

THE PREVENTION REPORT

The National Resource Center for Family Centered Practice

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We welcome articles related to family-centered practice from practitioners, administrators and other interested readers. Legislation, research, practice methods, new materials in the field, upcoming prevention conferences, as well as responses to articles appearing in this publication, are all welcome. Address inquiries or submissions to **The Prevention Report**, National Resource Center for Family Centered Practice.

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A NEW ERA IN FAMILY CENTERED SERVICES

by: Marcia Allen, Executive Director

The bad news is that you will be receiving no further issues of The Prevention Report from the National Resource Center on Family Based Services. The good news is that you will continue to receive The Prevention Report as you have in the past, but it will be a publication of the new National Resource Center for Family Centered Practice.

To explain: At the end of September, the National Resource Center on Family Based Services, along with the Family Resource Coalition (FRC) in Chicago and the National Indian Child Welfare Association (NICWA) in Portland, Oregon, entered into a five-year cooperative agreement with the Children's Bureau (U.S. Department of Health and Human Services) to administer the National Resource Center for Family Centered Practice. The new Center will expand the focus of the previous NRC/FBS to include both family support services as they relate to the child welfare field and the development of a family-centered approach within the child welfare system which goes beyond categorical family preservation or family support services. We are particularly pleased to be able to carry out this mandate in partnership with the FRC and NICWA. The Family Resource Coalition, of course, brings years of experience in advocating for and developing grassroots, community-based family support services throughout the United States and the National Indian Child Welfare Association brings an impressive track record in assisting tribes with the implementation of programs to strengthen families. We are excited about what we will be learning through this three-way partnership and we believe the combined expertise of these organizations will be advantageous in helping states and tribes implement the Family Preservation and Support Services Program.

While the final work plan for the NRC/FCP is still being finalized with the Children's Bureau, we can say that the major thrust of the new Center will be working with the federal regional offices to provide needed technical assistance to states and tribes using the best resources available. We will also be developing new training curricula which will enhance the growth of parent-driven, community-based programs. Our library and information services will be combined with those of our partner organizations to increase our resource materials and our database and to further increase our ability to bring you cutting-edge information in the most accessible, technologically advanced manner possible. Our research staff will be active in identifying, analyzing and synthesizing the most current program evaluations and research so that you can be kept up-to-date about innovations in the field. Perhaps most important, the new Center will strongly advocate for cultural diversity and culturally competent practice as integral to all family-centered services and we will build resources for consultation, training and publication which promote that objective. We look forward to our continued relationship with those of you who are out there helping families and we invite your ideas and feedback about the work of the National Resource Center for Family Centered Practice.

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This issue of *The Prevention Report* will focus on building and implementing community-centered practice, a way of bringing together the best ideas of both family preservation and family support to provide neighborhood-based services.

Community-Centered Practice to Strengthen Families and Neighborhoods: The Patch Approach

by: Paul Adams and Karin Krauth

Patch-based community social work is an approach to practice in the human services developed in Britain in the last twenty years. Patch is now showing itself in Iowa and Pennsylvania to have the potential to make an important contribution to reorienting services to children and families in the United States. The term "patch" refers to a limited geographical area which is served by a locally-based team of human service workers. It is also used to refer to the approach.

By localizing workers with different levels and types of skill in neighborhood offices, patch teams are able to offer accessible, flexible, and holistic services based on their knowledge of the local cultural and physical environment and on the formal and informal partnerships they develop in their neighborhood or patch.

Patch takes the public sector into neighborhood-based practice and into a more collaborative relationship with private providers. Patch teams based in public agencies with statutory responsibility for individual cases find creative ways of meeting those responsibilities while working proactively in the neighborhood. They typically pick up signs of trouble early and more informally. As a result, they are able to intervene sooner and less aggressively, so that families can receive a little help when they need it instead of having to wait until there is a crisis. It is not necessary to be categorized, diagnosed, or "clientized" in order to get help. The result of this approach is an increase in referrals but a decrease in the formal processing of families through the child welfare system (Hadley & McGrath, 1984).

Patch and community social work developed in the United Kingdom as a response to

widespread dissatisfaction with social services and social work practice. The shift to a locally-based, community-oriented way of delivering services began with the entrepreneurial activities of line workers and managers who sought to change practice at the local level, even when the rest of their departments continued to work in traditional ways. Local politicians became interested in these new approaches, seeing them as a way to "offset spending cuts by improving methods of working and to defend local services by making them more relevant and answerable to the citizen" (Hadley, 1993, pp. 36-37).

A central feature of this move to localization was the redeployment of public sector workers in small, neighborhood-based offices. The workers in these offices become responsible for addressing the needs of a limited geographical area of "patch", usually of about 10,000 residents.

The patch team, usually employees of public social services departments and sometimes of housing or health authorities, supports and builds on the resources of informal networks of kin and neighbors, and joins with the efforts of voluntary and statutory agencies, churches, schools, and neighborhood organizations, to solve both individual and community problems.

Patch in Iowa

Both in Pennsylvania and Iowa, variants of the patch approach are being adapted to local circumstances. A grant from the Administration for Children and Families, U.S. Department of Health and Human Services to the University of Iowa provided the possibility of combining a patch approach with

the Iowa Decategorization Project, which merges child welfare funding streams and involves the community in service planning.

After a year of development, a patch team was established in Linn County, consisting initially of four social workers from the state Department of Human Services (DHS) involved in child protection casework, a city housing inspector, a juvenile probation officer, the supervisor of a county protective homemakers program, a county health officer, a project coordinator, and a volunteer from the community who was later employed part-time in the patch office. The composition of the team has changed over time and currently includes a worker from an African-American led community house, a line worker from the county homemaker program, and an assistant coordinator as well. Further changes will take place in the fall of 1994, as the team moves into a more complex collaborative arrangement with private providers in a family resource center.

The Patch Project was from the first an initiative of the Linn County Decategorization Project and, by the end of the Federal grant period, was adopted as a local funding responsibility. The same person chairs the Linn County Department of Human Resources Management, the Decategorization executive committee, and the Patch advisory committee. He also chairs the Patch work group, which includes managers from agencies with workers on the team and the team coordinator, whom he supervises. During its first two years of operation, until October 1994, the team was housed in a church basement shared with a Head Start program.



Before the initiation of the Patch Project, public sector practice reflected conventional approaches to service delivery, characterized by "working outside the community" (Bayley et al., 1989). Most services were provided only when problems were in advanced states; that is, they were reactive rather than preventive. There was little involvement of informal helping networks. Worker roles were narrow and inflexible (Hadley et al., 1987; Bayley et al., 1989). Interactions with other service providers were characterized by referrals rather than collaboration, resulting in fragmented services.

Going patch entails changes not only in organizational structure and management practices but also in practice at the front line. Changing the relationship of line staff to the communities they serve is at the heart of this approach to services integration. Because structural change needs to derive from and support practice, the focus here is on the practice aspects of patch (in Britain called "community social work").

How Practice Changed

Fundamental to patch practice is the realization that formal human services "represent no more than a single strand in the complex web of relationships and services, formal and informal, statutory and non-statutory, which together provide care and control in the community. The overall effectiveness of provision depends not on one part of this network alone but on how well the whole is woven together" (Hadley et al., 1987, p. 95).

As the patch team in Linn County absorbed this perspective, its own approach to practice shifted. It came to see the worker-consumer relation as only one part of a system that includes family members, neighbors, informal groups, church, voluntary organizations, school, and other health and human service providers. It also saw the need to go beyond a case-by-case approach to focus on common needs, resources, and concerns.

Marginality and partnership

Whether working with formal cases, on projects, or with groups, team members came

to see families as embedded in networks, which might be attenuated or problematic, but were also sources of support. They saw their own relation to family and neighborhood networks as marginal (Smale et al., 1988; Smale & Tuson, 1988). That is, they tried to avoid either becoming enmeshed in the problem-perpetuating patterns in the network or standing outside the network, marginalized and helpless. Professional intervention then required both forming partnerships with the people involved, and intervening to change patterns of interaction, for example between home and school, or family and police, as well as among family members.

This shift of perspective had profound implications for everyday practice. It meant that workers saw their task in terms of building partnerships, not only with other agencies, but with consumers, family members, and other local people, as well as with neighborhood associations, churches, and groups.

Strengths and diversity

For the team a key to changing practice was the shift from a deficit to a strengths perspective on families. When presenting cases, workers began to ask each other to name a family's strengths and to describe its network and resources.

This change in workers' attitudes was evident in how they began to view their own roles. As they looked to people's strengths they started to see themselves less in the role of saviors who told families what to do and more in the role of partners developing plans with families. They adopted methods, like genograms, ecomaps, and family unity meetings, which involved families in assessing and resolving issues.

As workers' respect for families and their capacities to cope in the face of difficult circumstances increased, so they learned from families about their cultures and the oppression they confronted in their daily lives. Issues of racism, sexism, and poverty emerged during team meetings, and the workers became more critical of ways in which social services at times perpetuated these problems. In one situation, a team member mediated between a Nigerian fam-

ily and a worker from a private agency with respect to conflicts between legal and cultural expectations of parental discipline, became an advocate for the family as it navigated the welfare system, and helped the family deal with a teenage daughter's pregnancy.

Workers attempted to extend their professional roles so as to relate on a more personal level to patch residents and to bring their full humanity and array of skills and interests to bear on their work. As one team member put it, "Patch is not an institution. Patch is a way of thinking. People have to be people to make patch work. A skill is being sensitive to how other people are feeling. You can't see your neighbor hurting and not do something about it—it's not right. So patch is a frame of mind that says, "I'm no different than my neighbor" (Adams & Krauth, forthcoming).

Teamwork

A shift from individual work to a team approach is essential for community-oriented practice. It enables workers to exchange information, share ideas, and coordinate activities. Teamwork is indispensable to "going patch" in order for workers: to develop a detailed and comprehensive knowledge of the locality they serve; to bring a wide range of skills to bear on the tasks they need to undertake at family, neighborhood, and service system levels; and to develop a common vision and strategy.

The concept of "team" extended beyond the core patch team. Workers began to see themselves as members of an extended team of other human service workers, community leaders, and consumers. They developed a shared vision for improving the neighborhood, for helping people to lead happier, healthier lives, and also a shared responsibility for meeting these goals.

The patch team worked hard to build partnerships with local schools, churches, agencies, and groups such as the two neighborhood associations. Because of their focus on a limited geographical area, the workers developed considerable local knowledge and came to know many neighborhood

residents. The housing inspector who lived in the neighborhood became an active member of the neighborhood association and as a result became the local contact for residents with housing concerns. She was also invited to give presentations to the association about home safety and the prevention of accidents.

Another patch worker noted that her relationship with the schools had improved dramatically since she joined the patch team. "Before patch, I didn't make as much effort when working with the schools to work with them, get to know them, and be accommodating." Since the reallocation of DHS cases to the patch area, all of the children on this worker's caseload live in the patch and attend one of the two local elementary schools. This enables her to get to know the teachers and school counselors and social workers better and to visit the children more frequently.

When the housing inspector went to check an apartment in the early weeks of the team's existence, she found not only frayed electrical wiring, but also an isolated mother with two small children and no furniture except a sofa. The children slept on the sofa while their mother slept on the floor. In the past, the housing inspector would not have regarded the social situation as a professional concern, although she noticed such conditions and felt powerless to offer assistance. In this case she brought the matter back to the team. One worker then called several churches (with which the team had already established good relations) and located furniture, another put the mother in touch with the Head Start program which shared the same church basement as the patch team. The mother was also invited to join a support group for young mothers which was just forming as a result of the team's discussion of its work in the neighborhood. In this case, the team responded proactively to a situation which more typically would have been ignored until it became a legally mandated case of child neglect some months or years later.

In this example, the unit which engaged in community-centered practice was not an individual but the team. This work was part of the team's overall project of building

partnerships with families, networks, and private, voluntary, and statutory organizations, an effort which operates at multiple system levels and with a large repertoire of methods.

Learning from local people

In addition to the knowledge gained by its close relations with schools, churches, and neighborhood organizations, the team seeks to learn from local residents in a variety of settings. They develop their projects and approaches so as to bring their skills and resources together with those of local people to address issues of concern. Team members have shifted from solely assessing and targeting individuals for change to focusing on social situations and community networks. For example, in looking at their formal caseloads, workers found a pattern of isolated young mothers in the patch (which has a high proportion of renters, a low rate of housing stability, and the highest rate of school transfers in the district).

Thinking that a group might be a way of bringing these women together, the team tested the idea by speaking to women they thought might be interested, sending out invitations for a "Moms' Night Out", and recruiting community volunteers to provide child care. Six women attended the first meeting facilitated by two DHS patch workers. The group discussed the positive and negative aspects of being a mother in the neighborhood and the women decided to meet weekly.

The team also set out to learn from patch residents—whether or not they were service users at the time—about their perceptions of the needs and resources of the neighborhood and how the team could collaborate with them. They used the technique of "exchange meetings" learned from British patch trainers. Pairs of teammates began to meet with small groups of parents, neighbors, and others, such as residents at the homeless shelter and teens participating in a community support group, to exchange information about the perceptions, resources, and concerns of local people and team members.

Information shared at these meetings encouraged the team to work with parents, the

city council, and the elementary schools to set up a "tot lot" with supervised children's activities over the summer. The team's previous close work with schools was important to the success of this project.

With the support of his teammates, the juvenile court, and the church which housed the team, the probation officer started teaching a tae kwon do class twice a week in the church gymnasium. A few of the participants are adolescents court-ordered to participate as a condition of their probation. The rest of the class (initially thirty students but later expanded to two classes) is made up of neighborhood children, teens, and a few adults.

This project played a crucial, but largely unanticipated, role in defining the patch team's relations with the neighborhood. During classes, parents of participants spend time in the patch office talking to each other and to team members about important issues in their lives, including parenting, substance abuse, health care, and relationships. The role of the workers in these encounters is marginal; parents share information and support each other. Tae kwon do has become an important part of the team's relations with the community and even of the lives of particular children, youth, and families involved with the formal child welfare and juvenile justice systems.

It is not that tae kwon do in itself holds great potential to strengthen families and build communities, but that the team was able to take advantage of its own interests and capacities to lower the barriers between themselves as a group of professionals with wide legal powers over people's lives and the community they served. The workers began to gain credibility with area residents and to develop relationships with them. This also enabled them to adapt, be flexible, and learn from the local people who increasingly became involved with the team in a range of activities and projects.

Issues and Challenges

There is sometimes a tendency to see patch as an add-on, as something workers do in addition to their mandated casework. It may even be seen as the province of certain



team members, such as community or volunteer organizers, or students, while the statutory workers carry on in the traditional way. This cannot work, and leads to a deep split within the team. To be effective, patch has to operate at every level. Patch workers bring to all their work, including statutory cases, their knowledge of the neighborhood, the relationships the team has developed with other formal and informal helpers, their strengths perspective, a willingness to share their work with the team and draw on its resources, and an approach to building partnerships with the other people involved. Patch need take no more time than conventional practice, but it does require that time be used differently.

Building partnerships implies that workers are in a position to negotiate in good faith with others in the neighborhood. This can lead to frustration and cynicism if line workers are frequently countermanded by those with the real decisionmaking authority, far up the managerial line (Smale et al., 1993). The patch approach requires that managers act on the principle espoused by Vice-President Gore's study on reinventing the Federal government: "Empower employees to get results - decentralize authority and empower those who work on the front lines to make more of their own decisions and solve more of their own problems" (Gore, 1993).

Patch is not another program, but an approach to reconceiving practice and restructuring the human service delivery system. It can build on and support other attempts to achieve these goals, including services integration, decategorization, and family based services. It brings to them a proactive stance at both case and community levels, an emphasis on teamworking, and a shared local knowledge. It translates the principles of services integration into a different practice on the ground.

What Next?

Patch involves some fundamental shifts, from reactive to preventive work; from individual casework to work which includes networks and the community; from services at arm's length, driven by bureaucratic and funding considerations, to services close to the community and responsive to its needs;

from professional responsibility for the solution of problems to a responsibility shared with citizens and helping networks, interweaving formal and informal care and control; from service user as client and object of intervention to users and caregivers as partners in the planning and provision of services (Hadley et al., 1987).

There is no one way to go patch. Patch offers not a blueprint or cookie cutter for replication, but a body of principles and experience, a living tradition that includes knowledge, values, and skills. Citizens and professionals need to reinvent the approach for themselves in their local context. Success in that venture, though, requires a partnership between those with experience in going patch and skill in training and consulting, on the one hand, and those seeking to adapt this approach to their own contexts on the other (Smale, 1993).

A recent conference at Wingspread brought together both kinds of people, along with others who see patch's possibilities for addressing some of the problems of a fragmented, categorical, crisis-oriented human services system. Further development will require building a network to share information, support, and technical assistance. A future conference in Portland, OR and a newsletter are projected parts of this effort.

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Karin Krauth worked as a member of the Patch team in Cedar Rapids, Iowa.

Supporting Innovation at the National Resource Center for Family Centered Practice: Community-Centered Practice, Britain's "Patch" Approach

Working to establish any innovation requires a thorough understanding of managing change. There is no single best approach to successfully introducing change. There are, however, principles, a process, people, and a variety of contexts that may sustain the effort to transfer innovation. The work to build community-centered practice in the U.S. exemplifies this. In Iowa, building community-centered practice is taking place in the context of decategorization. By inhabiting this mechanism for pooled funding at the county level, a community-centered practice team was established in Cedar Rapids, where it continues to grow and influence a rapidly developing reform environment. In Pennsylvania, Tioga county's integrated services initiative hosted the development of community-centered practice teams in four sites.

There are other possibilities as well, from

Healthy Start initiatives, to community-based family support networks, to initiatives developed from the federal Family Preservation and Support Services Program (FPSSP). Any of these could produce a forum for introducing key principles of community-centered practice.

The National Resource Center for Family Centered Practice plans to continue to promote community-centered practice in this country. This work will be carried out in a number of ways: 1) by adapting the approach to a U.S. context, 2) by building resources in training and technical assistance needed to successfully transfer this innovation 3) by learning from existing examples of community-centered practice, and 4) by identifying and addressing obstacles to the development of community-centered practice.

For the present, the Center will be collect-

ing and disseminating material relevant to community-centered practice, such as the working paper from the recent Wingspread conference, and the manuals from the Practice and Development Exchange of the National Institute of Social Work in Great Britain. In addition, the Center plans to operate as a focal point in the network supporting community-centered practice, for information, consultation, and training, as interest in community-centered practice begins to grow.

If you're interested in community-centered practice, if you're aware of resources or materials useful in supporting this effort, or if you know of place where community-based practice is happening, please contact John Zalenski at the National Resource Center for Family Centered Practice.

Innovations Transfer and Community-Centered Practice

Gerald Smale, Director
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Based on a presentation by Gerald Smale at a Wingspread conference on community-centered practice. The conference was sponsored by the Johnson Foundation and held September 16-18, 1994.

Edited and adapted by John Zalenski

Introduction:

The themes of this Wingspread conference were drawn from the early days of developing community-centered practice, or "patch" approaches in the U.S. They are focused on a consideration of the potential of community-centered practice to have a positive impact on services in this country. What is the potential for this approach to make a real contribution to transforming systems in this country?

Community-centered social work involves positioning human services and other workers in communities. It involves the potential for a different kind of practice on the ground — one that is proactive, integrated, partnership-oriented, and empowering. Community-centered practice, in the form of Great Britain's "patch" approach, offers a rich experience which we can draw on as we attempt to address problems in meeting peoples' social service needs in neighbor-

hood and communities around the country. But good ideas, good practices, don't thrive by virtue of their goodness alone. This fact has led certain people to pay much more attention to how such changes need to be introduced and managed. This is a key challenge for everyone interested in the transfer of community-centered practice, or any other reform, to this country. One person who has given this process of innovations transfer a lot of attention is Gerry



Smale. He is the director of development at the National Institute for Social Work in London. He's been in the forefront of this inquiry into how to manage and introduce change. And he has been in the forefront of facilitating and nurturing the work of community-centered practice innovators and pioneers through his writing, through his consulting, and through his network building in Britain. He has also participated in developing the "patch" project in Cedar Rapids, Iowa.

Gerry Smale:

My focus this evening is the lessons that we have learned about managing change. We started working full-time with innovative practitioners and managers in 1982 in the United Kingdom. We worked with the people developing community social work. We worked in residential care, in unemployment, developing social work curricula and so on. No matter what the area of work was, we actually spent 90% of that time working with people on the issue of how to bring about change in the organization. That generic issue ran through all of our work. The other thing that became clear was that we were looking for how people managed innovation. There were people who were developing good ideas and new ways of working, but many of these innovations simply didn't stick and very few became mainstream activities within the organizations in which they were being tried. We became more and more convinced that the strategies and tactics people used in the course of managing innovation was crucial, maybe even more crucial than the nature or the topic of innovation itself. Let me give you a clue to the sort of problems which we were up against, which, by the way, are probably nothing like the bigger problems in this country.

When our current, major project on the management of innovation started in 1991, I went to several directors of social services, some of whom were long standing friends of mine and who could speak frankly. I said, "Look, we have this managing change in innovation project. We have major transformations of social services going on in this country. We want you to be involved in this project." Several of them said, "Gerry, Gerry,

we've got the Children's Act, we've got the Community Care Act, we've got new technology coming into our office, we've got local government reorganization and you want me to get involved in managing innovation?" They saw the management of innovation as another compartmentalized project, not something that would cut across all of their endeavors, assisting every one of them. The problem was the lack of awareness that the process of change and innovation itself is something that needs to be managed. A lot of attention goes into particular innovations and the changes they represent, but relatively little attention is devoted to how you make innovations take root throughout organizations. As a result, some fairly typical fallacies about the nature of innovations come to light.

I am going to address some of those fallacies tonight, and I am going to talk about some of the general lessons that we have learned about managing innovations transfer. I am going to talk about some of the specific issues that are related to community-centered practice. I am going to go on to look at what can be learned in this field from pioneers and the role pioneers play in innovations transfer. I will touch on some other issues and I am going to say a word or two about networks.

Many organizations are inoculated against new ideas by the way that innovations are introduced.

When we started our work, our goal was to set up a Practice and Development Exchange (PADE). We operated on the assumption that research does not contribute adequately to practice, that research findings are seldom translated into resources for practice, as should be the case. The motivating question here was: how do we develop mechanisms to put research into practice? Many innovators all over the country were working on similar areas of innovation. Why did they all have to reinvent the wheel? Couldn't a more systematic use of documented knowledge multiply the effects of so much common effort?

We looked at these questions as our project unfolded and we discovered a significant number of fallacies at work in the way in

which people sought to manage change within their organizations. These fallacies come into play irrespective of the quality of an innovation, and irrespective of the intentions of the innovator. They appear as the tacit strategy for managing the implementation of innovations, and their most probable outcome is to inoculate organizations against new ideas.

It's impossible to dwell on each of the fallacies (see Managing Change through Innovation). They attach to agencies (such as the Pilot Project fallacy), the people attached to them (the Charismatic Individual and its corollary the Resistant Villains fallacies), and to the innovations themselves (the All Innovations Are Additions fallacy).

Some of the more prominent fallacies can be picked out. There is the **Cascade Fallacy**, according to which, good ideas cascade down an organization from above. It is as if policy makers and senior managers believe that new ideas can be poured like water from above, it will wet everyone on the way down by a peculiar force of organizational gravity. This is a common conception, appearing within the policy literature as the "rational paradigm" for policy implementation, but the management research literature does not treat it much at all. Two studies, in education, evaluated the hypothesis; both indicated that it didn't work.

The **Trojan Horse** fallacy refers to the notion that innovation has a life force of its own. Once the Trojan horse is introduced within the walls, its contents spread, on their own, through the organization. The Trojan horse is a metaphor for the **Pilot Project** fallacy. The pilot project is an excellent way of developing innovative practice. At the same time, it is an ineffective, even counterproductive way of disseminating innovative practice. The pilot project can isolate innovation, and allow the rest of the organization to become resistant to the change. While the pilot project refines innovation, personnel in the larger organization work out why the innovation will not apply to them, why they can't accept it. The pilot project provides enough exposure for the organization to inoculate itself against change. Sometimes resentment accumulates through the perception that the pilot project incorporates



supplementary resources or improved working conditions for staff on their way to proving their superiority to their colleagues. By the time a pilot project gets to the point where it's demonstrating that it's the best thing since sliced bread, everybody should do it, everybody else is fully armed with why they shouldn't.

The **Natural Selection** fallacy assumes that innovations in practice are subject to the strengthening effects of a Darwining process, whereby ineffective innovations, ones that are weak or flawed in some way, wither and fall by the wayside whereas innovations that are robust thrive of their own accord; they spread through organizations, gain prominence and succeed. This particular fallacy can be discouraging, especially to evaluators, who may believe that understanding how innovations take hold hinges on identifying successful innovations. Having done that, the reasoning goes, evidence of effectiveness promotes their reproduction, diffusion, and positive outcomes will naturally follow.

The Natural Selection fallacy is born out both in the literature and in the work of the Practice and Development Exchange (PADE). Effective innovation does not spread because of its effectiveness. Let me read you my favorite quote on this:

"In 1601 an English sea captain carried out an experiment that demonstrated that scurvy could be prevented by giving sailors three teaspoons full of lemon juice every-day. Scurvy at this time killed more sailors on long sea voyages than warfare, accidents and all other causes of death. One hundred and fifty years later, a British navy physician confirmed these findings, but still it took another forty-eight years before the British Navy eradicated scurvy by adopting the idea of supplying citrus fruits for scurvy prevention in 1795. The Merchant Marine had to wait another seventy years and suffer another unknown number of deaths, probably between a half to two-thirds of all long voyage sailors, before the Board of Trade adopted a similar policy in 1865. This was two hundred and sixty-four years after the first empirical proof of a solution to the problem."

It is not true that this is because the problem with scurvy happened a long time ago, or because it was the British Navy. The "QWERTY" word processing keyboard, that has most of your wrists aching from time to time, was designed originally to slow typists down. It was replaced by a better invention in the thirties and forties, but this invention has never been adopted. There are many similar examples

There is a series of **People** fallacies, including the one that "People Want to Avoid Reinventing the Wheel." People may not want the fact called to their attention, but in fact they do want to reinvent the wheel. They want to reinvent their own wheel. What they don't want is to take any notice of what the people are doing down the road. There is a series of fallacies such as these.

Another class of fallacies applies to the innovations themselves. The notion, for example, that innovations are always progress: because it's new, it's better. This is especially true in the American context. Progress is "new and improved." It is not often seen as knowing what not to change. This can be complicated, difficult to discern. Throughout the literature you will find disclaimers, "Of course you must remember that all innovations are not progress." But then the rest of the book will be written as if, by definition, innovation is a good thing. It is almost impossible to write about innovation without doing this, even in the PADE literature taking issue with this fallacy.

The notion that all innovations are additions contributes to the key fallacy affecting the patch or community-centered practice approach: the **Restructuring** fallacy. If you automatically see innovation as an addition to what you're already doing, then you are very likely to respond by accommodating innovation by restructuring. Remember the example from earlier, about my friend, a director of social services who saw innovation as an addition to all the changes that he was already doing and so he could not address "innovations transfer" because he had too much new policy to implement. In the United Kingdom, the development of social services continually is taken to mean restructuring. A new Children's Act, a new Community Care Act inspire restructuring

instead of a more considered approach to managing change by developing practice and transferring innovations. As a result, a huge number of major problems have occurred. Exciting innovations inspire large scale implementation projects originating with restructuring plans which risk damaging, and often do damage, existing, valuable, and complementary innovations already occurring. Let me give you a quotation:

"Reorganizations are perhaps the most common way in which social service organizations are inoculated against the adoption of innovatory forms of practice. Managers struggle to change structure at the expense of attention to practice: the completion of the task. In this unstable state practitioners cling on to the security of their known ways of working and fit them into the new structure. The reorganization is then completed, but with much of the old practice in place."

These fallacies are important, however, not to falsify a given category of approaches to change, but only insofar as they remove obstacles to a constructive approach: removing the extraneous pieces from the block of marble to reveal the statue that is left.

DEVELOPING A MODEL FOR MANAGING INNOVATION AND CHANGE

A viable approach to innovations transfer takes into account a variety of factors. First among them is thoroughly understanding that people's reaction to change will depend upon the nature of their relationship to the status quo as well as what the innovation being introduced means to them. It is absolutely critical to understand how the people being effected by the innovation perceive the innovation itself, the problem that it's being promoted to address, and its likely effects on them within the context of their organizations. This is true regardless of whatever may be intended by the change agents. Consider the following example:

In the course of a consultation with an organization in London, I encountered a Director of Social Services with a not uncommon conception of how to pursue the implementation of a new policy. She decided that in order to introduce "care management," as case management is commonly



known in the U.K., she would upgrade all of her occupational therapy staff and social workers, pay them more, and turn them all into care managers. She reasoned that care management was higher status, more important work, and that you could not have average, frontline workers doing the more administratively complex care management. As a result of this move, the entire occupational therapy staff and many social workers left, taking jobs in other London boroughs. What this Director failed to see was the simple point that the occupational therapy and "social work" made up a professional identity for most of these people. The increase in pay was no compensation for being distanced from what they had been trained to do. People who had invested a lot of themselves to become social workers and trained occupational therapists, did not want to be told that they were no longer "professional" workers.

What is crucial is that we recognize that the diffusion of innovation is a contagious process. People catch new ideas from other people. They catch new practices from other people. They are not, generally speaking, converted by the ideas, not overtly convinced to do things differently. People have their own ideas, beliefs, knowledge. They are not passive receivers, waiting for messages. People interpret messages in accordance with their own assumptions and beliefs which may or may not be the same as the communicators. Though the senders of communications may be clear about what they intend to say, they should never prejudge what the other person receives in their own mind. Those receiving the message will hear what the message means to them. They will understand it, agree or disagree with the communicator, and then react, in a way which may or may not be reflective of what they think. That is probably fairly obvious. But we have reform after reform introduced, as if that wasn't the case. As if you could wipe the slate clean and introduce the innovation into the organization, or as if these people have got no ideas of their own and that you are pouring ideas into an empty vessel.

The clean slate/empty vessel metaphors of an agency's staff are as undesirable as they are unlikely. It cannot be stressed

enough that people learn through a convergence between what they already know and what they are being exposed to. People's ideas and beliefs and knowledge are not obstacles to the successful introduction of innovation. They are the resources necessary to adapt innovations and make them take root. They are needed to discern the difference between what needs to change, and what needs to remain the same. The more that we have done with the project on innovations transfer, the more we worked with people trying to increase innovations in various departments, the more it becomes clear to us, that you have to identify what should stay the same. You need to distinguish between what needs to change and what doesn't. To use a horticultural metaphor: we don't want to tear up the lawn in order to turn the whole garden over to grass.

Here we depart from many of the major texts on managing change. If you look at the management literature, there is an explicit assumption that innovative managers can change the whole culture of the organization. I think that this provokes a huge amount of resistance, besides not being true. People lecturing about the "learning organization," for example, promote the notion that you can change the whole culture of an organization, except perhaps for some basic things such as bosses will continue to be bosses, and secretaries will continue to do word processing. That is not what we have learned. What we have learned is that major changes in policy can lead to major violations in the name of reform. Our new Children's Act and Community Care reforms were intended to mainstream many innovations developed in the 1980's. In the name of introducing user participation, in the name of introducing working closer with caregivers, with community networks, with a lot of the things associated with patch and community-centered practice, we have got people all over our country ripping up the lawn because they want to turn the whole garden over to grass. They are inadvertently dismantling their centers of excellence in order to prescribe that the whole organization follow the lead of those centers of excellence. One of the major reasons for this is a failure to analyze and to understand what must not be changed. Reformers do not point out, at the street level, that although this is a major change,

there are a whole lot of things about your work that are actually going to carry on just as they did before. At a personal level of course, this could be extremely reassuring. Instead of that, we have adopted a sort of gung ho attitude toward comprehensive change. Life is change; innovate or die.

WORKING WITH THE INNOVATION TRINITY

A second critical step, in addition to developing the capacity to see what should not change, is to spend more time understanding the component parts of the change itself, the constituent elements of the innovation. In the case of major changes like "going patch," shifting to community-centered social work, there is the need to spend considerable time looking at the innovations within the complicated whole. It is quite clear from the innovation literature that you have to manage different innovations quite differently.

This, again, is a major problem: most managers tend to manage everything the same way, and this is not effective. The best way this can be handled is through what we have dubbed the "innovation trinity:"

What is the nature of the innovation?

Who are the significant people?

What is the context of change?

I am going to say a little bit about each component of the innovation trinity, with perhaps more emphasis on understanding the nature of the innovation. But we'll come around to touch on most of the relevant issues.

In outlining the nature of an innovation, four fundamental questions are important:

- (1) How adaptable is the innovation?
- (2) What "order of change" is involved with a particular innovation?
- (3) What stage is the innovation at in its own development?
- (4) What meaning does the proposed change

have on the affected participants?

To move right in to the question of the adoptability of the innovation shows how important it is to do this sort of analysis. The diffusion of innovation research is very clear on the characteristics of the easily adopted innovation. Now remember we are not talking about whether innovation is a good idea or a bad idea. It is clear that a lot of bad innovations are adoptable because they are evidently adoptable and it is clear that there are a lot of good innovations like lemon juice which never get adopted—or never in the lifetime of lots of people. Rogers (1983) derived five attributes of adaptable innovations through an examination of over 3000 diffusion studies.

Relative advantage. This describes the degree to which the innovation is perceived by the potential users of the innovation as better than the practice, or the idea that it supersedes. If it can be shown that the innovation helps people to do their jobs better, then its chances are better.

Compatibility. This is the degree to which an innovation is perceived to be consistent with existing values, past experiences, and the current needs of potential users. Remember that change results from a convergence between what people know and what they are being exposed to.

Complexity. This addresses whether the innovation is perceived as difficult to understand and to use. The more time and effort people need to expend just to understand the nature of the change, the more likely they are to assign doing so a lower priority.

Trialability. This addresses the advantages of innovations that can be experimented with on a limited basis.

Observability. This describes the degree to which the results of adopting an innovation are visible to others.

Stocking (1985) fills out this picture with characteristics that contribute to the rapid diffusion of innovation. Her findings include: the need for "product champions," the absence of conflict between the innova-

tion and prevailing law and policy, the desirability of local appeal to those with the power to promote change, the ability to meet the perceived needs of those affected by the innovation, the adaptability to local circumstances, and the innovation's resource neutrality.

If you measure community-centered practice against these attributes of successful innovations transfer, you can see the complex and challenging nature of implementing it. Of all the details of community-centered practice, three of its primary characteristics show the complexity of the challenge. It requires moving social work practice from a reactive to a proactive stance; shifting orientation from individual cases to social networks made up of family, friends, neighborhood groups, and other diverse informal supports which are the substance of community; and, finally, accomplishing the conceptual shift from making the service user the "object" of concern to encouraging and promoting service users as participants in the planning and development of services and supports.

These are not simple innovations. If you're casting around for an innovation that's simple, easy to use, doesn't challenge the status quo, or any of the other similar attributes identified in the innovations studies, community-centered practice is not it. Certain parts are easier than others. Although as any manager could tell you, it is far from easy to get staff repositioned; yet this component of the innovation is simple compared to the required change in attitude whereby "clients" are deemed resources rather than bundles of deficits. That is a complex change.

To address the transfer of innovations requiring complex or far reaching change suggests the need to go beyond a relatively simple list of the attributes of successful innovations transfer to a consideration of the "order" of change. This has been referred to variously in the management literature as "routine" and "radical" innovation, or "incremental" and "fundamental" change. In the family therapy field this has been described as "first" and "second" order change.

First order change is change within a given system, within the boundaries of its rules,

and corresponding to its patterns of relationship. A change in procedures, scheduling training in multiculturalism, shifting resources around within existing programs, decentralizing a main office, all would fall under the description of a first order change because the existing pattern of activity — the paradigm — remains in place, with only acceptable, usually minor, adjustments. Put succinctly, managers introducing first order change often must alter what they say should be done, but not what they do themselves. Second order change, on the other hand, occurs when the nature of the system changes, when rules and the boundaries they describe are transgressed in an unprecedented way, when patterns of relationships are altered. To promote the broad use of workers discretion and judgment in lieu of prescribed procedure, to undertake an analysis and redress of institutional racism, to change the process for allocating resources, to devolve decision making and not simply office space to decentralized offices, these constitute second order changes. To complete the parallel: managers initiating second order change have to change what they do because they are an integral part of the relationships being effected by change.

It is extremely important to consider what order of change you seriously want to introduce and to recognize what order of change you are introducing. To say that social work should be developed in partnership with the people it serves means that social work professionals actually must stop sitting around talking with each other. They must go to homes and carry on the conversation with service users. If managers want to promote this kind of change they cannot continue to tell social workers what they should be doing — because social workers should be working out what they should be doing with a completely different set of people. An order from management to proceed along these lines renders the problematic as the absurd. The injunction: "Thou shalt innovate" incongruously negates itself within a clash between first order and second order changes.

This kind of double bind can be quite dangerous to the success of innovations. It introduces confusion that can divert people's energy and attention. Of course the double

bind can take other forms as well, and become quite destructive, even when it's coupled with the best intentions for developing and disseminating an innovation. An example of this happened to a particular "patch" team in Scotland. The team had gone from being the team with the highest incidence of child abuse and children in out-of-home care, to not taking a child into care for two years, with 18 months having gone by without their placing a child on the at-risk register. The team was so successful that the director of the department asked us to help them take this way of working to five other departments. However, before our plan was considered, the same central administration had taken the team apart. They allocated the manager to juvenile justice services, instead of forming linkages for consultation to these other five teams. Because the team didn't have any children in care, or listed on the at-risk register, they took their child care workers away and allocated them to the high caseload areas within the department. The senior managers continued to behave in their old ways despite advocating major changes in operation. This is a classic example of the double-bind arising from an inappropriate understanding of second order change, in this case, leading to the dismantling of innovative practice and the rewarding of bad practice. In this case, bad practice was rewarded with additional resources. Or, as I put it before, well-intentioned people ripping up the lawn because they wanted to turn the garden over to grass.

What this is leading to is a different, perhaps a more deliberate approach to the innovations development and transfer. Rather than attempting to copy the innovation by replicating a model, you have to copy what was done to arrive at the innovation. You have to recreate the process of innovation. This is difficult to do. The tendency is for innovators to tell you how it should be done, because we did it yesterday, and the tendency for people interested in innovative practice is to say: so how do you do it? We have to resist this, in order to discover ways to repeat the process of innovation, not to replicate the final product. On some level, this is inevitable, so we might as well be explicit about it. All innovations need to be reinvented to meet the needs of the new time and place. This is especially true with innova-

tions that do not involve technical hardware, with innovations that are much more cognitive in nature, dependent on how people think. Rather than developing prescriptions for practice, it's more important, under these circumstances, that ideas, concepts, and principles are fully internalized. Just think of the mess we would be in if the inventors of the wheel had been able to determine design specifications for a wooden axle and a stone wheel. The ideas of roundness and axles are what changed history, not the materials of any particular era.

All this is to say that you have to consider the developmental requirements of innovations, their need to evolve in context. There is never a finished product. To paraphrase Watzlawick: there is no idea more dangerous than the belief in having arrived at a final solution.

This has all been a brief sketch of what's involved in looking at the innovation itself. I focused on it at such length because it's there that you really begin to think about the nature of change, the way the process of change should be managed. The next phase of the innovation trinity is mapping the people involved in transferring the innovation. You have to identify who has to do what, what connections need to be made, who needs to make it happen, who has to keep out of the way. The Practice and Development Exchange has training courses on helping senior managers to keep out of the way of their innovative workers. It is very difficult both to keep managers out of direct supervision of workers trying to innovate, and for the managers to avoid "assisting" in the process with the command: be spontaneous. In addition to keeping senior managers out of the way, it is also very difficult for workers who have been used to a hierarchical system not to ask managers what they should do next. In an environment professing to be promoting innovation, workers asked to put into effect a process of "decentralized decision making" may believe that they are being asked to take on someone else's job, or, given the often fragile political context of radical innovation, that they will be set up to take the blame if something goes amiss in the project.

The literature on the diffusion of innovation recognizes that there is a whole series of

important roles people play in effective innovations transfer:

Innovators are the inventors of the new practice technology, or, by extension, the people who pass the new idea through an organization.

Early Adopters are venturesome, predisposed to change, comfortable with ambiguity and risk. They are people who seek out learning opportunities, have more education generally, participate in diverse social networks, and expose themselves to multiple sources of information.

Later Adopters are mainly influenced by local experience within a limited network of peers. They are likely to be tentative about innovation, seeing it, initially, as an obstacle to their conventional patterns of activity.

Laggards are the most parochial within adopter groups, resistant to change and oriented to the past. As the pejorative label suggests, these people may be blamed for their resistance. A systemic view of the process would alter this implication. Many so called laggards are simply the last people to be informed of the new idea.

These fairly static and generic categories of individuals' orientation to innovations transfer, are supplemented in the work of the Practice and Development Exchange, and elsewhere in the literature, by descriptions of particular roles that fit into the process of innovations transfer in particular ways.

Product Champions not only investigate and adopt new methods, they take up the cause of spreading the message to others. The networks of the champions are crucial to the spread of innovations. They are the major source of energy required to effect change.

Opinion Leaders consist of those people within organizations who influence the methods used by others. By virtue of professional or personal prestige they are seen as models of practice, and they are often recruited as champions.



Gatekeepers hold the purse strings of innovation. Their support is necessary to legitimize the use of resources on innovative projects. They may also be people whose own actions are required to change to implement the innovation.

A **Transactor** is an agent of change who sets out to deliberately introduce an innovation through a series of planned negotiations with people. These planned negotiations are conscious interventions into the complex relationships within and between people and organizations effected by the proposed innovation.

Process Consultants play a valuable role in helping participants in an organization understand the change process through a progression of developments and potential setbacks. They are especially useful when an organization gets stuck. Then an outside perspective on the nature of "second order" change can be very useful.

Several new types of characters, not appearing in the literature, but quite apparent in the PADE projects, need to be added to the discussion.

Minders occupy places in senior management and look out for the innovators in their organizations. They may play a number of different roles—sponsor, critic, mentor, and institutional leader—in the process of protecting the innovators. They sometimes need protecting. Remember—sometimes we know who the innovators are because they are the ones farthest down the path with the arrows in their backs.

Opponents are frequently mismanaged. Orthodox approaches to managing change often target people who "resist" for "therapeutic attention" intended to overcome their "resistance" to proposed changes. Given, however, that almost everyone in social service departments is dissatisfied with the status quo, the resistance to innovation is rarely based on the belief that change is not needed. Opponents may believe that change is not worth the risk. Or, more significantly, opponents may be proponents of an alternative inno-

vation. The potentially complex nature of the opponents points out the need to go beyond the conventional "restructure and retrain" approach to innovations transfer.

The last of this group of significant players consists of **Network Entrepreneurs**. Social networks are a critical medium for information and action. Such networks, whether they are diffusion networks, "invisible colleges," "natural helping networks," or neighborhood relationships are not spontaneous, or self-sustaining. To initiate and maintain them requires energy, interest and effort. Network entrepreneurs are the people who work at linking people, who initiate and maintain networks of communication and action.

What is really important in thinking about these characters, if you buy the metaphor that innovation is a contagion process, is that you want to find people who are going to feverishly spread the contagion.

Finally, I want to touch on the last part of the innovation trinity: understanding the context of the innovation. I have said that in the literature on innovations, the reigning orthodoxy suggests that you must focus on analyzing and overcoming resistance. This, however, can work to the detriment of discovering opportunities for success. We believe that more important than overcoming resistance is supporting these opportunities. If you have five minutes to spend, spend the five minutes supporting an ally, rather than battling an enemy. This moves the process and it develops a facility among an organization's innovators to constructively identify trends in the development of policy and practice. These trends can then be used as vehicles for innovation. In Iowa, this meant building community-centered practice in the context of decategorization. Elsewhere, other opportunities can and will present themselves. It is necessary to identify all the changes that are going on that are consistent with the proposed innovation. It is necessary to move the innovation along by hooking up with these forces and keeping out of the way of opponents. Effective change management is more like Judo than attempting to meet force with force. The skillful innovator constantly turns win-lose situations into win-win situations.

The opportunity can come from any number of directions. The critical factor, regardless of where you start, is to anticipate and evaluate—system wide—all of the consequences of the innovation you're introducing, not simply to wait for presumed outcomes of the change to materialize. The goal is to be able to judge whether you're able to solve the problems you set out to solve—without generating unintended consequences that create new problems. The challenge of successful innovations transfer is to encourage the types of social networks that support committed problem solvers. To do this recognizes that innovation spreads by contagion, not by coercion. People catch new ideas, and new practices, and pass them on to others. The challenge is to identify the innovators. It is such a challenge because innovators are deviants. They deviate from conventional practice, from the status quo. To support innovation, then is to support deviance. In this case, remember: deviance without power may be delinquency. But deviance with power—that's called leadership.

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RESEARCH EXCHANGE

A Publication for Researchers in Family Based Services

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Family Functioning and Child Neglect: Research Summary

by: **Kristine Nelson**
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This article summarizes key findings from a research study on family functioning and child neglect, conducted by the National Resource Center on Family Based Services in collaboration with the Northwest Indian Child Welfare Association. The grant was funded by the National Center on Child Abuse and Neglect (#90-CA-1415). Interested readers may request copies of the Final Report, and the Assessment Manual which includes instruments used in the study, from the NRC (see p. 33).

Child neglect is a serious, large scale, and persistent problem in the United States. Although endangering children nearly three times as frequently as physical abuse (National Center on Child Abuse and Neglect, 1988), and with a similar number of fatalities (Jackson, 1984), a large number of child neglect cases are ignored by child welfare agencies. In addition, the research base for understanding the causes of neglect, and even more for prevention or intervention, is very sparse. The goal of this research was to contribute to the understanding, prevention, and treatment of child neglect through further testing of factors including substance abuse, mental illness, and family structure previously identified as associated with neglect. The project explored, as well, issues about which less is known including family functioning in neglecting families and the role of men, extended kin, community helpers, and

cultural practices in supporting the family and reducing the likelihood of neglect. Distinguishing those factors which contribute to neglect from those which are correlates of poverty but not of neglect was also an objective of the study, achieved by including low-income comparison groups and controlling statistically for the small differences in per capita income between the comparison and neglect groups.

Methodology

Sites in two states, Iowa and Oregon, were selected for this research: Tama County, Iowa, which includes the Sac & Fox of the Mississippi in Iowa, or Mesquakie, tribe and an eleven-county area in northern Oregon, which includes the Confederated Tribes of Siletz and other Northwestern Indian tribes. In both sites Indian and non-Indian families with a self-reported history of neglect and low-income comparison families were sampled in order to isolate factors apart from poverty that affect family functioning and neglect.

In total 163 families were interviewed: 77 Indian and 86 non-Indian families. Seventy-one neglecting families and 91 comparison families comprised the study sample. Data collection began in the summer of 1990 and concluded in August, 1992.

Families were identified through a variety of sources, including referrals from income maintenance and child protective services (CPS) workers, recruitment letters to randomly-selected AFDC and CPS families, advertisements in Native American settlement areas, newspaper advertisements, and recruitment through personal contacts and flyers at social agencies serving Indian and low-income families. Original plans to recruit neglecting families entirely from substantiated neglect cases in public agencies were abandoned due to a lack of cases in Iowa and a low response rate by identified families in Oregon. It also proved impossible to recruit sufficient numbers of comparison families randomly selected from AFDC lists to be representative, so a variety of non-probability sampling methods were employed to fill, as far as possible within the time available, quotas of 25 in each group in each state.

A family was considered neglecting if the primary caregiver self-reported a prior neglect referral to child protective services, if the CPS agency listed the family as a substantiated case, or if the primary caregiver indicated a child had been placed out of the home due to neglect. Generally at least two of the three indicators of neglect were present in cases included in the neglect sample.

The interview format included a General Interview, separate interviews with

the primary caregiver and a second adult (if available), adult self-report measures, and standardized measures for children. An addendum which elicited the Family Assessment Specialists' observations of the family was also included. (Copies of all instruments used in this study are available in the Family Assessment Manual.)

Findings

Indian Families

In studying Native Americans it is important to take into account tribal and regional differences. After controlling for neglect status which differed somewhat among the groups, Native American families in Oregon reported more sources of stress than those in Iowa, but had more formal and informal sources of help. Urban families had more biological fathers who were less involved with the children, higher rates of substance abuse, and more foster care placements. The Mesquakie in Iowa more often spoke their Native language at home and, because of their rural location, had the least contact with friends and family.

Despite these differences, however, in both states Indian families in the neglect group had more referrals and placements for neglect, more often reported negative social relationships, had more children, and more often had a history of substance abuse than comparison families. These differences between neglecting and comparison families held up even after per capita income and state differences were controlled. Multiple problems, a history of criminal charges, an additional child, and substance abuse were found significantly more often in the neglecting families. Alcohol was the most frequently abused substance and may have been a contributing factor in the many criminal charges brought against caregivers in neglecting families. These included assault, shoplifting, probation violation, drunk driving, and disorderly conduct. Bias in the law enforcement systems is a possible explanation for the high incidence of criminal activity in this sample.

Neglecting Indian caregivers also reported more psychiatric treatment with symptoms including depression, anxiety, violent behavior, cognitive difficulties, and suicidal thoughts; were more often separated or divorced at the time of the first interview; and more often had borne children outside marriage. Housing problems and stress differed between neglecting and comparison families, but not as greatly as family structure and caregiver problems.

Several of the variables that differed between neglecting and non-neglecting families were mediated in their effects by one of four conditions: a current marriage, biweekly contact with the children by a biological father, only one biological father, and a first birth after the age of 19. If the children had the same biological father, the number of children in the family was no longer significantly related to neglect and the relationship between bearing children outside marriage and neglect was reduced, as was the effect of a history of criminal charges. Regular contact with a father or a current marriage also reduced the correlation of neglect with criminal charges and births outside marriage, although not as much as having only one father and regular contact reduced the effects of divorce on neglect. Thus the involvement of biological fathers in the families was important in spite of their frequent absence from the household. Delaying a first birth also reduced the effect of bearing children outside marriage.

It was hypothesized that paternal deprivation might have been offset to a certain degree by help from family, friends, social services, and other community sources, more frequent in locations in which families had the least contact with fathers; however, these other types of support did not mediate to a significant degree any of the variables antecedent to neglect. Cultural supports such as native helpers and ethnic community activities were used by more families in locations with less father involvement, but they did not affect variables associated with neglect. Whatever else their benefits, kin and cultural supports do not seem to sub-

stitute for paternal involvement in Indian families. Even the regular involvement of fathers, however, did not reduce the effects of multiple problems, substance abuse, psychiatric problems, or poor housing in creating conditions conducive to child neglect among Native American families.

Non-Indian Families

In the non-Indian sample, family of origin issues strongly differentiated neglecting from comparison families. Educational attainment of the primary caregiver and of the primary caregiver's mother, the primary caregiver's experience of childhood sexual abuse, of going hungry as a child, of living away from home as a child, and of feeling that their own family had not done their best for them, all emerged as strong antecedent variables whose effects on neglect were not mediated by any intervening variables. Nor were the effects of substance abuse, multiple problems, a history of suicide attempts, and inability to empathize with children, mediated by intervening variables, although a lack of regular contact with a father was related to neglect. However, biweekly contact with a father did significantly mediate the effect of the caregiver's criminal record on neglect.

Demographic and environmental factors were fairly similar between the neglect and comparison groups. In particular, structural variables such as the number of children, marital status of the caregivers, and primary caregiver's age at the birth of her first child did not differ significantly between neglecting and comparison families after controlling for state, locality, and per capita income. Similarly, sources of income, employment status, and neighborhood characteristics did not differ between the two groups, suggesting that while economic deprivation is characteristic of neglecting families, there are other factors which differentiate neglecting from other low-income families.

Comparison to Previous Research

Many of the study findings support

prior research on neglect (see Final Report for citations on comparison to previous research). Although difficult to measure accurately, substance abuse has been found to be associated with neglect in several studies and is an especially critical problem among Native Americans. Psychological problems in various forms including depression and character disorders have long been associated with neglect. Both contribute to the fact that neglect is commonly associated with multiple problems. These characteristics, along with a history of criminal charges, were found to be related to neglect status in both ethnic groups.

Several of the identified antecedents of neglect in the non-Indian sample have been found in previous studies. Lower educational achievement, a family history of neglect and abuse and a lack of parenting knowledge and skills have also been found to be associated with neglect in other studies.

Some factors associated with neglect in previous research were found only in the Indian sample in this study. Housing problems found in this study to be associated with both neglect and placement in foster care, may be more frequent among ethnic minorities due to racial discrimination and patterns of neighborhood segregation. Larger families, births outside marriage, and single parenthood, correlates of neglect in the Indian sample, have also been found to be associated with neglect in other research, especially in studies with large minority samples. Stress may also be higher in minority populations.

Findings on social isolation and neglect have not been supported in this or other recent studies. Support from fathers, however, represented by at least biweekly contact, was identified in the Indian sample as a key mediator of neglect. In the Indian population, stability and involvement of fathers reduced or eliminated the association with neglect of the number of children, the number of children born outside marriage, a separation or divorce, and criminal charges. In investigating the effects of teenage births,

Zuravin (1988) also found complex relationships between teenage births, subsequent births, and number of fathers. Number of births and number of fathers, but not age at first birth or unplanned births, were significantly associated with neglect even after controlling for five demographic variables including race and income. In other words, each additional child and each additional father increased the probability of neglect.

While family size has long been associated with neglect, the number and involvement of fathers is a subject of recent investigation. Polansky et al (1979) found that father presence reduced the likelihood of neglect both through financial contributions and provision of physical care, but did not affect the psychological dimensions of neglect. Burgess & Garbarino (1983) have suggested that having children by more than one father increases the risk of neglect by decreasing the emotional and material support from each. Our findings support this hypothesis in that older children in Indian families with more than one father experienced the most paternal deprivation. In addition, the unemployment and poverty common among neglecting families has been found to increase family conflict, adversely affect parenting and decreasing stability in father-child relationships. These findings underline the importance of distinguishing between support from larger social networks and that provided by fathers in future studies of neglect.

Study Limitations

The findings of this study must be regarded as tentative because of the difficulty in clearly defining neglect and in recruiting both the neglect and the comparison samples. In addition, because the samples studied were not randomly drawn, the findings cannot be generalized beyond this group. Finally, most of the findings derive from retrospective self-reports. To the extent that the findings converge with those of previous studies, however, they may be taken as further evidence of the importance of certain factors in child neglect. They also identify issues in need of further study.

Implications

The findings of this study that are supported by other research have important theoretical and practical implications. Firstly, family functioning and social support as measured in this study had little impact on neglect either directly or indirectly. Family structure and caregiver problems all differ more between neglecting and comparison families than measures of extended family support, family functioning, or culture. Thus, in families that are struggling to survive in difficult circumstances, theories relating neglect to the personal characteristics and history of caregivers seem to have more explanatory power than theories concerning family relationships, except for relationships with the children's fathers. The importance of family-of-origin variables in the non-Indian sample is also consistent with theories of intergenerational repetition of child neglect. Caregiver impairment, from whatever source, clearly puts low income families at risk in the everyday struggle for survival.

The key role of fathers in neglect has been supported in numerous ways. Children in families with little contact with their fathers were at higher risk of neglect. Especially in the Indian sample, giving birth to a first child as a single teenager was not as predictive of neglect as giving birth to children by several different fathers. Regardless of marital status and number of children, regular contact with the children's father mediated several factors associated with neglect in Indian families.

Interventions should address both the antecedents and the mediators of neglect. At the individual level, substance abuse treatment must be available and accessible to low-income mothers with children. Counseling and other mental health services must also be made available to low income mothers. In addition, increasing educational opportunity especially for mothers from deprived backgrounds, and remediating the effects of childhood maltreatment are critical to improving parenting skills of non-Indian neglecting

mothers and providing better parental role models for future generations.

At the family level, programs and policies to increase family stability should include greater access to family planning services for teens and for those who have completed their families or who, for whatever reason, do not want to risk pregnancy. Greater male involvement in and contributions to families would also help to prevent child neglect. Stable employment with remuneration adequate to keep a family out of poverty; greater involvement of fathers in parenting education, health care, and social services; and encouragement of greater contact with absent fathers, perhaps by accepting contributions of in-kind goods and services in lieu of child support payments would all help to decrease child neglect.

Finally in terms of family environment, parental stress would be reduced and family stability enhanced by programs and policies to improve the quality of housing and neighborhoods of poor families. Adequate housing is particularly important in reducing foster care placements. It is, of course, also important to attend to cultural variations in child rearing in the design of treatment

and prevention programs and to recognize the contribution that extended kin and ethnic communities can make in supporting vulnerable families.

Further research, especially longitudinal study, is needed to identify the impact of family instability and lack of male involvement on child outcomes, as well as to test programs to remedy both. Studies with more adequate measures of mental illness and intellectual functioning are needed to delineate their effects on neglect. Research on programs to increase empathy for children, particularly in non-Indian caregivers from troubled families, seems especially important as does research on the prevention of the child abuse, sexual abuse, neglect, and placements which contribute to the inadequate parenting of the next generation in vulnerable families. Finally, more research is needed to identify subtypes of neglect and culturally-appropriate instruments to assess neglect and measure improvement in the many factors that contribute to child neglect.

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The Research Exchange is pleased to feature the three federally funded child welfare resource centers. Below are descriptions of these centers.

The Berkeley Child Welfare Research Center

by: Jill Duerr-Berrick, Director

The Berkeley Child Welfare Research Center (CWRC) was established in October, 1990. The five year, one million dollar grant was obtained from the U.S. Department of Health and Human Services, Children's Bureau and the Office of Planning and Evaluation. The fundamental mission of the Center is to serve as a knowledge building and disseminating resource for improved child welfare services. In its work, the Center focuses on the following five areas of priority concern: (1) child abuse, (2) child welfare

services, (3) foster care, (4) adoptions, and (5) the organization, financing and evaluation of child welfare services.

Drawing on systematic review of the child welfare literature and the expertise of key professionals, the Center produces publications which review and analyze existing research in the field, and identify areas where additional research is needed. Further, it stimulates and conducts child welfare research of national significance, and provides leadership in the dissemina-

tion of and dialogue about research findings among researchers, policy makers, practitioners, and organizations concerned with services to children and families.

Below is a list of activities that the Center has been engaged in since its conception in 1990:

Child Abuse and Neglect

CHILD ABUSE AND NEGLECT REPORTING IN SELECTED CALIFORNIA COUNTIES

National concern about child abuse has resulted in a refocusing of child welfare services to address the needs of the nation's most vulnerable children. Protective service involvement has become almost essential to receiving additional child welfare services, but all children who are the subject of a report of child abuse do not receive additional services. Understanding the child welfare system requires knowledge of the pathway between initial child abuse report, subsequent child abuse reports, and receipts of additional child welfare services.

This study examined child abuse and neglect data in three selected California counties to identify the characteristics of children referred for abuse and neglect, explore the types and frequency of referrals for these children, and examine the dispositions of these referrals. A sample of 26,506 children whose first referral occurred between January 1991, and September 1991 was included in the study. Some of the major findings of this study are briefly described below:

- Selected maltreatments such as physical abuse, general neglect, and sexual abuse, are referred more frequently than other types of maltreatment.
- Types of number of maltreatment are unequally distributed across racial or ethnic groups. African American children are disproportionately referred to the child welfare system. Severe neglect, general neglect and caretaker absence or incapacity are more frequent referral reasons for African American children.
- African American children or those referred for neglect or caretaker absence or incapacity have relatively more multiple referrals than their counterparts.

Child Welfare

PERFORMANCE INDICATORS FOR CHILD WELFARE SERVICES IN CALIFORNIA

The impetus for this study was a search for budgetary methods supporting efficient child welfare services. In recent years increasing attention has been paid to the role of outcome indicators to increase accountability in child welfare services systems. Yet outcome indicators alone as a funding mechanism offer too little flexibility, because the achievement of case outcomes is often difficult to assess and attribute. Instead, strategies for funding of service provision should also consider issues related to the structure of the service provided and the level and timing of services. The broader concept of "performance indicators" allows a clearer articulation of the merits and limitations of funding strategies that rely on indicators of program structure, program process, and case outcomes.

This study examined a number of issues relating to the provision of child welfare services in California. Selected findings are presented below:

- The total number of children in welfare supervised foster care is 2.5 times as large in 1994 as it was in 1984.
- Regarding reunification, generally, African American children were reunified with their birth parents at a far slower rate than children belonging to other ethnic groups. Children whose first placement was in kinship care were reunified at a slower rate than children first placed in foster homes or group homes. Infants were much less likely to be reunified with their birth parents than children of other age groups within two years. Children removed from their parents for reasons of general neglect, severe neglect, or caretaker incapacity were reunified at a slower rate than children removed due to physical or sexual abuse, and AFDC-eligible children and non-eligible

children were reunified at about the same rate in the state overall.

- Regarding number of placements, the mean number of placements for children who completed their first spell in foster in care was 1.5. For children who remained in care for more than 18 months, the mean number of placements was 2.0, and the mean number of placements during the first spell in care did not differ significantly by age group or ethnicity.
- After four years, African American children were less likely to be adopted or reunified and more likely to still be in care than children of other ethnicities. Children first placed in foster homes were more likely to be adopted than children in other placements, while children first placed in kinship homes were less likely to be reunified and more likely to still be in care. Infants were less likely to be reunified with their birth parents and more likely to be adopted than children of other age groups and children removed for reasons of neglect were less likely to be reunified and more likely to be still in care or adopted than children removed due to physical and sexual abuse. Children removed due to sexual abuse were the least likely to be adopted.
- The overall incidence of new admissions into foster care declined from 1988 to 1992 from .35 percent to .26 percent. While the total foster care caseload has increased, the prevalence of children in care (the proportion of children in care of the total population of children) has been constant since 1990 at about 94 per 1000.

Foster Care

GROUP CARE STUDY

Group care is used as a placement resource for children of all ages. In general, it is often seen as a last attempt to serve children who are unlikely to remain

in a stable placement elsewhere. For many adolescents, group care may be an appropriate transition to independent living after emancipation. Group care may also serve as a time-limited placement for severely emotionally disturbed children. This study was designed to review agency size, services provided, staffing patterns, turnover rates, ethnicity of workers, and educational status of workers in congregate care settings.

A cross-sectional mailed survey was distributed to all congregate care providers in the state of California (n=630). A brief summary of findings and recommendations are listed below:

- Agency size is shrinking considerably from years past. Children are being served in smaller facilities, rather than in large, institutional care. In light of the value placed on the family in P.L. 96-272 and on the importance of placing children in the most family like setting when removed from their homes, this trend toward the use of smaller group care facilities for children is welcome.
- The array of services that may be available to children placed in group care can be wide. The cost for these services is also high. However, the number of services provided by the agency may not be the best indicator of the quality of the group care setting, but the availability of specific services that meet an individual child's need is. Therefore, careful review of the setting and its services should be explored before a placement is made.
- The need for health care, mental health care, and special educational services are great. Development of health, mental health, and education "passports" that follow children throughout their stay in foster care may go a long way in bridging the gap between children's needs and the services they receive.
- Turnover is high among child care workers. The data suggests that

factors associated with turnover among child care workers may have to do with the size of the agency and the ratio of children to staff.

- Children coming into group care are increasingly difficult to serve. Intensive training should be provided to child care staff and social workers to ready them for the challenge they will face in managing children's behavior.

KINSHIP CARE STUDY

In recent years, the child welfare system has shifted toward the greater use of kin as a placement resource for children. In large metropolitan communities especially, kin are heavily relied on to serve the growing numbers of dependent children. In California, two-thirds of the growth in the foster care caseload from 1984 to 1989 could be accounted for by the dramatic rise in kinship foster care. The Kinship Care study was conducted to assist the policy and practice discussion with much-needed information about kinship care as it compares to foster family care and to consider practice alternatives that may not be currently in use.

The sample for the study was drawn from the U.C. Berkeley Foster Care Database (discussed below). A 50% random sample (n=4,234) was selected from the larger sample. One-half of the selected children were purposively drawn from foster homes, and the other half resided with kin. A two-page mailed survey was distributed to the sample with a selection of demographic questions. Respondents were also asked to participate in a second, larger survey either by telephone or mail, at their preference. The final sample size of respondents completing both surveys included 246 kin providers and 354 foster care providers. A brief summary of the findings and recommendations for action are described below:

- Consistently with other emerging studies in the field of kinship care, kinship foster parents in this study received fewer services from their child welfare agency than foster

family parents. The study authors reported that all children under the supervision of the courts should be ensured quality care. In order to hold kinship foster parents to the same standards of care as foster family parent, all parents must be provided with the same level of services, monitoring and supervision.

- Because of financial status and their advanced age, kinship foster parents may be in somewhat more fragile health than foster family parents. Social workers providing services to children in kinship foster care should try to assist kinship foster parents in accessing needed health services whenever possible.
- Many kinship foster parents are reluctant to adopt the children in their care, as they already view their relationship as one of "family." Policies on payment under guardianship (similar to an adoption assistance subsidy) might encourage kinship foster parents to choose legal guardianship over foster care, thereby giving children a greater sense of permanence.
- Although the children served in kinship foster care bear certain similarities to children served in foster family care, certain inequities exist in the payment structure for some kinship foster parents. Social workers should make effort to identify whether kinship foster parents are eligible for foster care payments.

SPECIALIZED FOSTER CARE STUDY

Specialized foster care is an emergency concept that shows promise as an alternative service-delivery model for special-needs children. This new approach in foster care has developed swiftly across the country; in California, the introduction of specialized foster care has changed the foster care landscape dramatically. To understand the characteristics of specialized foster care (SFC) agencies better, a cross-sectional mailed survey was dis-

tributed to all SFC agencies in the state of California (n=130). The survey included information regarding agency services, training, and SFC staff.

We also conducted a survey of SFC homes across the state. 569 foster homes were sampled in this study (although the response rate for the specialized foster home survey was only 22%). Some of the findings and recommendations from this study are briefly summarized below:

- Agency administrators report a fair degree of training for their foster parents, in addition to regular social work support. As many children served in specialized foster care have special medical and emotional needs, training that addresses the unique needs of these children better prepares parents for the difficulties they will inevitably face. Training may also mitigate against early burnout, increasing the likelihood that these foster parents will remain in the field. Specialized foster parents report that their job is a difficult one, and advice and support are often welcome. In-home social worker support is critical in ensuring that foster parents feel as though they are an important member of a treatment team and that their work matters to the agency and to the child.
- Specialized foster parents value access to additional services in the community. Efforts to increase access to health, mental health, and child care services for these families may have a significant effect on specialized foster parents' attitudes, in addition to the likely positive effects on the child.
- Although many specialized foster parents report general satisfaction with the field and with their experience, the dissatisfaction expressed by some parents suggests needed attention in some areas. Communication between the child welfare agency and specialized foster parents should be encouraged whenever possible. The concept of a new form

of "professional" foster parent can work if these providers are truly considered part of the treatment team. In-service training for juvenile court personnel may also be important to enhance their role as part of the "team" of providers serving the child.

- Specialized foster parent agencies report that higher rates of pay help in their recruitment efforts. Although specialized foster parents are paid more, on average, than conventional foster parents, agency administrators report that funding is critical to quality foster parents recruitment.

Adoptions

CALIFORNIA LONG-RANGE ADOPTION STUDY

The California Long Range Adoption Study (CLAS), begun in May 1990, is designed to clarify the status of approximately 1,400 children and families at the outset of adoption. This is the first large, prospective study of children adopted: (a) following prenatal drug-exposure, (b) in sibling groups, (c) involved in open adoptions, and (d) after prior adoptions.

- Regarding drug exposure, approximately 25% of children were identified as "drug-exposed" at placement, 36% were identified as "not drug-exposed," and 48% as "not sure." Children's characteristics such as gender, age and time in the drug exposed home, health problems and behavior, parent satisfaction, and cost of adoption were examined for drug- and not drug-exposed children. We have studied the effects of drug-exposure on cognitive development, ability to form attachments, overall behavior patterns, and parent satisfaction and found generally reassuring results.
- Regarding open adoptions, findings suggest that adoption agencies, centers and attorneys are arranging and creating open adoptions in increasing numbers across the United States, but little is known about how wide-

spread this practice is, or how adoptive families manage the day to day practice of openness. Evidence from this study sheds light on the practice of open adoption, how the majority of these adoptions are open in some form, and that many adoptive families are cautiously comfortable with post-placement contact.

- Regarding parent satisfaction, public agency, private agency, and independent adoptions were compared regarding the adoption process, preparatory services, and outcomes for the adoptive families involved. The results of this research will have an impact on client recruitment, service characteristics, and child welfare policy.

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The National Child Welfare Research Center at Chapin Hall

Co-Directors: Harold Richman, Robert George, Susan Campbell.

by: Tony Markward

Introduction:

The National Child Welfare Research Center at Chapin Hall was established in October 1990 through a five-year grant from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. The national center's host institution, Chapin Hall Center for Children at the University of Chicago, is a children's policy research center whose work is intended to contribute to the development of effective policies and programs for children and youth. Chapin Hall's agenda is broader than that of the national center within it, and addresses two very encompassing questions: (1) What does society now do for children? (2) What other approaches might society take to meet its responsibility for children? In its effort to answer these two questions, Chapin Hall supports over 40 active projects and has completed dozens more since its inception in 1985. An annotated list of Chapin Hall's projects, past and present, and a publications catalogue are available from the Center's Communications Office.

The National Child Welfare Research Center at Chapin Hall focuses more narrowly on the child welfare system. The national center takes a systematic, national look at child welfare, analyzing issues and organizing information across states and engaging problems that affect child welfare systems across the nation. The national center exists as part of a continuum of ideas and activities at Chapin Hall, which often helps to move the products of the National Center to further stages of development and support. The Center pursues the following objectives:

- To bring together providers, policymakers, government officials, foundations, and other researchers

in identifying important trends in the field

- To enhance the quality of information and research tools available to service providers and policymakers for monitoring programs and populations of children being served
- To identify, develop, and make known promising new ways of addressing issues in service delivery and research
- To see that pressing service and policy issues are addressed through research
- To bring to the attention of providers, policymakers, and foundations research findings that are relevant to policy and care
- To promote, through the above activities, interaction and communication across segments - public and private organizations, and policymakers, managers, clients, researchers, and caseworkers, in the field of child welfare.

The Center has developed four areas of activity: 1) developing the role of administrative data in child welfare management, planning, and research; (2) investigating the service and policy issues related to the locus of service—in-home, out-of-home, and community-based-care and service for children; (3) exploring ways to apply child development knowledge and research to children's policy, and most recently, (4) a study of adoption dissolution in the Illinois special needs adoption population.

In areas (1), (2) and (4), the Center has developed techniques, methods, and programs, has held institutes and research conferences, and will publish research syntheses, a training manual, and a national data issues report.

The third area of activity is manifested in

a program recruitment and development program, the **Chapin Hall Fellowships in Child Welfare and Family Policy**. The program is designed to ensure that talented young individuals who plan to enter the field have training in and experience with policymaking and child welfare practice and with the latest research and ideas in these areas.

Administrative Data

Administrative data is the information child welfare agencies collect about their services and clients during the course of their work. Since the passage of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) mandated the development of statewide information systems in foster care, a wealth of data has been computerized in all states, representing an important resource for policymakers and legislators at the state and federal level, for agency administrators and caseworkers within the states, and for the research community at large. The data collected and stored in statewide information systems have great potential value for three constituencies: the data could be useful to agencies responsible for the care of children within states; to researchers trying to understand the child welfare system, as an alternative to studies based on a sample of original data collected at great expense specifically for the purpose; and to the federal government as a source of information about children being served by public child welfare agencies throughout the nation, in the service of developing sound federal policy relating to foster care, adoption and abused and neglected children, and as a way to monitor the effects and implementation of federal policy at the state level.

There are, however, several challenges to structuring this data, analyzing it routinely, and making it useful for compari-

sons across states. One of the most important obstacles is the variability of the data across states. States don't necessarily collect the same kinds of information; the definitions they have developed to express the components of or events in foster care often differ; and the computer systems developed to store the data are often incompatible. The national center's effort to overcome these obstacles and to develop the potential of administrative data for child welfare has two components: The Administrative Data Institutes and the Exploration of National Data Issues.

Administrative Data Institutes

The National Center has invited researchers and managers to summer institutes, where participants can discuss their particular problems and receive training in the management and analysis of administrative data. The institutes are designed to work through the issues surrounding the routine use of administrative data, to impart the technical skills that use of administrative data requires, and to expand the community of professionals who use the data. Participants are individuals from around the country who analyze computerized child welfare data in either public child welfare agencies or academic settings. Conferees are invited to share new tools and techniques, mostly developed at Chapin Hall, for the analysis and use of administrative data. They learn new methods of child-welfare data manipulation and longitudinal statistical analysis, including the geographic coding and analysis of data. The Institutes are directed by Robert George, project director for administrative data in the national research center, and staffed by experts for Chapin Hall. According to participants, the Institutes provided them with both useful training in relevant statistics, data management, and analytical methods, and also opportunities for networking and continuing collaboration - across states, levels of government, and the boundaries between government and university. The response of participants in the Institutes underscores a demand for this kind of training in the field of child welfare.

Exploration of National Data Issues

Center researchers have investigated how information from child welfare tracking systems can be developed into new data sources that can be usefully applied to many types of child welfare processes and outcomes—from the caseworker and supervisor up through the administrator and policymaker. Until earlier support from the HHS Children's Bureau, there had been very little encouragement from the federal government to develop such data sources, a little guidance available to help states make better use of their child welfare tracking system information.

National Center researchers are trying to lay the groundwork for a possible national effort to link child protection and child welfare systems so that information from both places can be used to understand changes in the child welfare services population, both with in-home and out-of-home. Such a linkage would, for example, help rectify a problem that has been troubling the field since the inception of case-tracking systems: the difficulty in making information connections between abuse and neglect investigations and child welfare services. This type of information is critical for understanding the flow of children from the abuse and neglect investigation into substitute care.

Another focus of the exploration is the development of better computer tools for workers. Center researchers have discovered that a distinguishing mark of some states' efforts to develop better system is their emphasis on computer tools for workers, instead of on the development of tools exclusively for budgetary purposes. Putting better tools in the hands of workers would improve the accuracy and compatibility of the data for all concerned, and would make the collection of richer data, more useful for both qualitative and quantitative research.

The Center's developmental work on exploring the feasibility and desirability of a national child welfare database resulted in legislation authorizing the construction of a Multi-State Foster Care Data Archive, which currently contains

five years of data on almost half of the foster children in the U.S. Data comes from five of the most populous states—California, Illinois, Michigan, New York and Texas. Data from three more states—Florida, Missouri, and Wisconsin—will soon be added. The Archive is now being implemented by Chapin Hall under a cooperative agreement with HHS. The Archive team's first report, *Comparing Foster Care Populations: The First Analysis of a Comprehensive Multistate Database*, is available from Chapin Hall.

Adoption Dissolution

Because of the importance of permanency after adoption, the Center is studying the issues surrounding adoption dissolution, the return of a child to foster care after an adoption has been finalized. Using the Integrated Database on Children's Services in Illinois (an administrative data resource developed at Chapin Hall), National Center researchers investigated the possible characteristics and experiences that may determine adoption outcome: family and child demographic characteristics (including identifying children who have special needs); the experience of child abuse or neglect; the amount of time a child spent in foster care; as well as the different kinds of placements the child has experienced; and whether or not the child was adopted by his/her foster parents.

The findings of this study will help the field to better understand which cases are more likely to be dissolved after adoption. Possible future research in this area may take into account even more information about the characteristics of the children and families, hopefully providing us with a better idea of why adoptions are being dissolved.

Locus of Care

When the National Center was founded in 1990, there had been a decades long movement toward an emphasis on providing services for children within a family setting. Increasingly, service systems were (and are) responding to the needs of a wide range of children in their

homes employing different types of in-home service and aid. In the Center's third area of activity, the locus of care and services for children, two distinct studies are being conducted on related topics: the issues around in- and out-of-home care, and the issues around community based care.

The first study regards in-and out-of-home care not as two distinct types of care but as a continuum of care. It is hoped that this perspective will result in the emergence of a new vision of the service system, one not defined by the location of service delivery. The study has become an inquiry into the values that drive the child welfare field—especially the tension between protection of children and the integrity of the family, and the "least restrictive setting" principle implicit in the issues around in-home and out-of-home care. The final report from the study will weigh some reform options and describe the research base needed to support the choices among options and the implementation of the preferred option.

The second study in this area is an exploration of how community-based services have historically been created and defined. Researchers are comparing two historical streams. They are examining (1) how poor urban communities over the past 200 years have developed and supported institutions to help themselves, and (2) how outsiders have tried to shape poor urban communities, beginning when the settlement houses first tried to gain some legitimacy within communities for themselves. Since today's big services and reform initiatives are funded (and thus to some extent controlled) outside the community, it is important to understand what this means for the legitimacy and effectiveness of these initiatives.

Developing Young Leaders in Child and Family Policy

Recruiting and training talented young individuals to the fields of child welfare and family policy is an important part of the mission of the National Center. Towards this end the National Center, in conjunction with the Irvin B. Harris

Graduate School of Public Policy at the University of Chicago, has annually offered summer fellowships to young people which demonstrated interest and ability in fields relevant for child and family policy. Fellows are recruited from across the country, and are then placed at policy organizations around metropolitan Chicago, where they work as full-time employees for eight weeks during the summer. Participants are offered a chance to experience child and family research, and policy making and implementation, outside of the academic circles from which they come, and are challenged to maintain a thoughtful perspective on what they accomplish and how their agencies work in the broader context of child and family policy. The program has now hosted three cohorts of fellows, and based on reviews by participants, has proved to be effective in generating enthusiasm for and interest in the field among qualified students.

For information, please contact The Chapin Hall Center for Children, University of Chicago, 1155 East 60th Street, Chicago, IL 60637; phone (312) 753-5900

The National Child Welfare Research Center at the Center for the Study of Social Policy

by: Elizabeth Hollenberg, M.A.

The National Child Welfare Research Center (NCWRC) at the Center for the Study of Social Policy (CSSP) is one of three federally-funded centers conducting research in child welfare. The Center for the Study of Social Policy is a non-profit organization located in Washington, D.C., that was established in 1979 to assist federal, state, and local governments in improving human services for low-income and other disadvantaged populations. CSSP seeks to promote systemic reform in human services through changes in the financing, administration, and delivery of services. Its mission is to effect change through the analysis of existing policies and the development of new ones reflecting both intergovernmental and interagency perspectives.

The National Child Welfare Research Center is currently in its fourth year of operation at CSSP. At the time the NCWRC was established, criticism of the child welfare system and concern for the children and families within it had reached a crescendo. In an effort to improve the child welfare system, several states and localities launched promising system reform initiatives, but little research was available to support and guide these efforts. The NCWRC was formed in response to the need for such research, and has as its mission to propose, conduct, and disseminate relevant research on child welfare practice and policy to program administrators and policy-makers.

In its first years, the NCWRC engaged

experts from CSSP, state and local government, and the university research community to help develop and frame a research agenda. Early on, the NCWRC focused its efforts on describing nascent system reform efforts to a wide audience of program administrators, and researchers. The NCWRC has been successful in generating increased interest among evaluators in the emerging set of family-oriented preventive programs, and among program personnel in the benefits of system-based research and evaluation. With the addition last year of Dr. Francine Jacobs, Associate Professor in the Departments of Child Study and Urban and Environmental Policy at Tufts University, as Director of the NCWRC, a strong link

has been established between the research and practice communities.

In the past year, the NCWRC has focused on undertaking a major study of decision making in the child welfare system, disseminating policy-relevant research, and initiating a series of research projects by promising young policy scholars, among other activities. These projects are discussed at greater length below.

The Missouri Child Welfare Decision Making Study. This study emerged as a response to needs identified during the NCWRC's work in developing a research agenda in child welfare. Its principal aims are to document the processes by which children and families become involved, move through, and exit the child welfare system; to identify critical decision points in the child welfare process; and to discern critical influences on important decisions.

To better understand the decision making process, the NCWRC is following a cohort of 275 families as they traverse the child welfare system. Families are being followed for a 15-month period, that began in June, 1994; this length of time will allow for a view of the entire system—from entry through case closing—for a substantial percentage of families involved in the study. The study employs multiple data gathering methods, including observations, interviews, questionnaires, and record reviews. Extensive data are being gathered about the child, family, agency personnel involved with each case, context of decision making, the decisions themselves, and the relationship among decisions. Three local offices in Missouri—St. Louis County, St. Louis City, and rural Franklin County—have been selected as study sites.

The study will examine decision making at four key decision points: (1) investigation; (2) family assessment; (3) determination of services; and, (4) case closing. In addition to these decision points, the study also examines factors associated with workers' decisions

whether to accept or reject calls made to the Missouri child abuse and neglect (CA/N) hotline, and includes a survey of workers' attitudes towards issues in their work and in child welfare.

The Missouri Decision Making Study is being conducted in partnership with the Missouri Department of Social Services. Dr. Francine Jacobs, Director of the NCWRC, and Ms. Dianne Drainer, Manager of Research and Evaluation at the Missouri Department of Social Services, are the Co-Principal Investigators. The Institute of Applied Research in St. Louis is responsible for conducting the field research. Two committees—one comprised of representatives of the Missouri Department of Social Services and one comprised of representatives of the Federal Government—oversee the study.

Data for this study are now being collected in the field. Materials currently available from the study include "A Generic Map of the Missouri Child Welfare System" and "Decision Making in Child Welfare: A Review of the Literature." The results of the hotline study will be available shortly; findings from the larger decision making study will be available in the fall of 1995.

Dissemination. As the manager of the Child Welfare Forum on HandsNet, CSSP has focused on disseminating policy-relevant research. HandsNet is a national information and communications computer network that connects more than 3,000 public interest, human services, and research professionals and organizations. Within the Child Welfare Forum, CSSP provides information about research, policy, and practice pertaining to family preservation, child maltreatment, adoption, out-of-home care, and systemic issues such as MIS development, financing, and administration. The fact that the Child Welfare Forum is managed by CSSP makes it an ideal vehicle for the dissemination of information on child welfare research conducted by the NCWRC and other organizations.

Young Investigator Studies. The Young Investigator Studies were initi-

ated to help promising graduate students in public policy or developmental psychology develop the necessary research skills to conduct "cutting edge" child welfare policy research. Among the projects that have been completed or are in the final stages of completion are a literature review of decision making research in child welfare, an analysis of decision making in calls made to a Missouri child abuse and neglect hotline, a literature review and exploration of state decision making pertaining to early intervention for children at environmental risk, and a survey of support services available to children through Massachusetts battered women's programs.

For additional information about the NCWRC contact:

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RESOURCE REVIEW

by: Emma L. Wolford

Modern families are confronted by diverse challenges. The resources presented below offer a broad range of assistance in meeting these challenges through prevention, support, and intervention.

DeShazer, Steve. Words Were Originally Magic. Evanston, IL; W.W. Norton & Company, Inc., 1994. ISBN 0-393-70170-0.

This book offers an eloquent discussion of the place, function and use of words in psychotherapy, as well as how to put those words into therapeutic practice. In Part One, De Shazer examines the therapeutic conversation, drawing on the work of Sigmund Freud, Jacques Lacan and Gregory Bateson, among others, in his discussion of language and psychotherapy. Detailed examples of the "magic" of good therapeutic interactions can be found in Part Two. It details conversations between therapist and client in brief, solution-focused therapy sessions. The art of the therapeutic question is discussed, as well as concrete suggestions for the entire interviewing process. The book tries to show the reader that words can still be magic in psychotherapy.

Doane, Jeri A., & Diamond, Diana. Affect and Attachment in the Family: A Family-Based Treatment of Major Psychiatric Disorder. New York, NY; Basic Books, 1994. ISBN 0-465-00536-5.

In addressing the understanding and treatment of major psychiatric disorders such as schizophrenia, the family is usually not mobilized and considered as it is for many other problems and circumstances. The family environment, however, is an important arena to consider, not just for reasons of symptom management. This book approaches psychiatric disorder in terms of attachment from a multigenerational family perspective.

Based on findings from the longitudinal Yale Psychiatric Institute Family Study, this

dense text focuses on how family members' patterns of attachment and primary relationships are transmitted from one generation to another. First, the theoretical models of attachment and expressed emotion which underlie the Yale study are discussed. Then the study itself is presented and analyzed. Treatment issues and strategies form the bulk of the book. Three family types are described: disconnected, high-intensity, and low-intensity families. The authors also present their own techniques and theoretical perspectives for understanding change in the context of this treatment model. This research study and view of the role of attachment in family therapy provides a helpful tool for treating severe psychiatric family dysfunctions.

Edelman, Marian W. The Measure of Our Success: A Letter to My Children and Yours. Boston, MA; Beacon Press, 1992. ISBN 0-8070-3102-X

"Don't be afraid of taking risks. Be honest. Never give up." These tidbits are among the wisdom that Marian Wright Edelman imparts in this book. The thin volume gives her guidelines for living, based on a her view of morality and dedication to a life of service. She speaks of the lessons that she has learned in her life, from her family and her experiences. Included in the book, which is written as an open letter to her sons and society, are a description of her family legacy and the legacy of service, plus a list of her twenty-five lessons for life. Edelman struggles with her concern for America's future, which is precious, and gives a vision of a new and better future which she hopes to create for the nation's children.

Ferguson, Harry, Gilligan, Robbie & Torode, Ruth. Surviving Childhood Adversity. Dublin, Ireland; Social Studies Press, 1993. ISBN 0951-5768-16

Through the contributions of a wide variety of authors, this book seeks to provide a complete spectrum of perspectives on child-

hood adversity. The authors address understanding and intervening with childhood adversity. Four broad sections comprise the structure of the book. The first segment handles historical and comparative perspectives. The second area deals with developmental perspectives on childhood adversity. The third part addresses systemic and organizational perspectives for intervention. Finally, the fourth section speaks about practice issues. Essays address issues such as social change in Eastern Europe, childhood incest and sexual abuse, child protection in the Netherlands, telephone help lines for children in Ireland, and uses and abuses of child residential care. Though this book appears to target Europeans, it provides an interesting array of viewpoints on childhood adversity.

Future of Children, Vol. 4, No. 1, 1994. Children and Divorce, Center for Future of Children, the David and Lucile Packard Foundation, 1994. ISBN 1054-8289.

Divorce is a major force affecting children in the United States. A multitude of issues surround this event, and the impact on the children cannot be underestimated. This publication presents a series of articles on the process and consequences of divorce on children. Presented in journal format, this volume addresses matters such as the history and current status of divorce in this country, the financial impact of divorce, child support issues, and the determination of child custody. Different perspectives are also sought, including a life span view of adjustment to parents' divorce and a feminist perspective on divorce. A selected bibliography is also included.

Gelles, Richard J. & Loseke, Donilyn R. Current Controversies on Family Violence. Newbury Park, CA; Sage Publications, Inc., 1993. ISBN 0-8039-4673-2.

Until recently family violence was not a topic to be discussed enough to become controversial. Victims and perpetrators alike

kept quiet about any instances in an attempt to keep up appearances. The ideal happy family image did not include abuse of any kind, so the phenomenon was treated as though it did not exist. The modern world, however, recognizes the family violence enough to debate its prevalence and effects. This book examines and evaluates the current controversies on this kind of violence.

Different authors contribute to the four sections of the text, which address four different issues. Opposing viewpoints are presented back to back. Part One discusses the theoretical disagreements which underlie many other debates. Presented here are the sociological and feminist perspectives. Issues of definition and measurement are presented in Part Two. Violence by women, acquaintance rape and battered woman syndrome are debated. Are these problems widespread or exaggerated? Part Three focuses on practical matters. Questions addressed include whether child abuse is generationally transmitted and if drugs are causal agents of violence. Part Four, the last section, discusses issues in social intervention. It asks what the public can do about problems such as child sexual abuse and neglect.

Kaplan, Lisa & Girard, Judith L. Strengthening High-Risk Families. New York, NY; Lexington Books, 1994. ISBN 0-02-916915-1.

Kaplan and Girard's handbook for practitioners is a timely addition to practice-focused resources. In addition to providing a comprehensive handbook for strengths based family-centered practice, the authors address head-on the dynamics of the developing relationship between family preservation and family support, its background and challenges, and the role of family preservation in a full continuum of services for families. Kaplan and Girard go beyond the internal family preservation debate concerning the optimal program design, appropriate length of service, etc, to explore the ways in which the core components of family-centered practice can be made a part of the systems serving children and families. The book also addresses special topics of concern such as HIV/AIDS, homelessness, and others.

Kretzmann, John P. & McKnight, John L. Building Communities From the Inside Out. Evanston, IL; Center for Urban Affairs and Policy Research, Neighborhood Innovations Network, Northwestern University, 2040 Sheridan Road. 1993.

Kretzmann and McKnight's work contributes to a substantive ability to see strengths. Their manual presents practical techniques for community building that break the pattern of problem-focused assessment. It does this by working from the assumption that communities contain assets -- in individuals, neighborhood associations, and local institutions. This bedrock assumption is used to reorient the debilitating effects of "needs assessment" with an emphasis on the capacities of communities, capacities that must be supported and built upon in order for communities to survive and thrive.

Lappe, Frances Moore & DuBois, Paul Martin. The Quickening of America: Rebuilding Our Nation, Remaking Our Lives. San Francisco, CA; Jossey-Bass, Inc., 1994. ISBN 1-555-42-605-0.

"Quickening...the first signs of life, entering a phase of active growth and development." So begins this book about the renewal of America, with a metaphor for change and new life. It teaches how to really become involved in democracy, which will in turn stimulate growth in this country.

The volume, divided into four parts, is written in a user friendly style, with blank spaces and pictures like a workbook. Part One shows how to overcome the myths that limit us. It gives insights of successful Americans on public life, power and effective living. Part Two demonstrates ways in which America is coming alive. Areas touched by the "invisible revolution" are the economy, our jobs, and the media. The practical tools for creating and maintaining a living democracy are revealed in Part Three. Group and individual skills as well as attitudes are presented to help the reader master the art of democracy. A list of resources is also included. This innovative and appealing book presents a challenge to build a living, working democracy.

Mann, David W. A Simple Theory of the Self. Evanston, IL; W.W. Norton & Company, Inc., 1994. ISBN 0-393-70172-7.

David Mann gives a new perspective on psychodynamics in this book. The discussion centers on the concept of the self, as well as the causes of psychiatric pain. Mann constructs the self in terms of "statics" and "kinematics." He shows that self is composed of the three dimensions of reflexivity, bodiness and time. Reflexivity refers to the unique ability of the self to simultaneously observe both others and itself. Bodiness affirms the connection between the self and the body. A sense of time, peculiar to each individual self, coexists with the other two parts of the self. These three aspects form the core of psychological being. A transcript of a consultation and a discussion of that interview comprise the final chapters of the book.

Napier, Nancy J. Getting Through the Day: Strategies for Adults Hurt As Children. New York, NY; W.W Norton & Company, 1993. ISBN 0-393-03518-2

Childhood trauma can have a significant impact on the adult lives of survivors. They may struggle with dissociation, which, while helping them as children, can have detrimental effects to the adult. This book introduces new methods for coping with everyday life, and suggestions for living through the difficult times. Discussed in detail are the dissociative process and how to deal with dissociative responses, as well as identifying triggers of such responses. Also contained in the book are tips for handling feelings such as despair and shame in the present moment. Differentiating the inner child from the adult is emphasized. Lastly, the text considers how a future self could be pictured and developed out of the hurts of the past. The book concludes with some comments on the process of therapy. All things considered, this book is a helpful tool for those struggling to heal the wounds of childhood traumas.

Opening Doors for Healthier Families: How to Start a Resource Mothers Program. Curriculum Sourcebook. Na-

tional Commission to Prevent Infant Mortality, Switzer Building Room 2014, 330 "C" Street, S.W., Washington, D.C. 1993.

Opening Doors for Healthier Families: How to Start a Resource Mothers Program. Implementation Guidelines. National Commission to Prevent Infant Mortality, Switzer Building Room 2014, 330 "C" Street, S.W., Washington, D.C. 1993.

Opening Doors for Healthier Families: How to Start a Resource Mothers Program. Resource Mothers Handbook. National Commission to Prevent Infant Mortality, Switzer Building Room 2014, 330 "C" Street, S.W., Washington, D.C. 1993.

Women who are at risk for having poor birth outcomes can profit greatly from a link between them and their health and social services. Pregnant women and mothers of small children often need help dealing with stress and learning how to care for themselves and a baby properly. Resource mothers can provide this assistance and befriend a mother at a critical point in her life when she needs help the most. This handbook and its accompanying volumes (the Curriculum Sourcebook and Implementation Guidelines) provide information on how to start and sustain a resource mothers program.

The Resource Mothers Handbook, in a looseleaf notebook format, provides practical information for the resource mother to use during every step of the process. First, the manual helps the worker to establish a relationship with tips for building rapport and trust, helping the client build self esteem, and finding help in the community. The Handbook then teaches about pregnancy and prenatal care, nutrition, and labor. Then it handles concerns of the new mother, taking care of the new baby, and child growth and development. In the final chapters the book addresses concerns of Resource Mothers, such as home visits, families with special needs, and how to adequately use support materials. This practical handbook, complete with pictures, thoroughly instructs and supports the Resource Mother.

Rothenberg, B. Annye, Ph.D. Parenting Educators Training Program. Menlo Park, CA; Banster Press, 1992. ISBN 0-9604620-1-5.

Rothenberg, B. Annye, Ph.D., Hitchcock, Sandra, Harrison, Mary Lou, Graham, Melinda. Parentmaking: A Practical Handbook for Teaching Parent Classes About Babies and Toddlers. Menlo Park, CA; The Banster Press, 1993. ISBN 0-9604620-0-7.

With the pressures of the modern world, more and more parents are looking for concrete guidance on how to best raise their children. People who have chosen to have children wish to raise those children properly, and often go looking for advice on the "right" way to go about it. Many have turned to parenting classes. In the form of a practical manual, this book and its companion volume, Parenting Educators Training Program, gives instruction for those preparing to teach parenting classes. The handbook brings together a multitude of information on child rearing which can be used to help teachers.

The wealth of information is divided into seven parts, which are detailed and subdivided in the table of contents for easy access. Part One shows how to develop and lead parenting classes. The section shows how to establish and administer a program, as well as how to run the first class and involve the children. Part Two concerns teaching about young babies, aged 1-6 months. Here each topic begins to be divided into a background/preparation and a teaching/presentation subsection. Crying and schedules, adjusting to parenting, language and social-emotional development are just some of the subjects covered in this section. Part Three addresses teaching about older babies, aged 7-14 months. Topics in this segment include limit setting, patterns and schedules, as well as cognitive-motor development and play.

Teaching about toddlers, aged 15-24 months comprises the material for Part Four. It covers issues such as emotional development, eating behavior, and socializing among children. Part Five addresses teaching about two and three-year olds. It begins with explaining how two-year-olds think, and goes on to discuss toilet training, nursery

schools, and nutrition, among other things. Part Six is a comprehensive section, teaching about one-month to three-year-olds and their families. Topics of interest here include sickness and safety, family size, returning to work, and husband-wife relationships. Part Seven consists of appendices: resources, information, and forms. Its sections are useful documents and lists of readings for instructors. Included are sample publicity and registration forms, sample class forms, and sample playcare forms.

This comprehensive handbook covers a huge spectrum of information and is designed for easy reference. It includes group exercises and samples of parental concerns. The Parentmaking manual is an excellent resource for parents and those interested in teaching parenting classes.

Simeonsson, Rune J. Risk Resilience & Prevention: Promoting the Well-Being of All Children. Baltimore, MD; Paul H. Brookes Publishing Co., 1994. ISBN 1-55766-166-9.

The problems facing children today are complex. Using a wellness model, this book focuses on prevention of these problems and attempts to target children at risk before they get into trouble. The book accomplishes its goal using three sections. In the first part, the relevant issues are surveyed and brought into clear definition before the book moves on to discuss primary prevention concerns in part two. These concerns include preventing school failure and dropout, adolescent pregnancy, substance abuse, illiteracy and sexually transmitted diseases. The final section, implications for policy and practice are discussed. The contributions of many authors in an essay format make this book a diverse and comprehensive work on the subject.

Sobsey, Dick. Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance? Baltimore, MD; Paul H. Brookes Publishing Co., 1994. ISBN 1-55766-148-0.

People with disabilities are at risk for abuse in all kinds of situations. For years the abuse of people with disabilities, especially in institutions, was accepted. Only fairly

recently has attention begun to be paid to this kind of injustice. This book provides framework for understanding abuse of people with disabilities, and offers strategies for preventing abuse. First, the text discusses institutional abuse, sexual abuse, and general violence, as well as offering an ecological model of abuse as a context in which to view these phenomena. Next, it teaches how to build safer environments, change attitudes, and empower individuals to prevent abuse. The book also identifies useful resources for prevention and encourages interaction among those concerned about abuse, so that organized change may result. This work explores thoroughly the occurrence of abuse among populations with disabilities.

Solnit, Albert J., M.D., Nordhaus, Barbara F., M.S.W., Lord, Ruth, M.A. When Home Is No Haven: Child Placement Issues. New Haven, CT; Yale University Press, 1992. ISBN 03-300-05091-7.

The decision on how to act in the best interests of a child who is being abused or neglected is not always the easiest one for child protective service workers to make. The determination of whether or not to place the child in foster care temporarily or permanently, or to allow the child to remain at home supported by services vitally affects the future well-being and perhaps even safety of the child. This book provides guidance for help for workers in making these decisions.

Thirty five different actual case examples from work at the Connecticut State Department of Children and Youth Services are presented throughout the book. First, a conceptual framework is presented, detailing the historical and legal framework of child welfare work, as well as the psychological roots of abuse and neglect. Then, a developmental aspects of children's needs and rights are presented in this context. A series of illustrative cases follows, including sections on children who are removed from home, returned home, and who either remain home or return there with services. Areas of further concern round out the final part of the book. Such issues include sexual abuse, life-threatening injury, adoption, and visitation conflicts. The appendices give an overview and guidelines of child welfare

work in Connecticut. All in all, the book tries to give a comprehensive picture of child welfare services in the United States, using a host of different examples and topics.

Van Vugt, Johannes. AIDS Prevention and Services: Community Based Research. Westport, CT; Bergin & Garvey; 1994. ISBN 0-89789-265-8.

The AIDS epidemic has mobilized an array of forces in the areas of research, prevention and treatment. Communities of people with AIDS are everywhere throughout the country, bound by ties of geographical context, life-style or ethnicity. This book seeks to provide an interdisciplinary look at community based research on AIDS. It contains essays from a host of different authors on a variety of populations, written in the language of the affected group. The authors address their research in relation to developing successful community based prevention and service programs for AIDS. These programs operate from inside the community, with workers chosen and trained from the affected populations. Targeted populations include IV drug users in Denver, students in Virginia, sex workers in San Francisco, and a Puerto Rican neighborhood in Connecticut and an inner city African-American community in Washington, D.C. The book serves as a good resource for anyone dealing with AIDS education, prevention and care.

Zeitlin, Shirley & Williamson, G. Gordon. Coping in Young Children: Early Intervention Practices to Enhance Adaptive Behavior and Resilience. Baltimore, MD; Paul H. Brookes Publishing Co., 1994. ISBN 1-55766-127-8

Children who have special needs may require some assistance in order to flourish. Ways to help those children succeed and enhance their coping behavior through early intervention strategies make up this book.

The text provides three frames of reference for those planning early intervention. The first is a theoretical framework based on the transactional coping process. Zeitlin and Williamson base intervention ideas on the ecological systems approach, which views the person interacting with the environment,

including the family and the community. This positive theoretical view stresses the ability of the individual to change and cope. The authors' positive theoretical structure influences the authors' decision-making model for personalized planning, which comprises the bulk of the second section. This model highlights the collaboration between parents and service providers, using facilitative questions to foster communication and planning for the child. The third frame of reference addresses intervention options that emphasize coping and effective transactions in daily living. Interventions emphasize the integrated, functional application of acquired skills in daily living. The focus is on concrete realities and includes modifying demands, expanding coping resources, and providing contingent feedback.

Methods of planning and assessing coping programs are discussed and techniques are given for developing an intervention plan. Many case examples are also included, making this book a useful resource for anyone involved in early intervention.

JOB OPPORTUNITIES AVAILABLE AT THE NATIONAL RESOURCE CENTER FOR FAMILY CENTERED PRACTICE

TRAINING DIRECTOR

The National Resource Center for Family Centered Practice is seeking a Training Director to manage, coordinate and deliver the training programs of the Center. Responsibilities include: oversee family centered training curriculum development, manage training program budget, supervise training personnel, develop and coordinate marketing strategies for training programs, provide on-site training, provide conference presentations, respond to requests for information and write grants and proposals for funding. Required qualifications include: Master's degree in Social Work or related discipline or an equivalent combination of education and experience, substantive experience in family centered practice, strong verbal and written communication skills including public speaking experience, ability to apply theoretical principles and research findings to family based practice and clear potential for generating external funds. Familiarity with human services organizations; previous grant writing, management, marketing and training experience are strongly desired qualifications. Women and minorities are especially encouraged to apply. Screening of applications will begin in Mid-January. Submit resume and a list of three references to: Marcia Allen, Training Director Search, National Resource Center/FCP, 112 North Hall, Iowa City, IA 52242 The University of Iowa is an Equal Opportunity/Affirmative Action employer.

TECHNICAL ASSISTANCE DIRECTOR

The National Resource Center for Family Centered Practice is seeking a Technical Assistance Director to manage, coordinate, and deliver technical assistance services to human service agencies across the country. Responsibilities include: conduct local, state, regional and national meetings regarding the development of family centered programs; respond to all technical assistance requests; conduct technical assistance needs assessments; prepare technical assistance plans for agencies and monitor their progress; present at conferences; and write grants and proposals. Required qualifications include: a Master's degree in Social Work or related discipline or an equivalent combination of education and experience, substantive experience in program development and program management, familiarity with a range of human service organizations, including child welfare and community based family support agencies, strong verbal and written communication skills and a demonstrated ability to work with cross-agency teams. Previous grant writing and public speaking experience and an interest in social policy development are desired qualifications. Women and minorities are especially encouraged to apply. Screening of applications will begin in mid-January. Submit resume and a list of three references to: Marcia Allen, TA Search, National Resource Center/FCP, 112 North Hall, Iowa City, IA 52242. The University of Iowa is an Equal Opportunity/Affirmative Action employer.

INFORMATION SPECIALIST/PROGRAM ASSISTANT

The National Resource Center on Family Centered Practice seeks a full-time Information Specialist to assist in managing the Center's library collection and in providing information to agencies nationwide. Required qualifications include: Master's degree in Library Science or equivalent combination of education and experience, knowledge of computerized databases and electronic bulletin boards, an interest in information dissemination strategies and electronic networks. Knowledge of human services systems and programs, good communication skills, and experience in database design are desired qualifications. Women and minorities are especially encouraged to apply. Submit resume and a list of three references to: John Zalenski, Information Specialist Search, National Resource Center/FCP, 112 North Hall, Iowa City, IA 52242. The University of Iowa is an equal opportunity employer.

TRAINING OPPORTUNITIES FAMILY DEVELOPMENT SPECIALIST CERTIFICATION TRAINING

February 1-3, 1995 March 1-3, 1995 March 30 & 31, 1995 April 5-7, 1995 May 3-5, 1995 June 1 & 2, 1995 Spring, 1995	Des Moines, Iowa Waterloo, Iowa Kentucky North Dakota/Idaho	June 7-9, 1995 July 12-14, 1995 August 3 & 4, 1995 August 9-11, 1995 September 6-8, 1995 October 5 & 6, 1995 Storm Lake, Iowa Creston, Iowa
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For more information on these and other training opportunities, contact Sarah Nash at the National Resource Center for Family Centered Practice, The University of Iowa, School of Social Work, 112 North Hall, Iowa City, Iowa 52242-1223. Phone (319) 335-2200; FAX (319) 335-2204.

Materials available from the National Resource Center for Family Centered Practice

PRINTED MATERIALS

AGENCY-UNIVERSITY COLLABORATION IN PREPARING FAMILY PRESERVATION PRACTITIONERS (1992) \$6.00

This collection of papers from the Second University educators Conference on Family Preservation explores issues on the effective relationship between family preservation practice and academic training.

ALTERNATIVE MODELS OF FAMILY PRESERVATION: FAMILY-BASED SERVICES IN CONTEXT (1992) \$49.75

A brief history and review of the research on family-based services. Based on data from the NRC's multi-state study, analyses of family-based services with different client populations and modes of service delivery are presented. Separate chapters focus on child neglect, physical abuse, sexual abuse, delinquency/status offenses, and services in rural areas, in the office setting, and under public/private auspices. Complementing the statistical models are descriptive case studies of the programs, families, and their social workers.

ANNOTATED BIBLIOGRAPHY: FAMILY CONTINUITY (1993) \$5.00

This publication, the result of a collaboration of the National Foster Care Resource Center, the National Resource Center for Special Needs Adoption, and the National Resource Center on Family Based Services, provides annotations of resources focused on "Family Continuity," a new paradigm for permanency planning for the 1990's.

CHRONIC NEGLECT IN PERSPECTIVE: A STUDY OF CHRONICALLY NEGLECTING FAMILIES IN A LARGE METROPOLITAN

**COUNTY: EXEC SUMMARY: (1990) no charge
FINAL REPORT: (1990) \$15.00**

A research study examining three groups of families referred for child neglect: chronic neglect, new neglect, and unconfirmed neglect. The report presents descriptive data about these groups of families, changes over time and differences between the three groups. The study was conducted in Allegheny County, PA, and funded by OHDS and the Vira I. Heinz Endowment.

CREATING CULTURES OF FAMILY SUPPORT AND PRESERVATION: FOUR CASE STUDIES (1993) \$3.50

This document explores issues relevant to the effective integration of family preservation and family support programs called for in new federal legislation.

**FACTORS CONTRIBUTING TO SUCCESS AND FAILURE IN FAMILY-BASED CHILD WELFARE SERVICES: EXEC SUMMARY (1988) \$2.50
FINAL REPORT (1988) (Includes the Executive Summary) \$15.00**

Summary and final report of a 2-year federally funded study analyzing social worker characteristics, family characteristics, services provided, outcomes, and the relationship between these factors in eleven family-based placement prevention programs.

FAMILY-BASED JOB DESCRIPTIONS (1986) \$7.50

A compilation of job descriptions for family-based service workers (including social workers, supervisors, administrators, family therapists and paraprofessionals) which are currently in use by selected public and private family-based programs throughout the country.

FAMILY-BASED SERVICES FOR JUVENILE OFFENDERS (1989) no charge

An analysis of family characteristics, service character-

istics, and case outcomes of families referred for status offenses or juvenile delinquency in eight family-based placement prevention programs. In *Children and Youth Services*, Vol. 12, No. 3, 1990.

FAMILY-CENTERED SOCIAL SERVICES: A MODEL FOR CHILD WELFARE AGENCIES (1983) \$ 9.00

Planning and implementing family-centered services for public child welfare agency administrators, including a proposed model of service delivery, family typology, data collection instruments, comparative cost analysis, and extensive bibliography.

FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: FINAL REPORT (1994) \$2.90

Final report from NCCAN-funded research study on family functioning and child neglect, conducted by the NRC/FBS in collaboration with the Northwest Indian Child Welfare Association. The study is based on structured interviews with neglecting and comparison families in Indian and non-Indian samples in two states. (See *Research Exchange* for summary of findings).

FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: FAMILY ASSESSMENT MANUAL (1994) \$2.90

This manual describes the methodology and includes the structured interview and all standardized instruments administered in this NCCAN-funded research study. (see *Research Exchange* for summary of findings).

FAMILY PRESERVATION AND INDIAN CHILD WELFARE AMERICAN INDIAN LAW CENTER (1990) \$12.00

This collection of essays looks at the application of family preservation to Indian Child Welfare. Historical, contemporary, therapeutic, program implementa-

tion, staff training, and program evaluation issues are treated. Only available directly from the American Indian Law Center, Inc., Box 4456, Station A, Albuquerque, NM 87196. Not available from the National Resource Center.

FAMILY PRESERVATION USING MULTISYSTEMIC TREATMENT: A COST-SAVING STRATEGY FOR REDUCING RECIDIVISM AND INSTITUTIONALIZATION OF SERIOUS JUVENILE OFFENDERS (1993) no charge

This brief manual provides an overview of the multisystemic approach to treating serious antisocial behavior in adolescents and their multineed families. Dr. Henggeler outlines the focus of the approach on the family, the youth's peer group, the schools, and the individual youth, along with the structure of the family preservation program, and the research which documents the program's effectiveness.

INTENSIVE FAMILY SERVICES: A FAMILY PRESERVATION SERVICE DELIVERY MODEL (1985) no charge

Manual providing detailed descriptions of the State of Maryland's Department of Human Resources Intensive Family Services (IFS) pilot projects in eight local department of social services — including chapters on funding principles, interventions, closure and evaluation. This program was implemented in 1985 and expanded to 14 jurisdictions in 1986.

INTENSIVE FAMILY SERVICES RESEARCH PROJECT: PRELIMINARY REPORT (1991) no charge

Preliminary findings from an experimental study examining the effect of length of services on case outcomes and cost-effectiveness in three intensive family services programs (Grant #90-CW-0964).

MAKING WELFARE WORK: A FAMILY APPROACH (1992) \$3.15

This is an account of Iowa's Family Development and Self-Sufficiency Demonstration Grant Program (FaDDS). It describes a family support approach to welfare reform.

TO LOVE A CHILD (1992) \$6.00

This book describes the many ways in which responsible and caring adults can contribute to the lives of children: Mentoring adoption, family foster care, kinship care and others.

PLACEMENT PREVENTION AND FAMILY REUNIFICATION: A PRACTITIONER'S HANDBOOK (1984) \$9.00

Applications of family-based services, initiating the program, family assessment, functions and activities of the in-home worker, staff supports, case closure, and service techniques.

POSITIVE PARENT NETWORK (PPN) OF RAPID CITY, SOUTH DAKOTA, American Public Welfare Association (1986) \$2.50

Describes a typical rural primary prevention program, including program context, background, management, operations and monitoring, evaluation, and sample materials.

POST ADOPTION FAMILY THERAPY (PAFT): A PRACTICE MANUAL Oregon Children's Services

Division (1990) no charge

Discusses the conception, development and implementation of the PAFT project including positiveresearch findings for 50 at risk families. Part two describes therapeutic challenges of adoption, intervention techniques, and the treatment model developed by the project.

POST ADOPTION RESOURCES FOR TRAINING, NETWORKING, AND EVALUATION SERVICES (PARTNERS): WORKING WITH SPECIAL NEEDS ADOPTIVE FAMILIES IN STRESS

Four Oaks, Inc., Cedar Rapids, IA (1992) no charge

Information about the PARTNERS model for adoptive families with special needs children. Includes a description of support services, screening, assessment, treatment planning, treatment and termination phases of the project, and descriptive statistics of the 39 families served. Part two describes therapeutic challenges of adoption.

PROGRAM BLUEPRINT FOR NEGLECTFUL FAMILIES Oregon Children's Services Division (1987) no charge

Presents a program model based on recurring evidence about the nature of neglectful families.

PUBLIC-PRIVATE PROVISION OF FAMILY-BASED SERVICES: RESEARCH FINDINGS (1989) no charge

A paper presented at the NAFBS Third Annual Empowering Families Conference (Charlotte, NC) discussing research findings on differences between family-based services provided by public and private providers.

RACIAL INEQUALITY AND CHILD NEGLECT: FINDINGS IN AMETROPOLITAN AREA (1993) no charge

Despite contradictory evidence, child neglect is believed to occur with greater frequency among African-Americans for a variety of reasons. This article describes racial differences among 182 families referred for neglect in a large metropolitan area.

THE SELF-SUFFICIENCY PROJECT: FINAL REPORT (1992) \$5.00

Final evaluation report of a federally-funded demonstration project in rural Oregon serving families experiencing recurring neglect. Includes background and description of project, findings from group and single subject analyses, and evaluation instruments. (see The Self-Sufficiency Project: Practice Manual below).

THE SELF-SUFFICIENCY PROJECT: PRACTICE MANUAL (1992) \$3.50

This manual describes a treatment program for working with families experiencing recurring neglect, based on a federally-funded demonstration project in rural Oregon. Includes project philosophy and design, staffing, discussion, and descriptive case studies (see The Self-Sufficiency Project: Final Report above).

SOURCEBOOK, ANNOTATED RESOURCES FOR FAMILY BASED SERVICE PRACTICE: 4th edition (1993) \$5.00

Descriptions and ordering information for selected resources on: family therapy, FBS theory and practice, research and evaluation, legal issues, family-based ser-

vices management, and training. Lists FBS service associations and program directories. Includes many unpublished materials prepared by social service departments, not generally available in libraries, which can be ordered from those agencies.

THE SUPPORTIVE CHILD ADULT NETWORK (SCAN) OF PHILADELPHIA American Public Welfare Association (1986) \$2.50

Describes and documents this representative urban placement prevention program, with information on history, philosophy, goals and objectives, organizational structure, staff, funding, management and services.

THREE MODELS OF FAMILY-CENTERED PLACEMENT PREVENTION SERVICES (1989) no charge

An analysis that defines and compares family-centered services by identifying three models whose primary goal is tertiary prevention, the prevention of out-of-home placement of children from seriously troubled families, or reunification once placement has occurred. Also examines data from 11 family-centered placement prevention programs that further specifies and compares these models. Reprinted with permission from *Child Welfare*, Vol. LXIX: no.1, (Jan./Feb 1990).

TRAINING MANUAL FOR FOSTER PARENTS (1990) \$12.00

Created by Dr. Patricia Minuchin at Family Studies in New York, the *Manual* includes a theoretical section describing the rationale, goals, themes, and skills, and a training section that describes eight sessions. The activities of the sessions are experiential, including role playing, small groups, simulated cases, and discussions. The sessions are focused on understanding families and on exploring attitudes about families, on the skills of making and keeping contact with biological families, and on the liaison between foster parents and professional workers as they function in the foster care network.

AUDIOVISUAL MATERIALS

HOME-BASED FAMILY-CENTERED SERVICES: A BASIC VIEW (1980)

(Rental Only) \$10.00
An 18-minute, 80-slide synchronized presentation providing an introductory overview; for use by advocacy and civic groups, boards of directors, and policy-makers. Includes an 8-page study guide.

FAMILY-BASED SERVICES: A SPECIAL PRESENTATION (1990) \$80.00*

(*plus \$5.00 shipping)
Videotape: 24 minutes. A lively introduction to the history, philosophy, and practice of family-based services featuring interviews with policy-makers, agency administrators, family-based service workers and families who have received services. For use by advocacy and civic groups, boards of directors, legislators and social service workers. A video guide accompanies the taped presentation.



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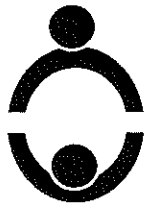
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