Translating Rhetoric into Reality: The Future of Family and Children's Services

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I've entitled my remarks today "Translating Rhetoric into Reality: The Future of Family and Children's Services." I came to that title after reading an article (McCroskey & Meezan, 1998) in a very prestigious journal—*The Future of Children*—where the very best people concerned with various aspects of the field of family and children's services are actually *paid* to write scholarly articles. At various points in that article, the authors state the following:

- "The child welfare system. . . cannot be fixed by attending to child welfare alone. The basic social problems that are at the core of the nation's malaise are also at the core of child welfare problems. Poverty, violence, and drugs affect almost every family. . . ." (p. 68)
- "[we need a] new emphasis on family-centered, community based, culturally competent. . . care." (p. 56)
- "Evaluators who look systematically at a complex and layered set of outcomes may be better able to understand the true impact of. . . service." (p. 64)
- "The delivery of services has been flawed. . .fragmented, inconsistent, and inadequate." (p. 56)
- "[we need to] join efforts. . .to strengthen communities." (p. 60)

I thought to myself how easy such words are to write, and how difficult the task would be if we put our efforts into actually accomplishing such goals. Experts who write like this are our enemies, for they make it sound so neat, so sanitized, so easy to accomplish, and therefore denigrate our profession because we have not accomplished what we have said we must do.

Well, I have now met this enemy of my profession, and he is me. Yes, I wrote those words with a colleague at the University of Southern California, and they do sound good. But what would it take to make these ideas real—to accomplish what they say we should? Let's take them one at a time.

> *The child welfare system. . . cannot be fixed by tending to child welfare alone. The basic social problems that are at the core of the nation's malaise are also at the core of child welfare problems. Poverty, violence, and drugs affect almost every family.*

Recent, unprecedented economic growth, high job creation, and a stock market that doesn't seem to know about upper limits or corrections have caused many to forget that there are still people—adults and children—being left behind. Currently, in the United States:

- 20% of all children are poor, 1 in 4 is born poor, and 1 in 3 will be poor at some point during their childhood (Children's Defense Fund, 1998a).
- 2.7 million children live in extreme poverty, at less than 50% of the poverty line, up 426,000 children in just the past year (Children's Defense Fund, 1999a).
- the richest 5% of families receive a larger share of the nation's income than the poorest 40% (Children's Defense Fund, 1997a).
- full-time, year-round work at the minimum wage equals only 83% of the poverty line for a family of three (Children's Defense Fund, 1997a).
- 11.3 million children are medically uninsured, the largest number ever reported by the Census Bureau, yet more than 90% of the uninsured children have one or more parents that work, and 60% live in two-parent families (Children's Defense Fund, 1998b).
- 1.6 million teenagers report that they have been victims of a violent crime (Children's Defense Fund, 1997a).
- every day, 13 children and youth under 20 die from firearms, 6 commit suicide, 20 are homicide victims, 420 are arrested for drug use, and 237 are arrested for violent crimes (Children's Defense Fund, 1999b).

These assaults on healthy family functioning and childhood are not spread evenly across all groups in our society. To cite just a few statistics, and noting that the statistics for the Asian community are similar if not better than

those in the white community, we must remember that (Children's Defense Fund, 1997a; Council on Economic Advisors, 1998; U.S. Department of Health and Human Services, 1999):

- while 75% of white children live with two parents, only 35% of African American children, 57% of Native American children, and 64% of Hispanic children live in these circumstances.
- while 16% of white children live below the poverty line, 41% of African American children, 41% of Native American children, and 39% of Hispanic children live in poor families.
- while 25% of white births are to women who are not married, 70% of all births in the African American community, 57% of all births in the Native American community, and 43% of the births in the Latino community are to unmarried mothers.
- for every 1 white or Hispanic child who dies in infancy, there are 2.4 African American children who face this fate.
- proportionally more minority children are likely to die from firearms, to be victims of homicides, and to be arrested for drug offenses than their white counterparts.

And Michigan is not spared from some of these dismal conditions (Children's Defense Fund, 1998c):

- 34% of all children in this state are born to unwed mothers.
- 24% of children in this state are poor, ranking the state 34th in the nation.
- While the state ranks 6th in the number of children who do not have health coverage, it ranks 36th in its infant mortality rate, and 38th in its percentage of children fully immunized against disease.
- In 1995, 202 children died from firearms, 129 suffered from homicides, and 52 committed suicide.

My friends, among industrialized countries, the United States ranks first in gross domestic product and first in the number of millionaires and billionaires, but 18th in the gap between rich and poor children, 17th in efforts to lift children out of poverty, and last in protecting our children against gun violence (Children's Defense Fund, 1998d). Compared with children in 25 other industrialized countries combined, children in the United States under age 15 are 12 times more likely to die from gunfire, 16 times more likely to be murdered by a gun, 11 times more likely to commit suicide with a gun, and 9 times more likely to die in a firearm accident (Children's Defense Fund, 1998d).

I am constantly amazed how, in this country, the solutions to easily solved problems are made difficult because of our unwillingness to invest in our people. Yet, at the same time, we search for easy solutions to our most complex problems.

During the recent tragedy at Columbine, our policy makers and newscasters searched for simple, easy, quick answers to the question why? It was video games, or uninvolved parents, or insufficient security in our schools, or gun accessibility, or rock/pop culture, or music, or black makeup, or something else as superficial.

To such complex tragedies there are no easy explanations—no simple, magic bullets to make us feel better or safe. Columbines happen for a complex combination of reasons that we can neither fully understand nor fully explain with our current knowledge. Yet our lawmakers, in their need to "do something," point the finger and offer solutions which cost little money but make it look as if we are responding responsibly to this problem.

On the other hand, addressing the problems of poverty and the lack of health care, violence in our communities, and our still out-of-control drug epidemic, is easier than those in power would have us believe. But solutions to these problems are costly, and therefore often go ignored. Here are some examples of what this country has not yet mustered the will to do in these areas, but which we know would have instantaneous effects on some of these problems, and go a long way to diminish the root causes of noxious social conditions that impact our children and their families:

1. raise the minimum wage, so that any person who works full time, year-round can raise their family out of poverty;
2. make health insurance available to all who work, through a government/business partnership, so that most adults currently without health benefits would receive them;
3. ensure that those children now entitled to health insurance are enrolled and covered;
4. limit access to guns that are inappropriate for sport in order to decrease gun violence;
5. institute a national network of programs for youth that are positive and affirming, and enhance their opportunities for access to legitimate adult roles;
6. increase and institutionalize funding for proven programs which address issues of family violence and drug addiction among parents (Sarri, 1996; Children's Defense Fund, 1997a).

It takes will and money, and a social worker, rather than a rocket scientist or a politician, to alleviate the enormous pressures on our current child welfare system. Over 700,000 children—more now than ever before—lived in out-of-home care during the most recent year for which data are available (Committee on Ways and Means, 1998), and over 600,000 children reside in institutions or foster care on any given day (Lindsey, 1994; Sarri, 1996). The system will literally implode unless we address the root causes of this steady increase in disrupted lives.

The second quote that I spoke of at the beginning of this speech was:

> "*[we need a] new emphasis on family-centered, community based, and culturally competent care.*"

Let me take each of those concepts in turn.

What do we really mean by *family-centered?* The term means that programs are driven by a set of articulated beliefs and principles that respect the family, recognize and build upon its strengths, see it as the critical force in the child's life, and address children's needs in its context (Family Resource Coalition, 1996; U.S. Department of Health and Human Services, 1994). These principles include that "the primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children" (Manalo & Meezan, in press); that "assuring the well-being of all families is the cornerstone of a healthy society. . ." (Manalo & Meezan, in press); that "child-rearing patterns are influenced by parents' understandings of child development and a personal sense of competence" (Manalo & Meezan, in press); that programs that provide such information and knowledge are empowering (Gutierrez, 1997); and that linkage to a wide variety of informal and formal supports are often crucial to meeting families' and children's needs (McCroskey & Meezan, 1998).

Thus, family-centered practices demand that services are focused on the family as a whole; that family strengths be identified, enhanced, and respected; that families are seen as resources to their own members, to other families, to the program, and to the community; that agencies include parents in their design and delivery of programs; that services are easily accessible and are delivered in a manner that affirms and strengthens the families' cultural, racial, and linguistic identities; that services are flexible and are continually responsive to emerging family issues; that staff and families work together as partners in identifying and meeting individual and family needs; and that staff mobilize formal and informal resources and enhance families' capacity to support the growth and development of all family members (Allen, Brown, & Finlay, 1992; Family Resource Coalition, 1996; Manalo & Meezan, in press; Weiss & Halpern, 1990; Weiss & Jacobs, 1988a; Weissbourd, 1994). And it means that we must respect a family's right to raise their child as long as the child's safety is protected (McCroskey & Meezan, 1998).

In recent years, our commitment to the philosophy of permanency planning—keeping children with their families whenever possible—has withered, and we have watched our legislators respond to public pressures, pressures from the press, and prejudices in ways that diminish the abilities of families to recapture their children from systems which often do a poor job of caring for them. Among the most flagrant attempts to weaken our commitment to the integrity of the family have been:

1. The 1995 attempt to block grant child welfare funding to the states, which analysts agreed would restrict access to services; eliminate or greatly curtail preventive, family support, and family preservation services; diminish the quality of care provided; increase the potential for abuses within the system; and eliminate planning and coordination requirements (Meezan & Giovannoni, 1995). While this attempt failed, there is again a movement in Congress to legislate this change.
2. Ongoing attempts to curtail demand for child protective services through the reduction of reporting activity and the rationing of resources. Rather than increase resources to respond to increasing numbers of child abuse reports, states have used numerous strategies to decrease demand for child protective services through such mechanisms as the constriction of reportable conditions, the insertion of terms such as "serious" and "immediate" into reporting legislation, and attempts to limit those from whom reports will be taken (Giovannoni & Meezan, 1995; Waldfogel, 1998).
3. States limiting their responses to reports as a way of coping with an increased demand for services, and making procedural changes which allow for the additional screening out of reports prior to investigation, greater use of prioritization mechanisms in responding to reports, and the redefining of maltreatment so that fewer cases will be founded (Giovannoni & Meezan, 1995). Now, more than ever, families receive services only after serious harm to the child has been uncovered.
4. The recently passed Adoption and Safe Families Act of 1997 (P.L. 105-89) which, on the one hand, expands the funding base for family preservation and family support services, but on the other hand allows some of these monies to be used for other services. This law begins to tilt the balance between family preservation/reunification and adoption by authorizing adoption incentive payments for states, establishing shorter time lines and conditions for termination of parental rights, giving families little time to become better caregivers to their children, setting shorter time frames for permanency hearings, and modifying reasonable efforts requirements so that not all families receive services (Child Welfare League of America, 1997; Children's Defense Fund, 1997b; Hardin, 1997; Meezan & Manalo, in press).
5. Most recently, we have the specter of managed care and capitated funding for child welfare services hanging over the field and waiting to limit services in the name of efficiency (Feild, 1996; U.S. General Accounting Office, 1998).

Such attempts move the field from "saving families for children" to "saving children from families." In each of these attempts, the child ascends while the family declines, and in the process society and lawmakers deny the fact that our placement system does harm to about one quarter of the children with whom it has contact—and that the state rarely makes a good parent to any child.

To translate the construct of *community-based* into reality, one must go beyond simply locating services in communities. It means that service organizations must understand and engage with the communities in which their families live; involve community residents in the planning, implementation and evaluation of services; involve community leaders in the governance and administration of local social service organizations; network with other organizations in the community, including indigenous and faith-based institutions; and extend beyond their service mission and contribute to community-building efforts and processes (Chaskin, 1992; Manalo & Meezan, in press; Wynn, Merry, & Berg, 1995). Adopting a positive attitude toward communities does not come naturally to formal service providers, who are more likely to see communities as part of the problem rather than part of the solution (McCroskey & Meezan, 1998). Yet it has been demonstrated that services can be made more responsive to communities if workers are trained to assess community assets as well as needs, respond sensitively

to communities' unique qualities, and forge partnerships with those who live in the community every day (Kretzman & McKnight, 1994; Page-Adams & Sherraden, 1998).

The second quote also contains the words *culturally competent.* Children and family services, no matter how broadly or narrowly defined, are delivered by a system in which the vast majority of providers are white, while minority children and families are overrepresented in the client population being served. For example, in 1994, 43.6% of the substantiated victims of child maltreatment were minority children (U.S. Department of Health and Human Services, 1996), while minority children constituted only 16.4% of the country's child population (Schmittroth, 1994); minority children, particularly African-American children, are more frequently placed in the foster care system (English, 1990), stay in foster care longer (Jenkins, Flanzraich, Gibson, & Marshood, 1983), and are less likely to be adopted once in foster care than whites (Barth, 1997; Rosenthal, Groze, & Curiel, 1990); and minority families receive fewer follow-up contacts (Tracy, Green, & Bremseth, 1993) and fewer services (Courtney, et al., 1996) when compared to white families that come into contact with the system.

Being culturally competent goes beyond simply acknowledging, understanding, or being sensitive to differences in race or ethnicity. It means that in all of our activities—whether they be at the macro-, mezzo-, or micro-level—we must engage in ongoing activities that reflect our acceptance of the importance of multiculturalism and act in a way that reflects an understanding and acceptance of how issues of multiculturalism shape our responses to need and impact our work.

Being culturally competent means that we know and respect the history, norms, and culture of those we serve and that we are aware of the various forms of institutional discrimination and their impact on different population groups in the community. It means that we examine our own racial, ethnic, and cultural attitudes and values and understand how they impact our work and explore the concerns and issues our clients may have about racial, ethnic, and cultural differences. It suggests that we encourage greater participation by members of ethnic groups in the development, administration, and oversight of programs, that we use the client's cultural definitions when discussing key concepts, and that we develop a repertoire of helping responses that are culturally appropriate, even if we are less comfortable with these approaches than with the approaches we normally use. It implies that we set goals that are culturally acceptable, use interventions that are culturally appropriate, and incorporate empowerment approaches in practice by using methods that focus on education, participation, capacity building, choice, and restoring responsibility and control to the client. It requires us to convey respect for culture through our professional behaviors and to become familiar with other resources in the community that are responsive to the needs of our various racial/ethnic groups, turn to them for consultation, and be willing to refer clients to them in order to meet their specialized needs (Davis, Galinsky, & Schopler, 1996; Gutierrez, 1997; Gutierrez, GlenMaye, & DeLois, 1996; Hodges, 1991). Ultimately, the above litany suggests that we *must* engage more minority scholars and students in the field if we are to make strides toward providing meaningful service and engage in meaningful research, teaching, and training in the field.

The third quote

> *"Evaluators who look systematically at a complex and layered set of outcomes may be better able to understand the true impact of service"*

focuses our attention on the difficulties we face when we attempt to understand whether our programs are effective. A number of issues in this domain deserve significant attention.

First, as Mary Ann Jones (1991) has noted, there are two important types of outcomes commonly used in the field of child and family services—case events and changes in individuals, families, and systems. Case events are objective, easily recorded changes in the status of program participants. They include such outcomes as leaving the welfare roles, entry into foster care, and involvement with child protective services. Their strength lies in the fact that they are easily measured and require no judgment by the data reporter or collector. They are also the "hook" on which we too often sell our programs to policy makers.

There are, however, problems with these types of measures. First, such events tell us nothing about the well-being of people—they tell us only about the status of a system. Second, these indicators may tell us nothing about how effective a program is, for they are subject to historical events and are often influenced by non-programmatic inputs. Third, the use of such standards of program success often originates outside the relationship with the client, and therefore may not be brought up in the contracting process or accepted as reasonable by the recipient of service. Finally, such outcomes are focused on "program accountability" concerns and not on service improvement, and therefore leave much to be desired in terms of their actual usefulness for agencies (Jones, 1991; McCroskey & Meezan, 1997; McCroskey & Meezan, 1998; Pecora, et al., 1995). It is no wonder that programs using such measures often fail to demonstrate their effectiveness, and that programs that "feel right" to both workers and participants are unable to document their impact (McCroskey & Meezan, 1997).

On the other hand, changes in individuals, families, and systems tell us much about how to improve programs and allow us to begin to capture important information about who a program works for and under what conditions it works. Our field's commitment to ecological interventions suggests that we use measures that assess impacts along an continuum that includes children, parents, parent-child interactions, family functioning, social support networks, and communities (Pecora, et al., 1995). However, the field is plagued by a number of issues when it attempts to capture these diverse and nested outcomes.

First, given this ecological conception, choosing which domains to measure is difficult, with the multiple and often competing goals of many of our programs. Second, having to choose between appropriate goals within a single ecological level means that we risk missing potentially important program outcomes. Third, the quality of some of our measures remains questionable, although we continue to use them because they are the best we have available. Fourth, standardized measurements, designed to be sensitive to variability among individuals, may not be sensitive to variations within individuals over time. Thus, their use in evaluation research is questionable.

Fifth, measuring change in individuals is much easier and better developed than measuring changes in systems, and changes in adults are easier to measure than changes in children. We therefore tend to concentrate on measuring the impacts of programs on individual adult participants rather than on children or on the interactions among program participants. Yet many of the problems we wish to alleviate are relational. Therefore, the inadequacies of our measurements mean that we may miss detecting programmatic benefits. Sixth, we have almost no decent measures of community change beyond the use of gross social indicators, yet the quality of a community, and life within it, is an outcome of our work that we should be capturing. We must, therefore, put more effort into the development of measures that capture the "outer rings" of our ecological conception (Bloom, Fischer, & Orme, 1999; Jones, 1991; Pecora et al., 1995; Weiss & Jacobs, 1988b).

In addition, we need to question whether our measures capture "reality" or whether they capture the unique perception of the person providing the data. More and more research, including my own (McCroskey & Meezan, 1997; Meezan & McCroskey, 1996), shows that multiple perspectives, using multiple measures and informants, often do not triangulate. We therefore need to accept the fact that our outcome research can contradict itself, since one informant's report may contradict another informant's account of the same situation. Our research must therefore become more complex, expansive, and expensive if we are to truly capture the gestalt of the social situation we are studying.

Finally, there is a desperate need to develop meaningful measurement tools applicable to the problems and programs we study. Too often, social work borrows its measurements from other disciplines, and thus is unable to capture the constructs of most interest to it. If we are to provide meaningful data regarding the effectiveness of our interventions, we must spend significant time developing meaningful measurements of individual, family, and community functioning as we define them, not as others do. For example, there are dozens of measures that capture domains of family functioning. However, these might not be the domains we social workers, or our clients, feel are appropriate. To use measures that are reliable but not valid, and to make judgments about programs and how to improve them based on these measures, leaves us particularly vulnerable to criticisms (McCroskey, Sladen, & Meezan, 1997).

There is no doubt that the statement

> *"The delivery of services has been flawed . . . fragmented, inconsistent and inadequate"*

is true. In order to address this situation, we must develop strategies on numerous fronts.

First, we must broaden our understanding of the social services, and further develop primary prevention approaches which recognize that all families may experience stressful life circumstances (Brown, 1992; McCroskey & Meezan, 1998). In doing this, we must develop services that embrace a strengths-based approach rather than deficit orientation. In addition, we must enhance our secondary prevention efforts so as to alleviate the risks that noxious environments pose to child rearing, and concentrate our efforts to build on our developing knowledge about the resilience of families and children who are living under adverse conditions (Fraser, 1997; Werner & Smith, 1992). And, we must better target remedial services so that their effectiveness can be demonstrated (Pecora et al., 1995; Rossi, 1992 a, b; Rossi, Freeman, & Lipsey, 1999; Tracy, 1991).

Second, we must plan our services in a better way. In doing so, our planning efforts must begin to include voices not usually heard around the table, and we must capitalize on opportunities to engage in service planning in a coordinated way when opportunities like those in the 1993 legislation present themselves (U.S. Department of Health and Human Services, 1994).

Third, we must use information in a more reasoned and coordinated way. We must develop information systems that can link family conditions and characteristics to service planning and delivery in order to chart outcomes (McCroskey & Meezan, 1998). And, we must teach agencies to use this information and encourage them to become learning organizations, so that information that challenges their practices is not ignored but rather is used to reexamine the way in which they do business and perform their functions (Cherin & Meezan, 1998).

Fourth, we must forge new partnerships, both within and outside the boundaries of the traditional service system in order to make service delivery more efficient and thus enhance the possibility that we will be effective. We must enter into partnerships with nontraditional partners, including indigenous local groups, community-based organizations, and faith-based institutions to develop new ways of providing services; continue to promote service integration so that the inefficiencies now present in service systems are eliminated; and continue to develop wrap-around, community-based supportive services that assist children and their families as they exit service systems or change status within them (Bailey & Koney, 1996; Briar-Lawson, Lawson, Collier, & Joseph, 1997; Epstein, Kutash, & Duchowski, 1998; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Waldfogel, 1997).

We must also recognize that the co-morbidity of poverty, substance abuse, domestic violence, mental health issues, problems of maternal and child health, developmental disabilities, and child placement has been established beyond a reasonable doubt, and that service systems must address these multiple problems in a coordinated way if they are to meet the needs of clients (Azzi-Lessing & Olsen, 1996; Hampton, Senatore, & Gullotta, 1998; Roberts, 1998). At the same time, we must acknowledge the fact that many of these co-morbid problems are chronic and their solutions are adult-centered rather than family-centered. Thus, programming must be modified and enhanced so that goals can be accomplished within current child welfare time frames and can embrace the principles of family-centered services, which set forth our notion of best practices within the field of child and family services.

In addition, we must develop ways to ensure that there is a coordinated, integrated, and reliable funding stream for these services (McCroskey & Meezan, 1998), encourage and suggest innovative procedures and practices within the courts and other systems in order to facilitate timely decision making within the child welfare system (Duquette, Danziger, Abbey, & Seefeldt, 1997), and locate services within nonthreatening environments within the families' ecological space, including schools, churches, and libraries that are part of larger efforts to rebuild neighborhoods and communities.

This last point leads to the final statement in the article that I wish to address—that

> *"[we need to] join efforts . . . to strengthen communities."*

On the wall of the building that houses the Department of Social Services for the City and County of San Francisco is a quotation from Margaret Mead that states: "The task of each family is also the task of all humanity—This is to cherish the living, remember those who have gone before, and prepare for those who are not yet born."

It seems clear to me that in our current situation, cherishing the living and preparing for those yet unborn means that we must move beyond adhering to a service approach to solve social problems. Beyond providing for the basic income, health, food, and housing needs that all families have, we must reclaim some of our neighborhoods from the devastation that has overtaken them.

In the last 20 years, we have seen the physical and social destruction of neighborhoods, like the one I grew up in the Bronx, due to the loss of economic infrastructure, neglect, the crack cocaine epidemic, the rise of urban gangs, middle-class urban flight, and, in Los Angeles from where I have just come, civil unrest. Too many communities can no longer support the healthy growth and development of those who reside within them.

Social workers in general, and those concerned with families and children in particular, must join forces with professionals from other disciplines to develop ways to rebuild communities, since communities serve as the context in which individual change becomes possible. Such community-building efforts recognize that non-cohesive and disorganized communities are the poorest environments for rearing children; that physical, economic, social, family, and individual well-being are all interconnected; that single-strategy approaches to solving problems are always inefficient and often ineffective; that strategies should be tailored to the individual neighborhood involved and focus on an area of manageable size; that efforts should begin not merely when we have identified a neighborhood's needs and deficiencies, but when we have taken an inventory of its assets and strengths; that change strategies must involve local stakeholders, including residents, in setting goals and priorities and shaping plans to address them (Barton, Watkins, & Jarjoura, 1998; Chaskin, 1992; Chaskin, Joseph, & Chipenda-Dansokho, 1997; Halpern, 1995; Kretzman & McKnight, 1994; Page-Adams & Sherraden, 1998; Wynn et al., 1995).

Community-building initiatives, which hope to improve the lives of neighborhood inhabitants, must work on many fronts simultaneously—economic development, physical development, the creation of social opportunities, and the development of integrated systems of social services—in order to transform neighborhoods and thus impact their residents. Such initiatives must coordinate disparate sectors, foster collaboration within sectors, build bridges between organizations and residents, and encourage full participation (Barton et al., 1998; Chaskin et al., 1997).

Such initiatives are not easy to implement. They require deep changes in existing institutions and systems, changes in power structures, and changes in the way people deal with each other. It takes time to build constituencies committed to such efforts, to conduct needs assessments in order to plan change, to establish credibility and legitimacy, to develop leadership to manage such change, and to know whether such efforts are effective (Chaskin et al., 1997).

A recent report by the Annie E. Casey Foundation, which has funded such community-building efforts, admits in the most honest way that I have ever seen in print that comprehensive community-building efforts are "very difficult"; that they "take time"; that they cannot be accomplished in every community; that the development of local capacity and the transfer of authority and resources to the local level, which are the key to local ownership are "no simple matter"; that initial plans for comprehensive community change require "repair, revision, reassessment, and recommitment"; that one needs to judge success based on the realistic attainment of proximate

goals within a reasonable time limit; and that real change depends on increases in economic opportunity and social capital (Nelson, 1996).

Others have noted that “operational barriers such as time, resources, and organizational structure inhibit the development of integrated programs” and that “competing motivating factors that influence collaborative activity and decision making may interfere with the integration of projects” (Chaskin et al., 1997, p. 441).

Despite these difficulties and many more articulated by others working in the field and funding such efforts, these comprehensive experiments and efforts must go on. For, as John McKnight points out, without such efforts, “the community, a social space where citizens turn to solve problems, may be displaced by the intervention of human service professionals . . . [and] as the power of professions and service systems ascend, the legitimacy, authority, and capacity of citizens and community descend. The *citizen* retreats. The *client* advances...And as human service tools prevail, the tools of citizenship, association, and community rust” (McKnight, 1995, pp. 105-106).

My friends, our society needs no more clients. We need strong families, raising strong children, in strong neighborhoods, with strong social institutions, if we are to successfully meet the challenges of the next millennium. It is my passionate hope that we will all work toward this end and that my rhetoric can become the field’s reality.

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The Marion Elizabeth Blue Endowed Professorship in Children and Families

The Marion Elizabeth Blue Endowment Fund was established on August 4, 1997, through the generosity of the Ann and Robert H. Lurie Family Foundation, in memory of Ann's mother, Marion Elizabeth Blue. The Blue Fund, as it is known, is a perpetual fund to be used for the benefit of the School of Social Work.

It is the wish of the Lurie family that the faculty member designated to hold this honored title will teach, develop knowledge, and provide service activities in the area of children and families.

The Lurie family welcomes the opportunity to establish this professorship as a means of focusing attention on programs that train advocates for children and as a way to honor Marion Elizabeth Blue.

We acknowledge the Lurie family's most generous gift by establishing the Marion Elizabeth Blue Endowed Professorship.