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# Creating the Everyday Magic of a GHC: The Power of Language

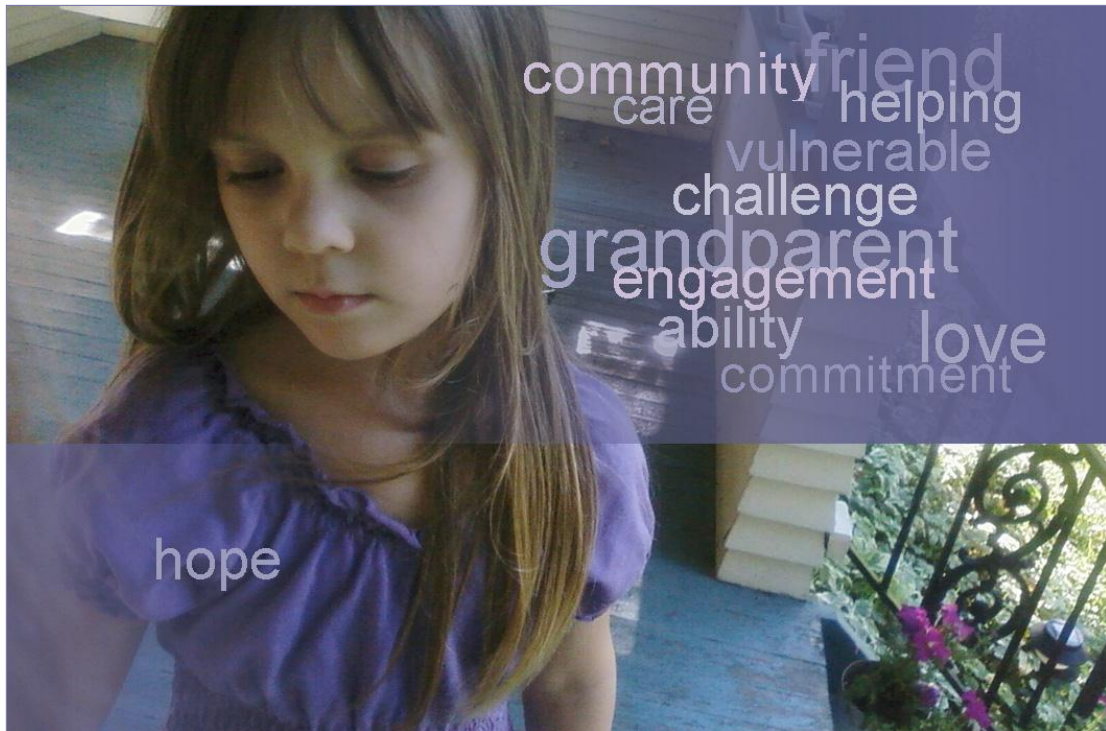
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GHDC WHITE PAPER



## Creating the everyday magic of a GHC: The power of language

This paper presents practice grounded in theory and research on the use of inclusive, non-stigmatizing language in a Generations of Hope Community (GHC). A GHC is an intentional, intergenerational neighborhood developed to support three generations—vulnerable children, youth, and young adults; their families; and older adults. Hope Meadows in Rantoul, Illinois, the first GHC, was developed in 1994 to support resident families adopting children from the foster care system. It is both a place where people live and a program. As a place, it was designed to be a neighborhood rich in social capital; as a program, it offers stability and support through enduring intergenerational relationships that shift the focus of problem solving from professional service providers to the members of the community. As such, Hope Meadows is an intergenerational shared site that serves the young, old, and those in between simultaneously through daily opportunities to interact with and support each other<sup>1</sup>.

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<sup>1</sup> In addition to supporting families adopting children from the foster care system, this model of intergenerational living is being adapted to help stabilize the lives of teenage mothers or homeless youth and intercede in the lives of youth involved in the juvenile justice system or young mothers facing reentry following incarceration or drug treatment programs. For more information about GHCs, see Eheart, Hopping, Power, Mitchell & Racine, 2009; for more information about Hope Meadows see: <http://www.generationsofhope.org>).

## Overview

A GHC offers a variety of forms of assistance to the three generations who live in the neighborhood. At Hope Meadows families agree to adopt three or four children from the foster care system and adults 55 and older agree to provide six hours per week of service to the community in exchange for below market-rate rent and other social and material support. The community service provided by the older adults, who act as both surrogate grandparents to the children and a support system to the parents and each other, is pivotal. In turn, these older adults receive the kind of physical and emotional support that allows them to age in community.

Two philosophical principles serve as the foundation for the programs and practices in any GHC. First, all residents, including those whose social challenge provides the organizing focus of the community, cannot be viewed or treated as problems-to-be-managed, but as ordinary people requiring the same embeddedness in family and community that we would want for ourselves. Children, adults, and older adults must be viewed as if they were members of our own family and decisions must be made accordingly. Second, given the opportunity, ordinary people of all ages and vulnerabilities will care for one another in ways, and to a degree, that go beyond the scope of traditional interventions. For example, while traditional interventions are

typically time-limited or behaviorally specific, the support at Hope Meadows is continuous, open-ended, and holistic. While traditional interventions are typically formal and professionally-controlled, the support provided by the people in this neighborhood is informal, minimally designed, and community-controlled. There is an emphasis on individual strengths and a belief in everyone's capacity to care for themselves and others. It is these caring relationships with family, friends, and neighbors that empower the community members to become problem-solvers. As a result, in a GHC, the community members are the first line of support and service, augmenting services provided by professionals.

## The power of language

Sensitivity to the power of language is essential to weaving the GHC philosophical principles into the fabric of everyday life of all three generations at Hope Meadows. The use of inclusive, non-stigmatizing language has resulted in the reduction of hurtful labels and the creation of new scripts and stories that affirm the normality of all community members and community life. Labels classify people into identifiable categories, describing how they look, feel, behave, etc. Hacking (1991, p. 253) writes that:

People are affected by what we call them and, more importantly, by the available classifications within which they can describe their own actions and make

their own constrained choices. People act and decide under descriptions, and as new possibilities for description emerge, so do new kinds of action.

Scripts are linguistic recipes for social interaction. They guide what people say and do in a particular role in a specific situation. Stories are the way through which individuals, families, and communities draw upon the past in order to understand themselves and each other in the present (see Eheart & Power, 1995 for a discussion of understanding adoption through stories). “Like stories in literature, the stories we tell ourselves in order to live, bring together diverse elements into an integrated whole, organizing the multiple and conflicting aspects of our lives” (McAdams 1985, p. 29).

Fundamental to labels, scripts, and stories are words, but language is more than words; it also includes thoughts, beliefs, and gestures and can be viewed as a system of socially constructed and culturally shared symbols. This conception of language builds upon the phenomenological traditions of Merleau-Ponty (1964) and Schutz (1967), the interactionist works of Mead (1934/1962) and Blumer (1969), and is grounded in the interpretive perspective of Denzin (1984, 1989). Accordingly, language provides a way of interpreting meanings and sharing experiences which can lead to understandings between individuals and similar, but never identical, views of the

world. The meanings for objects emerge from interactions and are modified through experience and interpretations, but there are always, of course, multiple possible interpretations. According to Denzin (1994, p. 504) interpretation “...sets forth multiple meanings of an event, object, experience, or text. Interpretation is transformative.” Significantly, language does not merely mirror experience, it has the power to “...create experience and in the process of creation constantly transform and defer that which is being described” (Denzin 1997, p. 5). Language then has the power to be transformative for good or ill. Following are brief summaries of two case studies which demonstrate the power of language on the lives of children caught up in the foster care system. These children were powerless to control the stories that changed their lives.

Karnik (2001) demonstrated how institutional power, through the words that are used and the stories that are created, transformed the life of Michael, a 12-year-old foster child. To begin, simply by labeling him as foster enabled institutions to enter his life. Karnik writes that, “Actions by institutions...do not simply influence lives but directly give shape to and limit the choices foster children have both in the present and the future” (p.744). Their lives are often constrained through an unrelenting process of categorizing and compartmentalizing by the medical, educational, and welfare systems. Children

from foster care, whose lives have been disrupted, are at risk of being labeled disruptive, and as victims, they are at risk of being labeled victimizers should they act out any of the aggression they previously experienced. In this case study, it took only a single incident (an accusation of sexual misconduct), followed by the attachment of a pathological label, to shift Michael from the category of victim to victimizer. Labeled as such, the response shifted from one of care to containment – from protection of the child to protecting others from the child. Michael, labeled as a victimizer, again faced the revolving door of foster care.

Eheart and Power spent over a decade researching what happened to children who were adopted after spending their childhood being bounced from one foster home to another. This research was the driving force behind the formation of Hope Meadows. As part of this research they followed the Becks (Eheart & Power, 1995) as they struggled with the process of integrating John, an older foster child with a troubled past, into their family. The Becks took it for granted that their family would readily come to share love, responsibility, and respect, resulting in a happy adoption story. Unfortunately the Becks were unable to make their expectations fit their day-to-day experiences. When John's aberrant behavior became more than they could cope with, they stopped seeing him as a *victim* and started seeing him as a *victimizer*—a

potential threat to their family. This shift in the language used to describe John – the way John was labeled and thus viewed – changed the Becks' story. In this new story, they viewed John as different and potentially dangerous and expected others to see him in the same way and treat him as such. Unable to live the kind of story they wanted, Mrs. Beck constructed one that allowed her family to move into a future without John. As the teller of this story, she had the power to control its direction. She turned to the social welfare system, which guided the creation of an account to facilitate the surrender of John to the State. When Mrs. Beck joined with the mental health and legal systems, the story she constructed about John became legitimated, vastly impacting his future – the adoption was terminated, and John was sent to a psychiatric institution. Reflecting on her experience, Mrs. Beck said, “I believe our adoption failed because we underestimated the past and overestimated our ability to create stories with happy endings” (p. 210).

As these case studies illustrate, the importance of language and its power in creating scripts and stories that transform people's lives cannot be stressed enough. Language is used to create stories, and the language that is used shapes the story that is told. When a child is called a victim, others see them, and they see themselves, in a different way than when they are labeled a victimizer. Further, those in power (parents,

social workers, judges) determine who is a victim and who is a victimizer; children do not. And as Hacking (1991) noted, what we call people controls and constrains the actions that are taken. Those in authority have an obligation to be cognizant of this power.

Next, drawing from our 16 years of experience at Hope Meadows, we examine the importance of individual words and labels on the day-to-day lives of the children, youth and families, older adults, and staff and how these words can create new scripts and stories that impact both people and place.

## Children, youth, and families

The use of traditional social service language labels a child as an outsider, as different or perhaps even deviant. For example, for many, the term *foster child* suggests that the child is damaged or at fault for his or her foster care status; or that s/he comes from a family that is abnormal, irresponsible, abusive, and perhaps criminal. Although the child did nothing to earn the stigma attached to his or her foster status, the tendency to internalize labels is strong. Lynn Price (2006) writes the label *foster care* envelopes "...the person in negativity and devalues them as an individual. Is it fair to be judged in negativity before someone meets the real you? Is the use of this term even relevant to the ordinary daily experiences of a child?" (p. 5). Youth from

foster care also speak of the hurtful effects of the foster care label. "[P]eople would tease us about being foster children. And so I really did not have any friends in school (Skyles, Smithgall, & Howard, 2007, p. 17). "Before I was adopted I didn't feel that I belonged anywhere, and I didn't know where I would end up. It was scary....Kids at school used to make fun of me because I had a different last name than my foster Mom. I also got teased because I didn't have a mom to call my own" (Hope Child, personal communication, November 2000).

Hope Meadows was designed to normalize life for everyone in the community. Here all children can be free to be children without the burdens of a foster care label or any of the other labels that would serve to exclude them from full family and community life. At Hope Meadows community members and staff avoid the use of unnecessary and stigmatizing jargon that sets children and families apart as "the other" and not "one of us." Words that denote difference, or attempt to label or categorize, are abandoned in favor of more neutral terms; for example, the word *person* or *individual* is used instead of *ward*, *client*, *patient*, and *case*. Better yet, the actual names of people are used. At Hope Meadows children and parents are not labeled as *foster* or *adoptive*. Children are not "placed with foster parents," rather, they live with the Smith family. When they are adopted, care is taken to assure that the Smith family is never asked if they have any

children “of their own” or if Mrs. Smith is their “real” mother. What does it mean to be a real mother? What makes a mother who has adopted any less real? As a result of this conscious effort to normalize language, new residents often cannot tell which children at Hope Meadows are adopted.

Given every effort to de-stigmatize language at Hope Meadows, language related to place also is normalized. Not used are traditional social service terms such as *placement*, *beds*, *slots* and *campus* which, like the label, *foster*, impose hierarchy, assign blame, create shame and, by doing so, reinforce existing power inequities. At Hope Meadows all residents live in their own homes in their neighborhood, not in cottages on a campus. These homes are geographically contiguous and are indistinguishable from nearby houses that are not part of the program. There are no physical markers to indicate that this neighborhood or the residents are any different from their neighbors. This deliberate effort to normalize the physical setting of Hope Meadows has resulted in a special place. According to Gurwitt (2001 Fall), “...there is nothing institutional about Hope Meadows, not even a hint that, in the eyes of the state of Illinois, it is a private ‘facility.’ Because it is not. It is a neighborhood” (p. 4).

Without hurtful labels, new scripts and stories are being created where the children of Hope Meadows are simply children with

the same needs and desires as other children. They are not viewed as “different” or “other.” The stories that unfold result in memories of inclusion not exclusion, of being cared for not rejected, of friendships and belonging not loneliness and isolation. The words of Hope youth Brandon (age 11) and Maggie (age 17) illustrate:

Good afternoon ladies and gentlemen. My name is Brandon Laws. I was placed in the system at age two. From an abusive foster home I came to Hope Meadows at age six. My home was with my Mom, Jeanette Laws. I could not read, knew no colors, no ABCs, no numbers. My Mom worked hard and loved me much. Through her, Miss Irene became my tutor. In time she became my friend, my mentor, my Grandma. My Mom has always been there; so has Miss Irene—she cared for me, held me, laughed with me, and loved me through good and bad. From a six-year-old who could not read, felt helpless and hopeless, I am happy and feel good about myself. Thanks to my God, my Mom, and my Grandma Irene, I am the young man I am today (Family Re-Union 10, November 19, 2001).

Maggie recalls:

When I first went into foster care, I didn’t want to tell anybody because I was kind of ashamed that my family couldn’t take care of me. I wondered why they couldn’t. That’s something that

I would never live through again; I wouldn't curse that on anybody. It was like you were an outsider just looking in. You really couldn't get in. It definitely feels special here -- somewhere where everybody can get along, nobody has to ask you, 'What's adoption?' 'Why don't you look like your sisters?' Everybody just knows (Mabry, April 2002).

Both Brandon and Maggie's stories show the positive effects of living in a community void of the *foster child* label. Hope Meadows is a neighborhood where children are seen and treated as normal, everyday kids.

## Older adults

With the onset of retirement of the baby boomers, much is being written about finding meaning in the second half of life, often through working (Older Americans Report, Sept. 28, 2007; Freedman, 2007) or volunteering (e.g. Butrica & Schaner, 2005; Butrica, Johnson & Zedlewski, 2007). Much less recognized, but equally important, is the need to change our perceptions of aging and learn positive language to create new scripts and tell new stories about the nature and importance of later life.

As with the children and families of Hope Meadows, non-stigmatizing language is used in talking about the older adults in the community. We agree with Hagestad (1998) who suggests, in writing about the need for

new language about aging, that we need more "c-words" than "d-words." She writes, "...frequently used d-words [include] decline, dementia, dependency, disease, disability, even disaster and deluge—an image conjured up by contemporary discussions of a great dangerous 'gray wave'..." In dismissing these words and rethinking aging, she prefers c-words such as "care, choice, compassion, competence, connectedness, continuity, contribution" (p. 3).

The *seniors* at Hope Meadows (the label they chose to describe themselves) certainly experience physical health issues over time that result in disabilities and dependencies. But it is not these d-words that define them. Living at Hope Meadows ensures that, regardless of their health status, they are both givers and recipients of care. It is meaningful relationships and purposeful engagement (even at the end of life) that define aging well (Power, Eheart, Racine, & Karnik, 2007). When seniors face health problems, it provides an opportunity for the children and parents to care for them. It is easy to envision how the frail elderly are recipients of care, but at Hope Meadows they continue to give back to the community through words of encouragement and love to the children, and through acknowledgement of what community members have meant to them. They are creating new scripts and stories on how to live fully until the end.



An older adult at Hope Meadows recently commented (Hope senior, personal communication, May 29, 2007):

I told Anita [another senior] that before I retired I used to worry a lot about spending my time in an apartment somewhere with nothing to do, just staring at the walls and feeling lonely and useless. Days like today make me feel so thankful that I found out about Hope, and had the courage to move out here. I took CJ [a Hope child] to the Dairy Queen to celebrate a great year in 4<sup>th</sup> grade; then we went to hear the man from the Humane Society, and then the party tonight. All weekend I had people worrying about whether I should get my foot looked at, offering to drive me to the doctor's. Steven [a Hope child] came twice a day to walk the dog, and the neighbor ladies invited me to their cookout last night. My cup runneth over.

The above story illustrates how language (as thoughts, beliefs, and interpretations of interactions) is used by an older adult at Hope Meadows to give new meaning to experiences of later life. It deviates from the cultural story of aging as social isolation, depression, and disease (Eheart & Power, 2001; Power, et al., 2007; Vojak, Hopping, Eheart, & Power, 2010). The words this person used and her interpretations of the day's events (i.e., "my cup runneth over") tell a story reflecting the joys involved in

aging in an intentional intergenerational neighborhood.

At Hope Meadows, the community decides what people should be called or how people should be labeled or not labeled. One example, as stated above, is that the older adults choose to be called *seniors*, and children call their special seniors *grandparents*. Bill Biederman, a Hope senior who grew up in the rural segregated south, recalled Hope children defending his title as *grandparent* to a new child in the community (Smith, 2001, p. 148).

The new little girl was arguing with two of his Hope grandkids saying, "but he can't be your grandpa." The boys didn't get what she meant, it just didn't register with them that I'm white and they are black, so we can't be related. Finally one of the boys got disgusted with her because she refused to believe him. I saw him look at her and point his finger and say, "I'm telling you for the last time, *that's* my grandpa, and I don't want to talk no more about it. I'm not telling you again!"

The title *grandparent* and the meaning of that word within the community is socially constructed by the members of the community. At Hope Meadows, the black children do not see a problem with calling a white person *grandpa* and vice versa. Further, their reciprocal interactions demonstrate a grandparent-grandchild relationship.

## Program staff

The staff is critical in modeling and enforcing the appropriate use of language at Hope Meadows, or any GHC. For some, routinely using this language is more difficult than for others, depending on their professional training and work experience. It often takes serious effort to change habits of speech. For example, it is difficult for a social worker who has, for years, been in a work environment where children in foster care were referred to as *wards* or *clients*, to no longer use those words, or more importantly, to think of children in those terms. For a therapist, it may seem absolutely correct to say, “Julie was unable to establish a trusting relationship with the team,” rather than “The team was unable to establish a trusting relationship with Julie.” This example provided by Heap (2004, July) in an article on the language of responsibility in the mental health field, suggests that styles and patterns of language used by mental health professionals are often pejorative. He concludes, “We are all storytellers and each report that we write about a patient is a story, but only one of many that could be told about that patient. The language that we use cannot but reflect our own agendas, namely that we are the experts...” (p.7). Staff in a GHC must remember that, although they may be an expert in their profession, they are not an expert in constructing the life story of another.

To integrate the philosophy of a non-derogatory or non-deprecating view of children and youth, families, and older adults into a GHC, staff must be exemplary in their exclusive use of positive, respectful, normative language. Building upon the work of Richardson (1997), we suggest that the use of this language can create discourse that allows for the emergence of a “sacred space” where four things happen:

- 1) people feel ‘safe’ within it, and safe to be and experiment with who they are and who they are becoming; 2) people feel ‘connected’ – perhaps to each other, or to a community...; 3) people feel passionate about what they are doing, believing that their activity ‘makes a difference’; and 4) people recognize, honor, and are grateful for the safe communion (pp. 184-185).

To create this discourse, GHC staff can not have a traditional staff/client relationship. They must “walk with” members of the community, being neither an “insider” nor an “outsider” (Richardson, 1997). They must be both personally involved with the families and older adults, and committed to improving the lives of the children and youth. Over time at this shared site (this sacred space) a sense of connectedness and neighborliness, based on working together toward a common purpose and with a like-minded group of people, is established. Collaborative, trusting, friendly relations emerge which are essential to creating an

ethic of care and community responsibility. Through “walking with” members of the community, staff is able to subvert many sorts of prejudices and stigmas utilizing the power of language for good, not ill. Perhaps, as professionals, nothing is as important as this.

## Summary

The GHC, Hope Meadows, will never be an entirely “normal” neighborhood. Its residents all belong to one of three groups most at risk of being overlooked or neglected by American society—kids caught in the child-welfare system, families that adopt children with special behavioral and emotional needs, and retirees who lack purpose in their daily lives. In addition, working in the neighborhood are social workers, therapists, and community organizers who are in charge of day-to-day operations. Yet, given these “abnormalities,” Ted Koppel (1996, October 3), on *Nightline*, said that “[Hope Meadows] adds up to a community so old fashioned, it’s, well, new.” And Wes Smith (2001), in his book, *Hope Meadows*, writes:

At first glance, Hope Meadows appears to be merely another comfortable, middle-class neighborhood.... It could be the setting for a Gap Kids commercial: children of all colors parading around on bicycles, tricycles, and roller blades while an equally diverse mix of parents and elderly

neighbors sit sentry on lawn chairs or stand watch behind picture windows with the curtains drawn back (p.4).

This “designer normality” has been achieved in part through the use of language which reflects the two philosophical principles of a GHC. The result is new scripts and stories which allow the residents of Hope Meadows to be just kids and teens, parents and grandparents who live in homes, on streets, in a neighborhood where they care deeply about each other. Hope Meadows is not utopia; it is a real community with challenges. But the people at Hope Meadows are united by the purpose and focus of the community, and by a sense of responsibility for its preservation and integrity. The conscious use of constructive language is an essential tool in this endeavor.

Perhaps a Hope senior described it best: “I think the reason people become close here is because of the love for the children and the caring for each other; seniors caring for the families and what they’re trying to do for the children, and the families caring for the seniors who are trying to help them in any way they can. They know the seniors are here for them and the seniors know that if we need help, there is a family here for us, too” (Smith, 2001, p.11).

At Hope Meadows, people make constant use of the transformative power of inclusive, non-stigmatizing language to create stories of caring relationships, of purposeful

engagement, of continuity and commitment, of giving and receiving, of belonging. Through these stories, meanings are established that guide behavior enabling people of all ages and vulnerabilities to see possibilities where others see problems. These stories are at the heart of what makes this shared site work.

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