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Features...

Mackenzie Carrington Whiteley, new granddaughter of Peter Whiteley, Director of Finances and Human Resources, OACAS

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Message from the Executive Director: The Importance of Community

Jeanette Lewis

Children's Aid Societies know how important communities are in protecting children and supporting families. We simply can't do our work in isolation. The local community is the source of most of the referrals CAS's receive; it is also where families learn to be better parents, to cope with challenges and to find the resources they need.

We are well aware that families who lack community, who don't have those supports around them, are more likely to struggle and to run into difficulties during stressful times.

The sense of community among Children's Aid Societies is equally important. While connections in the counties and cities where the agencies are located are vital, no other agency does the same things – or deals with the same challenges – as the Children's Aid Society. We turn to each other for support in managing the dramatic changes that we have experienced over the past few years and we share with each other the strategies and programs that have been successful.

I believe that the OACAS can be the "town hall" of the inter-agency community. This is true in a physical sense – as we host committee meetings and Consultations that bring together staff from agencies around the province, for example. We are also a virtual town hall, through information provided on our website and through publications such as this Journal which are distributed to all agencies and to other interested parties.

The Conferences which we have hosted every two years have been another way to create community among Children's Aid Societies, and I am especially excited about the conference planned for this year. We have sessions planned that cover topics of interest to Board members, foser parents and to all staff - executive directors, front-line workers, legal counsel, supervisors and more.

Participants will learn about successful programs and leading-edge research. Just as valuable, we will have time to talk to each other about our challenges and accomplishments – strengthening our sense of community.

It is also exciting to see the growing participation of youth in our conference. We have had a hard-working committee of youth-in-care planning sessions and special events for the young people who will attend, and they have developed an impressive program. Youth in care are a vital part of the child welfare community, with unique and essential perspectives to share with all of us. The conference provides staff with an opportunity to hear the voices of youth and to benefit from their perspective.

The information gathered at conferences is important. But I see the inspiration, motivation and excitement that can be generated by bringing together child welfare staff and outstanding speakers and presenters as even more important. Child protection work is stressful, difficult, and sometimes overwhelming. This conference will bring new energy and commitment to meeting the challenges, with strategies and ideas that can make a significant difference. I look forward to seeing you there.

The OACAS Members Only Website
Log on. Find out.

The OACAS members only website, located at www2.oacas.org, was created to keep our members up to date on the latest news and information impacting child welfare in Ontario.

The front page of the website features daily news clippings regarding child welfare issues throughout Ontario and the world, announcements from OACAS, new job postings, links to current OACAS publications as well as a section highlighting upcoming events and new additions to the website.

The Ontario Child Protection Training Program (OCPTP) section of the site includes announcements from our training team, Agency Training Designate memos, course descriptions, training schedules, P.R.I.D.E. resources, and online course registration.

The OACAS members only website is chock full of resources including:

- A calendar with links to conferences, training opportunities and meeting agendas
- Online registration for Annual Awards
- Materials presented at Consultations and Local Directors Conferences
- Discussion and policy papers
- Searchable databases for collective agreements, inquest recommendations and provincial projects
- OACAS publications including the Board to Board Newsletter, OACAS Journal, CAS Facts, N.O.T.I.C.E. and OnLAC Newsletter
- Key messages
- Section 43 resources
- Purple Ribbon and Foster Family Week communication planning guides
- Links to other child welfare resources

Coming Soon!

We will soon be offering **online surveys** to collect important information. Survey results will be available online in an Excel format so that our members may manipulate the data to their agencies' needs.

In addition, we will be adding **online discussion groups** to our forums so that our members will be able to communicate with each other more effectively.

OACAS is always striving to improve communication with our members, and we look forward to hearing your feedback and suggestions about our website.

OACAS Members Website FAQ

Q. Where is the website located?

The website can be found at http://www2.oacas.org

Q. Can anyone access the site?

No, only those affiliated with a CAS will be provided with an ID and password.

Q. I work for a CAS — where would I find the ID and password?

Please email Kristine at kkofoed@oacas.org and she will provide you with that information. If you have problems accessing the website, please email Kristine and she will help troubleshoot.

Problem Gambling and Child Welfare

by Thomas Appleyard, M.S.W., R.S.W.
Gary Hoskins, B.A.
Brenda Teasell B.A., B.S.W., R.S.W.

Gambling in Ontario has undergone a major transformation in the past decade. Many years after changes to the Criminal Code, Casino Windsor became Ontario's first casino in 1994. The Ontario Lottery and Gaming Corporation has since increased its annual revenue to 5.47 billion dollars, with a profit of 1.98 billion dollars (Ontario Lottery and Gaming Corporation, 2002). These numbers do not include what Ontarians spend on racetracks, bingos, Internet gambling, stock speculation, informal but legal betting or illegal gambling.

By gambling, people take the risk of losing money or belongings, and winning is decided entirely or mostly by chance. The Canadian Centre on Substance Abuse (CCSA) and Responsible Gambling Council (Ontario) (RGC-O) published a study that looked at gambling and problem gambling in Ontario (Wiebe et al., 2001). The authors found that 83% of adults in Ontario reported gambling in the previous year. The most common form of gambling was purchasing lottery tickets, with 63% of adults in Ontario reporting that they had purchased a lottery ticket within the past year.

Gambling is a recreational activity for most people; however, some develop serious problems associated with their gambling. For these people, gambling negatively affects family members, health, finances and employment, and they often have a great deal of difficulty stopping or curbing their gambling behaviour. Anyone can be at risk for problem gambling; however, some people are at higher risk than others. Research suggests that for women, gambling has increased rapidly in the last decade, with an overall increase of 22% between 1975 and 1998 (NORC, 1999). Males continue to gamble more excessively (e.g., Wiebe et al., 2001), and mental illness and substance abuse place additional risks (Centre for Addiction and Mental Health, 2001). One of the more surprising findings has been that adolescents are much more likely to develop problems with gambling (e.g., Mandal & Doelen, 1999), and children of parents who gamble problematically are more at risk (Gupta & Derevensky, 1997; Jacobs, 2000; Wallisch & Liu, 1996; Winters et al., 1993).

Women and Gambling

Twenty years ago gambling was predominately a male-oriented activity; however, with the recent increased availability and accessibility of gambling, the number of women gambling is equal to the number of men. For many women, gambling provides a safe opportunity for late night entertainment and socializing (Boughton, 2003)

A recent study (Boughton, 2003) found that women at risk for developing gambling problems are more likely to be alone, unemployed (or employed in low paying positions), undereducated and living on very low incomes. They are more likely to have had a traumatic childhood, which may have included parental addiction, mental health problems and both physical and sexual abuse. Women who experience gambling problems are also more likely to be in marriages that are frequently stressful as a result of spousal addiction, mental illness or abuse. Mental health issues such as depression or anxiety are common among women who gamble problematically, and rates of drug and alcohol abuse are two to three times higher than in the general population. Women who gamble as a way to escape problems are also more likely to develop a gambling problem. Slot machines,

predominately the game of choice for women, have been described as providing hypnotic, soothing and calming effects from the repetitive motion of play. This can distract individuals from their worries and allow them to escape their overwhelming problems.

Substance abuse and gambling

The parallels between problem gambling and substance abuse are numerous. Preoccupation with gambling, an increased tolerance for the amount of money and time spent, difficulty stopping or decreasing gambling, gambling as a way of escaping problems and committing illegal acts to finance gambling all have parallels in substance abuse. As with substance abuse, a person must be exposed to the object of the addiction to develop problems (i.e., a person must gamble to develop a gambling problem).

There are several major differences between problem gambling and substance abuse. First, there are upper limits as to how much substance one can consume at one time before unconsciousness or death. Gambling has no such ceiling on activity, other than exhaustion. Second, people are able to hide problem gambling much more easily. It is virtually impossible to tell if someone has just gambled significant amounts. Both of these allow for significant financial and social damage to be done in a relatively short time period.

Therefore, family members are often shocked and devastated by the impact of problem gambling when it has reached a crisis (eviction, creditors calling, criminal charges).
In the CCRA and RCG-O study, 341,000 adults in Ontario were estimated to have moderate to severe gambling problems, and an additional 860,000 were deemed to be at risk. In this same year, Rush and Moxam (2001) estimated that only 950 to 975 people with gambling problems seek treatment from Ontario's problem gambling treatment agencies each year. It is clear that the vast majority of people affected by problem gambling are not accessing treatment from the designated treatment system. Problem gambling behaviour can have a severe impact on people's health, relationships, employment and finances, and it is not uncommon for people affected by problem gambling to be receiving services for one or more of these problems. Child welfare service providers may encounter problem gambling in the community and as the following research suggests, problem gambling has a significant impact on a child's well being.

The impact of problem gambling on children

Children of people who are gambling problematically are often raised in an atmosphere of "emotional deprivation, isolation, parental abuse, rejection, poor role modelling, and an emphasis on money" (Lorenz, 1987). Higher profile episodes of children being abandoned in cars, or found wandering around casino parking lots, have generated community concern about child neglect (National Council of Welfare, 1996). Parents' spending money on gambling that was needed for children's food and for housing has been well documented by Derbyshire and associates (2001). In a study on children who had a parent who gambled problematically, the impact and reported losses were pervasive:

> "Several participants described how their parent had changed from being a familiar and 'ordinary' parent to someone whom they scarcely recognized, who had little time for them, whose behaviour suggested that they did not really care about them, whom they could not talk to about their fears and concerns, and whose behaviour was interpreted as meaning that gambling was more important to the parent than their child[ren]." (Derbyshire et al., 2001, 33-34)

Numerous studies support the idea that there are significantly higher rates of verbal and physical abuse in families that are experiencing problems due to a parent's gambling behaviour (e.g., Lorenz, 1987; Lesieur & Rothschild,

1989). Lesieur (1988) reported that "problem gamblers" tend to be less violent than the general population, however, their spouses tend to be more violent. In one study, 82% of the wives of "problem gamblers" got so angry with their husbands that they wanted to kill, hurt or incapacitate them (Lorenz & Shuttleworth, 1983).

Individuals who experience serious problems due to their gambling behaviour have a 35% higher rate of divorce, are ten times more likely to commit suicide and have a 15% higher rate of bankruptcy than people who do not gamble (Family Times, 2000). In a study by Jacobs (1989), children of parents who experience problems due to gambling were twice as likely to come from a broken home, due to separation, divorce, or the death of a parent, before age 15. Children of parents who gambled problematically were two times more likely to attempt suicide, with rates ranging from 10 to 12 percent of children having attempted suicide at least once (Jacobs et al, 1989, Lesieur, 1989). These same children had lower grades than their peers and were deemed to be at heightened risk of numerous health-threatening behaviours, including drug use, gambling and overeating (Jacobs et al., 1989). The impact of parental gambling problems on children can be devastating, and is considered a significant health as well as social problem (Derbyshire et al., 2001).

Adolescents and gambling

In addition to being vigilant around the impact of parental gambling on children it may also be helpful for child welfare workers to be familiar with the emerging issue of youth gambling and problem gambling. A study released by The Centre for Addiction and Mental Health in May 2001 entitled " The Mental Health and Well-Being of Ontario Students Report" states that approximately one-eighth (13%) of students surveyed reported a gambling problem, while 6% reported indicators of pathological gambling. Young people tend to play games on a weekly or monthly basis, although some young people do gamble daily (Stinchfield et al., 1997).

It is not unusual to find that problematic gambling is just one component in a larger pattern of high-risk behaviours in which a young individual might be engaged, such as smoking cigarettes, drinking, using illicit drugs and missing school. Prevalence studies consistently demonstrate that among youth, gambling and problem gambling are significant issues.

The gambling activity of a child may be causing any number of issues within the family. Parents may or may not be aware of the gambling and may be attributing the child's behaviour to something totally unrelated. Furthermore there may be differences of opinions on the seriousness of the child's gambling depending on whether one or both parents have a gambling problem themselves**.**

Warning signs

There are many warning signs that may indicate that someone you know has a problem with gambling. Some of these warning signs include:

- Increasing amounts of time and money spent gambling
- Neglecting family, friends, self or work in order to gamble
- Being preoccupied with gambling
- Hoping for a "big win" to solve financial or other problems
- Having unrealistic expectations about winning
- Chasing losses
- Borrowing, juggling funds, selling possessions or avoiding bills to gamble
- Engaging in illegal acts to get money to gamble
- Gambling as a way to escape or cope

- Having moods swings related to gambling: guilt, anger, depression, shame, fear
- Hiding debts, lying or having conflicts with others related to gambling
- Continuing to gamble despite serious consequences and efforts to control it

The Ontario government funds a problem gambling strategy through the Ministry of Health and Long-Term Care (MHLTC). There are several components to this strategy. The Ontario Problem Gambling Helpline is a telephone service that is free, 24 hours, anonymous and provides information on treatment services located in your community. Their phone number is toll-free 1-888-230-3505. There are also 45 funded problem gambling assessment and treatment services throughout the province that provide free and confidential services to individuals who are concerned about their gambling behaviour or the gambling behaviour of someone they know. Treatment services may include individual, family and group therapy. The Problem Gambling Project at the Centre for Addiction and Mental Health is a service that provides training and awareness to provincial professional groups, including child welfare systems. You can receive more information about these services by contacting the Problem Gambling Project at Problem_GamblingProject@camh.net, or by contacting Thomas Appleyard at (416) 535-8501 Ext 4757.

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Protecting Children is Everybody's Business

Investigating the Increasing Demand for Service at the Children's Aid Society of London and Middlesex

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Introduction:

by John Liston, *Executive Director, Children's Aid Society of London and Middlesex*

The Children's Aid Society of London and Middlesex started experiencing a growing number of children coming into its care starting in the mid-ninety's. As the Director of the Society I was asked regularly during reports to the Board to explain this ever-increasing number of children coming into care and the costs related to it. Initially my responses seemed to satisfy these inquiries but as the rise in numbers continued the questions changed, to asking how long this trend would continue and when would we see a plateau or a decrease in numbers. My responses to these inquiries felt more inadequate and so we as a Society sought better answers.

At the same time as this phenomenon was occurring the Ministry of Community and Social Services introduced the new Funding Framework, which funded mandatory services for Societies and focused prevention services with other service providers. For many years, the Children's Aid Society of London and Middlesex had communicated that the protection of the community's children was not its sole responsibility but the responsibility of the community as a whole. With this in mind, the Society started discussions with the United Way of London & Middlesex, which was revitalizing itself with the hiring of a new Executive Director, to assist the Society in focusing its child and family grants in serving hard to serve families in an effort to prevent some of the admissions to the Society's care. It was agreed that if we wanted to better direct not only the funds of the United Way but other preventive social service dollars in London and Middlesex, a study should be conducted to clearly identify the causes for the increases of children coming into care. This would in turn assist funders in their allocations.

Initial funds for the study were obtained from the City of London and the County of Middlesex. These municipalities had made overpayments to the Society under the old funding mechanism and the Society was only able to reimburse the municipalities these overpayments once the Ministry had reconciled prior year deficits. When returning these funds to the municipalities for years where they had already closed the books the Society requested that the funds be re-directed to the United Way to carry out a much needed community study. It was pointed out to the municipalities that although they were no longer a direct funding partner in carrying out child protection services, the welfare of some of its most vulnerable citizens was at stake and they continued to have a moral responsibility in looking to their welfare. With this in mind the municipalities supported the transfer of funds to the United Way for it to oversee and carry out the study whose Executive Summary follows.

The Children's Aid Society of London and Middlesex is proud to be part of a community where "Protecting Children is Everybody's Business".

Executive Summary

Keeping our children safe is the responsibility of our *whole* community, not the child protection system alone. As the agency mandated to protect vulnerable children under the age of 16, Children's Aid Societies act as a barometer of the health and well-being of families in communities; but the issue is too large, its impact too far reaching, and its causes too complex for them to shoulder the responsibility alone. Results from this study are alarming – too alarming too ignore.

Over the last decade, the number of CAS referrals for service and admissions to care has dramatically increased. In a six-year period between 1995 and 2001, the number of children in CAS care in London and Middlesex increased 70% – from 445 children to 758. In the last two years, the trend has shown no signs of slowing down.

While there has been considerable speculation in the community and among professionals in the child welfare field regarding the increase in families requiring service and children being admitted to CAS care, there was little factual information. In 2001, at the request of the Children's Aid Society of London and Middlesex, United Way of London & Middlesex commissioned a team of researchers from the University of Western Ontario to conduct a study to determine the causes and impacts on vulnerable children in the community. The study is the largest child protection research of its kind in Canada. The research included an intensive review of 1,042 CAS child protection files in 1995 and 2001, a literature review, focus groups with CAS staff and consultation with professionals and researchers in the child welfare field.

The researchers found no evidence that the CAS is not fully meeting its mandate to protect vulnerable children. Results identified woman abuse, poverty, mental health issues and poor parenting skills as contributing factors to the increase in referrals and admissions to care.

Unless we address these factors, we can anticipate that the demand for protection services will continue to increase and the number of children in CAS care will continue to escalate.

Background

In the early 1990s, the deaths of children known to CASs in Ontario prompted the Ontario Association of Children's Aid Societies and the Office of the Chief Coroner for Ontario to establish the *Ontario Child Mortality Task Force* in 1996. The Task Force reviewed the deaths of 100 children known to CASs in Ontario that occurred from January 1, 1994 to December 31, 1995. Then in 1996, the Office of the Chief Coroner announced eight individual inquests into the deaths of children who had been involved with a CAS during 1994 and 1995.

Following the release of the Interim Report of the *Ontario Child Mortality Task Force*, the then Ontario Ministry of Community and Social Services announced three reviews – a compliance review, an accountability review and a review of the *Child and Family Services Act*. The final report of the *Ontario Child Mortality Task Force* included 16 recommendations to improve the child welfare system in Ontario. The results from the eight inquests included more than 400 recommendations calling for changes to improve the protection of vulnerable children.

The government responded to the information and recommendations from the reviews, the *Ontario Child Mortality Task Force* and recommendations from the inquests and introduced the *Child Welfare Reform Agenda* in 1998. The *Child Welfare Reform Agenda* was a step-by-step approach to improving the protection of vulnerable children in Ontario. The most significant of the reforms were the introduction of a new *Funding Framework for Child Welfare* (1998) that resulted in increased expenditures of CASs from $542 million in 1998 to $870 million in 2002, and amendments to the *Child and Family Services Act* that came into effect in April 2000.

Popularly Held Beliefs

Previous research has suggested that the changes to child welfare policy have possibly influenced the increase in referrals and admissions to CASs across the province. To investigate the impact of policy change in London and Middlesex, the research team tested a series of hypotheses based on three popularly held beliefs: 1) that the threshold for admitting children had been lowered; 2) that the increase in reported cases of neglect by professionals had been driving the overall increase in referrals higher; and 3) that less experienced CAS workers rated risks to children higher than more experienced CAS workers. Results indicated that none of these beliefs were supported when the researchers compared child protection cases at the CAS of London and Middlesex in 1995 and 2001. Children were coming to the CAS with a higher degree of risk in 2001 than in 1995. No one referral source was driving the overall increase in the rate of referrals, and CAS workers, whatever their experience, were rating the level of risk to children consistently.

The Six Studies

Results from the above set of investigations clearly indicated that the nature of risk was changing and the degree of risk was increasing for children seen by the CAS. Further, there were several factors or specific clinical areas that had shown increases in prevalence rates of certain disorders among children and families. These included child maltreatment, woman abuse, poverty, maternal depression, parenting capacity, and intergenerational CAS involvement. The research team designed six studies each addressing one of the above factors or clinical areas. As results unfolded, it became increasingly clear that there is no single reason to account for the increase in referrals and admissions, but rather there is a multitude of complex and interwoven factors that compound one another.

The research team conducted file reviews of 1,042 child protection cases chosen at random from 2,316 child protection cases in 1995 and 2001. Data was analyzed in two steps: 1) a comparison of data between 1995 and 2001; and 2) a comparison of the characteristics of children in CAS care with those who were receiving CAS services while living in their homes. The researchers created a standard method to extract current and historical family information from the child protection files. They also developed an approach to assessing risk to children by using a “cumulative risk assessment score” comprised of a total score of 22 individual risk elements in the CAS Risk Assessment Model. The cumulative risk assessment score is different from the risk analysis completed by CAS child protection workers in the course of their work.

Study One: Child Maltreatment

7 out of 10 children were admitted to CAS care in 2001 for reasons of neglect, physical abuse, sexual abuse and emotional abuse, up from 4 out of 10 children in 1995.

The rate of children who were admitted to CAS care for reasons of physical abuse tripled from 1995 to 2001.

Many children served by child protection agencies have been exposed to or been a victim of maltreatment. Maltreatment refers to neglect, physical abuse, sexual abuse and/or emotional abuse. In looking at the issue of child maltreatment, the researchers investigated 214 child protection cases of children who were identified as experiencing maltreatment at the point of their CAS referral. The study revealed that the rate of children who were admitted to CAS care for reasons of physical abuse tripled from 1995 to 2001. The proportion of cases of sexual abuse, emotional abuse and neglect did

not differ across years. Further, 7 out of 10 children were admitted to CAS care in 2001 for reasons of abuse and neglect, up from just over 4 out of 10 children in 1995.

Witnessing abuse is as detrimental to a child as being physically abused, and the combination of both is more devastating than either one alone.

A recent review of literature on child maltreatment concludes that witnessing woman abuse has as devastating an effect on children as being a victim of physical abuse. The researchers found that in a group of 190 maltreated children in 2001 there was a high degree of similarity from risk indicators between children who were physically abused and children who witnessed woman abuse. Further, children who were exposed to woman abuse and were victims of physical abuse were more likely to be diagnosed with ADHD and they had higher rates of cumulative child welfare risk.

Study Two: Woman Abuse

In 2001, more than half the mothers of children receiving services from the CAS were victims of abuse – 45% of them suffered from a mental health disorder, 23% had a substance abuse problem, and 20% experienced a chronic medical condition.

Given that child protection workers are increasingly addressing the impact of woman abuse on the well-being of children, the research team studied 853 mothers with a child served by the CAS in 1995 and 2001. A startling 47% of mothers in 1995 were victims of woman abuse. By 2001, more than half the mothers were victims of woman abuse. Forty-seven (47%) percent of these mothers suffered from major mental health disorders, 23% had a substance abuse problem, and 20% had a chronic medical condition. Further, 66% of abused women whose children came to the attention of the CAS in 2001 were on social assistance compared to 44% of non-abused women. Sixty-nine (69%) percent of these abused women were unemployed compared to 59% of non-abused women. Finally, the abused women were more likely to have less reliable social supports and more likely to have experienced abuse as a child.

Study Three: The Impact of Poverty

Almost double the number who were admitted to CAS care in 2001 were living in poverty compared to 1995.

The impact of poverty on children and families involved in child protection was also examined. In the 1996 census, Canada had a national poverty rate of 21.1%. In Ontario, arguably the country's most affluent province, the situation is no better with 20.3% of children living in poverty. Within a wealthy nation, in the wealthiest province, London and Middlesex County has a family poverty rate of 17.1%. For children under the age of 15 London's poverty rate is 24.5%.

The research team examined 693 children from families seen by the CAS in 1995 and 2001. Results indicated that there was a consistent rate of families who were on social assistance between the years: 65% of families in 1995 compared to 64% in 2001. There was evidence, however, that families on social assistance were not doing as well in 2001. The rate of children admitted to CAS care whose families were on social assistance almost doubled from 47% in 1995 to 80% in 2001. The rate of single mothers on social assistance increased significantly from 71% in 1995 to 83% in 2001. Further, 84% of the single mothers in this study who were experiencing woman abuse were on social assistance in 2001 compared to 63% in 1995. Finally, in 2001, 86% of cases of child neglect had mothers receiving social assistance compared to 56% of cases of neglect in 1995.

Study Four: Maternal Depression

The number of depressed mothers of CAS children doubled from 1995 to 2001, and their children were twice as likely to experience a mental health disorder.

A parent's mental health plays a significant role in their ability to care for and meet the needs of their children. In 1995, the Canadian Mental Health Association reported that one out of twenty Canadian adults suffers from depression. The recent Canadian Community Health Survey (CCHS) of 2003 indicated as many Canadians suffer from major depression as from other leading chronic conditions, including heart disease, diabetes, or a thyroid condition. Four (4%) percent of people interviewed in this survey reported having experienced symptoms associated with major depression, compared with 5% with diabetes, 5% with heart disease, and 6% with a thyroid condition. Given its prevalence, the researchers examined the impact of maternal depression on 853 child protection cases in 1995 and 2001 where the biological mother was the primary caregiver. Results indicated that in 2001, 29% of the cases had mothers diagnosed with depression compared to only 15% in 1995.

Of 477 mothers with a child served by the CAS in 2001, 29% were depressed mothers and 59% of those mothers were unemployed. Children of depressed mothers were more likely to be diagnosed with ADHD and more likely to be medicated for an adjustment disorder. Further, children of depressed mothers had higher cumulative risk assessment scores, and had academic concerns such as chronic absence from school. Finally, there was a significant relationship between being socially isolated from community supports and being diagnosed depressed.

Study Five: Impaired Parenting Capacity

Parents whose children are receiving services from CAS have less effective parenting skills in 2001 as compared to 1995.

Healthy child development is affected by the quality of the parent-child relationship. The concern for parenting capacity was investigated in 1,042 caregivers with a child served by the CAS in 1995 and 2001. Results indicated that the caregivers of children in 2001 scored significantly higher in impaired parenting capacity compared to caregivers of children in 1995. This means that parents were more likely to have unrealistic expectations and angry conflicts with their child, were more likely to disapprove, reject and be indifferent to their child, and were more likely to have negative and inconsistent family interactions.

Further examination of 592 cases of children seen by the CAS in 2001, revealed that poor parenting affected the child's likelihood to be diagnosed with ADHD, identified with a conduct disorder, and/or to be on medication for an adjustment disorder. Related to academic concerns, poor parenting increased the child's likelihood of receiving suspensions and experiencing chronic absence from school. In relation to the caregiver, being diagnosed with depression and/or a major mental illness negatively impacted their ability to effectively parent. Finally, being homeless, on social assistance, and experiencing woman abuse significantly affects a parent's ability to cope.

Study Six: Intergenerational CAS Involvement

4 out of 10 children admitted to CAS care in 2001 had a parent who was involved with CAS as a child…and the number is growing.

Children's Aid Societies often serve clients who receive services from one generation to the next. The impact of the caregiver's history with the CAS on their children was examined in 1,042 pairs of caregivers and their child in 1995 and 2001. The nature of the caregiver's previous involvement could have ranged from personal or family counselling, to some form of service that resulted in the caregiver (who was then a child) being removed from the home, such as foster care or adoption. Of the children served by the CAS while living in their own homes, 26% had a CAS involved caregiver in 1995 compared to 35% in 2001. Of the children admitted to CAS care, 36% had a CAS involved caregiver in 1995 compared to 42% in 2001.

The research team analyzed risk for children related to three factors: 1) their exposure to abuse/neglect; 2) the caregiver's abuse of alcohol and drugs; and 3) the caregiver's motivation for seeking help. Results determined that the overall risk for children was higher for those children with caregivers who had previous involvement with CAS.

An examination of CAS involved caregivers indicated that they were more likely to be diagnosed with depression, more likely to be diagnosed with a major mental illness, have increased involvement with woman abuse, be either unemployed or on social assistance, and more likely have poor parenting skills.

The individual studies in this report examined relevant factors in understanding the increase in referrals and admissions to care to the Children's Aid Society of London and Middlesex. As the authors of the report, we were struck by the familiarity of the themes identified in the children and families seen at the CAS of London and Middlesex. They confirmed what our community agencies have been reporting – that the issues facing high-risk children are increasingly severe and complex. The research team trusts that the identification of the specific contributing factors – woman abuse, poverty, mental health issues and poor parenting skills – will create a sense of urgency in our community to act on the findings.

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A Review of Parenting Capacity Assessment Reports

by Christopher Conley

The Child and Family Services Act (CFSA) allows for Children's Aid Societies and parents to request formal assessments under section 54 of the Act. Mental health professionals are often requested to complete parenting capacity assessments in order to assist the Court and the parties in case planning for children.

Parenting capacity assessments* tend to be requested when there are questions about particular parenting characteristics including the emotional, cognitive, psychosocial, social, and psychiatric functioning of parents, who have a history of maltreating children. In other instances, parenting capacity assessments may be used when there are child-related problems that cannot be readily explained by the child protection worker's observations such as unexplained injuries, developmental delays, atypical responses to parents, and non-organic failure-to-thrive.[1]

The outcomes of insensitive, neglectful, and abusive parenting have been well documented in many empirical studies demonstrating a range of developmental deficits in children exposed to such parenting.[2] Children, who have been exposed to ineffective parenting and/or child maltreatment, are impacted in key areas of their functioning and development including physical, emotional, cognitive, social impairment, and are at risk for various forms of psychopathology.[3-9] The results of such parenting and maltreatment are not just experienced in childhood, but also have life-long implications with respect to future parenting and adult development.[10-14] For these reasons, accurate assessments of parenting and permanency planning are required for children exposed to such risks.

The use of parenting capacity assessments has been the subject of great debate among child welfare agencies, professionals, lawyers, and professional associations. Problematic and debated areas have often included: who is qualified to complete the assessments, what should be included in assessment reports, should child protection workers complete their own assessments for use by the Courts, and how much value or weight should the assessment report be given in determining what is in the child's best interests.

Judges are mandated to make decisions about what is in the best interests of children usually with little or no formal knowledge of clinical assessments, child development, or adult behaviours that affect parenting. This becomes particularly problematic when a judge is presented with the opinion of the assessors who may, or may not, have been tapping into relevant clinical areas in their assessment of a caregiver's capacity to parent.[15-17]

Evaluating Parenting Assessment Reports

While parenting capacity assessment reports are frequently completed throughout North America, there remains a gap in the research evidence about the content and information contained within parenting reports. In order to

* The term parenting capacity is defined as the ability to parent in a 'good enough' manner long-term. The term parenting capacity is therefore differentiated from the term parenting ability. An individual may be able to parent for a short period of time in specific circumstances (a supervised visit) and therefore demonstrate parenting ability but not the parenting capacity to parent effectively over the long term.

investigate the clinical data found in parenting assessments, an instrument was created to evaluate the content of such reports. Nine 5-point scales were constructed based upon the content in each of the nine guidelines, set out by the Toronto Parenting Capacity Assessment Project headed by the late child psychiatrist, Dr. Paul Steinhauer. [15, 17, 18] The research literature, existing assessment reports, and colleagues in the field of assessing parenting capacity were canvassed in order to provide descriptions of the content that would be considered in each of the scales. The nine content scales assess the inclusion or exclusion of clinical data in assessment reports regarding:

1) Social stressors
2) Child development
3) Parent-child attachment relationship
4) Current parenting ability (nine forms of parenting ability were outlined in the instrument)
5) Ability to control impulses
6) Parental acceptance of responsibility
7) Adult behaviours affecting parenting
8) Parent's relationship to the community
9) Use of clinical interventions

Scale scores were assigned when content in the assessment reports was found. High scale scores were assigned to reports that reflected content information into the analysis of parenting capacity.

A scale was also created to assess the 'Coherence of the Assessor's Recommendations.' This scale measured the contrast between the information presented

Scale Examples

Social Environmental Stresses Scale

- No social environmental stressors appeared in any portion of the assessment report (Score 1).
- The report devoted a great deal of attention to the nature of the social environmental stressors including: the length of time that these problems have existed, previous attempts to over come them, and the prognosis of the family's/parent's ability to overcome them. At this scale point there was explicit discussion of how these social environmental stressor have or will affect parenting (Score 5).

Coherence of Assessment Scale

- The report had numerous coherence problems when the report was contrasted against the recommendations made by the assessor(s). (…) Score here if a parent has demonstrated an inability to parent other children and without any evidence of change or willingness to change the assessor recommended the parent care for a newborn child. Also included in this section of the scale are families that are depicted as able to change but recommendations were made for the permanent removal of the children (Score 1).
- The report was highly coherent when examining the report content and the recommendations that were made. (…) The recommendations were unambiguously made in the child's best interests while making recommendations towards an appropriate permanent long-term placement for the child(ren) (Score 5).

in the assessment report and the 'theoretical expected recommendations' as described by Steinhauer.[15, 17, 18]

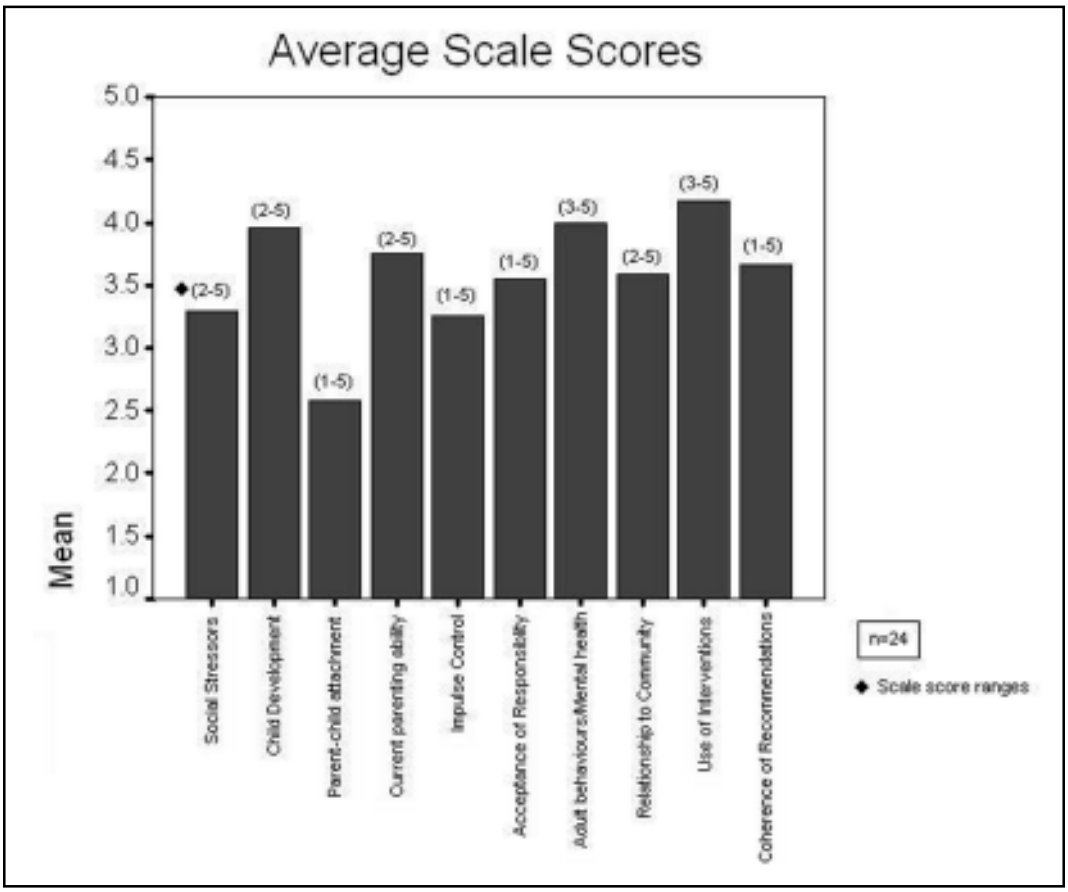
Another series of scales was developed to describe the manner in which the assessment was conducted (interviews, home visits, psychometric instruments, observations, documentation, records). Child protection workers were trained in the use of the instrument to assign scale scores. The instrument demonstrated acceptable preliminary psychometric properties.

Methodology

A random sample of parenting capacity assessment reports (n = 44) from 1989 to 2003 was selected from a medium sized urban child protection agency. Reports that assessed, in isolation, child development and psychological/ psychiatric functioning of parents or children were excluded from the sample. Only reports where the primary clinical question included the parenting capacity of the parents were included in the sample. Twenty-four reports were then randomly selected and evaluated using the instrument and the entire sample of 44 reports was reviewed to gather information about the various instruments and methods that were used in the assessment reports. [19, 20]

Results

Overall findings indicated that assessors who attended to one of the nine content areas appropriately tended to obtain high scores in all other areas of the assessment. Conversely, assessors who scored poorly in one area tended to score poorly in all other areas of the assessment report.



Assessor's inclusion and depth of commentary on the child's development was positively and significantly associated with most of the content areas (except for the parent's acceptance of responsibility) that Steinhauer and the Toronto parenting capacity assessment research project emphasized as determining factors in predicting parenting capacity including: the parent child attachment relationship, current parenting ability, adult behaviours affecting parenting/ mental health, and the parent's use of interventions. [15, 17, 18] This finding lends some empirical support to the theoretical areas of assessment that Steinhauer and colleagues involved in the development of the Toronto Parenting Capacity Assessment Research Project emphasized as determining factors of future parenting ability.

It was not surprising that many of these variables were significantly associated with the coherence of recommendations scale including child development, parent-child attachment relationship, current parenting ability, adult behaviours affecting parenting/mental health, and use of interventions.* These findings would suggest, to some extent, that the theoretical areas noted by Steinhauer and colleagues to be important in determining parenting capacity were reflected in the coherence of the assessor's recommendations.

Overall, within the sample, there was a substantial emphasis placed on the use psychometric measures including traditional measures of intelligence/cognitive capacity and psychopathology. The research evidence on the use of traditional psychometric measures in parenting assessments has been the subject of great debate by psychologists and allied mental health professionals alike.[21, 22] These instruments provide little direct information in how their findings affect parenting directly.

Many of the assessment reports contained personality/psychopathology measures where the parents would invalidate the results due to "faking good". These individuals wanted to "do well" on the measure (which was often perceived by the parents as a parenting test) and would not admit to basic human flaws and frailties. What was disconcerting was many assessors' sole reliance on psychometric measures in their determination of the presence or absence of mental health problems in parents. Psychiatrists have a long tradition of diagnosing mental health difficulties (acute and personality disorders) on the basis of mental status examinations, observation, clinical history, and use of collateral information. Most experienced psychiatrists and assessors engage in a fact-finding mission of the patient's historic functioning to confirm or deny the presence of a disorder. Cross-sectional instruments provide one source of data and should not necessarily be given greater clinical weight than the observations of child protection workers and experienced staff. [15, 23] In this study, there was a greater reliance on the use of psychometric measures in comparison to other studies that contained similar sample sizes. [24, 25]

Comparison of Adult Psychological testing in Two Studies

	Budd et. al. (2001)[1]	Current study (2003)[2]
Objective Personality Measurement	10.2%	45.5%
Cognitive/Inteligence Measurement	0%	18.2%

1. *N* = 39 [25] 2. *N* = 44

*The inclusion of the assessor's commentary on the parents' use of interventions approached levels of traditional statistical significance. It was reported here as a trend towards significance given the small sample size.

Also concerning was assessors' apparent lack of knowledge about parent-child attachment relationships. Since Bowlby's seminal work on attachment theory there has been a dramatic increase in the development of instruments used to assess attachment relationships and empirical research on attachment theory. Unfortunately, many assessors still attribute the positive feelings of the parent for the child, positive feelings of the child for the parent, and a sense of 'family identity' and 'life history' as an indication of a secure attachment relationship. The Bene-Anthony Family Relations Test (BAFRT) and the Parenting Stress Index (PSI) were two frequently used instruments that assessors claimed provided them with clinical data about the nature of the attachment relationship. The BAFRT was the most commonly used socio-emotional measure for children (29.5% of the time) while the PSI was the third most common self-report parenting instrument, and was used in 25% of the reports sampled. At this time, there is no known research evidence that either of these two instruments predict attachment relationships or the positive/negative socio-emotional outcomes associated with the nature of the parent-child attachment relationship.[20, 26, 27]

Instruments that are used to assess attachment relationships are complex. The complexity of these instruments has resulted in a handful of clinicians and researchers obtaining training in their use (see Benoit 2000 for a review of attachment theory and instruments used to assess parent-child attachment relationships).[28] Although an assessor may not be trained in a particular instrument used to assess attachment, this does not necessarily exclude him/her from using attachment theory in his/her assessments or analysis. Assessors, who are familiar with the research in the area of parent-child attachment relationships, may still draw on the theory and research evidence to frame their observations and understand the child's and parent's experiences of being parented. In light of these findings, assessors should not be requested to comment on the 'attachment' relationship between a parent and a child unless it is known that the particular assessor has training and knowledge in the field of attachment to substantiate their commentary.

Finally, many assessors collected a wealth of data and clinical information from various sources; however, assessors appeared to lack a framework with which to analyze their findings and data. Steinhauer and the Toronto Parenting Capacity Assessment Research Project outlined clinical and objective content areas to review in determining parenting capacity. Mental health professionals, clinicians, and child protection workers would be well served to review these guidelines and implement their use in clinical assessments, observations, data collection, and permanency planning. The use of an objective framework with which to analyze the data collected for parenting capacity assessments would also assist in the management of the strong (counter)transference experienced when working with families, children, and parents in child welfare.

Conclusion

Child protection workers and supervisors should maintain a critical review of parenting assessment reports that are conducted on behalf of child protection agencies. Parenting reports are heavily relied on by Children's Aid Societies, legal counsel, parents, child protection workers, and judges.[29] Some parenting reports may or may not be tapping relevant areas in the assessment of parenting capacity. Ultimately, important decisions are made about the lives of children based on the content of these reports. If an assessor fails to fully assess a caregiver's potential to parent, then a child may be placed at risk of being harmed by either being removed prematurely from a family or by (re)experiencing maltreatment if returned to the family. Those involved in attempting to plan for children have an obligation to be critical of assessment reports, which may make recommendations that fail children.

As echoed by many clinicians experienced in

assessing parenting capacity, child protection workers obtain a wealth of information about parents, children, the family's social environment, and the nature of the parent-child relationship. The historical track record of parenting and personal behaviour continues to be the best predictor of future behaviour. It is only within this context that cross-sectional instruments aid and assist (not determine independently) the parenting potential of caregivers. Child protection workers should be wary of the false sense of assurance and security that may be reflected in instruments used to assist in determining parenting when few instruments, in and of themselves, predict maltreatment and parenting accurately.[4] No instrument should ever be used as the sole source of data in determining a clinical symptom or the prognosis of a problem.

The Toronto Parenting Capacity Assessment Research Project reflects knowledge and research that should be seriously considered by all who work in the field of child welfare. The use of parenting capacity assessments in child welfare needs to be balanced with the resources of the agency, the true need for an assessment when a family situation is evaluated using the guidelines, and the confidence of the child protection worker to present the information in a factual, coherent, and relevant manner to the Court. As noted by others, experienced child welfare social workers are often the best qualified from their lived knowledge and education to assess parenting capacity rather than outside mental health professionals who may have limited knowledge of the complexity of systemic and clinical factors that face families within the child welfare system.[30, 31] Mental health professionals, who undertake such assessments, and child protection workers alike would benefit from the years of accumulated knowledge reflected in the Toronto Parenting Capacity Assessment Research Project as they embark on the important work of planning for children.

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Supporting Pioneering Leaders as Communities of Practice

by Dr. Margaret J. Wheatley

(Dr. Wheatley is one of our keynote speakers at the 2004 OACAS Conference. She will be speaking on all three conference days.)

What time is it?

Do you ever stand back and try to see the big picture, the view from 50,000 feet of what's going on in organizations, communities, the world? From up there, how would you describe these times? Is it a time of increasing economic and political instability, of growing divisiveness and fear, of failing systems and dying dreams? Is it a time of new possibilities, of great examples of hope, of positive human evolution, of transformation? Are we succeeding in solving major problems, are we creating more? Is it any of these things, is it all of these things?

It's important to think about how we answer this question, because that answer affects our choice of actions. If we think that, generally, things are working, that at present we're going through a difficult but temporary downturn, then we don't question current systems or their operating assumptions. Instead, we work hard to revive and improve them. We support initiatives and programs focused on *process improvements*, developing present systems to work more effectively and more efficiently.

If we believe that the old system cannot be repaired, if we expect to see only more system failures, then the work is not to fix. Instead, support needs to be given to radically different processes and methods, new systems based on new assumptions. The work becomes not process improvement but process revolution.

I frequently think about this question of what time is it. My answer is that we are living in a period when many of our fundamental beliefs and practices no longer serve us or the greater world. Worse than that, they are causing great harm and disabling us from being effective sponsors and facilitators of healthy change. I believe that the longer we continue to use familiar Western beliefs and practices, the more impotent we become to create the world we want.

We have caused many messes in the world, many of them unintentional, because we acted on beliefs and assumptions that could never engender healthy societies. We wove the following beliefs into our practices: that humans are motivated by selfishness, greed, and fear. That we exist as individuals, free of the obligation of interdependence. That hierarchy and bureaucracy are the best forms of organizing. That efficiency is the premier measure of value. That people work best under controls and regulations. That diversity is a problem. That unrestrained growth is good. That a healthy economy leads naturally to a healthy society. That poor people have different motivations than other people. That only a few people are creative. That only a few people are willing to struggle for their freedom.

These beliefs are not true and they have created intractable problems that cannot be solved within current systems of thought and practice. The destructiveness of these beliefs materializes in the major problems afflicting local communities around the globe, problems that persist and grow in spite of years of attempts to solve them: loss of cultures, ecological degradation, poverty, deteriorating health, war and dislocation, economic disempowerment of nations, accrual of power and wealth into fewer hands. While millions of people are working earnestly to solve these

problems, and billions of dollars are poured into efforts to reverse the destruction, we need to take an honest look at whether our current approaches work. I believe that we are living out Einstein's well-known maxim: "No problem can be solved from the same level of consciousness that created it."

Where have all the leaders gone?

There is a well-noted and alarming trend reported throughout the world—a desperate shortage of good leaders and talented professionals. These shortages appear at a time when the world is reeling from years of failed leadership. Leaders either have struggled valiantly with ineffective means, such as bureaucracy and command and control, or they have held onto power through brutal and corrupt means.

We are not yet free of this legacy of bad leadership, of abuses of power and profound disrespect for the human spirit. As this era grows more turbulent, some leaders are becoming desperate in their grasp for power. Daily, we learn of greater corruption, more extremes of abuse, more belligerent behaviors on the part of leaders.

Many individuals and organizations, in increasing numbers, are attempting to intervene to resolve the most pressing problems of this time: health, human rights, poverty, hunger, illiteracy, environmental issues, democracy. Far too many of these well-intentioned efforts are subverted by the lack of talented leadership. Money for projects disappears because of mismanagement, inexperience, or corruption. Change efforts fail because of inappropriate implementation processes. In developing countries we say there's a leadership vacuum. In developed countries, we ask, "Where have all the leaders gone?"

So the need for new leaders is urgent. We need new leadership in communities everywhere. We need leaders who know how to nourish and rely on the innate creativity, freedom, generosity, and caring of people. We need leaders who are life-affirming rather than life-destroying. Unless we quickly figure out how to nurture and support this new leadership, we can't hope for peaceful change. We will, instead, be confronted by increasing anarchy and societal meltdowns.

Thus, new leadership becomes a central and pressing challenge of our time.

The story of CIDA City Campus

Recently I met a remarkable young South African leader, Taddy Blecher. Together with his colleagues, and many professionals who volunteer their time, he has created the most amazing university in Johannesburg—CIDA City Campus. In existence for just two years, CIDA already serves 1200 students from the poorest rural areas in South Africa. Soon, CIDA will double in size with the admission of the next class of one thousand students. This entering class was chosen from several thousand applicants, and the selection was done entirely by present students.

Taddy has an unshakable belief in the potential of people: "Everyone is a leader and needs to be cherished for that." At CIDA, thousands of young students are developing as new leaders for South Africa. Nothing about CIDA resembles traditional models of education. Instead, they rely on the deep communitarian values of Africa. One thousand students take the same class and the same exams at the same time. They live together in formerly elite, now abandoned hotels in downtown Johannesburg. They advise each other, look out for each other, go job hunting together, sing together, cook together. They live, work, and study as a community. In this community, no one struggles alone and no one succeeds at the expense of another. CIDA students out-perform traditional students academically and in the work place, and radiate belief in themselves and their potential to serve their nation.

They also know how to manifest their leadership

with exponential power. When I visited CIDA, I met a group of thirty students who had been specially trained in AIDS awareness education, and then gone back to their rural villages to teach their communities about HIV/AIDS. Each student had pledged to visit with one thousand people. They had just returned from this week-end effort, and proudly announced that they had brought AIDS education to 300,000 villagers in four days. Another group was about to be trained to educate local people in how to handle their money, credit, and banking.

The enthusiasm and joy that radiates in CIDA stand in stark contrast to other educational institutions. But rather than treat CIDA as an interesting exception to the norm. I want to illuminate them as representative of our future. The young leaders developing at CIDA demonstrate how powerful their idealism can be when held in community, how serving others is a source of joy and energy, how together we might possibly change the world. No one at CIDA acts in isolation. Working together in supportive community, each develops their unique skills and capacity as a leader. And they sustain their enthusiasm for leadership at a time when the problems faced by their nation and the African continent are overwhelming and seemingly without solution.

The new leaders are already here

Not only at CIDA, but everywhere there are aspiring leaders who have a firm commitment to lead in new ways, to not repeat the mistakes and abuses of the past. They exist in all communities, clear in their resolve to lead differently. They often say that leadership has chosen them, that it is their vocation to lead at this time. But they are trying to forge new leadership while living in countries and communities characterized by either corrupt leaders or well-intentioned bureaucrats. From whom can they learn new ways? Who are their mentors? How can they quickly learn alternative modes of leadership? And if they've grown up under oppression and colonialism, told for centuries that they're worthless and powerless, how do they let go of that conditioning and truly empower themselves as leaders?

I believe that the old leadership paradigm has failed us and that our current systems will continue to unravel. This has changed what I do and who I choose to support. I no longer spend any time trying to fix or repair the old, or to improve old leadership methods. I spend all of my time now supporting those giving birth to the new, those pioneering with new approaches to organizing and leading. In communities all over the world, there are many brave pioneers experimenting with new approaches for resolving the most difficult societal problems. These new leaders have abandoned traditional practices of hierarchy, power, and bureaucracy. They believe in people's innate creativity and caring. They know that most people can be awakened to be active in determining what goes on in their communities and organizations. They practice consistent innovation and courage-wherever they see a problem, they also see possibility. They figure out how to respond. If one response doesn't work, they try another. They naturally think in terms of interconnectedness, following problems wherever they lead, addressing multiple causes rather than single symptoms. They think in terms of complex global systems and yet also understand this world as a global village.

Presently, many organizations and individuals are engaged in supporting these new leaders, often known as social entrepreneurs. However, the majority of these efforts support these leaders at the level of the individual, awarding them fellowships and scholarships, bringing them from their own communities to study at universities, foundations, and leadership programs. But as yet, no one has determined how best to develop these new leaders in the large numbers that are needed. If we are to resource our communities with new, life-affirming leadership, we need a very different model for how to educate and nourish leaders at a new level of scale.

The challenges of paradigm pioneers

While those who want to support new leaders are struggling with the dilemma of scale, individual leaders face very challenging conditions. They act in isolation, often criticized, mocked, or ignored by the prevailing culture. They have no way of knowing there are many more like them, pioneers struggling with new ways of leading. It is a constant struggle to maintain focus and courage in the midst of such criticism and loneliness.

And, there are other challenges for these pioneers. These arise from the dynamics of paradigm shifts and how people generally behave when confronted with a new world view.

New leaders must invent the future while dealing with the past.

In speaking with these new leaders, it is very clear that they refuse to carry the past into the future. They do not want to repeat the mistakes of the past having, in many cases, personally suffered from ineffective or brutal leadership. They want to work in new ways, but these new ways of organizing, the new processes for implementing change, have yet to be developed. It is their work to invent them, and so they do double duty. They must simultaneously invent a new process or organizing form, and also solve the problems created by past practices.

It is difficult to break with tradition

It is not easy to invent the new. It is difficult to break free of the training, history, and familiar practices of the prevailing culture. New leaders certainly know that bureaucracy doesn't work, that corruption destroys communities, that aid administered from the top down most often fails. They refuse to repeat these practices, but they, like all of us, have been raised in these traditional ways. Past habits of practice exert strong pressures. When crises mount and people feel fearful and overwhelmed, we default back to practices that are familiar, even if they are ineffective.

Supporters want them to look familiar

Those with the means to support new leaders often complicate their pioneering work by wanting them to use familiar and traditional leadership processes. Those with resources often feel it too risky to support experiments with new practices. It feels safer to ask for traditional strategic plans, business plans, measurements, and reports, no matter what the context of the initiative. On the surface these seem to be important skill sets, but there is now substantial research demonstrating the failure of these methods to produce desired results in the most traditional of organizations. Perhaps supporters are risk-averse, perhaps they are unaware that these methods don't work. Whatever the reason, sponsors insist that pioneering leaders conform to the past. Resources are not available unless new leaders can demonstrate competency in familiar leadership practices, even those that have consistently failed to achieve sustained change.

And when resources are scarce, and competition grows among different projects, it is easy for pioneers to lose their way. Against their best judgment of what works in their community, they agree to comply with procedures and practices they know can't succeed. Over time, they fail, not from lack of vision or willingness to experiment, but because they have been held back from those experiments. We destroy these pioneers by insisting that they conform to the mistakes of the past.

There is no room for failure

As pioneers, it is impossible to get it right the first time. No one has yet drawn accurate maps—explorers learn as they go. The maps

that pioneers create will make it easy for large populations to migrate easily to the future, but their own explorations require great sacrifice and constant learning. Our present culture doesn't support this kind of experimentation. We want right answers quickly; we ask people to demonstrate success early in their ventures. We evaluate them based on short-term measures. We seldom give adequate time for the explorations and failures that are part of mapping a new territory. Instead of offering additional resources to their explorations and experiments, we abandon them in favor of safer projects that employ familiar, flawed means.

We want them to fail

This is the greatest, unspoken difficulty pioneering leaders encounter. Society does not want them to succeed. To acknowledge their success means we will have to change. We will have to abandon the comfort of our familiar beliefs and practices. People naturally flee from such changes and thus, even as the old ways fail, we hold onto them more fiercely and apply them more zealously.

In his seminal work on paradigms, Thomas Kuhn described the behavior of scientists when confronted with evidence that pointed to a truly new world view. (see *The Structure of Scientific Revolutions*, 1996, 1974) When the new evidence clearly demonstrated the need for a change in paradigms, scientists were observed working hard to make the evidence conform to their old worldview. In defense of the old, they would discard or reinterpret the data. (This was always done unconsciously.) And in the most startling instances, they actually would be blind to the new information-even with the data in front of them, they literally could not see it. For them, the new did not exist.

When the paradigm is changing, it is common to experience each of these dynamics. How often do we see an innovative approach, and then characterize it as traditional? How often do we observe new leadership practices and deny their existence? How often do we treat their successes as anomalies or as exceptions to the norm? How difficult is it for us to acknowledge them for what they are, radical departures from tradition, the first trail markers of our way to the future?

Mohammed Junus, the founder of Grameen Bank in Bangladesh and pioneer of micro-lending to the poor, tells the story of trying to get support from traditional bankers for his first loans to poor people. Dr. Junus wanted to loan very small amounts of money (often not more than a few dollars) to give Bangla people the means to start their own businesses. Whatever evidence he presented, the bank's reply was always the same: "The poor are not credit worthy." Frustrated, he then loaned his own money to the poor, and was paid back on time. But the bank's response was the same. Even after several years of successful lending to the poor, Dr. Junus was still greeted with the same old belief, "The poor are not credit worthy." He realized that no matter how much evidence he might accumulate to demonstrate the contrary, the banks would never see his evidence nor change their beliefs. (Grameen has since loaned millions to the poor, and developed a model for micro-lending that is used worldwide.)

Learning occurs in community

Because of the world's pressing leader shortage, and these paradigm-shift dynamics, there is an urgent need to support, strengthen, and nurture pioneering new leaders. They are eager learners, willing to try new approaches, hungry for methods and ideas that will work. Yet traditional approaches to leadership development are woefully inadequate to meet their learning needs.

Fortunately, research and work done on both adult learning and on "communities of practice" offer solutions to this leadership development challenge. Two quite different approaches-one from working with the poor in Brazil, the second from working with global corporations—come together to mark a clear path.

The first is the pioneering work of Paulo Freire.

Working among the poorest of the poor in Brazil, Freire developed the practice and theory of *Critical Education.* (See Pedagogy of the Oppressed,) He demonstrated that people who had never learned to read could quickly develop skills of literacy and complex reasoning if those skills would help them improve their lives. If they learned to think critically about the forces creating their poverty, they quickly learned the skills and analytic tools that could help relieve their condition.

Freire's work has since been substantiated by many others, in a wide variety of cultures and populations. The essential lesson is this: When people understand the forces creating the adverse conditions of their life, and how they might change those forces, they become eager and rapid learners. They are capable of learning sophisticated skills that far surpass traditional assumptions about their intellectual capacity. And they learn these skills faster than anyone would have thought possible.

The second body of practice and research is that of "Communities of Practice." This work has been pioneered in modern corporations, where training needs and efforts at knowledge management consume billions of dollars. Some core questions have been: How can people most quickly learn new skills? How is knowledge developed and shared within an organization? The concept "community of practice" was developed to illuminate that learning is a social experience. We humans learn best when in relationship with others who share a common practice. We self-organize as communities with those who have skills and knowledge that are important to us. Etienne Wenger, a pioneer in this field (see, Communities of Practice: Learning, Meaning, and Identity, 1998), states: "Since the beginning of history, human beings have formed communities that accumulate collective learning into social practices-communities of practice. Tribes are an early example. More recent instances include the guilds of the Middle Ages that took on the stewardship of a trade, and scientific communities that collectively define what counts as valid knowledge in a specific area of investigation. Less obvious cases could be a local gardening club, nurses in a ward, a street gang, or a group of software engineers meeting regularly in the cafeteria to share tips."

Communities of practice demonstrate that it is natural for people to seek out those who have knowledge and experience that they need. As people find each other and exchange ideas, good relationships develop and a community forms. This community becomes a rich marketplace where knowledge and experience are shared. It also becomes an incubator where new knowledge, skills, and competencies develop. In corporations, many of the core competencies (the core skills that are the organization's unique strengths) develop within these informal, self-organized communities, not from any intentional strategic or development strategy.

The literature on communities of practice is filled with stunning examples of how workers learn complex skills in rapid time when seated next to those who have the skill. And of how workers reach out electronically across the globe with a question to colleagues, and receive back immediate, expert advice that resolves a crisis or dilemma.

These two very different fields-Critical Education and Communities of Practice-teach the same lessons. People learn very quickly when they have a need for the skills and information. If it will change their lives, if it will help them accomplish what is important to them, everyone can become a good learner. We learn complex competencies and knowledge in a matter of weeks, not months or years. And people learn best in community, when they are engaged with one another, when everyone is both student and teacher, expert and apprentice, in a rich exchange of experiences and learnings.

Supporting and sustaining new leaders

There is important work to be done to effectively

support and nurture the pioneering new leaders that are appearing everywhere. It is possible to strengthen and develop these leaders in great number if we work from a new unit of scale, that of communities of practice rather than individuals. It is in these communities that learning accelerates and healthy and robust practices develop quickly.

There are four key areas of work that can support the development of new leadership-in-community. Each of these four areas describes work for foundations, NGOs, governments-all organizations focused on supporting new leadership as the means to create sustainable change.

I. Name the Community

Pioneering leaders act in isolation, unaware that they are part of a broader community. They act on intuition and experience, struggling to not revert to the practices of the past. They feel alone and strange, often criticized, even ridiculed, by their community. They bear such labels as idealists, dreamers, innocents, for believing that they can lead in new ways, solve entrenched problems, and create sustainable progress.

All this changes when they learn that they are part of a community, that there are many more like them. They gain confidence and courage. They find new energy to stay in the challenges and struggles of pioneering the new.

The community they belong to is a community of practice, not of place. The community forms among people acting from the same values and visions. Their practices are varied and unique, but each practice develops from a shared set of values. In this way, the community is very diverse in its expression, and very united in its purpose.

Only certain organizations —those who observe many communities or nations and who see more of the whole—have sufficient scope to name this community. It is never identified by those engaged in the day-to-day work in their separate communities.

II. Connect the Community

In nature, if a system is in distress, the solution is always to connect it to more of itself. As the network of relationships is rewoven and strengthened, the system processes new information and becomes healthier. A human community becomes stronger and more competent as new connections are formed with those formerly excluded, as it brings in those who sit on the periphery, as communication reaches more parts of the system, and as better relationships are developed.

We live in a time when connecting across distances has become much easier. Technology facilitates the formation of communities of practice, through dedicated websites, on-line conferences, list serves. But technology is only a supplement to necessary human and intimate connections, including gatherings of the community, publications specific to the community's interests, exchanges of people and resources.

Members of the community are too busy to develop the connections that would assist them. Again, those who have the privilege of seeing the whole of the community need to support multiple ways for members to connect with one another.

III. Resource the Community

Communities of practice need to be nourished with many different resources. They require ideas, methods, mentors, processes, information, technology, equipment, money. Each of these is important, but one great gap is that of knowledge-knowing what techniques and processes are available that work well. For example, they may be leading a community development process, yet know nothing of new means to engage the whole community, or new processes for valuing all of a community's assets. Without this knowledge, they either reinvent the wheel, or latch too quickly onto whatever process they hear about, even inappropriate or substandard ones.

To bring good resources to eager learners is such a simple and powerful means to promote the learning and practices of these pioneers. And these new leaders are already highly efficient users of resources—they've been stretching meager means for years.

IV. Illuminate and Interpret the Community

There is a critical need to tell the stories of this community, to get public attention for their efforts. Remember how difficult it is for any of us to see a new paradigm, even when it's right under our noses. People, if they even notice them, are most likely to see these new pioneers as inspiring and temporary deviations from the norm. It takes time, attention, and a consistent media focus for people to see them for what they are, examples of what's possible, of what our new world could look like. To develop this level of public awareness requires skillful working with the media.

Berkana's experience with this fourfold approach

This model emerged from the work of The Berkana Institute during the past two years. We didn't design the model, we just noticed that it was an accurate description of the work we found ourselves doing. For example, we'd been working with a global network of younger leaders, Pioneers of Change. (www.pioneersofchange.net) Some of their members had participated in our initiative, From the Four Directions, where we support the creation of on-going conversations among local leaders in many countries. (www.fromthefourdirections.org) We had noted a trend among some of the pioneers-they were intent on establishing leadership learning centers in their own communities. They either were dreaming of how they might do this, or were already engaged in creating an organized response to the needs of their communities for new leaders. A group of them serendipitously found themselves together at a meeting, most of them unaware of the dreams they shared. In fact, a few of them commented on how they'd been hesitant to express their idea of a leadership center because it felt too strange. Two staff from Berkana were present at that meeting, and were quick to "name the community." We then entered into conversation with them as to what they needed, and how we might best support them with connections and resources. Since that time in July 2001, Berkana and Pioneers of Change have partnered in supporting six new leadership centers developing in Croatia, England, India, Mexico, South Africa, and Zimbabwe. We've held gatherings for those initiating these centers, provided on-line conferencing, information, mentors-and most recently, partnerships (that will include financial support) between our U.S. From the Four Directions leadership circles and these centers.

There are two other communities of practice that Berkana has named and is now supporting. These include a broad community of practice among African leaders who are giving birth to a new, African-based form of leadership; and a global community of practice among those using circle/council/conversation processes for societal change.

The power of this approach

We live in a time when coalitions, alliances, and networks are growing. People have created many networks, and some are now creating networks of networks. These networks will be essential for successful change, but they are not as intentional as is a community of practice. Exchanges among members of a network tend to be less focused and more dependent on how and when individuals choose to engage with those in the network.

Communities of practice develop from a need to do one's work more effectively. Because there is such a great need to connect with

other members of the community, their work together can emerge quickly as a body of new competencies and methods that spread rapidly throughout the community. Therefore, facilitating communities of practice among pioneering leaders is a deliberate strategy to speed-up the emergence of new ways of organizing, of new global leadership practices that affirm rather than destroy life.

Emergence is life's process for taking local actions to achieve global impact. In nature, change never happens as a result of top-down, pre-conceived strategic plans, or from the mandate of any single individual or boss. Change begins as local actions spring to life simultaneously around the system. If these changes remain disconnected, nothing happens beyond their own locale. However, if connected, then local actions can emerge as a powerful influence at a more global or comprehensive level. (Global here means that the system operates at a larger scale, not necessarily the entire planet.) These powerful emergent phenomena appear suddenly and, most often, surprisingly. Think about how globalization and corporate power suddenly came to dominate, or how the Berlin Wall suddenly came down. Emergent phenomena always exert much greater power than the sum of their parts, and they always posses unique qualities that are different from the local actions that engendered them.

Emergence happens through connections. Therefore, any process that can catalyze connections becomes the means to achieve change at a global level. We are working intentionally with this powerful process when we name, connect, resource, and illuminate communities of practice. Inside these communities, leaders learn quickly, create new practices, and feel supported in their pioneering work. And through emergence, their relatively small, local efforts can become a global force for change, powerful enough to create the world we all desire, a world where the human spirit flourishes as the blessing, not the problem.

About the author: This article was written by Margaret Wheatley, based on long conversations and work with a number of colleagues, including (alphabetically) Manish Jain, Cire Kane, Marianne Knuth, Carole Schwinn, Bob Stilger, Tenneson Woolf and the Berkana Wisdom Board.

Bio

Margaret Wheatley writes, teaches, and speaks about radically new practices and ideas for organizing in chaotic times. She works to create organizations of all types where people are known as the blessing, not the problem. She is president of The Berkana Institute, a charitable global foundation serving life-affirming leaders around the world, and has been an organizational consultant for many years, as well as a professor of management in two graduate programs. Her latest book, Turning to One Another: Simple Conversations to Restore Hope to the Future, (January 2002) proposes that real social change comes from the ageless process of people thinking together in conversation. Wheatley's work also appears in two award-winning books, *Leadership and the New Science* (1992, 1999) and *A Simpler Way* (with Myron Kellner-Rogers, 1996,) plus several videos and articles. She draws many of her ideas from new science and life's ability to organize in self-organizing, systemic, and cooperative modes. And, increasingly her models for new organizations are drawn from her understanding of many different cultures and spiritual traditions. Her articles and work can be accessed at www.margaretwheatley.com, or 801-377-2996 in Utah, USA.

oacas conference 2004
in the best interests of the child

Highlights of the 2004 OACAS Conference

Join us at the Doubletree International Plaza Hotel from May 31st to June 2nd and hear from outstanding speakers including:

Stephen Lewis – Recently named Maclean's Magazine's "Canadian Person of the Year" for 2003, Stephen Lewis is known for his international work with children and his efforts to increase world-wide awareness of HIV/AIDS in Africa. A former Director of UNICEF, he is passionate about the rights and needs of children and brings the unique perspective of his experiences around the world.

Dr. Danie Bealieu – A psychologist, Dr. Beaulieu trained with Dr. Ed Jacobs at the University of West Virginia, completing more than 1000 hours of study and supervised practice in Impact Therapy and Impact Techniques in 1993. Since that time she has given hundreds of Impact workshops to therapists and published 12 books on the subject and related fields. Dr. Beaulieu is a sought-after communicator of psychology topics in the Quebec media, making over 40 television appearances in the last year.

Margaret Wheatley – An internationally-renowned expert on organizational development, leadership and effective workplaces, Meg Wheatley will be speaking on all three conference days and will provide a special session with the youth who attend. Read her article in this month's Journal and visit her website at www.margaretwheatley.com to learn more about her.

Dr. James Cairns – Ontario's assistant chief coroner, Dr. Cairns has presided over several inquests into the deaths of children involved with Children's Aid Societies. With Mary McConville, Executive Director of the Catholic Children's Aid Society of Toronto, Dr. Cairns will present the 2004 Ontario Child Mortality Report and discuss how this research can be helpful to CAS staff.

Dr. Alan Leschied – A professor at the University of Western Ontario, Dr. Leschied has conducted ground-breaking research into several important aspects of child welfare. See a summary of six recent studies in this issue of the Journal. Dr. Leschied's presentation at the conference will include data from some new, ongoing research and a discussion about how research information can be applied in practical ways.

And there's more:

Pre-conference workshops on Treatment Foster Care and Advanced Training Skills.

More than 35 breakout sessions to choose from, on a wide range of topics, including sessions in French and sessions of interest to Board members.

A full program for youth including workshops on yoga and art, inspirational presentations by speakers such as Mike Bonnici, and informative talks on becoming independent.

Two nights of special events: The Annual Awards Dinner on Monday, May 31 and an evening of Theatre and Entertainment presented by the youth participants with VOICE.

Selected exhibitors including Parentbooks and Discovery Toys.

Check the OACAS website for more details and for information about how to register on-line: **www.oacas.org**

Looking After Children

Background information on youth aged 10-15

Sample size: ..... N = 410

Mean age is: ..... 12.80 yrs (range 10-15 yrs)

Gender: ..... 55% boys and 45% girls

Mean age when first placed in out-of-home: ..... 7 years (range 1-14yrs)

Mean number of years foster parents have provided foster care: ..... 9 years (range 1-38)

Mean number of years child has been in current placement: ..... 3.85 years (range 1-13)

23 Child welfare agencies in Ontario participated in the Looking After Children study between approximately June 2002-May 2003. Data was derived from the Assessment and Action Record (second Canadian adaptation).

Description of current placement:

Foster home operated by child welfare organization 73%
Kinship care 3%
Group home operated by child welfare organization 2%
Foster home - outside purchased care 11%
Group home - outside purchased care 9%
Children's mental health residential facility 1%
Regular hospital (short-term) 0%
Psychiatric facility 0%
Young offenders facility 0%
With birth parent(s) 0%
Adoption probation 0%
With relatives (not in foster care) 0%
Independent living 0%
Extended care & maintenance 0%
Other 1%

Primary reason for admission to care:

Physical/sexual harm 23%
Harm by omission 19%
Emotional harm 4%
Abandonment 14%
Extended care and maintenance 1%
Caregiver Capacity 36%
Other 4%

Designation of foster care placement:

Provisional foster care 8%
Regular foster care 59%
Specialized foster care 16%
Treatment foster care 17%
Other 0%

71% of youth in the sample reported having their own bedroom

Size of the residential are where foster family dwelling is situated:

Urban population 500,000 or over 12%
Urban population 100,000 to 499,000 ..... 18%
Urban population 30,000 to 99,999 ..... 12%
Urban population 30,000 ..... 14%
Rural area 44%

71% of youth in the sample reported having their own bedroom

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OACAS, in support of its members is... the voice of child welfare in Ontario, dedicated to providing leadership for the achievement of excellence in the protection of children and in the promotion of their well-being within their families and communities.