



Office of the Child Advocate

3312 Northside Drive, Suite D-250
Macon, GA 31210

478-757-2661 or 1-800-254-2064
www.gachildadvocate.org



The House Call: Protecting Children Through an Old-Fashioned Idea

By Tom C. Rawlings
State Child Advocate for the Protection of Children

Remember when doctors made house calls? Well, years after that old-fashioned service mostly died out in our country, the idea is making a comeback as a better way to provide services to at-risk families and children who are suffering from parental neglect.

For many years, if you were a parent in need of counseling or training on how to take care of your child, or if you were a child in need of mental health services, it was expected that you would get in your car or on a bus and travel to a counseling center or community mental health center. There you might receive a few hours of lessons in how to be a better parent or work with a therapist on controlling your behavior. The problem was that, too often, parents and children missed these sessions. Work and school interfered, families lacked reliable transportation, and folks who already had trouble keeping their lives in balance forgot appointments. These sessions, too, were often done in a setting far removed from the troubles of the home, so therapists and counselors didn't get the chance to see how things *really* were.

Today, however, some of the most promising programs for improving the lives of our at-risk families involve reaching out to them in the communities where they live. One example is *Project Safe Care*, a fifteen-week parenting skills training developed by Dr. John R. Lutzker at Atlanta's Marcus Institute. Dr. Lutzker sends a team of trained professionals into homes that have raised red flags among child protection workers. His team works with the parents in the home, teaching them and testing their skills in a real-life setting as they go about the daily business of keeping a clean residence, disciplining and caring for their children, ensuring children are healthy and safe, and managing a family budget.

Dr. Lutzker's program has been rigorously studied, and the results are outstanding. Of 41 families in his program, only 10% had a further report of child neglect within three years. Among another group of 41 families who were handled through a more traditional child protective services model, almost 50% had a further report of neglect within the same period. A key to his program: Every service is provided within the home setting.

The in-home model is used for mental health treatment, as well. "Wraparound" services, multi-systemic therapy, and intensive family intervention all use a similar team approach that works with behaviorally-disturbed children *and their families* in the communities where they live. By going to the family, the therapists are better able to know the family's obstacles and ensure compliance with treatment.

The idea of reaching out to patients is showing up in our state's new "systems of care" models, as well. In places such as Gwinnett, Newton, and Chatham counties, mental health providers and counselors are being stationed at juvenile courts, schools, and Department of Family and Children Services' offices to work more directly with children in need. This "KidsNet" model, as it's called, has the potential to better ensure that children receive the help they need *before* they end up in juvenile court or in a state mental hospital.

I remember as a small child going on house calls with my father, who was a country doctor in our small rural Georgia community. Often his patients were older people who could not easily leave their homes to receive treatment. Since they couldn't come to him, he went to them. Sometimes the issues were major, and at other times these folks just needed a little support and, perhaps, something as simple as a toenail-clipping. My father always told me that you get to know your patients better when you see them in their homes than in a medical office, and he always felt they appreciated the care more.

The key to improving the lives of at-risk families, likewise, is getting to know them and the problems they face sufficiently to make a difference. Perhaps one reason these programs are showing success over other models is their focus on seeing the client in their real lives instead of in a cold, clinical setting. Then again, maybe it's what my father believed: when you reach out to people to serve them in their homes, they appreciate your efforts. And when people appreciate what you're doing, they're much more likely to work toward your mutual goals.

If you'd like to know more about *Project Safe Care*, visit the Marcus Institute website at www.marcus.org. For more information on systems of care such as KidsNet, visit <http://systemsofcare.samhsa.gov>. And if you'd like to know more about how you can assist at-risk children in your community, contact us at the Office of the Child Advocate. Our website is www.gachildadvocate.org

Tom Rawlings, Georgia's Child Advocate for the Protection of Children, was appointed by Governor Sonny Perdue to assure quality and efficiency in Georgia's child protective systems. The Office of Child Advocate is a resource for those interested in the welfare of our state's neglected and abused children. Tom can be reached at tom@gachildadvocate.org