

Editorial

Telescopes and Microscopes: The Need For Applied Knowledge From Macro-Meso- And Micro-Level Systems

“Just as we do not know a fact until we can play with it, so we do not possess knowledge until we have an impulse to bring it into use; not the didactic impulse, not the propagandist impulse, but that which would throw into the stream of common human experience one bit of important or historic knowledge, however small, which before belonged to a few” (Addams, 1899, p. 329).

Developing an approach to scientific knowledge generation that would effectively contribute towards solving critical social problems, Jane Addams defined the value of applied knowledge. She had experienced the value of applying new knowledge, as she brought to the United States from England’s Toynbee Hall the concept of the settlement house (Addams, 1990 <1910>), developing settlement houses as comprehensive social programs that also sponsored research in the service of advocacy for specific social reforms. While there are many contexts for social scientific knowledge discovery — laboratories, social service programs and practitioner insights — Addams emphasized that knowledge is not really our ‘possession’ until we have been able to share it, use it, and interact with it in the midst of our complex social systems. Knowledge that is found to be sound through application will consistently produce benefits that will be clearly seen as one systematically examines the outcomes and processes of social services.

A focus on generating knowledge through studying its applications gives us a rudder through the complex and sometimes stormy waters of developing child welfare knowledge. The social and behavioral sciences are unique in that humans persistently create much of the contexts in which they develop, and in the pragmatist tradition they have a unique capacity for examining themselves and their contexts that makes it possible to use a self-reflective science to improve human welfare (Baert, 2005).

As Urie Bronfenbrenner (1979), William Wimsatt (1976), and Roy Bhaskar (1989) have emphasized, human beings create systems from the macro level (national policies for example), meso level (community organizations) and micro level (families). Forces at work in all of these systems continually influence human development, the conduct of science,

and social programs and services. Accordingly, social and behavioral scientists need conceptual tools to manage that complexity so that knowledge can be generated that does not oversimplify but yields clarity that can be used to improve human life. Like sailors crossing an ocean, practitioners and researchers in child welfare need to focus on the wider context of sea currents, sky and stars — the larger systems around us, social policies and cultural values, and integrate this understanding with knowledge gained by focusing on leaping fish or birds overhead — minute interactions that give us information that is equally valuable for reaching our goals.

In this double issue of *Illinois Child Welfare* you will find papers about child welfare practice in systems of all sizes.

Sana Loue’s pathbreaking paper brings attention to a critical problem: the quality of service provision for transsexual youth. Drawing from a broad conceptual analysis of ethical and practice standards, she questions whether contemporary diagnostic categorizations and treatment inflict harm, rather than heal youth who identify themselves as transsexual. Sana Loue considers these issues using data from systems at many levels: individual children and families, policies and treatment standards in various states and the United States as a whole, and in the Netherlands for a global perspective,. She opens the door for discussion of this critical issue and calls for improvements in policy, service provision, and understanding of transsexual youth, so that social services can remedy rather than perpetuate the isolation, discrimination, and humiliation they experience all too often.

Communities around the country can learn from how Carl Bell and his colleagues addressed a nationwide problem – the overrepresentation of African-American children in the child welfare system — using a community-level intervention in Bloomington, Illinois. They implemented a panoply of interventions that strengthened the quality of social services (including case coordination, cultural diversity training for workers, and improved training in best practices), and also strengthened the social fabric of the community. This comprehensive community and

social service strengthening process was so effective that it cut the number of disrupted families in half!

Far to the south in Texas, Maria Scannapieco and Kelli Connell-Carrick address the tragedy of young children dying of maltreatment – a problem even more disturbing since over a third of the children had had contact with the child welfare system prior to the incident that resulted in their deaths. To remediate the problem in accurate assessment of risk and protection, Dallas Child Protective Services implemented a comprehensive program training caseworkers in assessment and family-based protective services. They cut caseloads in half and conducted a team case review and decision-making model that supported and educated the workers and strengthened teamwork. Many advantages resulted from this model, including allowing workers to more accurately target and service high-risk families and to learn from each other's experience.

In North Carolina, Leigh Cantrell and Rebecca Socolar also tackled the problem of child death from maltreatment, again strengthened by teamwork, but this time through multidisciplinary training sessions that brought together physicians, lawyers, law enforcement officers, and social workers. They found that the multidisciplinary training resulted in statistically significant improvements in professionals' abilities to evaluate children for maltreatment.

On the other side of the world, in Hong Kong, Sandra Tsang and Cynthia Leung were concerned with finding a way to evaluate and compare parent education programs so as to maximize learning from program delivery and improve the effectiveness of services. Evaluating 117 parents who participated in one of 10 programs throughout the territory, they identified factors related to program effectiveness and found that parent education programs were generally helpful in reducing child behavior problems and parental stress. The experience level of the social worker facilitating the parenting groups was a critical factor in the effectiveness of the groups, underscoring again the relevance of supporting child welfare professionals' developing expertise.

One of the enduring problems in child welfare services has been the high turnover of caseworkers, which produces losses for agencies, where morale and teamwork suffer, and also for clients, who face not just disruptions in family attachments, but in the relationships with the caseworkers who can play such vital roles in their lives. Yvonne Unrau and her colleagues describe a model of foster care services designed to reduce caseworker turnover and improve service quality – aptly named the Promise model of

foster care. In addition to improving service quality, their study documents important aspects of the service delivery process.

How can a Children's Guardian develop standards that empower aboriginal peoples and evaluate and improve the quality of care provided? From Australia, Mel Gray and Bruce Valentine describe how the Children's Guardian addressed this important problem, and the website the Children's Guardian established provides a model for those around the world faced with this important problem.

Many countries need to establish shelters for children in the context of a minimal or evolving social service infrastructure. From Estonia, Erki Korp describes how he and his staff developed shelters for youth suffering from abuse, neglect, substance abuse, and delinquency. Relying heavily on teamwork with the social services that were rapidly developing in this post-Soviet block country, Korp describes features of the programs developing in Tallinn, including the poignant finding that youth often referred themselves and their friends for shelter services.

In addition to improving services by changing systems at community and national levels, in this issue you can meet individuals whose stories provide important insights for our field.

H. Luke Shaefer and Gwen Tally drew from their work with the Grand Boulevard Federation, supporting kin caregivers in Chicago. They describe the experiences of kin caregivers and those caregivers' recommendations for enhancing the quality of support for their foster care. These kin caregivers, many of whom are experts given their decades of experience, are heretofore untapped sources of wisdom and insight for improving services.

A client's dilemma (pseudonym Carmen) highlights the need to hone our assessment tools and policies to make them more responsive to the diverse experiences of Latino families that have journeyed from one country to another. Building on the insights of practitioners at Casa Central in Chicago, and comprehensively reviewing the literature, Deborah Major sensitizes readers to the complexities of risk assessment in a multicultural context.

Yet another story is that of Clare Winnicott, a social worker, educator, child therapist, and wife of the noted pediatrician and psychoanalytic theorist D.W. Winnicott. Gretchen Glader reviews Joel Kanter's book about her life and work, which offers an important example of the kind of committed care social workers can provide even in the context of intense international strife.

Furthering the commitment to sensitizing services to diverse cultural values, histories, and traditions, Shipra Ralapati Parikh reviews *Culturally Competent Social Work Practice*, a most valuable educational resource.

Inaugurating an important tradition of describing child welfare services from the client's perspective, Jessica Vandercoy, a child welfare social worker and adoptive mother who was herself a child welfare client, reminds us of why we do what we do. She describes how her life was saved by the skill of the child welfare professionals caring for her and the love of her adoptive family. Her adoptive mother, a leading social work educator and researcher, Robin Russel, adds her perspective on the power of child welfare services.

And finally, another example of the value of listening and learning from the micro-level of systems. In the United States it is increasingly recognized that mental health care for abused and neglected children should not be just an option, but a regular part of child welfare service provision. Yet there remains a dearth of mental health care for children, especially for child clients of child welfare services. For instance, in a survey of over 1500 children referred to a San Diego shelter for evaluation of child abuse and neglect, researchers found that 86.7% of children studied demonstrated physical, developmental, or mental health needs, with more than half displaying two or more problems (Leslie, Gordon et al., 2005). One-third of wards of the state of Illinois needed mental health care according to their caseworkers, yet after reaching the age of 18, those most in need were least likely to receive it (Leathers & Testa 2006). Two researchers who conducted a comprehensive review of mental health services currently available in the United States for children in foster care concluded that, "The current system of mental health care for children in the United States fails to adequately address the unique mental health needs of this population" (Kerker & Dole, 2006, p. 144). Foster parents play a key role in improving outcomes for foster children (Pasztor, Hollinger et al., 2006), as do mentors (Massinga & Pecora 2004; Munson & McMillen 2006). At the same time, a therapeutic relationship that focuses in particular on the child's self-esteem and self-care is invaluable.

An example of how one group of dedicated child advocates responded to the mental health needs of child welfare clients comes from Vilnius, Lithuania. These practitioners, without formal research mandates, made important discoveries about how to provide effective services. In Lithuania, the Iron Curtain hid many of the child development discoveries going on in the West until *glasnost* when

Lithuanian people fought for and won their freedom from the Soviets 15 years ago. The conversation below shows how even in the midst of profound poverty and disadvantage, with very little formal child welfare infrastructure, and by studying their interactions with children in the most minute detail, concerned caregivers discovered how to provide effective mental health care for children.

King Mindaugas Day is when Lithuanians celebrate the coronation of their one and only true King (other great leaders were formally called Dukes) and as the guest of Professor Daiva Kuzmickaite and the Fulbright Commission, I have the privilege of spending this day with Sisters Jolita Matulaityte and Ulrute in Vilnius, Lithuania. In the central park framed by lush tall trees freshly wet from rain, with a sun that is setting only very gradually here where it stays light until almost midnight, countries from all over the European Union have brought groups of folk singers and folk dancers to perform for Baltica 2005. In addition to countries with folk traditions well known here, such as Latvia, Estonia, and Norway, many countries boiled by war in the recent past and aspiring or new to the European Union – Turkey, Macedonia, Bosnia-Herzegovina, Slovenia, Bulgaria — bring their folk singers and dancers. All of them share songs and dances about their countries' histories, about loves won and lost, parents' advice for children, witches and healers, magic and faith – a joyous cooperative celebration. In a grassy space in front of the stage children play freely, running and creating their own dances and songs.

Afterwards we talk over traditional Lithuanian food in a restaurant representing the four different regions of Lithuania, framed by folk art symbols. They asked me, "What are services for children like in the U.S. where we have had centuries to develop services for children?" And I asked them, "What are services like in Lithuania where up until 1991 there were not supposed to be any social problems because Soviet communism solved them all, and where most forms of sociological and psychological knowledge existed as tools for Soviet policies?" (See also Kuglemass & Ritchie, 2003 for research about child welfare service development in Lithuania).

Sisters Jolita and Ulrute described the most important feature of the social services program for children and their parents, Angel of Hope, that Sister Jolita has been leading for 11 years: the special relationship between a mentor and a child. The Angel of Hope center began shortly after the *Sajudis* movement made the Soviets leave Lithuania (the Soviets feared the world's outrage if they murdered any more of the resolute Lithuanians who were

protecting their Parliament and TV Tower and singing peacefully for their freedom through frigid January days and nights in Vilnius in 1991 [Vardys & Sedaitis, 1996]).

K: What services does the center provide that are different from what it was like under the Soviets?

Sisters: Under the Soviets there were no services that reached deeply enough to help people with problems.

K: How come?

Sisters: People weren't supposed to have problems. So they hid them.

The sisters tell me about how the day care center provides many services to heal people's wounds – job skills development for mothers where they can earn money while developing good work habits, tutoring programs for children.

Sisters: They like to study and do homework in the winter, there is not so much else to do, it gets dark early... But in the summer there is a lot else to do and they start to complain it is boring. We give rewards all the time for the children to help them get homework done. They have never succeeded before, so the rewards help them until they feel success. In the winter they don't need the chocolate rewards more than once a month, they are more motivated. In the summer they want to do so many other things, it is much harder for them to study so we give them chocolates every two days, then they stay studying more easily.

The most important feature of the Angel of Hope program is not a new technology or a theory they use – it is a special relationship between a caring adult, also called a special friend or special person, and a psychologically wounded child.

Sister Jolita: I saw the differences between children who had a special person in their lives and those who did not. That's why now each child has a special person.

K: What differences did you see?

Sister J: As they got older, the children who had a special person felt better about themselves. They had more confidence in themselves, they were more free inside, they didn't do things that are bad for them. They care for themselves. They go to school and they learn. They make friends. They trust other people because they learned

they could trust another person. Other people can trust them.

K: So all the children were troubled – and you saw the children with a special person in their lives did much better after several years than the children who didn't, and now the program offers that special counseling relationship for all the children?

Sister Jolita – Yes.

K: How does it work?

Sister Jolita: – For the first two years, once a week at least. The special person goes away from the center with the child and takes the child along.

K: Why?

Sister J: – Because the child needs to feel that all the attention is focused on the child. That's what helps the child feels valued. If there are other children around they take the special person's attention away and it doesn't work as well.

K: What do they do?

Sister J: – Talk, play, go out to eat. What the child wants.

K: For how long?

Sister J: – Once a week for about two years usually. Then often the child doesn't seem to need it as much and so it is every two weeks. Then by the time the child is an older teenager, after several years, it is about once a month.

K: By now the child has been at the center for at least five years.

Sister J: – Yes.

K: And what if the teenager wanted to see the special person for more than once a month?

Sister J: – We would do that of course.

K: How long does it last?

Sister J: – Many continue past age 18, they keep calling and writing and coming by.

Sister Jolita: The children and their parents who come to the center have been wounded.

K: How so?

Sisters: – Many by fear because under the Soviets most were afraid. Many by other things – some

beaten by their parents, some neglected due to parents' alcoholism. Many people did not want to work under the Soviets, so although they had jobs, often they did not enjoy them or experience the satisfaction of fulfilling work. Some are violent or homeless. Many are unemployed, children under stress can have trouble staying in school and then they become grave risks for unemployment as adults.

They say that children can start here at any age, often starting around 10, and they can still come for help at age 18.

K: That is a long time

Sister J: That is what such children need.

They talk about their wish that there were more residential programs in Lithuania to help children whose parents have died or whose parents' rights have been taken away because of abuse or neglect. Their center cares for children who still have homes.

Sister Ulrute: One teenage girl sometimes burns herself. The staff at the center understand why.

K: Why do you think she does that – burn herself?

Both sisters answer: Her father was alcoholic, he chased her through the house with a spatula heated on the stove. Now if no one cares for her she will keep hurting herself. She burns herself sometimes and when cooking at home burns herself doing that. When she receives a new jacket she likes, she might ruin it in a week and then ask for a new one. "She says something else happened to it but we know she ruined it."

K: Why do you think she does that?

Sister Ulrute: She's telling us she really needs our attention and care. She doesn't feel valued. If children don't get attention and care and feel valued and confident in themselves, they become — I don't know the right word in English to describe it —

K: She is so unfamiliar with the pleasure of being close and having something beautiful and feeling valued so she has to –

Sister J: Hurt it – that's not the right word –

K: Destructive

Sister J: Yes. Destructive. To herself and others.

K: Yes. How do you help with that at the day care center?

Sister J: The most important of all is the special relationship with an adult.

K: Who are the adults?

Sister J: Sometimes they work at the center, sometimes they are volunteers.

K: what do they do?

Sister J: Most important is they spend time alone with the child every week, just the two of them. The most important is to win the child's trust.

K: How does that happen?

Sister J: It takes a long time, months. The children have been very wounded. Often they don't tell you the truth at first –

K: Like –

Sister J: The child who said his parents had two cars. In Lithuania that would mean his family was very, very wealthy and of course his family wasn't.

K: They say what they wish was true rather than what is true.

Sister J: And it's too hard to say the truth at first.

K: Uh huh. Why?

Sister J: They have been so wounded. It's too painful, they have too much pain inside.

K: Uh huh. How does the special person respond when they say something that is not true?

Sister J: It is very important **not** to say – I don't believe you.

K: Why?

Sister J: Because only when the child knows that you believe him or her will she tell you something that is really true and that is very hard to say –

K: Uh huh

Sister J: So once the child realizes you believe him, it takes about six months, then he will tell you something that is true that is very difficult to admit – like his father is an alcoholic and never sees him, or he has no mother, or his older sister

beats him. Then when he tells you the truth about something that is so difficult, things start to change.

K: How so?

Sister J: The child is more open to changing what he or she is doing and will talk about what he has problems with. Like not getting homework done or losing his temper with other children or running away from home. Then also the child believes in the special person and wants to change and will change. At first the children will only come to the groups for a few minutes, they say they feel uncomfortable. But it's not the group, it's something in the child that makes them feel they have to leave. But when they have a special relationship, they start to be able to stay. They trust more.

Sometimes you see interesting things – when the child is with their special person in a group, the child will push other children aside and say, “she’s mine...” that’s how important the relationship is to the child.

K: What do you do then?

Sisters: We understand how important it is. We help the child to know that the special person can be with a group and the child is still special to the person. It takes a long time for some children to know that.

Sometimes the children run away.

K: Why do you think they do that?

Sister J: When they get close to people they have been hurt. They have been rejected. They start to get close to the people in the center and they are afraid of being hurt again, so they run away.

K: What do you do?

Sister J: We still help them come. But we don't make them talk or use words. We give them — (looking for the right word) – freedom.

K: Thank you for explaining this. What do you mean by freedom?

Sister J: The children have not felt free before. They may not want to talk about why they ran away. But they will want to be together. So the adult waits and then invites the child to do something together that doesn't require words.

K: Why do you think it's hard for the child to talk?

Sister J: Because he is afraid of what he might say.

K: What do you mean?

Sister J: Things are hard to talk about. He's starting to trust. He wants to say the things that are hard to say about what has happened to him or what he has done. He wants to change. But he's afraid of what will happen if he does because he's been hurt. So if we don't push them they start to trust more and then they can say the things that are hard to say.

K: Then they can heal the wounds.

Sister J: Yes.

So many different countries were here in Lithuania celebrating on King Mindaugas Day – each with different clothes, different foods, different dance steps and songs, different languages, different traditions. Sometimes, though, there are truths about human beings and the care they need when they have been wounded that are not bound by national borders, language, history, or tradition. Practitioners in the trenches need each other's support, and to reach out to each other across agencies, states, and countries. We hope this journal reaches out a hand to you, the reader, to offer you insights that can inspire and guide you in your work on behalf of children and families.

References

- Addams, J. (1899). A Function of the Social Settlement. *Annals of the American Academy of Political and Social Science*, 13: 323-345.
- Addams, J. (1990 <1910>). *Twenty years at Hull-House. With autobiographical notes by Jane Addams*. Urbana, University of Illinois Press.
- Baert, P. (2005). *Philosophy of the Social Sciences: Towards Pragmatism*. Cambridge, UK, Polity Press.
- Bhaskar, R. (1989). *Reclaiming reality: A critical introduction to contemporary philosophy*. London, Verso.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, Mass: Harvard University Press.
- Kuglemass, J. and D. Ritchie (2003). *Advocating for children and families in an emerging democracy: The Post-Soviet experience in Lithuania (Research in Child Advocacy)*. Charlotte, NC: Information Age Publishers.
- Leathers, S. J. and M. F. Testa (2006). Foster youth emancipating from care: Caseworkers' reports on needs and services. *Child Welfare*, 85(3): 463-98.
- Leslie, L. K., J. N. Gordon, et al. (2005). The physical, developmental, and mental health needs of young children in child welfare by initial placement type. *Journal of Developmental and Behavioral Pediatrics*, 26(3): 177-85.
- Massinga, R. and P. J. Pecora (2004). Providing better opportunities for older children in the child welfare system. *Future Child*, 14(1): 150-73.
- Munson, M. R. and J. C. McMillen (2006, in press as of December 8). Nonkin Natural Mentors in the Lives of Older Youths in Foster Care. *Journal of Behavioral Health Services Research*.
- Pasztor, E. M., D. S. Hollinger, et al. (2006). Health and mental health services for children in foster care: The central role of foster parents. *Child Welfare* 85(1): 33-57.
- Vardys, S. and J. Sedaitis (1996). *Lithuania: The rebel nation*. Greenwich, Westview Press.
- Wimsatt, W. (1976). Reductionism, levels of organization, and the mind-body problem. In G. Maxwell, G.G. Globus, & I. Savodnik (Eds.). *Consciousness and the brain: A scientific and philosophical inquiry*. pp. 205-267. New York: Plenum.