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For more than twenty years, the National Resource Center for Family Centered Practice has worked to build the many dimensions of a family centered child welfare service system. From the first generation of diversionary programs aimed at placement prevention, through increasingly complex interagency collaboratives focused on integrated services and systems reform, the Center has provided consultation, technical assistance and training, research and evaluation, and detailed information to an evolving field, through this work sustaining progress in the effort to build a continuum of services adequate to the needs of vulnerable children and families.

Over the years we have worked on major pieces of federal legislation impacting child welfare families, most notably the Adoption Assistance and Child Welfare Act of 1980 ("96-272"), which brought "reasonable efforts" into our lexicon, The Family Preservation and Support Services Program (FPSSP), which funded, in 1993, a locally based collaborative services agenda, and now the Adoption and Safe Families Act (ASFA). Through all of these legislative eras our goal has been to maintain consistency and continuity of practice as we help states and agencies respond to new mandates and service goals.

ASFA will be two years old in the fall of 1999, and its systemic and practice implications, obscured in its first year by the overlap with the original appropriation for FPSSP, are emerging in full force. Finding a funding allocation formula to meet the mandates of the legislation while consolidating the gains in community capacity made under FPSSP is difficult. Creating services, such as family reunification, needed to effectively support stringent permanency timelines requires substantial organizational and program development. Building practice strategies adequate to the promise of concurrent planning requires commitment to a range of staff development activities.

In this issue of *The Prevention Report*, we offer a variety of resources to help with these many tasks. Marty Beyer's article on parent visitation addresses challenging issues at the heart of successful reunification. Martin Bell's discussion of lessons learned implementing a community partnership for protecting children helps us focus on progress within the challenging work of building partnerships. Gerald Smale's work on organizational development presents some of the key skills needed to build leadership for successful reforms in sometimes dramatically changing systems. These, as well as other features and articles in this issue, reflect the Center's commitments to continuity and change.

One new feature of *The Prevention Report* is the "learning exchange" . We believe that much has been learned over the past five years, and longer, in the field of family centered services. It has been a time of extraordinary innovation and experimentation. Yet much of what has been learned resides in the experience and practical knowledge of people at all points in and out of the system who have struggled to solve the problems of creating a responsive service system.   The learning exchange approach is an effort to find an outlet for this accumulated practical knowledge. Through different forms of support, from ghost writing, to co-authorship, to editorial support, we would like to help bring this practice knowledge to others. If you have an idea about disseminating what you have learned but want support in your effort to write about it, please contact us.

In this issue...

Parent-Child Visits as an Opportunity for Change
by: Marty Beyer, Ph.D.

Family visits with children in out-of-home care are an underutilized service which, if carefully orchestrated, can be the determining factor in safe reunification. Although research connects visits with children returning home and shorter foster care placement, in most child welfare systems visits are rarely more than a supervised encounter in an office.[1] Parents often feel that visits are permitted begrudgingly, as if only to satisfy their legal right to visit; and visits may be withheld if the parent is not complying with drug testing, mental health evaluation or parenting class. Visits can be inconvenient for and stir up ambivalence in the family, caseworker and foster family and cause behaviors in the child that are often misunderstood.

Nevertheless, most children need visits to maintain their family attachments and comprehend what has happened to them. Visits are also an important opportunity for parents to increase their understanding of and ability to meet their children's needs. Parents' concepts of their children's needs may be different from that of the worker, teacher, or therapist. They may view the safety needs for which the child was removed from home as luxuries rather than true non-optional needs. Parents' own needs may obscure their children's needs—for example, parents' desperation to see their children can make them unable to stand in their children's shoes and see things from their perspective during visits. Parents may act out their anger about their children's removal or conduct business with the worker during visits instead of attending to their children. Consequently, it is not uncommon to have perfunctory visits for months or years without agency staff believing the children could be safely returned.

In current child welfare practice, visits typically do not attempt to change parenting practices—other than by providing protection in the form of supervision, most visits do not address the abuse or neglect that brought the child into care. For a parent to use visits to improve his/her responsiveness to the child's needs requires individual coaching and conducive visiting conditions. Initially the coach may concentrate on helping the parent understand his/her child's needs by discussing the child's behavior and the parent's responses in the visit. Then approaches to meeting those needs in visits can be developed by building on the parent's strengths. A variety of individuals can provide effective parent support during visits, including foster parents, case aides, parenting skills instructors, school counselors, therapists, and the parent's domestic violence or substance abuse treatment counselors. The individual providing visit support must work closely with the caseworker to ensure that they identify—along with the parent—needs of the child to be met during visits that reflect the changes in parenting necessary for a reunification process to begin.

The purpose of this article is to describe how to make supported visits a powerful child welfare tool.[2] Children's reactions to visits, parents' ambivalence about visits, and foster parents' responses to visits are discussed. Using visits to help parents improve their ability to meet their children's needs is also discussed. Then a proposal for a visit program is offered, as well as a list of visit principles (on pages 11-12) that can be used by individuals involved in visit support.

I. REACTIONS TO VISITATION

Responding To Children's Visit Reactions

It is normal for a child removed from home because of neglect or abuse to have reactions to visits. These reactions usually are not a sign that the visit did not go well or that there is something wrong with the foster or relative home where the child is placed. Children's reactions to visits typically include a mixture of some or all of the following:

- The child is happy and relieved to see his/her family because he/she misses them.
- The child is confused, especially about why he/she cannot go home. The younger the child is, the more confused he/she will be about having two sets of parents, especially when other children in the home call the foster parents "mom" and "dad."
- The child is angry about the maltreatment and may be fearful of the parent.
- The child feels sad and angry about being separated from family, feeling he/she has lost everything familiar and cannot count on or control anything.
- The child believes that being taken away from home is his/her fault.
- The child feels worried about being disloyal to his/her family by liking the foster family.
- The child feels worried about whether his/her siblings and parents are okay.
- The child is defensive when he/she senses criticism of the family.

Most children do not put these feelings into words; instead, their behaviors reflect their feelings.[3] Regression (acting babyish, demanding, fearful, and/or whining), numbing or denying of feelings, depression, nightmares, irritability, wetting, aggression, overactivity, inattention, and physical pains are common prior to and following visits. Children may express anger toward the foster family and/or the biological family before, during and after visits. Some children

cling to the foster parent or to the parent. And, some become intolerably controlling because of the feelings stirred up by visits. Parents, foster parents, case aides, caseworkers, teachers, therapists, and others can reassure children by helping them put the feelings motivating their behaviors into words, and by helping them understand at their level what is happening to them and how to live with their confusion.

Separation from families causes children to mourn. When children are helped with this mourning, the harm caused by separation can be reduced. Consider this case example:

> A 2-year old was placed in a foster home from the hospital where she was treated for a serious leg fracture that had been inflicted by her 20-year old mother's boyfriend. Her mother had been in a series of battering relationships and started treatment in a domestic violence program. The child had a strong attachment to her mother and was irritable and clingy and had nightmares in the foster home because she missed her.

Frequent visits were necessary to meet this 2-year old's need for familiar nurturing and reassurance that her mother loved her. As this case suggests, every effort must be made to enable a child to see his/her family soon after separation. In the long run, harm is done by keeping children and their parents apart:

> To avoid [visitation] on the grounds that it will prove unpleasant or traumatic is to encourage the child to repress the experience . . . Generally speaking, those children who do best in long-term foster care are those who remain secure in their foster homes but have continuing access to natural parents to whom they remain attached but on whom they cannot depend for the caring, consistency and guidance they need. Visits with the natural family should be used to make it possible for the child to maintain the continuity of important relationships; to remain in touch with—that is, to have stirred up, and therefore available to casework— the feelings and conflicts left unre-

solved since coming into care; to help the child see directly the reasons for coming into care. By stopping visits the relationship with the parents is not eliminated; this merely encourages the child to idealize and perpetuate in fantasy the absent parents rather than to seek solace in new relationships.[4]

An obstacle to empathizing with the child's grief and visit reactions is the natural tendency to blame the parent, both for the maltreatment and for a variety of other assumed parenting deficits. It is a common, unexamined practice to attribute behavior that is "maladjusted" or not age appropriate to deficits in the child's parent, based on assumptions about the family. But, usually little is known about a child's behavior prior to being separated from family members and familiar surroundings. The child may have been functioning adequately prior to removal, which would suggest that one should pay attention to separation, mourning and anxiety as factors in the child's visit reactions and behavior in foster care. Or, the child may have regressed from previous higher functioning as a result of family stressors just prior to removal, which would suggest paying attention to the way those experiences compound the effects of being separated from family and familiar surroundings. Of course, sometimes children are delayed or aggressive because of abuse or neglect.

Mental health literature contributes to polarized interpretations of children's visit reactions. One area of research indicates that separation itself causes traumatic loss for children. From this evidence came the view that children must be helped to grieve in order to make new attachments; failed mourning is seen as the source of subsequent emotional and behavior problems. Later researchers suggested instead that children's attachment difficulties and behavior in foster care predated the separation and were the results of earlier problems in the parent-child bond. There is a tendency to base practice on either one theory or the other, ignoring the obvious likelihood that separation is traumatic and affects the child's adjustment *and* that children will have even more adjustment difficulties if prior to removal they experienced stress in the family,

and even more if they are poorly equipped psychologically because of longer inconsistent nurturing.

Consider this case example of a child who reacted strongly to separation from her mother and to visits:

> Diana, a 4-year old child who had never slept anywhere other than in her mother's bed, was placed in a foster home when her mother was arrested for possession of drugs. Within the first two months she was moved several times because foster parents could not manage her attempts to run away to her mother, long crying spells, enuresis, and temper tantrums. The caseworker described tearing the child kicking and screaming away from her mother at the end of visits. A mental health evaluator assessing these behaviors attributed them to the mother's failure to socialize the child, never mentioning attachment or separation in the report. The evaluator interviewed the child once, got a behavior checklist from the foster mother, and neither met the mother nor observed parent-child interaction.

The initial focus on Diana's physical safety is not surprising: she could not be left alone when her mother was arrested. But, in such a case, it is important not to attend only to the child's safety needs, without regard to his/her attachment needs. Diana was attached to her mother, and if she could, she might have described her separation from her mother poignantly. She missed her mother: sleeping with her mother, her mother's smell, her mother's way of patting her to make her feel better, her mother's food. She missed her apartment: her blanket, her toys, her hair barrettes. She did not like the way the foster homes smelled. She missed her old routine. She wasn't used to waking up early or going to bed early. She's wasn't used to so many baths. She didn't like the way her foster mothers did her hair. And she missed her friends in the apartment next door.

These were a lot of losses for a 4-year old. No one, not even her mother at visits, could

explain why her mother went away. The worst thing was that her mother did not take her home with her. Diana did not understand what was happening to her and believed it must be her fault. She did not put either what she missed or how confused she was into words. Even during visits where she could confide in her mother, she was so over-whelmed with missing her mother that she would cling and not talk much. But later she acted out her feelings: she screamed, kicked, and wet. Nights were the worst. She would try to get out of the foster home to find her mother. Every time she was placed in a different home, she would re-experience her losses and blame herself.

The caseworker's perspective on visits changed when she stood in Diana's shoes and tried to understand how attachment and loss felt for her. She recalled, "One thing I learned was that it was a sign of attachment that the child protested so much, although the foster parent and my supervisor took some persuading to believe it after that criti-cal mental health evaluation."

Diana's case exemplifies the disagreement that can arise over a child's visit reactions, which often leads to a reduction in visits that is harmful for children:

> Controversies arise around visitation . . . in interpreting young children's regression, and usually involves is-sues of attachment. Often regression is interpreted as a reaction to an up-surge of attachment feelings, and dis-agreement arises about the value of these feelings. They may appear to be terribly disruptive to a child, but this disruption may be necessary to sus-tain attachment to the visiting parent . . . Like any problems of children, visitation problems can seem to spring from one of two choices: processes inside the child, or processes in the environment . . . Controversies about the meaning of visitation problems often stem from focusing too closely on one of these areas to the exclusion of others . . . Such conflicts can even involve clinical experts lining up against each other on opposite sides of a visitation controversy . . . any clinical evaluation of a visitation prob-lem should include an adequate as-sessment of the child and of both custodial and visitation contexts. The relative importance of factors from each area—intrinsic, visitation, and custodial—should be examined to clarify in which area the source of the difficulty may lie . . . Often, simple exploration and clarification of these complicated issues with parents and agencies is sufficient to defuse con-flict and enable consensus to be built . . . [5]

Visitation with a reluctant or frightened child requires supportive supervision. The child's therapist must also be informed about the findings of research on visitation and committed to meeting the child's attach-ment as well as safety needs. For example:

> *An 8-year old who was acting out following his sexual abuse by a neigh-bor was placed in a special school. The school called his single mother at work to pick him up several times a week because he was unmanageable. She asked for help from the mental health center and was placed on a waiting list. She became less and less able to handle his behavior. One day she failed to pick him up at school, and he was placed in a foster home. He was furious at his mother for her abandonment, inability to help him, and lack of protection. He started therapy and his therapist argued that he should not be forced to visit his mother because he was angry at her. The mother's therapist encouraged therapeutic visitation to help the boy express his anger at his mother and to support his mother to respond lov-ingly, which were important needs.*

This child had been angry with his mother for years. He needed reassurance that his anger would not get out of control during visits and that his mother would not be angry at or reject him. Ways to offer him sufficient protection to make the visits toler-able included: the presence of his therapist, the child controlling the activities with his mother and their physical proximity to each other in the visit, the child practicing in advance how he could express his anger to his mother, the child being promised that if his mother got angry she would be asked by the therapist to stop, and the child being allowed to leave the visit. As this case illustrates:

> Handling the regression in response to visitation thus calls for the same responses appropriate to any devel-opmentally appropriate stress, i.e., emotional support and opportunities for mastery. Agency workers, visit-ing parents, and, especially, custodial parents on whom young children will likely be most dependent for support and understanding all need to under-stand what the specific value is of the visitation experience. They need then to help the child to understand how visits will be good for him or her, to tolerate the stress of visits, and to develop ways of feeling more in con-trol.[6]

In certain cases, such as when children are fearful of abusive parents or parents in-volved in domestic abuse, or when a sexu-ally abused child might recant hoping to return home, the child's attachment to each parent must be appreciated (independent of the harm inflicted in the past) as the basis for making decisions about visits. Then the child must be supported in whatever ways meet his/her needs, which may include hav-ing the child's therapist present during vis-its or, in extreme cases, initiating visits through videotaped messages exchanged between the child and parent. Concrete rules for visit behavior that parents help to de-velop and agree to adhere by, and that are based on the child's need to be safe, can be helpful, as well as giving the child permis-sion to leave if the visit becomes too diffi-cult.

Painful disloyalty pressures can plague a child in care, and encouraging a child to live happily in two different families can help relieve these. However, enabling the child to see the strengths of both families is a complicated process requiring active sup-port of reunification by foster parents and therapists who believe that the child's bio-logical family can learn to provide a mini-mally adequate home.

Thus, children normally have reactions to visits—and they often act out their mixed feelings in behavior rather than words—which does not necessarily mean that visits are harmful or that there are problems with the foster placement. Understanding the child's feelings before, during and after visits is essential in order to design needed supports for the child, parent and foster parent.

Parents' Ambivalence About Visits

Parents whose children have been removed are often in shock for a long time. The loss of their children combined with feelings of guilt about the maltreatment can take a toll. When parents come for visits, most have difficulty managing their sadness and have positive and negative feelings battling inside them. Parents' reactions to visits typically include a mixture of some or all of the following:

- The parent is happy to see his/her child.
- The parent feels shame regarding the maltreatment, although this may take the form of denial.
- The parent feels guilty when the child asks "Why can't I go home with you today?"
- The parent is loving, showing this in part by reclaiming the child by doing his/her hair, straightening clothes, teasing, using nicknames, and cuddling.
- The parent feels defensive because his/her parenting is being criticized.
- The parent is resentful because he/she feels that he/she has the right to visit the child and cannot control the time, place, length or frequency of visits.
- Because of the parent's fondness for the child, he/she exaggerates the child's ability to sustain their relationship without frequent contact.
- The parent feels competitive, desperately wanting his/her child's allegiance (and possibly undermining the foster parent without knowing it).

The parent's pain of separation from his/her child is articulated well by Rutter:

When the loss of your child first hits you, it is like going into shock. You may cry, feel shaky, and find it hard to hear what people are saying to you. You can't think of anything except the child who has been placed . . . As you come out of the numbness of shock, you experience sadness, anger and physical upset. Some people lose their appetite, others eat constantly. It may be hard to fall asleep. You may increase your use of alcohol, cigarettes or sleeping pills. You may find yourself suddenly tearful over nothing . . . You are angry with God . . . you are furious at the social agency, the court and everyone there. You are mad at yourself . . . you resent [your child] for making you go through all this pain. Many people get scared at how angry they are or feel guilty about the anger and start avoiding their child or their worker . . . Some people stay with being angry because it hurts less than the next step, which is despair . . . you go into the blues. You may feel you don't care about anybody or anything. It isn't worth getting up each day and nothing interests you. You may feel worthless and no good. If you are a single parent and all your children have been placed, you may feel desperately lonely. You don't know who you are without your children to care for.[7]

This confusing mixture of feelings is unsettling to parents, who as a result may not focus on or understand their child's needs at visits:

Visiting parents often respond initially to visitation with awkwardness and pain, especially when the separation from the child has been involuntary and when the visit presents an unfamiliar context to the parent. Visiting parents commonly hope that visits will soothe painful feelings by recreating closeness between the parent and child. However, many parents find that they do not feel better after a visit. Instead, the awkwardness and intensity of the visiting experiences leaves them feeling more isolated and cut off from their children than before. Some parents find the visiting experience itself so painful that they avoid visiting. Other parents may try to overwhelm the awkwardness of the visiting situation with activity or gifts, leading to a rush of overindulgence.[8]

As the quote suggests, parents often feel more inadequate after visits and consequently avoid them. Or, parents may get so discouraged when they see no progress toward reunification that they behave in counter-productive ways, including missing visits.

Some parents show their sadness about losing their children by using visits to confront the caseworker about their treatment by "the system." It is a challenge for a worker to help a parent who is furious at the police, court and agency about the child's removal put aside his/her anger. But it is important because a parent who remains angry will have much more difficulty visiting consistently and focusing on the child's needs during visits. Also, parents' anxiety may increase with their awareness that the only opportunity "the system" has to view them with their child is during visits. Parents may be helped to put their anger and anxiety aside if they understand, from the child's perspective, the importance of consistent visits. If a parent is not visiting, an approach to alleviating his/her anger is to say, "I want to help you get your child back. The quickest way to do that is to start visiting. When would it be most convenient for you to visit this week?" Since parents may have difficulty managing their sadness and anger when they see their children, they will benefit from being prepared about what to bring to the visit and how to meet the children's needs by what is and is not talked about in the visit.

Foster Parents' Ambivalence About Visits

It is not surprising that foster parents also have mixed feelings about visits because they live with the children and have to cope with the children's reactions to visits. Foster parents' reactions to visits typically include a mixture of some or all of the following:

- The foster parent is glad that the child is reassured by seeing family members.

- The foster parent has agreed to provide a temporary home while the child's birth family improves and wants visits to serve the goal of reunification.
- The foster parent is critical of the birth family's parenting, lack of protectiveness and failure to prevent developmental delay, and may be unforgiving about visits missed by the parent.
- The foster parent resents the disruption of the household routine and having to deal with the child's reactions to visits.
- If the foster parent is struggling for therapeutic reasons to get the child to attach to him/her, he/she may resent visits if they seem to weaken the child's tie to the foster parent.
- The foster parent may believe the child should not be reacting so strongly to separation and may blame the child's behavior on the birth family's neglect or abuse.

Making adjustments in the foster home for a child's reactions to visits is challenging, but individual post-visit nurturing is crucial. A foster parent's natural blaming of the parent for harming the child can often make it difficult to empathize with the child's feelings about separation and responses to visits. The more the foster parent cares for the child, the angrier he/she may become at the parent who has mistreated the child. This influences how the foster parent interprets the child's reactions to visits: rather than concentrating on meeting the needs reflected in the child's behavior, the foster parent may think visits should stop.

Foster parents benefit from being helped to understand children's reactions to visits and the importance of visitation, and in some cases being involved in visits. For example, it would be a challenge for foster parents to manage the behaviors of 4-year old Diana that were described earlier, particularly the crying, wetting, and running away. They naturally would be stressed by every visit between Diana and her mother. The foster parents could comfort Diana more effectively if they saw her regressed and aggressive behavior as a reflection of loss, instead of blaming Diana's mother for inadequately

socializing her or viewing Diana's behaviors as acting out against them. They might seek to increase Diana's visits with her mother, as well as provide telephone contact. They might get a videotape of Diana's mother preparing her daughter for bed reassuringly that Diana could watch at night. And, they might talk with Diana's mother about her routines and food and attempt to make her life in care more similar to her life at home. If Diana's foster parents became involved in visits, they might appreciate Diana's attachment to her mother more and be able to respond more supportively. These steps are important not just to ensure that visits go more smoothly but also to prevent placement breakdown.

II. USING VISITS TO HELP PARENTS IMPROVE THEIR ABILITY TO MEET THEIR CHILDREN'S NEEDS

Visits are a service that helps parents really understand their children's needs and enhance their parenting skills. Visit support should include:

- Reaching agreement with the parent about the child's needs.
- Preparing the parent about what to expect regarding his/her own feelings and the child's reactions at visits.
- Supportively reminding the parent immediately before and during the visit how he/she plans to meet particular needs.
- Appreciating the parent's strengths in responding to the child and coaching him/her to improve.
- Recognizing improvement.
- Helping the parent master his/her visit reactions so he/she visits consistently.

The following are examples of specific issues that can be addressed through visit support to help parents improve their ability to meet their children's needs:

Example: Visits to Help a Parent Change his/her Approach to Discipline

When a child is removed, a significant safety worry can be that the parent's approach to discipline is harmful to the child, particularly in excessive punishment, domestic vio-

lence and some substance abuse cases. A parenting skills class that prohibits physical punishment and advocates time outs may seem culturally biased to a parent, and he/she may think it does not make sense to try out such unfamiliar techniques. Hands-on coaching during visits can help a parent change his/her disciplinary approach, but it must recognize that (1) the parent will only implement something new if he/she really believes it is better for the child; (2) the new approach has to fit the parent and child; and (3) the parent will change if he/she has a real understanding of the complex interaction between the parent's discipline methods and the child's response.

Two aspects of discipline that may have importance for children's safety can be taught through parent support in visits. First, parents can be made aware of the harmful consequences of viewing children as "bad" rather than seeing that their behavior often is not intentional and is normal for their age. Second, parents can be taught that parental discipline methods are less important than the *flexibility* of their use and the child's perception of their *acceptability* in different situations.[9] Many parents would be surprised to learn that their children distinguish between, for example, hitting and not sharing, and see punishment as fairer in response to harmful acts than to failure to show concern for others. Through visit support, parents can develop an approach to discipline that

> . . . considers interrelationships between the form of discipline and variables that include characteristics of the child's misdeed, the child and the parent . . . This reformulation requires that parents be flexible in their disciplinary reactions, matching them to the child's perceptions of and reactions to the conflict situation: Effective parenting involves sensitivity to the child's emotional state and cognitions . . . internalizations needs to be viewed as a two-pronged event. Children must accurately perceive the message parents intend to convey, and they must be willing to accept the message, that is, allow it to guide their behavior. Acceptance involves three components: the child must perceive

the message as appropriate, the child must be motivated to comply with the message, and the child must feel the message has not been imposed but has been self-generated.[10]

Parents should be encouraged to reason with their children rather than asserting their power, since "Parents who tend to be harshly and arbitrarily authoritarian or power assertive in their parenting practices are less likely to be successful than those who place substantial emphasis on induction or reasoning, presumably in an attempt to be responsive to and understanding of their child's point of view."[11] Reasoning that emphasizes the negative effects of the child's misdeed on others will develop the child's empathic capacities. Difficult children push their parents to abuse their power, but power assertion arouses hostility in the child as well as an unwillingness to comply with the parent's wishes. Furthermore, when the parent loses control of his/her anger, humiliates the child or withdraws love, the child becomes insecure. In many physical abuse cases where there is a high risk of re-abuse, the parent gets the message that the agency requires that no marks are left on the child. What the parent is not helped to understand is that children feel betrayed when the parents they love hurts them, and this will affect them for a long time.

In a supported visit, the coach helps the parent see that the child:

- Needs to accept the reasoning behind the parent's limit-setting in order to foster the child's self-controlling capacity.
- Needs redirection before behavior gets out of control.
- Needs reasonable punishment if the misbehavior is a harmful act.
- Needs to learn to see how others feel when he/she fails to show concern for them, rather than being disciplined.

The coach helps the parent understand these needs, meet these needs during visits and progress to being able to meet them with minimal assistance during longer home visits.

Example: Visits to Help a Parent Who Can't Accept the Abuse

In cases of physical or sexual abuse by others, non-offending parents often find it difficult to accept that their children have been abused and to face responsibility for harm to their children. They may feel defensive and increasingly isolated because of the insistence on a "confession" of their responsibility. Sometimes these parents do not want to lose their relationship with the perpetrator. Often these parents do not want to believe their children have been "tainted" by sexual or physical abuse. "Confessing" in their eyes reduces them as a parent, while insisting that the child is undamaged seems protective. Usually these parents do not see the child's need to be believed as a true, non-optional need, and this need of the child conflicts with the parent's need to view the child as undamaged. The parent may not recognize that harm occurs to children when they are not believed by their parents.

Visit support can help a parent meet the child's need to have the abuse acknowledged. The coach, who might be the parent's therapist, encourages the parent to stand in the child's shoes and see the child's need to be believed. The coach helps the parent figure out how to believe the child initially without "confessing" responsibility for failing to protect the child. He/she practices with the parent how to express belief in what the child says. The coach also helps the parent see how his/her own needs to be a good parent and have an undamaged child can be managed so they do not get in the way of having empathy for the child. After showing belief in the child's story, the parent will need help facing the child's questions about the failure to protect the child and the parent's plans for protecting the child in the future from possible perpetrators. The coach helps the parent meet the child's needs during visits and progress to being able to meet them during longer home visits, which may require that the child and parent participate together in family treatment. Parallel progress in the parent's individual treatment to understand dependency, become more emotionally self-sufficient, and get out of a pattern of relationships with the same type of partner should be coordinated with visit support.

Example: Visits to Help a Parent Be More Attentive

Passive or depressed parents may love their children but not provide sufficient individual attention to meet the children's needs. They may not be aware that the infant needs to be held and stimulated rather than propped in a carrier. They may not know that toddlers need to play with their parents. They may underestimate the structure and supervision older children who seem self-reliant actually need. Frequently these parents seem compliant in parenting skills class because they want what is best for their children. But they do not apply what they have learned because they do not believe their children really need more from them.

Since parents often have to deal with the demands of seeing several children simultaneously during visits, a supported visit is a good opportunity for a parent to identify each child's specific need for individual attention and to learn how to provide it. The best coach may be an individual with experience in early childhood education or the foster parent. The coach can begin visits with one child at a time, helping the parent become more active in providing the child with individual attention and then progressively adding children. At the beginning of visit support, needs statements might be simple, such as:

- The infant needs to have the parent look into his/her eyes while being fed the bottle.
- The infant needs to be talked to or sung to while the parent holds the child.
- The child needs to have the parent play on the floor with toys of the child's choosing.
- The child needs to have the parent follow the child's lead in play, such as the parent playing a role the child assigns in make-believe or the child directing follow-the-leader.
- The child needs to have the parent ask a question about something the child did that day and have the parent listen without interruption or distraction.
- The child needs to have five minutes of the parent's undivided attention during the visit.

Through visits, the conflict between the parent's passivity and the child's needs can be explored and, if necessary, the parent can be helped to see that treatment for depression would make it possible to meet his/her children's needs more effectively.

Example: Visits to Help a Parent Understand his/her Child's Timeframe

Coaching during visits provides an opportunity to teach parents about the developmental timeframe of their children. Parents can be helped to understand that a child's attachment to the foster parent increases the longer he/she is in care, that there are risks of moving children (even back home) at certain ages, and that older children need to have a resolution of where they will live. The coach helps the parent recognize that while the child will always be seen by the parent as his/her child, the younger the child is the more quickly the individual providing daily caretaking will become his/her primary attachment. If a parent understands the child's timeframe, he/she may be motivated to participate in intensive services to change in order to meet the child's needs sooner.

Example: Visits to Help a Family Divided by Conflict

Most of the time, kinship placements allow the removed child to be in a familiar environment with flexible, natural visits. But, sometimes the child will become caught between feuding relatives, and in these cases mediation regarding the use of visits to meet the child's needs can be effective. The coach serves the dual purpose of mediating between family members and assisting family members to understand the needs of the child and meet them during visits. A mother, for example, initially may not want to believe that her child needs a continuing relationship with the father, or an aunt may want to keep the child away from her substance-abusing sister (the mother). These individuals must be helped to see: (1) it hurts the child to be separated from a family member to whom he/she is attached; and (2) visits can be set up to protect the child.

Feuding family members often do not understand that it is a non-optional need of the child to be able to love both of them and not be caught in a loyalty conflict. The coach helps them understand that to meet the child's needs they must reduce their conflict and protect the child from their disagreements. It is an important need of children for their own identity development to value the strengths of individuals they are attached to, so the coach must help the relatives understand that talking negatively about each other to the child must stop. The mediator/coach helps feuding family members learn to manage their feelings toward each other so they can effectively co-parent the child.

III. PROPOSAL FOR A VISIT PROGRAM

Visit Support During the First Month After Removal

In many child welfare systems, the first visit after the child's placement in foster care is delayed for weeks because of the worker's overloaded schedule and the difficulties of contacting the parent and of getting the foster parent or case aide to transport the child. This delay is harmful to the child emotionally and alienates the parents, reducing the likelihood that they will trust the worker or participate in services.[12] Until several visits have occurred, it will be difficult to assess what assistance the parent requires during visits, so delayed initial visits may mean that individualized visit support is not be developed for months.

This problem can be addressed by designating a staff person, transportation, and a visiting space to be available just for families during the first weeks after their children have been placed. The agency can designate the same day every week and the same place for initial visits, so when the child is removed the parent can be informed of that day for a first visit; thus, the first visit will always be within a week of removal. There must be a visit specialist and a transporter available from 10:00 a.m.-7:00 p.m. on the designated visit day; the visit specialist will have to work on other days to meet with caseworkers. The visit specialist and transporter can be agency employees, contractors or volunteers.

As soon as a child is removed, the worker will notify the visit specialist of the address and phone number of the child's placement, the phone number of the parent, and the date of removal. The visit specialist will schedule the transporter to bring the child to the visit and notify the foster parent of the planned visit. The visit specialist will call the parent to confirm the visit time and place, set up a time to meet during the hour before the visit, and identify barriers to visits—if transportation is a major problem the worker may offer bus tokens or cab fare or consider having the transporter pick up the parent as well as the child.

Prior to the first visit, the worker will meet with the visit specialist to convey the child's needs that were identified at the time of removal; then, they will develop a specific list of needs to be met during initial visits. Before the first visit, the visitation specialist will also call the foster parents to get their input regarding the impact of separation on the child and the child's behaviors in order to refine the list of needs to be met in visits.

For each visit during the first month after removal, the visit specialist will:

- Meet with the parent before the visit to help him/her anticipate his/her own and the child's reactions during the visit, and to discuss the needs to be met during the visit.
- Be available to assist the parent as necessary during the visit.
- Meet with the parent after the visit to discuss how the parent met the child's needs and to plan any changes in the next visit, including revising the child's needs list; and help the parent understand the importance of keeping his/her promise to the child to visit (if the parent misses a visit, special arrangements to accommodate him/her must be discussed).
- Call the foster parent after the visit to help him/her anticipate the child's reaction to the visit.
- Prepare notes about the parent's skill in meeting the child's needs during the visit, including proposing a refined needs list.

The visit specialist should have some resources to purchase games, toys, and food as necessary to facilitate visits.

If the visit specialist identifies a case in which special arrangements should be made during the initial visit phase—such as a child in the hospital, an infant requiring daily visitation, a parent in residential treatment, or a parent who cannot visit on the designated day—the visit specialist will propose such an arrangement and who will provide parent support, and arrange it if approved by the worker.

The visit specialist will meet monthly with the CPS unit to keep them aware of how the initial visit process is working and to present challenging visit cases for discussion.

Whether an office has an average of one child or five children a month entering foster care, the cost of a visit specialist and transporter assigned one day a week for visits for recently removed children may seem excessive. However, the improved outcomes in these cases—including the increased attendance of parents in visits, the design of individualized intensive visit supports to lead to reunification and shortened length of foster care, and the reduced tension between the parents and agency—will make initial visit support pay for itself.

Supported Visits After the First Month in Care

By the end of the first month of initial visits, the visit specialist and the worker will arrange a transition to regular visits by:

- Clarifying the needs to be met during future visits.
- Deciding on special arrangements for visits, including holding them in the family's home, in a relative's home, in the foster home, at school or at other community locations (visits will be more successful if they occur in the family's natural environment); and recommending whether visits should be supervised (supervision is not necessary if the risk of harm to the child in visits is minimal).
- Identifying the level of support the parent requires during visits to meet the child's needs (and suggesting who might replace the visitation specialist in the future).
- Arranging for future transportation

depending on the location of visits and provider of visit support.

Effective coaching during visits will require a provider who (1) understands the child's needs; (2) can supportively remind the parent that he/she wants to meet particular needs during a visit; (3) appreciates the parent's strengths in responding to the child and builds on the parent's skills; (4) sets up visiting conditions to allow the parent to improve his/her responsiveness; and (5) recognizes improvement. Visit support will be most effective when it adheres to the principles listed on pages 11-12.

When designing individualized visit support, it must be recognized that parents have a wide range of needs: some parents require assistance understanding their children's needs (including permanency needs), some must work on technique-building (such as infant care or non-punitive limit-setting), some must focus on how to manage their own needs while responding to their children, and some need to develop a view of the child as a separate person whose behavior can be influenced by the parent's actions. These diverse areas of parent support require different skills.

As mentioned earlier, a variety of individuals might assist with visitation, including case aides, foster parents, parenting skills instructors, school counselors, therapists, and the parent's domestic violence or substance abuse counselors. A group of these individuals should initially be convened for training on visit support. They will then meet monthly as a group with a clinical supervisor to present their cases and receive help on how to provide improved support during visits. The clinical supervisor may recommend that a different individual work with a particular family if the visit support appears insufficient. For example, initially a case aide might work on feeding skills with the immature mother of an infant who was removed for failure to thrive; the parent might be familiarized with the feeding schedule and quantities of formula fed in each feeding at the foster home. After several visits, the case aide might report at clinical supervision that the mother understood feeding but seemed depressed and not bonded to the infant. The supervisor may recommend

that a therapist in the visit support group work with the mother during and outside of visits because depression, rather than lack of skill at feeding, may be what puts the child at risk. A goal of the supervision will be to ensure that all the individuals providing visit support—regardless of their profession—adhere to the visit principles.

For each visit, the visit supporter will:

- Meet with the parent before the visit.
- Coach the parent during the visit, including hands-on guidance.
- Discuss the visit with the parent afterwards.
- Plan the next visit.
- Call the foster parent after the visit.
- Provide evaluative notes on how the parent did in meeting the child's needs during the visit, and this information should be provided regularly to other members of the team working with the child and family.

Supported visits should occur at least once a week, and more frequent visits will provide more opportunities to change parenting practices that do not meet the child's needs. Parents should be encouraged to visit consistently and accommodations should be made to facilitate this if a parent is missing visits.

Visits should occur in the location most accessible to the family and the visit supporter will travel to that location. The visit supporter cannot transport the child to and from the visits unless child care is provided during, before and after discussions between the visit supporter and parent. If the visit supporter is the child's foster parent, someone must provide child care for other children in that home and for the child prior to and after visits so the foster parent can work with the parent.

If a case moves from a protective service unit to a continuing service/foster care unit, the individual providing visit support would participate in the transition meeting (where the needs to be met during visits will be discussed) and continue to work with the parent after case transfer.

Transition to Reunification Supports

Reunification is based in part on the family showing an understanding of the child's needs and meeting those identified needs in visits. The experience of the parents, child, worker and individual providing visit support will inform the design of reunification services.[13]

It is expected that (1) time between the parent and child will increase as reunification begins, including weekend day and overnight visits; (2) the visit supporter will plan reunification with the worker, family, foster parent and other providers; (3) the visit supporter will continue to assist the family as they spend more and more time with the child in the home; and (4) the visit supporter will coach extended family or someone positive in the family's environment on how to support the parent informally when the child is in the home.[14]

Instead of reunification being a separate service, when the visit supporter can become the reunifier, a smoother transition and more effective meeting of the child's needs are likely.

Transition to Planning for Another Permanent Home

If supports are provided to parents during visits and over time the family does not understand the child's needs and/or is not able to meet those needs in visits despite services, visits can be used to help the family recognize that the child's needs would be better met in another permanent home. The family will be involved in planning that other permanent home and what needs, if any, can be met by the family in the future. For example, in the case of a 6-month old child who was removed from her mother at a homeless shelter, the mother was initially engaged in frequent visits to support their attachment. But, after the mother was hospitalized for depression several times and she was not well enough to visit much for nine months, she had to be helped to understand that (1) her continuing depression was making it difficult to concentrate on her child's needs; (2) her child's attachment to the foster mother was getting stronger; and (3) developmentally her child could not main-

tain the concept of "two mommies." Visit support was provided when the mother was out of the hospital, and was used effectively to help the mother recognize the child's need for permanency and plan for adoption by the foster family.

When reunification is not the goal, visits can still be a way to meet the child's needs. Even when only intermittent contact between parents and children occurs, biological parents continue to be significant in a child's development.[15] The biological family is the source of identity for a child. What a child knows and imagines about the biological family helps to mold the child's self-perception, and failing to come to terms with the lifeline to the biological family ultimately may cause foster care and adoption to break down. It is essential for everyone in the child's life to agree about the child's connection to the biological family and what needs the biological family can meet, in part in order to stabilize the child's permanent placement.

Support for Foster Parents

Visit support is also important for foster parents. It is crucial to help the foster parent manage the disruption of the household routine caused by dealing with the child's reactions to visits. Giving the foster parent the opportunity to express his/her frustration and talk about the child's reactions to separation can be valuable.

Endnotes

1. Researchers have found that more frequent parent-child visitation is associated with shorter placements in foster care (MaryEllen White, Eric Albers, and Christine Bitonti, "Factors in Length of Foster Care: Worker Activities and Parent-Child Visitation," in 23 *Journal of Sociology and Social Welfare*, 1996, pp. 75-84; Edmund Mech, "Parental Visiting and Foster Placement," in 22 *Journal of Clinical Child Psychology*, 1993, pp. 67-72; David Fanshel and Eugene Shinn, *Children in Foster Care: A Longitudinal Investigation*, New York: Columbia University Press, 1978). Increased social worker contact with parents of children in care is associated with more frequent parental visitation and ultimately with a shorter time in placement (White et al, 1996; M. Benedict and R. White, "Factors Associated with Foster Care Length," in 70 *Child Welfare*, 1991, pp. 45-58; T. Gibson, G. Tracy, and M. DeBord, "An Analysis of Variables Affecting Length of Stay in Foster Care," in 6 *Children and Youth Services Review*, 1984, pp. 135-145; J. Turner, "Reuniting Children in Foster Care with their Biological Parents," in 29 *Social Work,* 1984, pp. 501-505). When workers did not encourage parents to visit or use visit locations other than the agency office or engage in problem-solving with parents, children tended to remain

in foster care 20 months or more (White et al, 1996; Fanshel and Shinn, 1978; Anthony Maluccio and Edith Fein, "Growing Up in Foster Care," in 7 *Children and Youth Services Review*, 1985, pp. 123-134).

2. The context of the visit approach presented in this article is strengths/needs-based child welfare practice, which is described in my article in the Fall 1997 *Prevention Report*. Strengths/needs-based child welfare practice emphasizes forming a collaborative relationship with families and focusing on children's needs as a strategy for involving families in actively designing the services they will participate in to support their meeting those needs.

3. Children's reactions to separation have been well-documented in divorce research: "More than half the youngsters were openly tearful, moody, and pervasively sad. One-third or more showed a variety of acute depressive symptoms, including sleeplessness, restlessness, difficulty in concentrating, deep sighing, feelings of emptiness, play inhibition, compulsive overeating . . ." (p. 47). "Overwhelmed by their anxiety, very young children returned to their security blankets, to recently outgrown toys. Lapses in toilet training and increased masturbatory activity were noted . . ." (pp. 57-58). Judith Wallerstein and Joan Kelly, *Surviving the Breakup*, New York: Basic Books, 1980.

4. Paul Steinhauer, *The Least Detrimental Alternative*, Toronto: University of Toronto Press, 1991.

5. Richard Barnum, "Understanding Controversies in Visitation," in 26 *Journal of the American Academy of Child and Adolescent Psychiatry*, 1987, pp. 788-792.

6. Ibid, p. 791.

7. Rutter 1978 qtd. in Charles Horejski, Anne Bertsche, and Frank Clark, *Social Work Practice with Parents of Children in Foster Care*, Springfield, Ill.: Thomas, 1981, pp. 5-6.

8. Barnum, p. 788.

9. Joan Grusec and Jacqueline Goodnow, "Impact of Parental Discipline Methods on the Child's Internalization of Values," in 30 *Developmental Psychology*, 1994, pp. 4-19.

10. Ibid, p. 17.

11. D. Baumrind, "Current Patterns of Parental Authority," in 4 *Developmental Psychology Monographs* (No. 1, Part 2), 1971.

12. "Most parents who were scheduled to visit did so, and most visited in compliance with the schedule specified in the case plan. Parents who did not have a visiting schedule or who were told to request a visit when they wanted one did not visit. This clearly suggests that a way to increase the frequency of visits is to schedule them to occur more frequently" (p. 180). Kathleen Proch and Jeanne Howard, "Parental Visiting of Children in Foster Care," in *Social Work*, May-June, 1986, pp.178-181.

13. For further information on reunification see: P. Carlo, "Parent Education vs. Parent Involvement: Which Type of Efforts Work Best to Reunify Families?" in 17 *Journal of Social Service Research*, 1993, pp. 135-150; Edith Fein and I. Staf, "Last Best Chance: Findings from a Reunification Services Program," in LXXII *Child Welfare*, 1993, pp. 25-40; P.M. Hess, G. Falaron, and A.B. Jefferson, "Effectiveness of Family Reunification Services," in 37 *Social Work*, 1992, pp. 304-311; Anthony Maluccio, Robin Warsh, and Barbara Pine, "Rethinking Family Reunification after Foster Care," in 5 *Community Alternatives*, 1993, pp. 1-17; B.A. Pine, R. Warsh, and A. Maluccio (eds.), *Together Again: Family Reunification in Foster Care*, Child Welfare League of America, 1993.

14. C.J. Dunst, C.M. Trivette, and A.G. Deal, *Enabling and Empowering Families*, Cambridge, MA: Brookline Books, 1988.

15. Margaret Beyer and Wallace Mlyniec, "Lifelines to Biological Parents: Their Effect on Termination of Parental Rights and Permanence," in 20 *Family Law Quarterly*, 1986, pp. 233-254.

Parent-Child Visits as an Opportunity for Change:
Visit Principles

by: Marty Beyer, Ph.D.

1. PARENTS WILL BE SUPPORTED TO MEET SPECIFIC INDIVIDUAL NEEDS OF THEIR CHILDREN DURING VISITS.

- The child's needs that are identified to be met during visits will be logically connected to the reasons the child was removed from home. They will be related to the safety, attachment (including permanency), and developmental needs which must be met for reunification to begin.
- Parents' knowledge about their children's needs will be respected and parents will participate in defining the needs to be met during visits.
- Learning about their children's non-optional needs may be the first goal of visit support for some parents.

2. PARENTS WILL BE SUPPORTED TO LEARN THAT THEIR CHILDREN'S BEHAVIOR IS SHAPED BY THE PARENT'S WORDS, ACTIONS AND ATTITUDES.

- Parents will be helped to shift away from viewing a child's behavior as inherent to the child's character (e.g., "he's bad," "she's withdrawn," "he's hyper," "she's seductive"); this may be a multigenerationally held view.
- Parents will be helped to improve the fit between their discipline approach and their children's developmental levels, temperaments and misbehavior. They will be helped to see the effect on the child of the parent being too controlling or too passive. Particular attention will be paid to how parents can reduce aggressive and sexual behavior by their children. The parent will be helped to understand limit-setting and responsibility that fit their individual child's developmental level.

3. SUPPORT FOR PARENTS IN VISITS WILL BUILD ON THEIR UNIQUE STRENGTHS.

- The approach to parents support during visits will convey a belief that the parent wants what is best for the child.

- Parent support will be individually designed to fit the parent's capacities and cognitive style.
- Those involved in visit support will actively look for improvement and reinforce it.
- Parent support will be designed specifically to empower the parent, both during visits and in the future if he/she resumes caring for the child.
- Those involved in visit support will maintain a hopeful focus on meeting children's needs and will reframe the parent's discouragement.
- Those involved in visit support will actively avoid negative references about parents, in and outside the parent's presence.

4. SUPPORT FOR PARENTS BEFORE, DURING AND AFTER VISITS WILL BE CONCRETE, TARGETING SPECIFIC PARENTING BEHAVIORS.

- Parents will be helped to clarify their children's needs before the visit and stay focused on them during the visit. Parents will be helped to understand how their own needs get in the way of seeing and meeting their children's needs at visits.
- Parents will be helped to anticipate their children's ambivalent feelings about the visit and not to be hurt by these.
- Parents will be helped to manage situations where they perceive their children as too demanding.
- Parents will be recognized when they show empathy for their children.
- Parents will be helped to respect their children as separate people.
- Parents will be helped to adjust their parenting to the different needs of each of their children.
- Parents will be helped to see how their anger or feeling chronically victimized get in the way of meeting their children's needs.
- Parents will be helped to understand their own ambivalence about visits. Parents will be helped not to use visits as a place to fight with their caseworker or others—both to deal with their feelings toward professionals and extended family

outside of visits and to recognize how their fighting is a way to handle their ambivalence about visits.

5. THE MORE OFTEN AND CONSISTENTLY VISITS OCCUR, THE MORE QUICKLY THE PARENT WILL MAKE PROGRESS.

- Visits should occur as often as necessary to meet the particular child's needs. Meeting the needs of most children will mean visits starting within a week of removal.
- Supported visits should occur at least once a week. More frequent visits provide more learning opportunities and feedback to change parenting habits that do not meet the child's needs.
- Those involved in visit support will convey how essential consistent visits are, not only for the child but also for the parent to demonstrate that he/she can meet needs so reunification can begin.
- Visits should be convenient for the family. Anytime a parent misses a visit will be seen as an indication that the parent is not satisfied with visits, and accommodations will be made.
- It is usually harmful for children not to visit their family. The child's attachment to each parent will be appreciated (independent of the harm inflicted in the past) as the basis for decisions about visits. Then the child must be supported in whatever ways meet the child's needs.

6. SUPPORT FOR PARENTS TO MEET THEIR CHILDREN'S NEEDS SHOULD OCCUR AS MUCH AS POSSIBLE IN THE FAMILY'S NATURAL ENVIRONMENT.

- As soon as possible, visits should occur in the family's home, relative's home, or community setting and involve extended family and interaction with school, church and the neighborhood.
- Standards for supervised visit should be carefully assessed—supervision is not necessary if the risk of harm to the child in visits is minimal.
- Strategic involvement of the extended family in visits will enable them to support the parent in applying what they learn about meeting the child's needs to everyday situations if the child returns home.

- Those involved in visit support will encourage the family's self-sufficiency. Parent support should be designed to achieve lasting change, not be time or situation limited.

7. SUPPORT FOR FOSTER PARENTS BEFORE AND AFTER VISITS WILL HELP THEM UNDERSTAND THE CHILDREN'S BEHAVIOR AND NOT BLAME THE PARENTS OR CHILDREN.

- Support will be designed for foster parents to understand children's needs before, during and after visits.
- Foster parents will be helped to understand what children are communicating by difficult behaviors before and after visits.
- Foster parents will be helped to understand the benefits of visits to children, even if a child has behavior problems after visits.

8. VISIT SUPPORT WILL BE FREQUENTLY EVALUATED.

- All the individuals working with a child and family will meet regularly, discuss the parent's progress in meeting the child's needs in visits, and make changes accordingly. Questions to consider include: "Is the parent meeting the child's needs during visits?" "If not, what should change about visits?" "Is the list of the child's needs inaccurate?" "Are there underlying causes of the parent not meeting the child's needs that have not been addressed through support?"

A *Learning Exchange*
Building Neighborhood Place: Lessons Learned Through Developing a New Human Service Delivery System

by: Martin Bell
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It is widely recognized that the current human service delivery system is inadequate and fragmented. With seemingly little regard for families and individuals, human services are located at separate sites, require duplicative paperwork and, in the end, offer only a costly band-aid. The process of seeking services is, at best, frustrating, and many times even dehumanizing.

Recognizing this inadequacy, major health, human service and education providers in Jefferson County, Kentucky made a commitment to create a system of services that is more supportive of and responsive to families and individuals. This commitment evolved into the creation of a series of Neighborhood Place centers, each of which offers a wide array of services that are accessible, family friendly, and results oriented. These centers embody the concepts of collaboration and integration of services to a point beyond any other project based on the same principles.

The Neighborhood Place concept grew out of a collaborative group that was formed by Jefferson County Public Schools in 1991, after the state passed a reform act that involved creating Family Resource/Youth Services Centers in the schools. As deputy superintendent of the schools, I was involved with this collaborative process from the beginning. The centers were to serve as initial referral points for families or youth in need of health or human services; but, since we were in a heavily populated urban setting, there was a fear the agencies would be overwhelmed with referrals. The parties involved were brought together to discuss how we could make this system work better. Initially, we developed the idea of using the new state resource to hire only one coordinator to oversee a number of centers (rather than having one for each) and then hiring other staff, such as a nurse and/or mental health provider, who could rotate among

centers and provide services right at the schools. When the state refused this proposal, this motivated us to think of a different way to move services closer to the schools and families and make them more convenient.

Over the next two years, the idea evolved of collecting staff and services of a variety of agencies in accessible centers (which were given the name Neighborhood Place centers by the staff of the first site) that were to be built on a shared vision including the following:

♦ All residents of Jefferson County will eventually be served by one of eight regionally located Neighborhood Place centers.

♦ The size and constellation of services will vary from center to center according to the needs and scope of the existing service network of the neighborhood.

♦ The core services at each Neighborhood Place will include health, mental health, and child and adult welfare services.

♦ Providers of these core services will share a commitment to prevention, community education and family self-sufficiency.

This concept was worked out through collaborative meetings of the group, which were initially held monthly, then weekly as we neared the actual development of the first site. It was decided that every organization must commit to put staff at all eight of the sites in order to participate. Seven organizations made this commitment; in addition to the school system (which offers educational services and school attendance support), the partners and services provided include: the Department for Social Insurance (welfare services), the Department for

Social Services (child protective services), the Department of Health (health care services), Jefferson County Government (emergency financial assistance and family outreach), City Government (youth programming and youth initiatives), and Seven County Services (mental health and drug and alcohol treatment).

The first Neighborhood Place center opened in the fall of 1993 in some excess space in one of the school system's buildings, with a coordinator provided by County Government and roughly twenty-six staff members representative of all of the participating organizations. There are currently seven fully operational centers, all funded by the partners. Each center has a distinctive local flavor, but they have these common features that highlight the uniqueness of the Neighborhood Place concept:

A Single Intake and Assessment Process: The intake and assessment process is driven by the simple goal that no client will be asked to repeat a piece of information. The client/customer may be required to give additional information or to verify some of the information provided, but at the point of intake the worker tries to collect all the information that he/she and other workers at the center will need. Thirty-six data elements needed by staff from all the agencies have been identified, and during intake a worker inputs these into a shared computer system. This goes beyond mere co-location of agencies. The single point of intake allows a worker to identify and tell the client about a variety of resources at the center that might be useful to him/her in addition to the specific reason for coming in, and then coordinate needed services with the other workers. As a result, many clients/families can begin to establish numerous goals at the point of entry.

> **"Neighborhood Place is not just a new program—it is a new way of delivering services. The uniqueness and strength is that agencies are not competing with each other and are in a position to maximize every resource available to them."**

Common Release Form: A second feature is the common "Consent to Release Information" form. After months of difficult process, all the agencies involved with Neighborhood Place agreed to have workers at the centers abide by the single consent form now used. This allows the workers to communicate, within the laws, regarding the goals, plans, and progress of a client/family and to have the workers, not the client, make the necessary adaptations to facilitate coordination of services. One of the main benefits of this approach is apparent at times of crisis. When a crisis occurs, the client has access to a number of professionals who are in a position to assist or support, rather than having to wait until a specific staff person is available.

Team Approach: A third benefit of the Neighborhood Place concept is that the workers are involved in a unified effort to achieve specific goals, even when the goals are not specific to a client. It is not uncommon for workers in a variety of agencies to collaborate relative to a particular client. However, Neighborhood Place allows workers to select and design ways they can enhance each other's functions through a team effort. The workers are aware of and understand the services that workers from all the other agencies offer, and try to make sure families have access to them. For example, a family may come in for emergency financial assistance. If the worker offering this notices on the application that the parents have children, he/she might ask how the children are doing in school and, if there are problems, try to involve them with a worker from the school system.

This concept goes well beyond decentralization. It is a model in which communication between service providers occurs before the various workers engage in an activity. Therefore workers are able to set priorities with a clear understanding of their colleagues' activities, which significantly reduces duplication or counter-productivity.

Community Focus: A fourth feature of Neighborhood Place that contributes to its uniqueness is that the program targets the total population. Other programs and agencies have had great success when targeting a specific small group; for example, an age group—such as an age group in a school or in a building in a housing project. Based on these successes, Neighborhood Place has broadened the target population of each center to a relatively large geographic area. (What we still need to identify is the standard for optimum ratios between population and services.)

New Delivery Model: Neighborhood Place is not just a new program—it is a new way of delivering services. The uniqueness and strength is that agencies are not competing with each other and are in a position to maximize every resource available to them. What is of benefit to the client and to Neighborhood Place service sites is also a benefit to participating agencies.

Each Neighborhood Place center is a huge endeavor; rather than just pulling together funds and hiring new people, it requires taking existing staff members from their current work locations, putting them together in a new environment with workers from other agencies, and asking them to continue to do their own business as well as work in an effective team.

Although no formal system of governance was established until several Neighborhood Place centers had been opened, a three-level system eventually evolved. Currently, each Neighborhood Place has a community council made up of citizens who live in the community, and perhaps some representatives from nonprofit organizations working there, who give direction and input on how the center works for them. An operations committee is made up of policymaking individuals from each of the organizations, my-self included, who meet weekly to deal with issues relating to each of the agencies and engage in "knocking down barriers" to the collaborative effort. The managing board is the policymaking body and it includes one representative from each of the partners and one from each community council.

LESSONS LEARNED

During the process of taking Neighborhood Place from a concept to an operating reality, there were good times and less-than-good times. Stepping back from this very dynamic development process, there are lessons learned that may be beneficial to others involved in or considering a similar collaborative effort. Following are one participant's reflections on eleven lessons learned:

The **first** lesson learned may seem obvious, but all parties involved in the collaboration must agree on why they are there. They must answer the question "What is the vision/mission?" Early on, we developed our mission statement: "Neighborhood Place works with communities to provide blended and accessible health, education, employment, and human services that support children and families in their progress toward self-sufficiency." The mission statement emphasized health, education, and human services; and focused on families, children and self-sufficiency. We recognized that we cannot be *all things to all people*—and this was quickly reinforced by experience.

For a period of time, we were unfocused and were attempting to change all human services, a task that was outside why we were really at the table. This temporary abandonment of our mission caused an upheaval in all the human services arenas and caused us to experience a less-than-productive exercise in damage control.

We had to remember that we are not about senior citizens, we are not about agencies that are not at the table, and we are not about changing all human services. The lesson—agreeing why you are there and staying focused on why you are there—is an easy one to overlook and, thus, can cause the parties to get mired down in what they are not trying to accomplish.

A **second** extremely important lesson is to have the *decision makers*/policymakers from participating organizations at the table. This does not mean the CEO; the CEO is an enabler who gives key policymakers in an organization the leeway to make change happen.

The decision makers to whom I refer are the top operational people in the organization—people who can identify and commit resources (staff and finance). In our experience, these are the individuals who report to the CEO and have experience working across the organization. They are not interested in details but are vested in the vision and will provide support to the people who will pay attention to details, and they can motivate departments not already committed to the program.

The **third** lesson is that the people involved in the collaborative effort have to shed their titles and their personal interests, especially when involved in meetings. This means, while at the table, I am not deputy "blank" or executive vice president of "blank," etc. I am part of the team. It also means I am not "Mr. or Ms. Health Services," or "Mr. or Ms. Schools," or "Mr. or Ms. Human Services." Again, it means I am part of the team.

No one should pull the "my organization needs or wants" trick at the table. If the agenda diverts to one organization's or one person's agenda, the collaboration will die because the others will lose their commitment. The table needs to be round, seating a group of individuals with resources behind them who are working jointly to accomplish the *common* agenda—the mission. Participants must leave the egos, the titles, and their respective organizations at the door.

Lesson **four** is to put off the issue of governance structure (how to oversee the organization) until the organization is mature enough to handle it. I have participated in many partnerships, collaborations, and committees where much of the initial energy was spent on trying to decide who was in charge and how to decide who was in charge. Governance, bylaws, and contracts can divert energy away from what needs to be accomplished.

During the initial planning of Neighborhood Place, we discussed governance often and several ideas were considered and rejected. Fortunately, we were committed enough to our joint program that we had the vision to set governance aside and not let it tie us up. If we had adopted the governance structure of some of our earlier operations that were considered, I do not believe we would have survived and been able to open our Neighborhood Place centers.

> "During the process of taking Neighborhood Place from a concept to an operating reality, there were good times and less-than-good times. Stepping back from this very dynamic development process, there are lesssons learned that may be beneficial to others involved in or considering a similar collaborative effort."

Rather than becoming preoccupied with governance, we operated many years—and opened many centers—through meetings with no formal leadership where representatives from all the organizations cooperated to make decisions. You will probably find, as we did, that after experiencing the exhilaration of early successes programmatically, participants learn one another's idiosyncrasies and form a real, committed team. After a viable team is formed, governance becomes just a business responsibility, not a make-or-break threshold proposition.

Creating a sense of accountability among all involved is the **fifth** very important lesson. The CEOs and community expect any major endeavor to be more than a "feel good" exercise. There is a wise saying that puts it this way: "You get what you measure." Put differently, it means that those working on and in the project will focus on what is being measured.

It is important that all participating agencies identify with the measurements to be used for the accountability system. For example, we started off with customer satisfaction (as measured by surveying) and school atten-

dance of children in the area as our initial accountability measures. All partners saw these measures as important for the community and for Neighborhood Place, and each saw that it could become a full participant in achieving success. The CEOs, whether appointed or elected, could speak about them to their boards with confidence.

An obvious lesson that applies to life in general is lesson **six**: Learn from your failures. If you don't, failures can turn organizations inward and away from the joint mission. For example, when the state gave an emphatic "NO" to our early proposal regarding the Family Resource/Youth Services Centers, it would have been an excellent opportunity to fold our tents and go our separate ways. However, instead it caused us to rethink our strategy and use our resources to accomplish the general strategy a different way.

A second example of learning by our mistakes occurred when a large foundation asked us to consider working with it to demonstrate improved services through the use of greatly enhanced technology. Our mistake was letting the work to please the foundation consume our energy and divert our work on Neighborhood Place. The funding fell through, but the experience forced us to recognize the technology challenge and to put our own resources into that effort. We also learned not to get diverted by grants and funding proposals.

That leads us nicely to the **seventh** lesson: Infrastructure is important. In our case, that means a technology system that works across all agencies is critical to the long-term success of the collaboration. If the collaboration increases the workload, staff will support the extra effort for a period of time due to a commitment to wanting to do things better. Eventually, however, the novelty will wear off and extra work can become the excuse for not wanting to address families' needs. Good technology that allows staff members at the centers to work with their agencies and with each other can address paperwork barriers to effective collaboration. Put a group together that will work on this infrastructure need soon after the mission has been developed. This can be a slow but essential process.

Lesson **eight** is easy to take for granted, but those involved with the effort need training to make it work. The bigger the effort, the more training is needed. Training brings common vision, understanding of common problems, and a commitment to be part of the team to help the collaboration work.

We find it useful to:

♦ Train the staff members involved with cross-agency participation. This helps them better understand the services workers from other agencies offer, and enhances their ability to work together.

♦ Train the mid-level managers at each participating agency with those from the other agencies at a single session.

♦ Train the community leaders who are involved in the community councils.

Be committed to training. Shut down services and provide training on a regular weekday to clearly communicate to everyone the level of commitment to jointly trained staff.

Lesson **nine** already has been implied, but it is important to view it as a separate lesson: Do not get drawn off your mission.

Since we are deeply involved in health and human services, we were drawn into the welfare reform effort, a state plan for community collaboration, an empowerment zone application, and a foundation plan to restructure human services. It is important to be vigilant, supportive, and cooperative with such efforts, but such endeavors can reduce the ability of the collaboration to stay focused on the mission and to move toward its total implementation.

We are not there yet, but at some point the energy for change will wane to an operational mode. Too many diversions will shorten the window of opportunity to create true change. This is an especially important issue to the staff implementing the vision. The staff will only ride the roller coaster of change for so long. After a period of time, they rightfully will question the commitment of leadership to support them in moving to the destination. This is not to imply the

change process is an end process, but there must be comfort points along the way that indicate significant accomplishment.

A true collaborative effort requires sustained hard work—this is lesson **ten**. If the group is not committed to hard work, the effort will most likely have limited success.

Let me illustrate what this may mean to individuals involved. In our efforts, the operations committee meets *every* Friday for a two-hour meeting. The effort consumes approximately twenty-five percent of the weekly schedule of the participants. This is, in most cases, *in addition to* already busy schedules, *not instead* of some other job function. These types of efforts will add to the job responsibilities of the initiators, not reduce them. And much of the work is laborious problem solving; it takes time and willingness to "gut out" difficult times. There is no one involved in Neighborhood Place who will say this type of change effort is easy.

The final lesson, number **eleven**, is this: Celebrate! Everything described can become a personal burden too great to carry if there are not times of celebration. Celebrate with staff, celebrate with community, celebrate with one another. Celebration by definition tells everyone that the outcome is worth the effort.

CONCLUSION

We believe we are reinventing the way we do business. One could ask how we know it—try this for an answer:

We just opened a new Neighborhood Place center built on School District property, paid for by County Government bonds, furnished by the Commonwealth of Kentucky, and staffed by all seven agencies.

We just completed a survey that shows ninety-three percent of our customers were satisfied with our services.

We just experienced an increase in the percentage of student attendance, the first in seven years.

Most importantly, we have encouraging suc-

cesses with families such as this: A "school truant officer" (assistant director of pupil personnel) visited a home because of an absent student and discovered two other children already out of school (dropouts). The truant officer connected the family to Neighborhood Place services that helped by:

♦ Remediating spousal abuse;
♦ Assisting the mother to find employment;
♦ Establishing secure housing;
♦ Returning the two dropouts to school to graduate; and
♦ Raising the grades of the failing "truant" to an Honor Roll student.

Celebrate!

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A version of this article is also published in the Proceedings of the American Humane Association Children's Division's First National Roundtable on Innovative Community-Based Partnerships.

A *Learning Exchange*
Voices of Experience: The Work of Building Philadelphia's Family Centers

Editor's Note: For the greater part of the past decade the city of Philadelphia has been engaged in building a system of Community Family Centers throughout many of the city's neighborhoods. Sponsored by the Mayor's "Children's Cabinet," the Family Centers brought family support and prevention services into neighborhoods in a new way, blending conventional health and social services with family support and activities to promote family development. This effort required fundamental changes in relationships between people, and within people's own self-understanding in order to promote a new way of working, a new kind of professionalism. The personal challenges of systems change (often overlooked) are brought home in these pieces from Keith Sheppard, a community social worker, and Cornelia Swinson, an administrator and community leader of the Lower Germantown Rebuilding Communities project in Philadelphia.

CHANGE AND CHALLENGE

by: Keith Sheppard, Case Manager for the Department of Human Services

To be honest, my motivation to become part of the Family Center Initiative was driven more by my desire to leave the stress and frustration of my previous work experience than by Family Center philosophy. Family Center goals of strengthening families and ultimately building communities sounded good. But I began my Family Center experience looking for a place to regroup and hopefully regenerate. My Family Center orientation period, before being assigned a Family Center, was just that place for me. Shortly thereafter, however, second thoughts crept in. As stressful as my previous work experience had become I at least "knew the ropes." I knew what to expect and I knew how to respond to a given situation. I was comfortable with some aspects of my new position but was unsure if I was ready for what I saw as the leadership responsibilities. As coworkers began to be assigned to their Family Centers and I was still unassigned, my anxiety level grew.

One of the positive aspects of this new experience, however, was my relationship with my new supervisor. Although I knew who he was from my previous work experience, I never got to know him. I soon began to appreciate what he brought to the table in terms of his intellect and also his professional and life experience.

Eventually, I was assigned to a Family Center and was given a mandate not to get involved in any of the intra-office turmoil that was present. I also was informed that the school's relationship with the Family Center was less than productive. As I began to experience some of these problems it crystallized for me the belief that Family Centers could never achieve what was envisioned without Family Center staff being supports for each other. Doubt began to surface. Was there too much idealism and not enough pragmatism? Why was communication so poor? Had there been enough planning beforehand? I began to focus on what I found most comforting, working directly with children and families. My rewards came solely from these experiences.

Problems at the Family Center persisted and began to color my perceptions of the initiative as a whole. I tried to help repair relationships that continued to deteriorate. Nothing seemed to work. Eventually the result was an overhaul of staff at the center. At this time a decision was made to select a community partner to oversee the operation and development of the Family Center. My role would be the point person in the selection process.

Other stakeholders who were part of this process were skeptical and I often bore the brunt of their skepticism. At times I felt isolated and unsupported. This new role pushed me in directions that were uncomfortable but I can honestly say that personal growth was achieved as a result.

At this time, one of the things occurring for me was that each day I was feeling more and more a part of the community I was attempting to serve. Every day I was learning the name of a child. Relationships with families were becoming stronger. Cultural differences were recognized and appreciated. It felt good when a child called my name in the schoolyard or a parent asked for advice. Through my own personal journey within the Family Center, I could envision what a Family Center could become to a community.

Another challenge occurred after the selection of partner agencies. I was optimistic about the future of the Family Center. The lead partner agency's vision and commitment were impressive. They were truly committed to the ideal of a community driven Family Center. But I was again unclear of my role. How would it change? Would the new staff work in a cooperative and supportive fashion? Would I be accepted even though I wasn't an employee of the lead partner agency? As new staff was hired and programs started, these questions were soon answered. My role changed as needed. I did advocacy and referrals but also tutored children. I assisted in the supervision of handball and Halloween parties but also gave input on programming issues. With each new program and activity the Family Center became more significant to the community it served.

Reflecting back, change and challenge best describe my Family Center experience. All in all, the changes have been made for the better and the challenges have been the basis for the successes.

SHAPING A NEW RESPONSE TO CHILDREN AND FAMILIES

by: Cornelia Swinson, Vice President for Planning and Development, Germantown Settlement

Along the Way I Met Some People and We Decided to Bake a Cake

Early in 1990, I met two women. Little did I

know, nor did they, that both of them would end up being involved in the leadership of a movement to create and develop new approaches to support kids and families, right smack dab in the middle of neighborhoods. And I would be right in there with them. Even more surprising was the fact that this movement would be implemented in partnership with communities and various public systems representatives across the city of Philadelphia. The movement, the creation of Family Centers and the beginning of Family Service Systems Reform, would position my agency, and most specifically me, to be involved at the forefront of one of this city's most exciting opportunities to come along in a very long time.

I met these women when they came to our agency to ask us to work with them on a special project. The project was intended to help create community ownership towards efforts to improve utilization of and access to quality health care for children. Following our meeting, the executive director of our agency asked me to work on the project.

Right away, I liked these women, one of whom was African American and one of whom was white. We shared information about our work backgrounds, common experiences which we felt led us to approach our work with different expectations. Those expectations were aimed at reaching higher and setting a different standard for community empowerment and capacity building. Almost immediately, I felt a connection and knew that we could do some innovative work together. I was excited about the flexibility with which we agreed to approach this work.

Our relationship started with talk about how best to connect with the community in a respectful way. I shared with them our family of agencies' historic approach to community development: to plan with and for the community. They followed our lead and agreed to be "introduced" to the community over a period of time because they were strangers. We made a difference and we worked well together. We started out with a specific set of assumptions and goals; we ended up with much, much more.

While knocking on doors and being invited

into people's homes (albeit hesitantly in some cases) we encountered so many issues impacting my neighbors. Most of those issues centered around a lack of knowledge about what was available, the disapproval of cumbersome rules and regulations surrounding the delivery of particular programs and services, the inability of the bureaucracy of public systems to respond to individual family needs in a personal and timely manner, frustration with the way in which services were duplicated and not coordinated, and . . . well, I think the point is understood.

We fashioned a response to these concerns by picking up bits and pieces from here and there and linking them where appropriate. We moved many children through various systems. In the process of linking kids and families with quality health care, we encountered, navigated and delivered responses to requests for assistance in other areas, including housing, energy, youth services, jobs, child care, recreation and much more.

One community volunteer hung in there like she was getting paid—she was not and neither was I. Little did we know then that when we implemented the Family Center we would decide that people like her were the best and most appropriate persons to be Family Center Specialists—and she is.

Slowly our thoughts began to evolve; we began to ask ourselves if this was the way to go. We quickly came to the conclusion that in order to improve the community you had to do it piece by piece, you had to know it to take care of it, you had to be there to see and feel it, you had to take it personally, and you had to take care of business. Imagine, we did this on a shoestring budget, a strong commitment, incredible resiliency, and just plain old determination.

The years went past . . . 1990, 1991, 1992, 1993. What would happen if we could really do this in a significant way? We just wondered with a big "W."

Take the Opportunity and Make Sure You Process, Process, Process

Our agency responded to the state's request for potential applicants to implement Family Centers. We did not get the grant, but

neither did any other applicant. We did our homework and it seemed the state felt that the city should get its act together and apply as "one"—in other words, collaborate.

The second opportunity to respond to a request for proposals to establish Family Centers came rather quickly. The Mayor's Cabinet for Children and Families was responding to the call. The lead time needed to establish a community participatory process was on a short and tight timeline. There was no paid staff person to facilitate this process, given that at this particular time Family Centers were only a wish, not a reality. Nevertheless, the person who accepted the responsibility developed a process with the involvement of the community and pressed on. She was one of those two women mentioned earlier.

This work included facilitating a process in three distinct communities simultaneously. Our community was one of those communities. I got a call to help and assisted with organizing the two to three community meetings where we had credible turnouts. Representation included school personnel, residents, parents, the local library, community associations, and other various stakeholders. Those who attended were encouraged to discuss and suggest issues, programs and services that would be important to the development of a Family Center responsive to community identified needs. A final meeting was held to review the final draft of the written document (incorporating the suggestions of the community and the requirements of the funding source) which was submitted to the State of Pennsylvania for funding consideration. A last official act of this process called for various community stakeholders to sign off in support of the proposed submission. We were successful in meeting these criteria. Congratulations! Philadelphia was awarded a grant to implement three Family Centers.

Our agency was thrilled and so was I. Finally, the dreaming and the "what if?" that we indulged in while implementing the health outreach program had become a program reality. What an opportunity, and to add to that bit of joy our agency was named as one of the entities that would implement a Family Center site. We were ready. I thought we were prepared.

Who Told Y'all You Should Be the One!

There was resistance to our agency being designated as an entity to manage a Family Center. We were one of the first to be established and the first to be managed by a community based nonprofit. I said we thought we were prepared. Little did I know about the complexity of resistance we were to encounter, the controversy which would rage and the many layers we would have to peel open. The lessons learned hurt, generated anger, opened up the expectation of exciting possibilities, and provided invaluable learning lessons all at the same time. Those lessons included: opening our agency up to merciless scrutiny; providing a catalyst for community groups who historically hated each other to band together in opposition of us ("Why should they get the contract?"); unearthing the issue of race in new and different ways ("Should a white woman be at the forefront of this movement?" "Why was our agency supporting her?"); illuminating our agency in the eyes of "union" members as a threat to job security (the union newsletter said of us: "Who are these people anyway . . . watch them . . . cause they definitely are union busters"); and various and sundry discussions among our elected and appointed officials.

All we wanted was an opportunity to shape another response to the ways in which children and families are served. And to do it our primary strategy would be to work along with the community and build upon our strengths in the process. Why was there all this fuss over this little bit of money? Why should anyone be threatened by this effort? I soon found out that it was not about the money; it was about creating the context that could facilitate lessons to be learned and possibly applied for systems change. What was the real meaning of this rumble? Obviously, we were on the edge of something significant. But I could not keep up with the issues that religiously cropped up daily. Despite the rhetoric and the relegation of Family Centers to the status of "seen them come and seen them go, we'll just wait it out," the behavior bode something different. Neither I, nor these two women, fully understood the potential of the outcomes and lessons to be learned by this work. It was clear that we needed each other to hold on to in this ride.

Open It Up Now Cause We Can't Wait . . . What Money?

The call came. They wanted us to open up right away! They were worried that time was passing and we might lose the impact of the concept of Family Centers if we didn't make something happen. "Open up" I said, "we don't have a contract or any money yet. Open up how and with what? We don't have any staff." For a day I thought that woman was crazy. How was I going to say this to my executive director? This is not magic, where you have a wand and make it happen. This is real life. Nevertheless, the resolve and the cold reality hit our agency. Like it or not as far as Philadelphia was concerned our agency was named. We had the contract. They were not interested in mundane things, issues such as no money and no staff; besides, to those who were fighting against us it did not matter.

We got moving. Those two women and I got moving and planning. Those dedicated community volunteers pitched in. We rounded up toys from our homes. I called in favors with our local businesses and friends: "Hey, give me some furniture . . . I'll pay you when our contract comes through," "Please donate some framed art work, remember when we paid you well to adorn the walls of our housing development sites?" "Please, please Mr. Volunteer Townwatch Coordinator, we know you work at the rug factory in Willow Grove . . . order the rug for us today . . . we want it delivered in four days . . . yes we will pay you, just use the clout of your company and I know you have permission from your boss . . . what do you mean you want us to pay for a $369.00 rug, are you out of your mind?" "How many people from our other programs to work on this . . . aren't you asking for a lot?" "When did you say we were going to get the money? It's a good thing I like you" . . . pick up trash on the whole block, paint the room, pay for the catering, do the invitations, mail them out.

I got a call on October 7th from the executive director. It seems we had an emergency. We were scheduled to open in four days and the high ranking official charged with oversight of this initiative was worried. It seems those community groups had come together, wrote a letter to the mayor and demanded a meet-

ing. All stops were being pulled out to stop this train from rolling. The high ranking official was worried: could we handle this? we cannot afford a major negative spotlight. The principal was worried: he feared a protest line as guest would be coming in, could we call the police and make sure they would be there? He had been told to expect the worst.

But the opening went off beautifully. It was emotional; people were crying, happy and excited. And the Family Center looked as if we had taken our time and spent a lot of money to prepare it for the big debut. I was relieved. The mayor was happy. He announced that he wanted eight more opened within the next year. We had our youth playing a major role, and on the front page of the *Daily News* was a picture of one young man and the mayor leaning over to talk in a conspiratorial pose. He was asking the mayor for a job. The mayor gave him his personal telephone number and told him to call anytime.

To make the principal happy, I had consented to conduct four special presentations for students of the school so they would understand what Family Centers were supposed to do. This was "after" the opening. So while everyone breathed a sigh of relief when it was over and went home, I was still there responding to my promise. What was I thinking when I consented to do this, was I crazy or what?

When I got back to the office, after it was over, I was treated to a surprise that made me cry. Sitting on my desk was the most beautiful arrangement of long stem red roses I had ever seen with a card from my boss. It read: "Struggles are hard won. You did a great job. Thank you." He signed his name. Every time someone walks into my office and asks me why I have those "dead flowers" on my bookcase and when I am going to throw them away, I say "never."

Three Dimensions of Managing Change in Social Service Reform
by: Gerald Smale

*Editor's note: The following is an excerpt from the new edition of Gerald Smale's book **Managing Change Through Innovation**. (To order, see page 38).*

Three dimensions of the complex issues involved in working with other people's ideas [when managing change] will be discussed briefly here:

- **Leadership;**
- **Other-centredness; and**
- **Sociability: Collaboration and Maintaining Effective Relationships**

Leadership

Before discussing some of the dimensions of leadership that relate to change management we need to beware of the danger of perpetuating the charismatic individual fallacy. It is all too easy to take an individualistic approach to events [and act as if an individual identified as a charismatic individual was the only key person crucial to change]. It may be good enough for tourist guides to say that King Henry VIII built Hampton Court or that Lincoln built the White House, but a change manager needs more specific and accurate information.

This raises the complex issue of "what is leadership?" This is discussed in some depth in John Brown's companion volume to this book, *Chance Favours the Prepared Mind* (1996). Here we will confine ourselves to a few comments to illustrate more dimensions of the skills used by change agents and change managers. John Brown's definition of leadership is as follows: "Leadership is about creating the circumstances in which high performance teams can become committed to changing and constantly improving their service delivery" (Brown, 1996).

He is writing from his position as a manager, a team leader, in a social services department in the UK, an organisation, like most, with a hierarchy. Some people are then put in management positions, which assumes some form of authority or leadership over others.   From this position Brown addresses the questions about what these people should do. However, he also discusses the literature that questions simplistic notions of all "leadership" being invested in only those people with organisational authority. Thus he says: "What we refer to as 'leadership' is the interaction and shared communication about direction, change, and service delivery improvements between those who have the positional power and authority to respond to change proposals and those who deliver the service" (Brown, 1996).

He follows Adair (1985) and others, seeing "leadership being about influence, consultation, persuasion, support and guidance where the key task is to get results from a highly motivated team" (Brown, 1996).

Brown illustrates the benefits of adopting change manager skills within an ordinary supervisory position. Common issues to respond to will be:

- ***Seeing conflict as constructive and a catalyst for change***, adopting a pluralistic metaphor of organisations and teams [by recognising the multiple power bases and vested interests within an organisation or team, acknowledging the vested interests, and seeking collaboration and resolution as a healthy response to conflict], and always promoting convergence and collaboration rather than winning and losing.

- ***Always promoting self-questioning in teams and individuals***:

  - ♦ Why are we doing this?
  - ♦ Why does it have to be done this way?
  - ♦ Does it work?
  - ♦ Is there a better way of doing this?
  - ♦ Should we be doing this at all?

- ***Having integrity and trusting those that work for you***, encouraging the workers to be critical of both their supervisors, and the current team status quo.

- ***Recognising downward dependence***. As in "Lincoln built the White House" or "Churchill won the war" examples, change managers and team leaders need to recognise that ***they*** don't change anything and that changes can not be forced. Commitment has to be ***given*** to new practice, and downward dependence recognises that the team leader, co-ordinator, manager is relatively powerless in the absence of worker support.

- ***Seeing the leadership role as a people-developer***. It is important to recognise that, although people and team development must be highest on the priority list because the long term gains far outweigh the short term pains, workload management and time issues, it is fundamental to adult-learning principles that people learn by themselves; it is not something that is done to them.

- ***Seeing commitment as a precious gift that is rarely given away lightly***. Commitment is given up by individuals when the change task is on that which they are convinced about. When conventional wisdom talks of leaders "getting them committed" there is a misunderstanding of the relationships involved, which attempts to place responsibility for gaining team enthusiasm and individual commitment onto the person occupying the leadership role. This is a fallacy. Often the best thing a leader can do is get out of people's way and keep his or her mouth closed and ears open. Commitment is given as a gift, not stolen by Machiavellian or charismatic people in power (Brown, 1996).

In this book our frame of reference is wider in as much as we are referring to ***any*** member of staff, whether professional practitioner, manager or care worker who sets out to be an innovator, or product "champions" of a particular change in practice. [Product

"champions" are crucial early adopters of change, who not only adopt new methods, but take up the cause of spreading the message to others (Howell and Higgens, 1990).] This will include those who are in a formal position where they can, and arguably should bring about change. We are also addressing teams of innovatory workers who have decided that they want to work in a different way. The material presented here is also relevant to, and has been used to good effect by senior managers and policy makers wanting to mainstream innovations in their departments, just as it is relevant to policy makers wanting to introduce changes in practice to the system they make policy for.

The effective change agent, or change manager, whatever his or her formal position in the organisation, will be working up, down and across the organisation, and with people both inside and outside it. Over the years we have come to distrust the "bottom up-top down" distinction concerning the location of the initiative for change. Those at the top of an organisation need to work with bottom up innovations just as those at the bottom need to use the initiatives and resources of those at the top. Both will need to work with, and mobilise the resources of people outside of their organisation where they have no formal authority, or "position" at all . . . [It is important to] look for actual gatekeepers of the resources that you need for the innovation that you are working on. I stress that *all individuals are the gatekeepers of their own resources of time and effort*, rather than assume that gatekeepers are only those with formal organisational authority. Let us then look at some of the aspects of leadership that are relevant to change agents without assuming that they are attached to a particular organisational role.

Leadership, Vision and Change

Most of the successful innovators that we have worked with had a clear vision of what kind of service they wanted to deliver.

There is considerable discussion of "leadership" in relation to innovation, and within this, there is a frequent emphasis on "visionary" and "transformational" leadership. (See, for example, Manz and others, 1989; Beckhard and Pritchard, 1992.) These ideas

clearly imply that those exercising such leadership have the imaginative ability to develop their own vision of how things might be or should be. A "change-master" skill identified by Kanter is "the ability to articulate and communicate visions . . . People leading other people in untried directions are the true shapers of change . . . this second change-master skill can be called 'leadership' . . . this kind of leadership involves communication plus conviction, both energised by commitment" (Kanter, 1989).

Several different qualities and skills are rather unhelpfully lumped together here, and we will return to some of them below, but nevertheless, the capacity to imagine, to envision, is seen as underlying many other behaviours.

> "The effective change agent, or change manager, whatever his or her formal position in the organisation, will be working up, down and across the organisation, and with people both inside and outside it."

In a similar vein, Beckhard and Pritchard write: "The leaders of the organisation must have a clear vision of the desired end state of the entire system, including such dimensions as its business, its organisation, and its ways of working" (Beckhard and Pritchard, 1992).

This approach might now be seen as the conventional management wisdom with most management writers emphasising the central importance of strategic vision encapsulated in the organisation's mission statement.

Kanter, like many writers in this field, frames this quality of vision and leadership as essentially individualised—this is self-contradictory since leadership is by any definition an interactive or *interpersonal* event, not an individual one: for there to be leaders there must be those that are led. Having the vision may be the essentially individual dimension

of this "change-master" competency, but interacting with others in a way that is perceived as them being led—the implementation of the vision—is essentially the *interpersonal* dimension or leadership. We might remember that the most effective form of leadership has been said to be where the leader tells people to do what they would have done anyway!

Egan presents an elaborate model of the change process and the skills of the change agent within which he identifies three different kinds of leadership tasks:

- ♦ professional technical leadership,
- ♦ managerial leadership, and
- ♦ transformational leadership.

Of the latter he writes: "Such leaders usually have a larger vision of things than the other members of the organisation, institution, or community . . ." (Egan, 1985).

An analysis of Bob Geldof's success with Live Aid offers a particularly interesting study of visionary leadership and the importance of imaginative abilities. It is particularly relevant to us here to recognise that, to begin with at least, he lacked, or perhaps we should say "was free of," a formal organisation. This enables us to see some of the change agent issues without assuming that they are attached to a role within a particular organisation. In his study *Bob Geldof and Live Aid: the affective side of global social innovation* (1991), Westley writes: "In terms of personal background, the early life experiences of visionaries provide them with, at the very least, a core of intense preoccupation with a vocabulary of images which can be used, like templates, to organise and give meaning to adult forms of such preoccupation. This is true of all people, but visionaries with their particular symbolic capabilities are particularly adroit at the use of this kind of symbolic metaphor" (Westley, 1991).

A methodologically sophisticated empirical analysis of the personal characteristics of "champions" of specific technological innovations across a range of companies concludes among other things that "the findings suggest that fundamental components of a champion's capacity to introduce innova-

tions successfully are the articulation of a compelling vision of the innovation's potential for the organisation . . ." (Howell and Higgins,1990).

To have a vision for the organisation, or clear idea of how practice could be done may well be a necessary requirement for those leading change but in our experience it is not enough. Many of the innovatory practitioners and managers we have worked with also took their values and vision literally and acted upon them. They may have been enshrined in mission statements to be framed and put on the wall of executive offices and made into posters for the corridors; they were a working set of values applied to everyday problem solving. Indeed the commitment to solve key problems seemed paramount. However, we should remember Watzlawick's warning that there is no idea more lethal than a belief that the final solution has been found. In our experience it is perhaps more important that people are committed to solving certain problems and applying benign values in the process. This leads us to consider other attributes of the effective change agent.

Other-centredness

How often do we hear cynical judgements of managers who are said to only be making changes to benefit their careers? How often this is a true perception of cynical behaviour is not important for our purpose here. What is significant is that true or false such perceived motivation is commonly seen as a good enough reason for not collaborating with the proposed changes irrespective of their intrinsic merits.

The evidence from a range of literature is that the change agent clearly needs to communicate that his or her prime concern or interest is with the needs, interests and concerns of the people being worked with, as against the interests of the change agent or the change agency. This can be summarised as the capacity of the change agent to be "other-centred" in his or her professional relationships. This is potentially complex, particularly in the situations social work and social services staff commonly find themselves in of mediating between conflicting parties. Being "other-centred" here entails

being able to tune into several conflicting individual perspectives, and the relationships between them, without being seen to be taking sides in unhelpful ways.

In his discussion of the change agent, Everett Rogers writes that "local change agents empathise with their clients, and give priority to client's problems. In fact change agents are often personally liked by their client's to the extent that they seek to circumvent bureaucratic rules . . . Change agent success is positively related to a client orientation, rather than to a change agency orientation" (Rogers, 1983).

Rogers' work on diffusion of innovation is exemplified in the situation of the professional change agent seeking to diffuse a particular technological innovation, for example birth control in Asia, to a clearly identified "client" population or target system. This is sometimes a different situation to that of a middle manager or practitioner seeking to get a team of staff to take on a new way of working. The latter may have more organisational constraints to contend with and Rogers (1983) acknowledges that early editions of his work have been criticised for lacking an analysis of organisational behaviour. The opposite is often true of most management writers who look almost exclusively at internal organisation factors. For example Kanter (1985), Peters and Waterman (1982), or Senge (1990) are primarily concerned with management strategy and internal organisational dynamics. This means they tend to fail to recognise that many innovations spread through organisational boundaries and that it is the overall social network of staff that is important, not just their intra-organisational lives. Nonetheless the need for the manager/change agent to be essentially "other-centred" remains crucial in all of these situations.

Allibrand and Benson, in their study of training for rural change agents in the third world, underline the need for change agents to work with the immediate problems of the indigenous population. [They argue: "Efforts to shortcut the development process by finding 'peasant-proof' modernisation methods have been largely unsuccessful." They go on to say: "Frankly, we feel it is high time for change agents to *listen* more and *talk* less

> **"The change agent clearly needs to communicate that his or her prime concern or interest is with the needs, interests and concerns of the people being worked with."**

. . . Rural change agents should be concerned with the immediate specific needs of their clients" (Italics original-Allibrand and Benson, 1980).] Their argument against "peasant-proof" innovations underlines the need for change agents to avoid what is essentially self-centred thinking. Just as it is useless for us to adopt other people's solutions to their problems unless they are identical to ours and our circumstances, so it is useless for others to have our solutions imposed upon them.

A major practical implication of an "other-centred" orientation is that the capacity of the change agent to be able to listen to those with whom he or she is working can not be assumed to be present. It is often assumed to be happening when it isn't, and assumed to be a relatively simple task which everyone will naturally do when, actually, effective listening may be more the exception than the rule. Everett Rogers, for example, reminds us that "Change agent empathy with clients is especially difficult when the clients are very different from the change agents" (Rogers, 1995).

We have found the opposite also true. In interactional skills training for social workers and supervision skills development with managers we found that the interviewer familiar with the interviewee's problems sometimes made serious mistakes. This happened when the manager or worker jumped ahead of the other person assuming that they already knew what they were going to say based on their own experience of the problem or situation. They thus failed to hear and so empathise with the other person's own experiences.

The fundamental, core issue of the need to rediscover problems and recognise their idiosyncratic significance, and the need for constant reinvention, is illustrated in Dr. David Riley's work. *By listening to localised problems and frustration about getting something done, or there being something wrong in the situation, the change agent or change manager gathers information and perceptions in collaboration with others, a process of gaining consensus and commitment to doing it some other way.*

Riley (1997) describes an excellent practical example of using listening and local data gathering approaches "to the *process* of the diffusion of innovation" when applied to a public health and community development initiative in Wisconsin. Having successfully introduced a pilot programme for "latch-key" after-school child-care in one area of Wisconsin, he began a "simple-linear" approach to the statewide dissemination of the successful pilot. He encountered a range of indifference and resistant responses, in which each locality or community simply said to him that they did not accept that the "problems" from another area of Wisconsin had any relevance for their area of Wisconsin—a classic "not invented here" response.

It was only when he altered his strategy from a simple-linear approach to one of locally-based convergence, collaboration and reinvention *in every single community or town*, that they began to see that there was a problem in *their* area and the commitment to solution-generation began. Riley had to literally reinvent the data collection to highlight the problem in each single town before there was any acceptance for the solutions that were available. Even then, he himself had to accept that there was a need for each town to modify and tailor the existing solution to their own local needs. He had to help them to reinvent the problem before he could introduce solutions. The phenomenal success that was achieved having moved away from a simple-linear approach bears testimony to his comments that:

> I had not heard of anything like this before, and nothing in my graduate training had prepared me for this factory-like way of replicating the same research again and again. My depart-

mental peers were also a bit mystified at first. Was this real research? I was finding basically the same results in each community, so why didn't I just publish it and go on with the next topic? The answer to this question implied a redefinition of the researcher's role and audience. Of course I knew what we would find in each new community, but the community did not, and they each had to find out for themselves. They did not believe that research conducted elsewhere was relevant to their town. In some cases, local leaders (such as school administrators) told us they were politically unable to advocate for after-school programmes until we created a public demand, which they could then answer. In such cases, we acted as a catalyst and probably hastened a process that would have taken some additional years otherwise.

> One might say that instead of diffusing knowledge, I was diffusing the knowledge-generation process, teaching community members to be their own researchers. (Riley, 1997)

Here we see the combination of listening and other-centredness, in this instance a recognition that his knowledge is irrelevant. It is the knowledge of others that is important.

Others, writing about the world of industry and commerce, underline the crucial importance of these dimensions of change management. For example, Moss Kanter provides another perspective on the importance of listening, which itself can only come from a basically "other-centred" disposition in the change agent, when she writes: "Thus active listening to the information circulating in the neighbourhood is really the first step in the generation of an innovative accomplishment, and information is the first power tool" (Kanter, 1985).

Another level of "other-centredness," and the ability to hear the communications of others is evident in the study of Bob Geldof and Live Aid. Bob Geldof writes of switching on the television as a diversion from his own worries about a recently produced

record: "I saw something that placed my worries in a ghastly new perspective. The news report was of famine in Ethiopia. From the first seconds it was clear that this was a horror on a monumental scale . . . I felt disgusted, enraged . . . To expiate yourself truly of any complicity in this evil meant you had to give something of yourself . . ." (Westley, 1991).

Geldof's description clearly conveys a capacity for "other-centredness" both in the sense of being able to hear the communications of the television programmes, and also in the sense of moving beyond his own preoccupation and concerns in order to act in an "other-centred" fashion. Clearly anyone seeking to promote change at either the global scale which Geldof sought, or the micro level scales of the average organisational middle manager or practitioner, will require some minimal capacity for the same attitudes and behaviours.

A major study on the training of change agents conducted in the 1970's involved bringing together a conference of academics and expert practitioners and getting them to identify levels of agreement on general propositions about the nature of change agency. Two propositions which received the highest proportion of agreement as essential to the effective change agent were: "The user's need is the paramount consideration in any planned change activity"; and "User initiated change is likely to be stronger and more long lasting than change initiated by outsiders" (Havelock and Havelock, 1973).

These statements are expressions of the importance of an essentially "other-centred" orientation required of the change agent. The fact that this might appear more complex for many managers and practitioners who have to attend to several "users" with possibly conflicting perceptions of their own and each other's "needs," simply underlines how crucial it is for the change manager or change agent to be able to maintain such an orientation.

Sociability: Collaboration and Maintaining Effective Relationships

There is a common stereotype of the innova-

tor as an oddball, somebody who is thinking in his or her own world and out of step with others, the eccentric "nutty professor" or "mad inventor." There is perhaps some truth in these ideas concerning inventors and very early adopters. However, in our experience effective change managers combine their willingness to step out of line and take on the conventional wisdom with an ability to work collaboratively even if this is restricted to a team of like-minded pioneers. More frequently though the effective change agents we have worked with have good social skills and are motivated to form partnerships and coalitions with a wide range of disparate people.

Change agents work with and through other people. They need to be capable of sufficient independence to be able to function in a third party position relative to key relationships, organisations and social networks of people. However, it is also crucial that the change agent is able to develop a range of ways of joining with, and working alongside other people. They need to be able to do this in a wide range of configurations including individuals, both in the same organisation and outside, and including both subordinates and superiors; groups of different sizes, whole communities, organisations, networks and so forth. The negotiation of convergent understandings is essentially a social process, and thus requires in the transactor a general capacity to engage effectively with other people.

Evidence from a diverse range of literature supports this view. For example, Kanter identifies "coalition building" as the first of several interpersonal and organisational skills. She writes: "Though the literature on organisational politics has emphasised one-on-one relationship building, my research moves the emphasis to the coalition. What makes people effective in organisations is the ability to create a whole set of backers and supporters, specifically for projects of innovative activities, that helps lend the power necessary to vitalise these activities" (Kanter, 1991).

Collaboration is seen in this context of developing innovations and managing change in large companies and commercial organisations as an element in a change

strategy. Within this strategy there will be a range of tactics in relation to the development of particular coalitions. For example, Kanter describes "an attractive young woman" who proved to be a highly effective "change master": "She brings others into projects; she works with peers and people below to make them feel included. She creates multiple relationships . . ." (Kanter, 1985).

Weissman's study of entrepreneurship in social work concludes that "While all entrepreneurs need interpersonal skills, the social entrepreneur is probably more dependent on such skills than his counterpart in business. Although both business and social entrepreneurs must be adept in dealing with people, the social entrepreneur needs to be especially well-versed in organisational and governmental politics and processes" (Weissman, 1990).

Being "well-versed" here does not just relate to an intellectual understanding of such processes—it refers to all that is involved in the social activities of "'making deals'. In the political arena, this activity may involve . . . obtaining sponsorship of key supporters . . . getting officers to authorise projects and allocate staff . . . reach agreements with other program managers, and so forth" (Weissman, 1990).

Such activities require the change agent to be able to work in lots of different ways with many different kinds of people, i.e. to be fundamentally sociable.

Kanter identifies a second "interpersonal skill" which she characterises as team building: "Once a group of supporters has been generated, it is time to get down to the actual project work. Now the next interpersonal-organisational skill comes into play—the ability to build a working team to carry out the idea" (Kanter, 1991).

In this she seems to be using the same definition of "team" as referred to throughout this book: a team is a group of people related to each other to complete a task. Essentially then we are talking here about over-lapping collections of people within and across organisational boundaries and not just the "teams" that constitute part of

many organisations' structures. John Brown (1996) has discussed issues to do with organisational team development and the management of change and development of innovations in some detail in the companion volume to this book.

In his study of Live Aid, Weissman (1990) identifies that a crucial feature of Bob Geldof's success in mobilising the Live Aid appeal was his familiarity with the international network of people involved in the pop music industry, and his ability to use these relationships to generate a snowball of commitment.

Everett Rogers concludes from his extensive review of the literature on innovations that "Change agent success is positively related to the extent that he or she works through opinion leaders . . . The time and energy of the change agent are scarce resources. By fostering communication activities upon opinion leaders in a social system, the change agent can hasten the rate of diffusion . . . In fact, after the opinion leaders in a social system have adopted an innovation, it may be impossible to stop its further spread" (Rogers, 1995).

As well as the "economic" argument for working through opinion leaders, the need for this is also a function of the need for the change agent to be able to remain in a third party position. The opinion leader is, so to speak, the person in the client network who is just over the fence from the change agent, but well connected in the client territory, and through such links the change agent can both be sufficiently involved and sufficiently independent.

Roberts and King, in their study of policy entrepreneurs, discuss the practical tasks of linking up innovators, developing and maintaining support networks, and bringing together practitioners, researchers, as part of the change agent's task. They write: "The policy entrepreneurs tended to organise themselves into a group of individuals . . . (they) usually met once a week and . . . regularly kept in contact by telephone . . . 'Informed others' would be invited to sit in . . . Forums to discuss their ideas ranged from informal ones such as public speaking engagements, university courses, leadership

development programmes . . . Our respondents also cited the policy entrepreneurs telephone calls, personal contacts . . . and special meetings that brought together national education 'experts' with state and local political and educational leaders" (Van de Ven and others, 1989).

These policy entrepreneurs/change agents engage in highly complex and enriched social relationships as part of their ways of influencing the situation and providing support and challenge to themselves and others in the change process. Some of the rules of thumb developed by one of the subjects of their research included: "Change never comes through consensus. Get the key leadership to back your idea and 'the pack will rush to follow' . . . Get the elite involved . . . Destabilise the opposition by co-opting one of the . . . establishment groups" (Van de Ven and others, 1989).

Our own experience of working with innovators has certainly endorsed the crucial significance of diffusion (we called them practice exchange networks) in supporting and sustaining innovators and innovatory teams. These people were typically relatively isolated in their own organisations and received much information as well as essential support from these networks. It follows from this that change agents and innovatory managers need to be good networkers. Indeed Rogers (1995) concludes that the cosmopolitan nature of innovators and early adopters is a key personal characteristic.

In their study of leadership and innovation Manz and others (1989) examine the process by which a new chief executive, who was installed against the wishes of a newly acquired company, sought to "join" with the organisation. They write: "This leader spent a great deal of time and energy initially both trying to assimilate the style of the acquired organisation and coming to understand the rhetorical vision of the community. He did this through intensive and constant personal communicative involvement with the entire staff . . ." (Manz and others, 1989).

An essential element of the change process he was managing consisted of intensive, face-to-face contact with staff, essential for actually understanding the perspectives of those with whom he had to work in order to bring about the necessary changes.

These are all examples of the change agent deliberately planning to work through and with other people, and through their relationships with those who the change agent seeks to influence, i.e. *the change agent requires the cognitive, attitudinal, and behavioural abilities to work socially, in many different ways*.

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Outcomes Consultation: Lessons from the Field (Part II)
The Automated Assessment of Family Progress

by: Brad Richardson and Miriam J. Landsman

In Part I of this series, five principles that guide the process of establishing outcome-based systems were presented. Those principles are listed in the building blocks to the right. The application of those principles was embellished by a case example of outcomes consultation (a.k.a. technical assistance on outcome measures). In this issue we will present an approach to developing a statewide common outcome measures system. This approach has also resulted in the development of a simple and inexpensive computerized data collection system by which to examine data for families seeking assistance from community action agencies. These data provide strengths-based monitoring and assessment for the families, their workers, and others interested in positive growth for vulnerable families. In aggregate, the data also provide measures of change and point in time assessment at several levels of analysis. These data may be analyzed by geographic area (counties, agency service areas, statewide), programmatically by services received, over time (time series), or for establishing validity and reliability.

Developing Statewide Outcome Measures

The Automated Assessment of Family Progress developed from work attributable to staff at MICA (Mid-Iowa Community Action) and the National Center for Services Integration (Bruner, 1992). Using the MICA categories and definitions as a starting point, and after many, many hours of meetings, drafts, reviews, and negotiations, the AAFP represents the culmination of a refinement process for the original constructs. The major difference between the AAFP matrix and the MICA outcomes is that the AAFP presents measurable strengths-based indicators (scales) under each outcome area. Paying particular attention to Principle #1: involvement of stakeholders, and Principle #2: achieving relevance, cultural appropriateness, and consensus, the following ten family-strength categories determine the "matrix":

- Employment
- Education
- Community Involvement
- Self-Sufficiency
- Household Management
- Food/Nutrition
- Health
- Housing
- Emergency/Crisis
- Household Linkages

These outcomes, along with their associated measures and the process (described below and illustrated in Figure 2) have become known as the AAFP. The measures in each column of the matrix under the general concept represent the scales used to measure the state of the family at points in time. Family progress is the analysis of change on those measures contained in the AAFP database.

♦ **Principle #1:** No matter what system is taking the lead role in developing an outcome based system (state, local, etc.), the involvement of stakeholders in developing outcomes and measures of those outcomes is critical to developing a valid outcome system. An outcome system developed at the state level must be accountable not only to federal funding sources but also to the local level, actively involving localities in the process. Therefore, whatever system is leading the outcome based project, stakeholders must be prepared for the length of time and extent of commitment of effort that the project will require.

♦ **Principle #2:** The desire for uniform outcomes must be considered in light of the nature of the service system, the diversity of the population, and a variety of community factors. While uniform outcomes are the easiest to measure and report, several important questions must be raised: 1) are the same outcomes relevant to all locales within a region or to all regions within a state?; 2) are outcome measures developed in ways that are appropriate to culturally diverse populations?; and 3) can stakeholders reach consensus on how desired outcomes can best be measured?

♦ **Principle #3:** As a rule, the greater the heterogeneity, the more complex the task of developing an outcome based system. A statewide evaluation of a relatively homogeneous program with clear outcomes will be less complicated to implement than an evaluation of a community based collaborative of assorted programs, each serving different target populations, providing different types of services, and having varied (perhaps even intangible) outcomes.

♦ **Principle #4:** Key to developing an outcome based service system is maintaining a focus not exclusively on the measurable outcomes, but on the linkages between outcomes and services. In the current fervor for developing measurable outcomes, too often the relationship between outcomes and programs and services is neglected. Outcomes are intended to represent changes which occur as a result of interventions. Tracking indicators in the absence of a service context, therefore, provides little useful information about the role of programs in attaining those changes.

♦ **Principle #5:** The logical sequence of developing an outcome based system begins with a thorough understanding of the needs which prompt a service or system of services and the goals developed to address those needs. If a community is experiencing a high rate of adolescent pregnancy, an important goal will be to reduce the rate of adolescent pregnancy. Outcomes, then, are the measurable results by which attainment of the goal will be evaluated. Outcomes do not develop out of thin air, or apart from a context of needs.

Automated Assessment of Family Progress Measures--Figure 1

Employment	Education	Comm Involvement	Self-Sufficiency	Household Management	Food/Nutrition	Health	Housing	Emergency/Crisis	Household Linkages
JOB STATUS Are all adults in the household employed? 1=no; 2=yes	EDUCATION Do any adult hh members require additional training education? 1=yes; 2=no	COMMUNITY INVOLVE-MENT Is any adult hh member involved in community activities? 1=never; 2=some-times; 3=frequently	SELF-SUFFIC-IENCY Is anyone in hh household to help the household to get off of FIP? 1=no; 2=yes	HOUSEHOLD MANAGEMENT Are household bills paid on time? 1=no; 2=yes	HOUSEHOLD FOOD SUPPLY Does any adult hh member have a food supply adequate? 1=no; 2=yes	HEALTH Do household members have health insurance coverage? 1=no hh members have; 2=only some hh members have; 3=all hh members have	HOUSING Is affordable housing available? 1=no; 2=yes	EMERGENCY CRISIS Is household in an emergency or crisis situation? 1=crisis now exists; 2=crisis potential exists; 3=no crisis at this time	HOUSEHOLD LINKAGES Are there transportation needs? 1=needed but not avail; 2=avail but can't afford; 3=avail & can afford; 4=not needed
BENEFITS (Do any adult members of the household have job related benefits? (1 pt. for each) 0=none; 1=medical; 2=life; 3=sick leave; 4=vacation; 5=retirement	Do any adult hh members require additional primary education? 1=yes; 2=no	COMMUNITY INVOLVEMENT GOALS 1=needs pln to imprv; 2=has pln not needed	If non-FIP, is any adult enrolled in a Self-Sufficiency program? 1=no; 2=yes	Are household members basic needs met? 1= needs not being met; 2=needs met with assist; 3=needs met with-out assist	Does household receive fed, state local food assistance benefits? 1=no; 2=yes	Does household have preventive health habits? i.e., checkups & physicals? 1=never; 2=sometimes; 3=on regular basis	What is current housing situation? 1=poor, 2=adequate, 3=good	How often has household visited CAA for emergency assistance? 1=weekly; 2=monthly; 3=quarterly; 4=yearly; 5=never	Are there legal needs? 1=needed but not avail; 2=avail but can't afford; 3=avail & can afford; 4=not needed
TRAINING (Do any adult hh members require job training? 1=not avail & needs; 2=needs & not avail; 3=completed or enrolled; 4=not needed	EDUCATION GOALS 1=needs pln to imprv; 2=has pln to imprv; 3=pln not needed		SELF-SUFFIC-IENCY GOALS 1=needs pln to imprv; 2=has pln to imprv; 3=pln	What is quarterly gross household income?	FOOD/NUTRITION GOALS 1=needs pln to imprv; 2=has pln to imprv; 3=pln not needed	Is poor phys/mental health of any hh member affecting success in other areas, i.e., school, job, etc? 1=crisis at this time; 2=potential for crisis exists; 3=no crisis at this time	Is current housing in a high crime or unsafe area? 1=no; 2=yes	EMERGENCY/CRISIS GOALS 1=needs pln to imprv; 2=has pln to imprv; 3=pln not needed	Are there child care needs? 1=needed but not avail; 2=avail but can't afford; 3=avail & can afford
JOB GOALS 1=needs pln to imprv; 2=has plan to imprv; 3=pln not needed				What is debt load? 1=high; 2=some-what high; 3=some; 4=low; 5=none		HEALTH GOALS 1=needs pln to imprv; 2=has pln to imprv; 3=pln not needed	HOUSING GOALS 1=needs pln to imprv; 2=has pln to imprv; 3=pln not needed		Are there problems with family, friends, or others? 1=crisis now exists; 2=crisis potential exists; 3=no crisis at this time
				HOUSEHOLD MANAGEMENT GOALS 1=needs pln to imprv; 3= pln not needed					HOUSEHOLD LINKAGE GOALS 1=needs pln to imprv; 2=has pln to imprv; 3=pln not needed

Figure 2

Achieving the first two principles— involvement of stakeholders and consensus—required working with the State of Iowa Department of Human Rights, Division of Community Action Agencies (DCAA) and successfully partnering with the Iowa Community Services network. This network included the Iowa Community Action Association (ICAA), the Iowa Commission on Community Action Agencies (CCAA), and the University of Iowa School of Social Work's National Resource Center for Family Centered Practice. The partnership has resulted in the design and implementation of what has been called, at the Federal level, a Results Oriented Management and Accountability (ROMA) system addressing the federal accountability standards of GPRA (Government Performance and Review Act).

Principle #3 states that the greater the heterogeneity, the more complex the task of developing an outcome based system. Development of the AAFP began in 1996 when a proposal from the State of Iowa, Division of Community Action Agencies was written to the Office of Community Services at the Department of Health and Human Services. With a modest award for start-up, the work on the grant began to address issues of their measurement, validity and reliability. Defining the set of outcome indicators began with a core group of Community Action and State agency staff. Following the many meetings and planning sessions to develop the indicators, it was determined that a computerized system would be used to collect the data, store the data, and then to simultaneously export the data from the collection sites to a central location for aggregation, analysis and reporting. Since sites used more than one kind of computer system, it was also agreed that spreadsheets would be used as a common vehicle to transfer information.

The AAFP was written as an additional screen which was included in the computer systems used for gathering intake information at sites across the state. Following pilot testing, the additional AAFP measures were recorded for selected participants beginning in 1998.

Instead of measuring each family, a sampling procedure was used to reduce the amount of time necessary to collect and enter data and thus reduce the cost of the data collection. The sampling procedure ensured that every household had the same chance of being selected regardless of when the family appeared (those that appeared for services late in the year had to have the same chance of selection as those that appeared early in the year), or how often they appeared (whether once a year or several times each month). Our goal was to achieve a random sample of a size which would obtain a 95% confidence level. Agencies were also allowed to use the AAFP process to assess participants in designated service programs. As a result, households could be included in both the random and agency selected groups, either one of those groups, or neither of the groups.

The AAFP process is ongoing according to the steps in the flowchart illustration (Figure 2). Once the household record is marked as having been through the selection process, each time the family appears they are asked the AAFP questions. Non-selected families are so marked and do not become part of the random sample; however, they may be selected by the agency at any time for special analyses (e.g., all participants in a new program might be selected). These data are then exported for aggregation and analysis at the National Resource Center for Family Centered Practice.

Next Steps: Linking Outcomes to Service

Principle #4 states that the key to developing an outcome based service system is maintaining a focus not exclusively on the measurable outcomes, but on the linkages between outcomes and services. Connected to the AAFP are the service provision data that the state maintains and household demographic data (e.g., date of first service, number of household members). As the AAFP work proceeds we will attach specific service data to the outcome measures. This will provide rich information on inputs associated with specific outcomes, and will ultimately provide information critical for the analysis of cost. An empirical system of services and outcomes is being established which can enhance our ability to assess and improve service effectiveness for families.

Principle #5 states that understanding community needs and the system of services designed to meet those needs is a major goal of outcome evaluation (Principle #5). The AAFP process is also intended to build local capacity to further understand the connections between community needs and services. During the summer of 1999, local and regional training will be conducted with all agencies in the state implementing the AAFP. The training will consist of procedures for data manipulation and analysis in some of the following areas:

- Assessing validity of outcomes and scales
- Assessing reliability
- Examining linkages between service delivery and outcomes
- Program participation levels and outcomes
- Cost effectiveness of programs
- Procedures for analyzing change over time
- Presenting information to funding sources

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Resource Review

by: Ashly Bennett

Bruner, Charles. *From Community-Based to Community-Staffed: The Experiences of Three Allegheny County Family Centers in Community Hiring.* **Pittsburgh: Starting Points, Office of Child Development, University of Pittsburgh.**

This report recounts the recent development of three family centers in Allegheny County, Pennsylvania that are staffed almost completely by members of the community being served. The report begins with a brief discussion of the potential benefits of community hiring, as well as the common obstacles to it. The chronology of each site's development is described, along with the challenges that the directors had to overcome in order to effectively implement a community hiring process. The perspectives of the staff members on their work experiences, and those of families who worked with community staff are also included. A number of lessons learned by those involved are outlined at the end of the report, touching on a variety of issues including leadership, community governance, recruitment, and the economic benefits of community hiring. These lessons, as well as the concise report as a whole, should be relevant to anyone involved or interested in community hiring.

Dorman, Rebekah L., Douglas J. Moore, and Caroline A. Schaerfl. (1999). *Planning, Funding, and Implementing a Child Abuse Prevention Project.* **Washington, DC: CWLA Press. ISBN 0-87868-562-6.**

Wanting to go beyond the abstract discussion of child abuse prevention found in most literature on the topic, the authors of this manual provide detailed, practical instructions on developing a child abuse prevention project. Based on over 100 prevention projects in Ohio, the manual takes the reader through all the steps of designing and implementing a program, and offers advice on securing funding, cultivating cultural competency among

staff, establishing an effective organizational framework, and a number of other important issues. Case examples from Ohio projects are detailed throughout to illustrate the procedures described. The authors also point readers to other useful resources and information; reference lists at the end of each chapter offer further material on the topics covered, and the appendices include lists of federal resources for child abuse and neglect prevention activities, national organizations and information sources that focus on abuse prevention and/or family support, and publications on related issues.

Goldman, Sybil K., Marisa Delacruz Irvine, and Cliff Davis. (1999). *Report of the Child, Adolescent, and Family Panel for the Mental Health Managed Care and Workforce Training Project.* **Washington, DC: Georgetown University National Technical Assistance Center for Children's Mental Health.**

This publication includes two reports intended to help mental health professionals create successful systems of care in managed care contexts for children with emotional/behavioral problems and their families. As part of the Managed Care Initiative, the Child, Adolescent and Family Panel was made up of individuals with a range of perspectives and expertise on mental health services for this population. In the first report, the panel assesses whether the standards, practice guidelines, core competencies, and training curricula currently being used by different constituencies, particularly in managed care frameworks, adequately incorporate widely held, core principles for most effectively serving youth and families. The panel identifies the limitations and strengths of existing materials and suggests the development of consensus on practice standards and recommended core competencies based on best practice and collective practical wisdom. In the second report, the panel offers a list of principles that should guide the development of such standards and competency requirements.

Standards for both management and clinical work are also proposed, accompanied by notes on each standard concerning important aspects of its implementation. Some initial recommendations of competency guidelines for staff are also included. A combined executive summary for both reports at the beginning of the document provides a useful overview of the panel's findings and suggestions.

Gray, Bruce, Angela Duran, and Ann Segal. (1997). *Revisiting the Critical Elements of Comprehensive Community Initiatives: A Study Conducted by Staff of The Office of the Assistant Secretary for Planning and Evaluation, United States Department of Health and Human Services.* **http://aspe.os.dhhs.gov/hsp/cci.htm**

This online report based on a study of fourteen comprehensive community initiatives offers observations and insights on succeeding in such endeavors. The development and methodology of the study are described, including the process of identifying initiatives from across the nation that are considered successful by experts and meet the criteria of: 1) operating for at least the past five years; 2) using multiple funding sources; 3) providing multiple services and supports; 4) focusing on improving the status of families and children; and 5) being large enough to have significant impact on the community. The report outlines the principle lessons learned about the survival and success of community-wide initiatives through interviews with administrators, staff, residents and organizational partners involved with the selected initiatives. Key topics relating to success that were discussed during interviews are also examined, including: mission, vision and philosophy; leadership and management; responsiveness to community needs; community participation; collaboration; and financing. The authors conclude by considering and, in some areas, challenging conventional wisdom about creating

comprehensive support systems for families and children in light of the findings of the study, suggesting ideas and strategies that will be useful to anyone involved in this field.

Jargowsky, Paul A. (1997). *Poverty and Place: Ghettos, Barrios, and the American City*. **New York: Russell Sage Foundation. ISBN 0-87154-405-9.**

With this book, Jargowsky offers the first nationwide study of high-poverty neighborhoods. Defining high-poverty neighborhoods as those with at least 40% poverty rates, he documents and examines their alarming rate of growth between 1970 and 1990, identifying national trends. He also closely examines the size and scope of poverty in 1990 and offers a description of the physical, economic, and social characteristics of high-poverty neighborhoods that poses many challenges to popular stereotypes. After considering the growing body of literature on concentrated urban poverty, Jargowsky offers his own analysis of neighborhood poverty and discusses its implications for public policy. The book has a very scholarly bent, putting great emphasis on methodology and statistics, and provides a comprehensive investigation of impoverished neighborhoods and a well-supported argument for rethinking strategies for addressing them.

Jernberg, Ann M., and Phyllis B. Booth. (1999). *Theraplay: Helping Parents and Children Build Better Relationships Through Attachment-Based Play*, **2**nd **ed. San Francisco: Jossey-Bass Publishers. ISBN 0-7879-4302-9.**

In the late sixties, Jernberg, Booth and other individuals involved with the Chicago Head Start program developed Theraplay, an innovative approach to child therapy that focuses on creating a playful, interactive relationship between the therapist and child that is modeled on healthy parent-child interaction. This helps the child address attachment issues, increase self-esteem and develop age-appropriate behaviors, while also teaching parents, who initially observe and then participate in playing with the child, new techniques they can continue to

use at home. Jernberg first described the method in the 1979 edition of this book, and in this new edition Booth revises the original to reflect recent changes in child development theory and the Theraplay approach itself. A general overview of the method is provided, as well as a discussion of the theory and research informing it. Detailed instructions on Theraplay treatment are also given, including how to work with the child and the parent or other caregiver, and how to organize sessions around a child's unique needs. Numerous vignettes and transcripts of Theraplay sessions are incorporated to exemplify different aspects of the technique. Specific problems Theraplay can be used to address, such as autism and physical disabilities, are discussed, as well as adapting the method to work with adolescents. The book presents an approach that is relevant to a wide audience, including both professionals and parents, since aspects of it can be incorporated into many types of work and everyday interactions with children; but, therapists planning to add the Theraplay method to their practice are encouraged to use the book in conjunction with formal training.
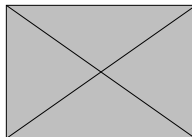
Keehley, Patricia, Steven Medlin, Sue MacBride, and Laura Longmire. (1997). *Benchmarking for Best Practices in the Public Sector: Achieving Performance Breakthroughs in Federal, State, and Local Agencies*. **San Francisco: Jossey-Bass Publishers. ISBN 0-7879-0299-3.**

This book describes how to improve any public organization through benchmarking, a process of comparing the practices of one's own organization to the best practices of others with similar services. The authors provide a step-by-step guide to implementing benchmarking techniques, covering a range of topics from preparing for benchmarking, to identifying best practices in other organizations and adapting these to one's own organization. The authors also discuss how to create an effective, diverse benchmarking team, and how to select and interact with benchmarking partners that

have practices you wish to adopt. While the authors consider other literature on benchmarking, the emphasis is on providing detailed, concrete advice. Numerous examples of both public and private organizations that use benchmarking are offered to illustrate different aspects of it. In addition, flow charts, checklists, worksheets and other useful tools for benchmarking are provided. This practical guide should be of interest to any individuals in federal, state or local agencies who wish to enhance their practice.

Krueger, Mark A. (1998). *Interactive Youth Work Practice*. **Washington, DC: CWLA Press. ISBN 0-87868-707-6.**

The first publication in a series of youth work resources, this book encourages individuals who work with youth to develop an interactive approach to their practice. In a series of essays, Krueger discusses personal experience and examples of youth work, along with research and literature on related issues, to demonstrate that youth develop in moments and interactions, and workers must be aware of a youth's developmental capacities. Characterizing competent youth work as a constant learning process, he explains how workers can develop the ability to adapt techniques to specific contexts and a youth's individual strengths, abilities and readiness for growth. He also includes a curriculum outline that can be used to teach interactive youth work practice in a classroom or work setting, and provides practice examples for discussion. In addition, an extensive suggested reading list is offered, along with an overview of authors, books, articles and videos that have been particularly influential on Krueger's approach to youth work.

Orelove, Fred P., and Howard G. Garner, eds. (1998). *Teamwork: Parents and Professionals Speak for Themselves*. **Washington, DC: CWLA Press. ISBN 0-87868-602-9.**

This collection of essays addresses the importance of teamwork among practitioners involved in different areas of education, health care and human services, and provides ideas and information to help facilitate such collaboration. The first few

essays discuss how forming structured teams of professionals from different departments in an organization or even from separate agencies, that also include parents of children receiving services, results in better support for and increased satisfaction of customers. A number of general issues relating to teamwork are examined, including the history of teams in human services, the challenges and opportunities of collaboration, and the stages of team development. The rest of the essays are contributed by participants in team efforts from ten traditional helping disciplines: medicine, nursing, physical therapy, occupational therapy, special education, social work, speech-language pathology, psychology, rehabilitation counseling, and gerontology. Each of the authors gives a brief history of his/her profession, describes services provided and current philosophies of treatment and service, and discusses the professional ethic and the training process. Each also considers the discipline in relation to others and offers his/her perspective on key issues relating to working on a team. The book is a valuable resource for parents, professionals or others interested in information on the growing trend of interdisciplinary teamwork, and on the individual professions that are described.

Pipher, Mary. (1997). *The Shelter of Each Other: Rebuilding Our Families*. **New York: Ballantine Books. ISBN 0-345-40603-6.**

In this bestseller, Pipher draws on her experience as a family therapist to examine how culture affects the mental health of families. Throughout the book she combines recollections of her own family, accounts of her work with families, and theorizing on families in general, achieving an engaging balance between story-telling and drawing broader questions and conclusions from her narratives. The style and content invite not just therapists but anyone interested in the state of the family to consider prevalent challenges facing it and possible solutions to these. Positing that our culture is "at war" with families, Pipher explores how a variety of contemporary pressures and issues shape and often hurt families. She considers the dramatic shift in the functions and condition of the family over the last century, illustrating this through a comparison of her grandparents' experiences and those of a family she saw in therapy. While recounting the stories of many of her clients, she acknowledges the limitations of therapy and theory—at one point even listing ten mistakes that therapists make—and offers suggestions on how to make therapy more successful. She also discusses other ways families can survive in the current environment, which include protecting family members from harmful exterior influences while also connecting them with positive influences and resources.

Webne-Behrman, Harry. (1998). *The Practice of Facilitation: Managing Group Process and Solving Problems.* **Westport, Connecticut: Quorum Books. ISBN 1-56720-067-2.**

Webne-Behrman draws on his work with hundreds of businesses, organizations and public agencies to offer this guide on facilitating meetings applicable to almost any context. Defining a facilitator as anyone designated by the group to be the caretaker of the meeting process, he outlines this individual's responsibilities and describes the communication skills he or she should have and model for the rest. He also provides comprehensive instructions for organizing the necessary phases of a facilitated meeting, as well as strategies and activities that can be used to help the group members participate in systematic problem solving and resolve conflicts. The process of building consensus is described, including a discussion of whether unanimous consensus or other democratic decision-making options should be used. Team development is also discussed, along with the stages of group development over a period of time and the facilitator's role in these. The book concludes with an interesting overview of diverse philosophical traditions that have contributed to the concept of a facilitator. Throughout, Webne-Behrman successfully incorporates personal experience, examples from a wide variety of organizations, and relevant literature and research to offer both practical advice on facilitation and a provocative exploration of larger issues relating to effective group process.

Family development is a model of family based intervention designed to support and empower families. Work is done collaboratively with families to identify:

♦ the **family's** goals
♦ the strengths/challenges to reaching these goals
♦ realistic means for achieving them

Training provided by the National Resource Center for Family Centered Practice develops the ability of many groups, i.e., Community Action, Head Start, JOBS programs, county extension, teachers, community health nurses, and family support workers to provide family centered practice.

<u>**Upcoming Family Development Specialist Certification Classes**</u> (These are eight-day certification classes)

September 29-October 1, October 3-5, December 2 & 3, 1999   Des Moines, Iowa
May 24-27, June 21-24, 1999   Bismarck, North Dakota
September 22-24, October 20-22, December 8 & 9, 1999   Rockford, Illinois
Fall 1999   Chicago, Illinois
May 19-21, June 9-11, June 30 & July 1, 1999   Indianapolis, Indiana
July 28-30, August 11-13, September 9 & 10, 1999   Indianapolis, Indiana
June 21-24, September 27-30, 1999   New Brunswick, New Jersey

Other possible summer and fall locations: Kansas and California. If you would like more information on any of these classes, or would like to set up a training at your agency please contact Sarah Nash, National Resource Center for Family Centered Practice, The University of Iowa, School of Social Work, 100 Oakdale Campus, Room W206 OH, Iowa City, IA 52242-5000; Phone: (319) 335-4965   Fax: (319) 335-4964; email: sarah-nash@uiowa.edu.

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.

ANNOTATED BIBLIOGRAPHY: FAMILY CONTINUITY (1993) **$5.00**
This publication, the result of a collaboration of the National Foster Care Resource Center, 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.

BEYOND THE BUZZWORDS: KEY PRINCIPLES IN EFFECTIVE FRONTLINE PRACTICE (1994) **$4.00**
This paper, by leading advocates and practitioners of family centered services, examines the practice literature across relevant disciplines, to define and explain the core principles of family centered practice.

CHARTING A COURSE: ASSESSING A COMMUNITY'S STRENGTHS AND NEEDS (1993) **$4.00**
This resource brief from the National Center for Service Integration addresses the basic components of an effective community assessment.

CHILDREN, FAMILIES, AND COMMUNITIES—A NEW APPROACH TO SOCIAL SERVICES (1994) **$8.00**
This publication from the Chapin Hall Center for Children presents a framework for community-based service systems that includes and builds upon community networks of support, community institutions, and more formal service providers.

CHILDREN, FAMILIES, AND COMMUNITIES: EARLY LESSONS FROM A NEW APPROACH TO SOCIAL SERVICES
(1995) **$5.00**
This is a street level view of the experience of implementing a system of comprehensive community-based services. Another report in a series on the Chicago Community Trust demonstration.

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.

COMMUNITY RESPONSE TO HOMELESSNESS: EVALUATION OF THE HACAP TRANSITIONAL HOUSING PROGRAM
EXEC SUMMARY (1996) **no charge**
FINAL REPORT (1996) **$8.00**
An evaluation of a HUD-funded demonstration project of the Hawkeye Area Community Action Program (1990-1995). This project provided transitional housing and supportive services for homeless families with the objectives of achieving housing stability and economic self-sufficiency. Data include background information from participants obtained through structured interviews, and self-sufficiency measures at intake, termination, and six month follow-up to evaluate progress in housing, job, education, and income stability.

COMMUNITY SOCIAL WORK: A PARADIGM FOR CHANGE (1988) **$7.50**
This book is a collective product of a work group in Great Britain set up to articulate core characteristics of community social work.

COST EFFECTIVENESS OF FAMILY-BASED SERVICES (1995) **$3.00**
This paper describes the data and cost calculation methods used to determine cost effectiveness in a study of three family preservation programs.

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.

DEVELOPING LINKAGES BETWEEN FAMILY SUPPORT & FAMILY PRESERVATION SERVICES: A BRIEFING PAPER FOR PLANNERS, PROVIDERS, AND PRACTITIONERS (1994) **$2.00**
This working paper explores the connections in policy, program design, and practice needed to enhance the chances for success of linked programs.

EMPOWERING FAMILIES: PAPERS FROM THE FOURTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES
(1990) **$10.00**
A collection representing the second published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Major sections address Programs and Practices, Program Issues, and Practice Issues—reflecting new and continuing developments in family-based services.

EMPOWERING FAMILIES: PAPERS FROM THE FIFTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES
(1991) **$10.00**
A collection representing the third published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Five major sections—Training and Education, Research, Practice Issues, Program and Practice Issues, and Program and Policy Issues.

EMPOWERING FAMILIES: PAPERS FROM THE SIXTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES
(1992) **$10.00**
A collection representing the fourth published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Major sections address Diversity, Research, and Expansion in family-based services.

EMPOWERING FAMILIES: PAPERS FROM THE SEVENTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES
(1993) **$10.00**
This is the latest collection of papers from the NAFBS conference in Ft. Lauderdale. Chapters address family empowerment and systems change, child protection and family preservation, determining outcomes for community-based services, and wraparound services for SED youth.

EMPOWERING FAMILIES: PAPERS FROM THE EIGHTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES (1994) **$10.00**

This collection presents the best from the national conference. Key issues include reunification practice, family-centered residential treatment, culture and therapy, and a variety of research and evaluation issues.

EMPOWERMENT EVALUATION: KNOWLEDGE AND TOOLS FOR SELF-ASSESSMENT AND ACCOUNTABILITY (1996) **$27.00**

This volume derives from a conference of the American Evaluation Association. It addresses the concepts, methods, and tools needed to integrate evaluation into the everyday practices of running programs.

EVALUATING FAMILY BASED SERVICES (1995) **$35.00**

Major researchers in the field of family based services contribute chapters on all aspects of the evaluation process appropriate to a variety of program models.

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

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 (1996) **$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 (1990) **no charge**

An analysis of family characteristics, service characteristics, 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 SERVICES: A HANDBOOK FOR PRACTITIONERS (1994) **$15.00**

This completely revised edition of the *Practitioners Handbook* addresses core issues in family centered practice, from assessment through terminating services. Also included are a series of chapters on various topics such as neglect, substance abuse, sexual abuse, and others.

FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: FAMILY ASSESSMENT MANUAL (1994) **$5.00**

This manual describes the methodology and includes the structured interview and all standardized instruments administered in this NCCAN-funded research study.

FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: FINAL REPORT (1994) **$8.00**

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.

FAMILY GROUP CONFERENCE (1996) **$20.00**

This volume offers a complete presentation of the Family Group Conference, the extended family network child protection model from New Zealand.

GUIDE FOR PLANNING: MAKING STRATEGIC USE OF THE FAMILY PRESERVATION AND SUPPORT SERVICES PROGRAM (1994) **$8.00**

This document presents a comprehensive framework for implementing the federal family preservation and support services program.

HEAD START OUTCOMES FOR HOMELESS FAMILIES & CHILDREN: EVALUATION OF THE HACAP HOMELESS HEAD START DEMONSTRATION PROJECT (1996) **$6.00**

This study reports findings of a transitional housing program for homeless women and children.

HOME-BASED SERVICES FOR TROUBLED CHILDREN (1995) **$35.00 [includes s/h]**

This collection situates home-based services within the system of child welfare services. It examines the role of family preservation, family resource programs, family-centered interventions for juveniles, issues in the purchase of services, and others.

INTENSIVE FAMILY PRESERVATION SERVICES RESEARCH CONFERENCE; CLEVELAND, OHIO—SEPTEMBER 25-26, 1989; FINAL REPORT (1990) **no charge**

Final report of a two-day conference on family preservation services research, cosponsored by the Bellefaire Jewish Children's Bureau, the Mandel School of Applied Social Sciences at Case Western Reserve University, and the Treu-Mart Fund. The final report includes the history and definition of family preservation, implementation in child welfare, juvenile justice and mental health systems, review of existing research and recommendations for future research. The brief report focuses exclusively on needed research in the area.

KEY CHARACTERISTICS AND FEATURES OF COMMUNITY-BASED FAMILY SUPPORT PROGRAMS (1995) **$6.00**

This is a thorough review of issues determining the success of Family Support programs.

KNOW YOUR COMMUNITY: A STEP-BY-STEP GUIDE TO COMMUNITY NEEDS AND RESOURCES ASSESSMENT (1995) **$28.00**

This is a manual and toolkit for conducting a community needs and capacities assessment. The price includes a computer diskette containing sample forms. Please indicate Mac or DOS version.

LENGTH OF SERVICE & COST EFFECTIVENESS IN THREE INTENSIVE FAMILY SERVICE PROGRAMS
SUMMARY REPORT (1996) **$2.00**
FINAL REPORT (1996) **$17.00**

Report of an experimental research study testing the effect of length of service on case outcomes and cost-effectiveness in three family based treatment programs.

LINKING FAMILY SUPPORT AND EARLY CHILDHOOD PROGRAMS: ISSUES, EXPERIENCES, OPPORTUNITIES (1995) **$6.00**

This monograph examines opportunities for family support in child care settings.

MAKING A DIFFERENCE: MOVING TO OUTCOME BASED ACCOUNTABILITY FOR COMPREHENSIVE SERVICE REFORMS (1994) **$4.00**

This resource brief from the National Center for Service Integration presents the basic components of a program level outcomes based accountability system.

MAKING IT SIMPLER: STREAMLINING INTAKE AND ELIGIBILITY SYSTEMS (1993) **$4.00**
This working paper from the National Center for Service Integration outlines a process for integrating intake and eligibility systems across agencies.

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.

MANAGING CHANGE THROUGH INNOVATION (1998) **$18.00**
This manual treats the dynamics of the change process in a variety of social services settings.

MAPPING CHANGE AND INNOVATION (1996) **$25.00**
This companion workbook to *Managing Change Through Innovation* addresses major issues related to managing change in any social organization and guides readers to develop a planned approach specific to their particular circumstances.

MULTISYSTEMIC THERAPY: USING HOME-BASED SERVICES: A CLINICALLY EFFECTIVE AND COST EFFECTIVE STRATEGY FOR TREATING SERIOUS CLINICAL PROBLEMS IN YOUTH (1996) **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.

NEW APPROACHES TO EVALUATING COMMUNITY INITIATIVES: CONCEPTS, METHODS, AND CONTEXTS (1995) **$12.00**
Evaluating coordinated service interventions is a complex process. This volume examines a set of key issues related to evaluating community initiatives.

POST ADOPTION FAMILY THERAPY (PAFT): A PRACTICE MANUAL; Oregon Children's Services Division (1990) **$3.00**
Discusses the conception, development and implementation of the PAFT project including positive research 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, Iowa (1992) **$4.25**
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.

PREVENTING CHILD ABUSE AND NEGLECT THROUGH PARENT EDUCATION (1997) **$25.95**
Based on research of 25 parenting programs, this volume outlines how to develop and evaluate parent education programming to help prevent child maltreatment.

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.

QUALITY IMPROVEMENT AND EVALUATION IN CHILD AND FAMILY SERVICES: MANAGING INTO THE NEXT CENTURY (1996) **$22.90**
This handbook describes how agency executives can address the changing world of services for children and families by practically applying quality improvement theory to assess and improve programs and services.

RACIAL INEQUALITY AND CHILD NEGLECT: FINDINGS IN A METROPOLITAN 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.

REALIZING A VISION (1996) **$5.00**
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REINVENTING HUMAN SERVICES: COMMUNITY- AND FAMILY-CENTERED PRACTICE (1995) **$25.00**
This collection of articles explores aspects of the move towards a community-based service system. The book explores social work, economic development, school-linked services, and community policing. Crossing these different service sectors is a common understanding of community- and family-centered practice.

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REPARE created a family based approach to residential treatment characterized by reduced length of stay, integration of family preservation and family support principles, and community based aftercare services to expedite permanency. The Final Report describes the conceptual approach and project design, lessons learned from implementation, and evaluation results (including instruments). [Funded by ACYF, Grant #90CW1072.]

RISING ABOVE GANGS AND DRUGS: HOW TO START A COMMUNITY RECLAMATION PROJECT (1990) **$2.00**
This is a how-to manual for building and sustaining a community collaboration focused on youth issues.

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) **$3.15**
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 services 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.

STATE LEGISLATIVE LEADERS: KEYS TO EFFECTIVE LEGISLATION FOR CHILDREN & FAMILIES: A REPORT (1995)   **$1.00**
This is the report of an eye-opening survey on how far children and family advocates have to go towards building a sustained legislative agenda.

STRENGTHENING FAMILIES & NEIGHBORHOODS: A COMMUNITY-CENTERED APPROACH (1995)   **$8.00**
This is the final report of the "Patch" demonstration project, a model for community-centered social work practice that is now generating national attention.

STRENGTHENING HIGH-RISK FAMILIES (A HANDBOOK FOR PRACTITIONERS); Authors: Lisa Kaplan and Judith L. Girard (1994)   **$35.00**
This accessible handbook on family-centered practice addresses the range of issues to be considered in working with high-risk families. Practice strategies are set within the context of the development of family preservation services.

THREE MODELS OF FAMILY-CENTERED PLACEMENT PREVENTION SERVICES (1990)   **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).

TOGETHER WE CAN: A GUIDE FOR CRAFTING A PROFAMILY SYSTEM OF EDUCATION AND HUMAN SERVICES (1993)   **no charge**
This is a guidebook to a five stage process for creating and sustaining community collaborations.

TO LOVE A CHILD (1992)   **no charge**
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.

TRAINING MANUAL FOR FOSTER PARENTS (1990)   **$12.00**
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TRAINING RESOURCES: FAMILY CONTINUITY (1993)   **$2.00**
A bibliography of training resources of the National Resource Center for Family Centered Practice, The National Foster Care Resource Center, The National Resource Center for Special Needs Adoption, and other organizations.

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Analyzes issues pertaining to confidentiality in collaborative projects. The paper includes a checklist of key questions.

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