intensely isolated from important relationships in their lives, including parents, peers, teachers, and other relationships that might help them be more resilient in response to adversities. The profound sense of isolation that school shooters experience may be an example of what Jean Baker Miller (1988) calls "condemned isolation." In a state of condemned isolation, a child may lose the ability to be resilient in response to mounting, unresolved disconnections and, therefore, choose a violent means of action in an attempt to permanently resolve his or her pain. More and more research suggests that relationships strengthen children's resilience and reduce the risk that children will develop psychological, social, and behavioral problems. The resilience of children in the child welfare system is tested everyday by the adversities and disruptions. We must find better ways to enhance their resilience and repair the damaged caused by repeated, often brutal disconnections.

Transforming the Priorities of the Child Welfare System

Following the tragic death of a foster care child in New Jersey, a *Newsweek* (Barrett, 2003) article, with the headline "We Have to Do Better," described the urgent need to reform child welfare services. The death of a child is every social worker's nightmare. But what happens after memories of these headlines fade? In spite of unrelenting media pressure, social workers in public and private child welfare agencies, advocacy groups and court systems continue to struggle to find ways to address the multiple problems in families. There are many success stories, but these rarely reach the media's attention. Unfortunately, there are too many failures, too many children and families disconnected and hurting.

We suggest it's time to try a new model. It is time to make relational development the heart of the child welfare system. This means that all individuals involved in the system would acknowledge the fundamental importance of understanding and responding to the relational-cultural dynamics of human development. With this recognition, policies and programs would focus on building healthy connections as well as healing disconnections throughout the system (e.g., between children-parents, parents-teachers, social workers-parents, families-legal advisors, etc.). To accomplish this, we want to offer some initial priorities for transforming child welfare practices. While this is not meant to be a complete or comprehensive list, we offer it as a starting point for further conversation. Integrating the principles of RCT, we propose the following six priorities for changing the child welfare system:

1. Shift the focus in human development theory from the development of the self to the *development of relationships*.

2. Encourage the accurate assessment of the relational-cultural history, geography, and context of children's lives, in particular, assessing their sources of or lack of growth-fostering connections.

3. Help *all* people in the system understand that mutual empathic, mutually empowering, growth-fostering relationships enhance the development of *all* people (e.g., children, parents, families, service providers, administrators, etc.) and help *all* people understand how to identify, establish, and sustain these types of relationships.

4. Incorporate a relational-cultural approach into the treatment and healing of serious disconnections and trauma.

5. Help children repair their experiences of disconnection and strengthen their resilience through engagement in growth-fostering relationships.

6. Engage professionals and the community in social/political action and advocacy to achieve adequate and appropriate funding of child welfare services.

The following discusses each of these priorities specifically in relation to child welfare.

1. *Shift the focus in human development theory from the development of the self to the development of relationships.*

As mentioned earlier, RCT represents a paradigm shift in human development theory. Traditional psychodynamic theories stress the importance of self-sufficiency, autonomy, and independence, while RCT focuses on the importance of growth-fostering connection. Miller and Stiver (1997) write, "A change of perspective on what constitutes the basic human motive, from being gratified to participating, represents our central shift from traditional approaches—it's not a question of getting but of engaging with others" (p. 48). Concentrating on how people engage in relationships, i.e., emphasizing relational development rather than self development, can lead us to formulate more effective practices for protecting children. For example, one way to increase children's safety is to optimize the empathic capacities of individuals in the child's life. With greater empathy, family members, relatives, religious leaders, teachers, physicians, neighbors, citizens, and friends will be more likely to recognize symptoms of neglect and abuse and take action on behalf of children.

Moving beyond the focus on self development to relational development opens up new treatment options for children, families, and communities. Service providers can help children and families identify, develop, and sustain the most growth-fostering relationships possible. What specifically are growth-fostering relationships? Jean Baker Miller (1986) describes some of the outcomes of these types of relationships, which she calls "the five good things." When people (children and adults) participate in growth-fostering relationships they experience greater zest, empowerment, clarity, sense of worth, and a desire for more connection. These types of relationships facilitate a child's process of healing

after experiencing trauma, reduce a child's risk of being violated again, and increase a child's ability to overcome adversity in the future. Facilitating relational development should be a fundamental goal of effective child welfare programs.

2. Encourage the accurate assessment of the relational-cultural history, geography, and context of children's lives, in particular, assessing their sources of or lack of growth-fostering connections.

The self-development orientation of traditional psychological theory has limited our efforts to fully understand and explore the complex relational factors that impact children's lives. Assessment tools that primarily measure individual, internal traits or behaviors are often blind to the relational-cultural context of the child's experience. Clinicians, family members, and other appropriate service providers may benefit from understanding the relational history and geography of a child's life. By history we mean the relational-cultural experiences that have influenced her or his development. By geography we mean the existing relationships, interpersonal and cultural, that are currently impacting a child's life. In particular, it is important to identify the relationships that have been, are, or can be a resource for the child.

By developing an in-depth relational understanding of the child's experience, clinicians and others can identify more effective intervention and treatment options. For example, nine-year-old "Alicia" was removed from her home because of severe neglect. Eventually, the rights of Alicia's parents were terminated and she was placed in an adoptive home. Because of her distracted, rambunctious, constantly active behavior during this time, Alicia's school teachers insisted that she should be diagnosed with Attention Deficit/Hyper Activity Disorder (ADHD) and put on medications. Resisting this pressure, Alicia's therapist and the adoptive parents utilized their understanding of Alicia's history to create a relational environment that strengthened her sense of connection with her new family. This included helping Alicia feel confident that her parents would respond to her needs; helping Alicia experience a sense of mutual empathy in her relationships, especially with her new parents; and helping Alicia establish faith in her new parents' abilities to protect and care for her. Over time, the development of a child can help clinicians identify more effective methods of treatment, service management, and support. In particular, RCT reminds us that we must constantly attend to cultural and multicultural experiences of children's lives. Yet, unfortunately,

most programs, policies, brochures, and forms are developed with little regard for the diversity of the children being cared for in the welfare system. Today it is not unusual for agencies to serve citizens speaking 50 different languages. The majority of social workers are not bilingual, nor are police officers, attorneys, and judges. How does one tell one's story, if there are language barriers? RCT emphasizes that we must constantly assess, reassess, and address the multicultural factors that impact the lives of children and their families.

3. Help all people in the system understand that mutually empathic, mutually empowering, growth-fostering relationships enhance the development of all people (e.g. children, parents, families, service providers, administrators, etc.) and help all people understand how to identify, establish, and sustain these types of relationships.

In the introduction to their groundbreaking book, *The Healing Connection*, Miller and Stiver (1997) write:

> In our view, the goal of development is not forming a separated self or finding gratification, but something else altogether—the ability to participate actively in relationships that foster the well-being of everyone involved. Our fundamental notions of who we are are not formed in the process of separation from others, but within the mutual interplay of relationships with others. In short, the goal is not for the individual to grow out of relationships, but to grow into them. As the relationships grow, so grows the individual. Participating in growth-fostering relationships is both the source and the goal of development. (p. 22).

We propose that one way we can best support the relational development of children is by encouraging the relational health of *everyone* involved with these children. Not only do we need to engage in growth-fostering relationships with children, we need to engage in growth-fostering relationship *for* children. Child welfare administrators need to promote growth-fostering relationships with and among child welfare workers. Child welfare workers need to promote growth-fostering relationship with and among parents. Parents need to promote growth-fostering relationships with and among teachers. Teachers need to promote growth-fostering relationships with and among children, parents, child welfare workers, administrators, community members, and so on.

We can't expect to effectively foster the relational health and development of children while neglecting the relational health and development of those

providing services to these children (e.g., parents, social workers, teachers, etc.). As we have seen through tragic examples, overloading child welfare workers can lead to serious disconnections in services that put children at risk. When workers, teachers, and parents are working through relationally deprived or disconnected systems, children fall through the holes in the network. To enhance child welfare services, RCT suggests we must adjust our practices to promote the relational health and development of *all* the people engaged in relationships with these children.

4. Incorporate a relational-cultural approach into the treatment and healing of serious disconnections and trauma.

Serious disconnections and trauma are the norm for children who enter the child welfare system. RCT offers clinicians and service providers a new understanding of how trauma and traumatic disconnections impair a child's ability to engage in relationships. Psychiatrist Amy Banks (2000) describes the neurobiological mechanisms disrupted by trauma that can derail one's ability to establish and sustain connection with others. By understanding how biological responses to trauma affect relationships, clinicians can help parents, teachers, and family members develop the variety of relational skills necessary to be responsive and resilient in relationship with an injured child and to provide the most growth-fostering conditions for helping that child overcome his or her traumatic experiences.

5. Help children, families, and service providers repair disconnections and strengthen their resilience through engaging in growth-fostering relationships.

As noted earlier, more and more research suggests that resilience grows through relationships. Children who feel connected can overcome numerous forms of hardship and adversity (Spencer, 2000). Individuals, families, and communities function more effectively when there is more connection (Putnam, 2000). When children are in trouble, empathic, growth-fostering relationships in their lives can facilitate early detection and appropriate intervention, increasing the likelihood that they can overcome their difficulties. These connections help children identify constructive ways to cope with difficulties. Mutually empowering connections offer children a model of relating that leads to effective action. And, growth-fostering relationships strengthen children's sense of worth, increasing their ability to be resilient in future situations.

Developing relational resilience is the goal of social work in child welfare. Helping children and families recognize disconnections, grieve losses, understand strategies of disconnection, learn new ways of relating to others, finding and sustaining hope in the belief that other people care—this is the clinical work of child welfare. Over the years, clinical work in child welfare has undergone many of the changes seen in clinical work in private practice. For instance, responding to the demands of managed care, social workers have been asked to shift from counseling to case management. We find this unfortunate because case management protocols cannot respect or take seriously the damage of disconnections, nor the work of developing relational resilience. Even if therapy is indicated, case managers refer this work to mental health agencies or home based services, sometimes to people less trained in child welfare and less familiar to the child. Consequently, the child experiences losses even in treatment. This must change. Social workers must reclaim the clinical component of child welfare work and advocate for the models of treatment they know are best for their clients.

6. Engage concerned people in our communities—and throughout the country—in social/political action and advocacy to achieve adequate and appropriate funding for child welfare services.

In the world's richest nation, it is difficult for many of us to understand how it is possible that our child welfare system is chronically dogged by inadequate funding. To illustrate this point, most parents could not find a trustworthy babysitter who would work for less than a dollar per hour, yet this is the type of reimbursement we offer foster parents who provide care to troubled children 24-hours-a-day, seven-days-a-week in the welfare system. Now that our society has begun to evolve beyond shamelessly taking for granted the labor of women (who have historically provided "free" childcare), we must work together to encourage a national awareness of the complex relational skills and expertise that is necessary to promote the well-being and development of children. By establishing a greater consciousness of the qualities of relating as well as the intricate relational skills that facilitate the growth of children, we can insist that our political leaders work to provide sufficient economic support, the support necessary if we want our welfare services to be truly effective. As concerned citizens, we must join with others to advocate for accessible and affordable community services that will reduce stress on families. We must ensure that agencies and schools have enough money

to provide affordable community services, such as counseling, healthcare, childcare, and parenting classes. We must ask churches, synagogues, mosques, and all faith groups to help teach the importance of growth-fostering relationships, which requires recognizing and attending to the feelings of others. We must ask our government to support child welfare efforts that are responsive to and respectful of the complex interactions of culture and relationships. We must teach our legal advisors about the specific qualities of growth-fostering relationships so they will take legal action to enhance the opportunities for children to experience these types of relationships. We must encourage the media—particularly TV, movies, and popular music—to reduce violence and other harmful media images and messages as well as increase the images of mutual empathy and compassion. We must encourage our corporations to make more family friendly policies, such as parental leave, reduced workweeks, and the use of technology instead of meetings and business trips. In doing so, they reduce parental stress which can lead to child abuse. In other words, all members of the community can contribute to the healthy development of children by taking actions and implementing policies that nurture and sustain growth-fostering relationships.

Relational Development at the Center of Child Welfare Services

We hope the six priorities described above inspire many conversations about the new possibilities that become open to us when we place relational development at the center of our child welfare services. To adopt an emphasis on relational development, rather than self development, is a radical shift in thinking. To make this shift and achieve the movement and momentum necessary to produce change, we must enlist the cooperation and participation of many people. We must work together—with children, biological parents, foster families, teachers, religious leaders, attorneys, judges, CASA volunteers, and business owners—to produce change. Together we can demonstrate that a system based on relational-cultural understandings of children's experience is more effective, more successful, and more beneficial for all people involved, especially for the children.

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