Preventing Family Breakdown

NOEL TIMMS

' "What's the use of preventing a man from stumbling when he's on a sinking ship?"
"Because if he breaks his ankle he won't be able to swim", I suggested.
"But why try to save him from breaking his ankle if you can try to save him from losing his life?"
"Because I know how to do the former but not the latter", I told him rather testily'.

The Net, by Iris Murdoch, p. 112.

This appears an unambiguous title; we talk frequently, both about 'prevention' and 'family breakdown'. Yet if we reflect on each of these terms there are good reasons for doubt and uncertainty. Does the death of a father constitute the breakdown (or break-up?) of a family? Has a family in which the eldest child is unloved by mother and overprotected by father broken down? Or a family from which the mother is away in mental hospital, possibly for a short time? In brief do we use the term to refer to the lack of the physical wholeness of a family or to a failure in one of the essential functions of the family? If we refer to both these features at the same time it is likely that the term is being stretched beyond its usefulness.

If we turn to the other term in the title, prevention, the lack of clarity is much more in evidence. The idea of prevention has a long history as far as public provision for social welfare is concerned. It is possible to observe at least three stages in the development of this idea. Firstly, it was considered that people should be prevented from recourse to dependence on such social provision as existed by the availability early in life of certain guiding influences. Thus, education was seen 'as one of the most important means of eradicating the germs of pauperism for the rising generation and of securing in the minds and morals of the people the best protection for the institutions of society'.[1] The second development came with such agencies as the Charity Organisation Society in the second half of the nineteenth century. Prevention was

[1]Kay Shuttleworth, Fourth Annual Report, Poor Law Commission, 1838.

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now concentrated on providing a service which would meet social need in any given case so effectively that a second application for help was thereby prevented. The opponents of the Charity Organisation Society at the turn of the century also advocated prevention, but this was seen as the 'arresting or counteracting of the causes of destitution so that it should not occur'.[2] This is the third development in the idea of prevention.

Now these different aspects of the idea of prevention are not a rather elaborate historical decoration, but part of my theme. They can be seen again in the very recent history of the Children's Departments since 1948. In this sphere there has been a change of practice from simply preventing children from coming into care (sometimes by helping to make alternative arrangements, sometimes not), to stressing the importance of avoiding the separation of the child from his family. Finally, we are beginning to say that we must prevent the conditions that threaten the existence of the family. A recent historian of the child care service describes this change in the following way: 'Preventive work[3] should mean not only providing skilled help which will prevent the immediate separation of the parents and children, and enable the family as a unit to solve the material and emotional problem satisfactorily within themselves, but also the prevention of those conditions of personal and social failure which leave the family with no alternative but to make application to children's departments for the reception of the children into care or which eventually call for intervention by the court'. Now this sounds both simple and encouraging, but if we look more closely it illustrates the two problems with which I began. It brings together two different kinds of family breakdown and it assumes we know what the causes of these conditions of personal and social failure are or even can describe the conditions themselves in a way that is helpful for preventive action.

This quotation in fact represents something of our current enthusiasm for preventive work. The more enthusiastic we become, the nearer we come, in my view, to appearing to suggest that our aim is to prevent original sin. What, for example, could be more enthusiastic than the recent Ingleby Report when discussing prevention? 'We have found it impossible to consider this question of prevention from a purely negative point of view. It is not enough to protect children from neglect even if the term neglect be held to include their exposure to *any*

[2]B. & S. Webb, *The Prevention of Destitution*, Longmans, 1911, p. 224.
[3]J. Heywood, *Children in Care*, Routledge, 1959, p. 179-180.

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physical, mental, or moral danger or deprivation. If children are to be prevented from becoming delinquent, and if those in trouble are to get the help they need, something *more positive* is required. Everything within reason must be done to ensure not only that children are not neglected but that they get the best upbringing possible'.[4] (Italics not in original.) This represents a powerful homily, but it contains not even the beginnings of a programme of action.

Now the kind of criticism I have so far offered can be (and sometimes is) dismissed as academic word play, but it is my argument that it has important implications for practice. If we believe (and we certainly often say) that social work is moving away from a residual and remedial function towards playing a part as one of the general institutions of society, then it becomes important to establish, in this new context, goals which can be defined clearly and are, at least, within some possibility of realisation. You simply cannot set goals if you think you are trying to do 'everything within reason' and if you imagine this itself constitutes a goal you will soon become frustrated. If you aim to do 'everything within reason' what have you against which to judge your efforts? The present vague, optimistic use of the notion of 'prevention' in this case is open to the charge recently made against American usage. Rapoport maintains that it 'only creates confusion, leads to unsubstantiated claims and professional self-deception, and fails to further our purposes either scientifically or professionally'.[5]

However, the subject cannot be left there. All we have seen so far, are some of the ways in which the term has been used in the social services and some of the difficulties. Perhaps we can proceed by looking at the discipline from which we have taken the concept, social medicine. At once, a notion which those connected with the social services have seemed to regard as unitary is broken down. Thus, it is customary in public health to distinguish three levels of prevention: *primary*, steps to obviate the development of the disease in susceptible populations; *secondary*, which is based on early diagnosis and prompt treatment once the presence of the disease is suspected; *tertiary*, which aims at limitation of the disability caused by the illness. Within this general scheme it is usual also to identify distinct processes through which preventive practices may be applied. Leavell and Clark, for example, identify five

[4]Report of the Committee on Children and Young Persons, H.M.S.O., 1960, p. 5, s.8.
[5]L. Rapoport, 'The Concept of Prevention in Social Work., *Social Work* (U.S.A.) Vol. 6 No. I, Jan. 1961.

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such levels: (*a*) health promotion; (*b*) specific protection; (*c*) early diagnosis; (*d*) limitation of the disability; (*e*) rehabilitation.[6]

This kind of differentiation of the concept of prevention is useful in any consideration of prevention in the field of the social services. The first two processes, health promotion and specific protection at once present difficulties. What is the kind of health we want to promote? The idea of mental health is notoriously difficult to define, especially if we allow ourselves to entertain some of the doubts expressed in a recent publication on the Prevention of Mental Disorders in Children as to 'whether we are dealing with a single continuum with positive mental health at one pole and a variety of mental disorders at the other, or with two separate continua'[7] (i.e., mental health—mental illness, mental health—? mental ill-health which is *not* mental illness). It becomes difficult to see what is being promoted and by what ways if, to quote another contributor to this volume, 'primary prevention encompasses actions, deliberative or otherwise, that maximize these social forces in the community which tend to encourage the full development of the human being as a 'rational, creative, and self-actualizing organism'.[8]

Specific protection presents perhaps less of a difficulty. It is easy to point to the inadequacy of knowledge that would yield certain and sure protection, but preventive schemes in public health have not always been based on scientific knowledge. Part at least of Chadwick's public health programme was based on erroneous, let alone incomplete, theories. Eisenberg and Gruenberg have recently attempted to divide the psychiatric disorders of childhood into those for which there is convincing evidence that treatment is effective, those that have a reasonable likelihood of response and those in which the response is uncertain.[9] Yet our knowledge of what we are protecting people against and how we can protect them remains general and non-specific. A family background may consist of a dominant mother and a weak, ineffectual father and the outcome for children in such a family may, according to recent studies, range from no apparent affect to schizophrenia, alcoholism, etc.

It seems that in the social services we should, for the present at least,

[6]H. R. Leavell & E. G. Clark, *Preventive Medicine for the Doctor in his Community*, McGraw-Hill, 1958, p. 21.
[7]ed. G. Caplan, *Prevention of Mental Disorders in Children*, Tavistock, 1961, p. 402
[8]E. M. Bower, 'Primary Prevention in a School Setting', in Caplan, op. cit.
[9]L. Eisenberg & E. Gruenberg, 'The Current Status of Secondary Prevention in Child Psychiatry', *Am. J. of Orthapsychiatry*, Vol. XXXI, No. 2, pp. 355-367.

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concentrate on the three processes of early diagnosis, limitation of the disability and rehabilitation.

Adopting this approach to prevention what kind of criticism can be made of our present services? The social services that aim to help the family have recently been criticized on several grounds. They deal with symptoms (though it is difficult to see of what disease these symptoms are a sign) of rent arrears, poor school attendance, etc.; they deal with individual family members and not 'the family as a whole'; they send too many workers to a family and these workers come too late and go too soon. Such are the criticisms frequently made. Some, of course, are exaggerated and others inappropriate. It is, for example, neither necessarily nor completely mistaken for one family to receive visits from a number of different workers. Yet there is substance in most of these views. Our social work is often episodic, based on an assessment of the present problem rather than an attempt to understand the family's immediate crisis in the light both of its history and of its goals for the future. So far we have approached these problems of the relationship of the family to the social services largely by considering some kind of administrative change.

The first change to be introduced was that of an attempted co-ordination of the services through local co-ordinating committees which were to consider 'significant cases of child neglect'. Most local authorities have 'designated' officers to call such committees, but so far there has been no attempt to assess the effectiveness of this measure. Opinions vary about its success and failure between the extremes of optimism and pessimism. My own view, based on limited experience, is that in meetings of these committees the latent functions often receive greater emphasis than the manifest. Thus, some committees at least are used by their members as a means not so much of thinking and planning together but of seeking, obtaining, and giving reassurance that all that could be done is being done. Some of these committees appear to be a means of collective absolution for the social workers rather than an attempt to understand and help the very difficult families whose futures are considered.

The second change is still at the proposal stage, but many critics have advocated a fairly radical reorganization of the social services, the establishment of a local authority family service. Of the several suggestions we may take Donnison and Stewart's plea for a comprehensive Family Service: 'Such a Service would care for children deprived of a normal home life; using foster homes for this purpose wherever appro-

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priate. It would also offer a casework service to families in which the welfare of children was endangered, and to others that sought its help .. The Service would arrange adoptions ... It would occasionally arrange temporary residential care for mothers and children—care designed for the recuperation and informal training of mothers . . . The Service would also offer help to unmarried mothers . . . Family Service Workers would also have opportunities for helping and advising people with marital problems, and marriage guidance would be a recognized part of their functions . . . ', etc.[10] Now this represents a considerable amount of work which makes demands on the officers of very varied kinds. Can they in fact work with so many different problems bearing in mind the different demands they make? Are workers in fact likely to be motivated to go into such a diversified agency? Or will the agency in fact employ specialized workers?

These are important questions and we have not sufficiently examined social work *as* work. In a small study recently carried out by Professor Itzin and myself we looked at the rôle of the child care officer and noted some of the strains involved in attempting to help children *and* the parents from whom they have been removed.[11] Rapoport in his recent study of Belmont illustrates how difficult it is to identify both with the individual patient *and* with his family. He points out (p. 290) that psychiatric findings about the affects of family relations on patients are ambiguous. On the one hand, family members are sometimes seen as pathogenic forces to be excluded from therapy or neutralized. On the other hand, as relatively free from the patient's pathogenism and irrelevant to therapy or as an ally.[12]

These are some of the difficulties and limitations involved in present policies and proposals, but by concentrating on knowledge and attitude we can improve the use we make of our present resources. We need to extend our existing knowledge of the family as an interacting unit—important use of such knowledge has been made by the Family Discussion Bureau. We need also to improve our present curative work by attempting to attract early referrals and by considering in the families we are helping the natural crisis points of courtship, marriage, first pregnancy, first days in school, adolescence, etc., etc. There we need to

[10]D. Donnison and M. Stewart, *The Child and the Social Services*, Fabian Society, 1958, p. 7.
[11]N. Timms & F. Itzin, 'The Role of the Child Care Officer—An Empirical Approach', *Brit. J. of Psychiatric Social Work* (1961) Vol. VI.
[12]R. Rapoport, *The Community as Doctor.*

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give all the thought and work we can. I would imagine that this is a special challenge for Catholics, since we contribute more than our fair share to social problems and our resources are not equal to the demands made upon them. The shortage of Catholic foster parents is a good example of this. We need both more research on existing practice and more leadership at a time when our bishops are inclined to make statements on social questions which qualify them only for membership of the House of Lords.

Now, call for research is a fashionable exercise but to undertake it is onerous. Research on what? Prolonged contemplation on what we are doing at the moment in our homes, in our voluntary societies, and in statutory service. Who exactly are our clientèle, how and when do they most commonly come to us? What do we do for them? This, I believe, is the most economic and useful way of discussing 'prevention'. If we try to help each case of distress appropriately and with respect we shall have regard not simply for the immediate problem but for others and we shall help in a way that can be generalized to other problems. We do not have to lift up our eyes to 'prevention'; we have to do well what we do already and we have to do it better.

Background to Home-Making

D. M. DEEDS

The most important factors in any home are the people in it and the relationships between them. This paper is, however, mainly concerned to discuss other aspects of home making because it was originally delivered at a conference at which the strains and stresses of human relationships within a family were covered by other papers.

Let us look first and very briefly at the economic factor. How do we reconcile the contradictory views of our society which are from time to time presented to us, an affluent society on the one hand, slums and poverty stricken homes, on the other.

Some recent figures of average earnings published by the Ministry

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