

# Child Advocacy



Report Of A National Baseline Study

# **CHILD ADVOCACY**

## ***Report of a national baseline study***

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Brenda G. McGowan**

**U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Office of Child Development  
Children's Bureau**

**DHEW Publication No. (OCD) 73-18**

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# Introduction

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[To The Governor]

Your Honor:

*May I bring to your attention a bit of shocking news?*

*At the present time I am an inmate in the county jail. . . .*

*Today a child of 12 years old was placed in custody of the Warden of this jail by court order of a Judge presiding here.*

*Now I ask you, should a child be placed behind bars (in a maximum security cell) when other means of corection are presently available for persons of such a young age?*

*I have been in contact with the U.S. Department of Justice, Bureau of Prison, and have conveyed this information to Mr. Norman A. Carlson, Director of the Bureau for investigation in this matter.*

*I know not wheather there is a phycological reason for the placing of this child in a maximum security jail, but by past experience I have learned that no matter what the reason, placing a child in jail only hurts the mind rather than helps it.*

*May I suggest that an investigation be progressed in this matter not only to look into the correctional system of this state but also into its Judicial system.*

*I am quite sure I will be offically reprimanded for taking action on this matter but when the welfare of our children is so misused I think its time that someone should get involved!*

*Sincerely*

Advocacy on behalf of children is not usually initiated so dramatically. But it always requires that someone cares about children or is strongly motivated by a sense of fairness or law.

The boy described in the letter was in the custody of an outstanding state department of child welfare, in a state that has widely recommended and humane legislation prohibiting the jailing of

juveniles. Yet because an appropriate placement was not available for him, the state department of child welfare, the local child welfare institution in which the boy had been placed, the county sheriff, and the boy's parents all concurred in the decision to place the boy in jail temporarily in violation of the state's juvenile court act. After a weekend in jail, the boy was placed in the psychiatric division of a hospital. The prisoner's letter was forwarded from the governor's office to the executive director of the state commission on children, but it arrived too late to affect the specific situation that inspired it.

However, the commission's executive director believes that her responsibilities go well beyond intervention into specific cases. First, she contacted the deputy director of the responsible department (which was represented on the commission) and reminded him that his department had supported the legislation to raise the age limit for jailing juveniles. Then, in no uncertain terms, she suggested that he remind his staff of the prohibition against jailing children which appears in the state's juvenile court law and that he insist on compliance. She also recommended that he meet with representatives of placement agencies to develop more satisfactory ways of coping with similar emergencies in the future.

Finally, she reminded all participants in the incident—the county's chief probation officer, the county sheriff, and the director of the child welfare institution—that they had violated the state's juvenile court law. Her statements were clear and firm: a child's rights had been disregarded and such acts would not be tolerated in the future.

Intervention into families or programs to assist and protect children may take many forms, and its theory and practice have developed over time. Once again, however, for a variety of reasons, many people are asking: How can a society assure that its services for children will be sufficient, relevant, responsive, and effective?

The field of children's services has a long tradition of monitoring programs, evaluating problems and needs, initiating new programs and facilities, and legislative lobbying. Indeed, a national field of children's services was developed to carry out these functions before World War I.

But the children's field, like all organized governmental and private activities, has gone through many periods of consolidation and preoccupation with organizational and professional matters. This is natural, given the vast operational responsibilities involved in programs such as education, child health, foster care, mental health, nutrition, and the like. Processes must be identified, skills and knowledge must be specified, personnel must be trained, and cre-

dentials must be set. Through bureaucratization and professionalization the field may improve and upgrade its services, but it also runs the risk of becoming preoccupied with protecting its sphere of influence. Program consolidation may lead to better services for individuals, but it also may encourage fragmentation among programs. Thus from time to time, and generally in the context of broad initiatives for social reform, an effort is made to shift the balance from consolidation to change, from perfecting an individual technique or agency process to improving or renewing systems.

Child advocacy appeared during such an era of social reform—the late 1960s. The concept was attractive because it combined the promise of needed change with a lack of specificity; i.e., it represented a kind of social venture capital. It was soon identified as an activity that might be financed. Thus child advocacy understandably took many forms and had many sponsors—it was a banner behind which to rally, a funding bandwagon on which to ride, and a gimmick to exploit. But it also represented a series of efforts to cope with children's unmet needs in one or more of the following ways: affirming new concepts of legal entitlements; offering needed services in areas where none existed; persisting in the provision of services when other more conventional programs dropped cases; assuring access to entitlements and help; mediating between children or families and institutions such as schools, health facilities, and courts; and facilitating self-organization among deprived community groups, adolescents, or parents of handicapped children.

By the spring of 1971 it was clear that some kind of movement was developing. President Nixon had assigned to the Office of Child Development (OCD), U.S. Department of Health, Education, and Welfare (HEW), the mission of establishing a National Center for Child Advocacy. OCD and other federal agencies were funding experiments, demonstrations, explorations, and research under the general heading "child advocacy"—as were some private foundations and local funding sources. But it was also clear by then that whatever child advocacy was to be—movement, field, or program component—it was neither defined nor understood. There was no basis for separating the old-with-a-new-name from the new. And because the initiatives were widespread, there was no central source of information.

In this context, we undertook a national baseline study to (1) identify what was developing under the label "child advocacy" and (2) seek some conceptual order in the domain, if a domain it proved to be. This book is a report of our findings.

Although summaries and generalizations exclude most of what is important, the reader should know at once that we reached the following conclusions:

1. Although many activities and projects labeled child advocacy are in no sense new or different, it is possible to identify numerous projects, programs, and activities that appear to embody an approach which can appropriately be called child advocacy.

2. Despite ambiguity, confusion, and some gimmickry, child advocacy also has inspired some valuable activities and trends that are too promising to give up.

3. Because children are often short-changed by American society, broad social action and policy initiatives on behalf of children are desperately needed and of highest priority. To get Americans to rally to the cause of children may require charisma, spontaneity, and confrontation tactics. Initiatives will and should take place in many ways and through many channels, and they usually cannot and should not be standardized, bureaucratized, coordinated, or ordered. For the most part, these activities will not be contained within formal advocacy systems. Therefore, much of the necessary social action and policy initiatives cannot be funded by governmental programs or tax-exempt foundations. Nevertheless, some help and encouragement is possible from funding sources and even governmental programs.

4. In addition to social action and policy initiatives on behalf of children that cannot be planned, coordinated, or centrally funded, there are many essential advocacy functions that can be identified and provided on a regularized basis. Some of these regularized activities focus on assuring help or service to families or individuals who need it (case advocacy); others focus on changing policies, procedures, personnel, rules, laws, and so forth (class advocacy). Therefore, this type of regularized and planned advocacy ranges from direct service to social action.

5. In this latter sense—i.e., creating, opening, improving, and changing programs—child advocacy is what policy-makers often call a service strategy. Although it is no substitute for money or broad social policy, it can be effective and important nonetheless.

6. The case and class advocacy function deserves to be nurtured, supported, guided, and carefully assessed because it may fill an important gap in social provision on behalf of children. We define child advocacy in this sense as *intervention on behalf of children*



*in relation to those services and institutions that impinge on their lives.*<sup>1</sup>

7. Child advocacy, in the sense of a regularized case- or class-focused function, may be a specialized role or a component of another role. It requires professionals, paraprofessionals, and volunteer laymen and involves roles for both staff and board members. It has relevance for a variety of disciplines and professions, and it belongs in both public and voluntary sectors on various geographic and governmental levels.

8. Although we note the emergence of a promising phenomenon and identify what we think could be the continuing advocacy function, we do not exaggerate the state of the art. The goals of child advocacy are general, and specifics are not easily set. Knowledge about the consequences of structuring agencies in alternative ways and of the auspices under which these agencies might operate to carry out advocacy is limited. Conventional wisdom about such matters may be wrong. Methods and processes are unstudied and underdeveloped; evaluations are often premature and off-target. In short, friends of children and proponents of child advocacy have serious work to do.

This report offers some glimpses of child advocacy, several primitive conceptual schemes, and hypotheses about critical variables that will shape advocacy in the future. Our ongoing research focuses on (1) conceptualization of the advocacy process in community-based programs (McGowan) and (2) development of guidelines, criteria, and a timetable for evaluating programs in the field of child advocacy (Kamerman).

Our findings about the nationwide advocacy phenomenon are based on data from three types of questionnaires, case studies, interviews, and relevant professional literature. We have been blunt in this introduction to give our readers a compass as they review the several facets of our empirical work. Although many readers may be skeptical at this point, we also hope they are curious about the evidence. We have taken an independent position on a subject about which there are strong, contrary positions. However, we did so only after the most comprehensive survey attempted to date.

In developing policy proposals, we have confronted our data with a conscious philosophy about children's rights and society's responsibilities. We have requested information and advice from federal,

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<sup>1</sup> For a more complete definition, see p. 62.

state, and local officials; professional leaders in the many disciplines that serve children; and hundreds of people engaged in diverse activities that fly the banner of child advocacy.

We value the guidance and information received from these sources and assume full responsibility for the manner in which the information has been used. We especially appreciate the fact that busy directors and staff members of the many programs we visited were willing to share their experiences and problems. We are grateful to the members of the Ad Hoc Interagency Committee on Child Advocacy, convened periodically by OCD in Washington, whose members were most cooperative in facilitating access to many governmental programs funded by different federal agencies. Most important, we want to thank the Office of Child Development, which facilitated this national baseline study of a new phenomenon in which it has considerable program stake with full recognition that we would "tell it like it is." We trust that our findings and policy proposals will contribute in some small way to OCD's mission on behalf of America's children and to the missions of related agencies whose total planning and service output can do much to shape the destiny of children, families, and communities throughout this land.

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# 1. The Background of Child Advocacy

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This study describes what child advocacy is and considers what it can and should become. Experience has shown us that the picture is neither accurately perceived nor adequately assessed without some background exploration. We have been asked, for example: "Isn't the child advocacy development a rebirth of anti-poverty community action?" It is in some places. Or "Doesn't advocacy require a legal service?" Occasionally. Or "Isn't child advocacy a new label for child welfare protective services?" Sometimes.

Mental health practitioners, influenced by the Joint Commission on Mental Health of Children, tend to define child advocacy in expansive terms: "Child advocacy is a planning, coordinating, and monitoring system on each level of government to assert priorities on behalf of children." Our comment is: This system has been proposed but is hard to find.

Child advocacy is also described as providing a reaching out or counseling service, serving as mediator or gadfly between children and a service system that is unreceptive, or studying needs of children in what are called "health catchment areas" as a prelude to initiating or supporting new programs.

From some perspectives child advocacy can be viewed as a cluster of recent undertakings by mental health professionals, educators, workers in delinquency control, child welfare personnel, and other citizens who support institutional reform and change. Or child advocacy can simply be a popular term some people apply to all the good things they want to do for children.

To sort out the components of the child advocacy phenomenon, prepare a more accurate picture of its development, and provide some perspectives for the future, we will first look briefly at the several strands from which the "movement" seems to have emerged.



The concept of child advocacy was born during President Lyndon Johnson's Great Society and took institutional form during the administration of President Richard Nixon. However, it would be recognizable to a diversity of ancestors.

Concepts, like styles of clothing and popular music, can be in or out of fashion. In recent years, the concept of advocacy has enjoyed a new wave of popularity, but some observers of social policy already sense a change. Historically, advocacy has existed as long as there have been powerless groups in need of a champion. The self-advocacy of suffragettes and the class advocacy of social reformers are as integral a part of American history as the more traditional form of legal advocacy. Recently consumer, health, and family advocacy programs have mushroomed. Among these, child advocacy is perhaps the latest manifestation.

Whether child advocacy per se should be regarded as a new concept, an old concept whose time has come, or simply a new label for what has been going on for years can be settled only through study and definition. However, it has four immediate, specific antecedents: the Report of the Joint Commission on Mental Health of Children, published in 1969; the establishment of the Office of Child Development (OCD) the same year; the 1970 White House Conference on Children and Youth; and the formation of OCD's subunit, the National Center for Child Advocacy, in 1971.<sup>1</sup>

## IMMEDIATE ANTECEDENTS

The establishment of a child advocacy system was one of the major recommendations of the 1970 White House Conference on Children. Despite the popularity of advocacy resolutions, however, neither conference discussions nor forum reports yielded any consensus about the meaning of child advocacy or the parameters of child advocacy practice. Most delegates apparently saw child advocacy as a way to implement conference recommendations generally, but often they were confused about what was being called for: an action structure or a service function. If a service function, was it to be a specialized function or something added to ongoing actions by organizations or individuals? If an action structure, at what level of government; i.e., where would the clout come from?

Some delegates interpreted child advocacy to encompass the whole

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<sup>1</sup> See Appendix C.