

**A NEEDS ASSESSMENT:
IN PREPARATION FOR A TRAINING PROGRAM FOR FAMILY
INTERVENTION WORKERS
AT AN URBAN CHILD WELFARE AGENCY**

by

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**A NEEDS ASSESSMENT:
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AT AN URBAN CHILD WELFARE AGENCY**

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DAWN DONNELLY

**A Practicum submitted to the Faculty of Graduate Studies of the University of Manitoba
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MASTER OF SOCIAL WORK

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ABSTRACT

The Primary aim of this practicum was to design and implement a needs assessment to facilitate the planning of a training program for Family Intervention workers in a Child Welfare setting. The needs assessment and subsequent training program was designed for intervention workers employed in a Family Preservation program at Southwest Winnipeg Child and Family Services

In order to assist with the development of a relevant training program, a better understanding of the role of the family intervention worker and their needs was required. This practicum addresses these issues and is part of a two step process. The second step, the design and implementation of the curriculum for the training is discussed in the report of my colleague, Loretta Doyle. The title of this report is, "Building on a Needs Assessment: The Development and Delivery of a Training Curriculum for Family Intervention Workers".

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CHAPTER 1: INTRODUCTION AND LEARNING GOALS

Aim of the Study

The main purpose of this practicum was to plan and implement a needs assessment in order to assist in the planning of a relevant training program for family intervention workers employed at Southwest Winnipeg Child and Family Services. Family support or intervention workers, are employed in most Winnipeg Child and Family Services. Some of these workers operate under the umbrella of the range of services commonly known as Family Preservation Services and some agencies do not have a formal program as such but would have workers employed in families with a view to avoiding placement of children. The Southwest Winnipeg Child and Family Service Agency has one of the most developed family preservation programs in the city of Winnipeg. The agency indicated an interest in providing training to their family intervention workers, recognising that there was no formal orientation or training expectation of these workers. In order that the training program be a real reflection of the needs of these family intervention workers, it was felt that a needs assessment would be an important step in program development.

This needs assessment had essentially three purposes:

1. Analyse the clientele.
2. Identify potential topics for training.
3. Specify particular areas of need.

Information regarding all of the above was collected from all levels of agency personnel, in order for the training to be seen as worthwhile and credible.

Expected Educational Benefits

My expectations of the practicum experience were to learn more about the process of program development in working with an adult population, and to learn more about the

role of the family support worker placed in a family preservation program in a child welfare setting.

I expected that as I implemented a needs assessment I would have an opportunity to increase my awareness in the following areas:

1. The theory of program development and needs assessment
2. The steps or phases of conducting a needs assessment
3. The unique role of the family support worker in a family preservation program within an urban child welfare setting
4. The needs of family support workers by learning more about them and the dilemmas they face in carrying out their jobs
5. The interest of family support workers and their motivation to participate in training.

Rationale

Unlike other provinces, such as Ontario, Manitoba has not yet established any formal prerequisite training for these paraprofessionals employed in the child welfare system. Specifically, I make reference to a program curriculum offered at Humber College in Toronto. This diploma program for Child and Youth Workers provides a comprehensive outline which includes courses in Family and Family Intervention. In speaking with Julie Prior-Davis, faculty at the school, it was her assertion that courses of this nature are a requirement for workers employed in their child welfare system. (See Appendix A for course outline) Due to the lack of any consistent training in this province, it was my belief that family intervention worker roles could be enhanced by:

1. Learning more about what the perceived needs are of this population and;

2. Striving to address those needs in the development of learning objectives to be the focus of a training package. I sought to elicit some common areas of interest for family intervention workers and hoped for opportunities which would empower these workers by enhancing their ability to use the same language as their professional colleagues in case discussions.

It was also observed that in Manitoba, many of the workers come to this position with a background in child-focused training and without the benefit of a family focused curriculum. This then, can result in family intervention workers working from a totally different perspective from the referring social workers. It would seem that social workers are increasingly relying on the skills of the intervention workers and that they would therefore benefit from an orientation which gives them a common basis for understanding the agency's role with the family.

At the time of writing it should be noted that the Winnipeg Child and Family Service Executive office, has entered into a joint venture with the Child and Family Support Branch of the province to plan and implement a family-centered competency based training program. The program has been delivered to administrators and some pilot participants (line social workers) as well as some Aboriginal agencies. If completed in its entirety, the program does include a specific curriculum to address the needs of all support personnel which would include family intervention workers. The benefit of this package would be that the components delivered to the different levels of the agency would allow for continuity among all levels of service through consistency of philosophy and language..

The needs assessment was the means to collect data from the agency and participants which could then be analyzed and converted to learning objectives. The objectives were instrumental in the development of a curriculum for the implementation of a relevant training programme. This process can be described as program development which is discussed in adult education theory. It was therefore, important to study the

theory from this perspective. Houle, an adult educator, asserts that the objectives of the course will be defined by the simultaneous interaction of six factors: the milieu, the specific learners, the content, a design for teaching, aspiration and motives of the participants (1974, p.143). The understanding of how these six factors mesh together for the population of family intervention workers will determine the objectives.

CHAPTER 2: LITERATURE REVIEW OF FAMILY BASED AND INTENSIVE PRESERVATION SERVICES

Historical Perspective

The evolution of family and home based services came about as a result of concern that traditional child welfare services were not adequate in addressing the needs of children and their parents. In fact, it was increasingly felt that children placed out of their homes could have remained there with supports (Fraser et al, 1991). Child welfare systems were challenged to respond to these concerns which came to a head in the 1960's and 70's. A study by Maas and Engler (1959) was one of the first to call attention to the large numbers of children who were in danger of staying in foster care throughout their childhood years (Laird, 1985). This study challenged child welfare to decrease the number of children in care. This sentiment was echoed throughout child welfare practice. Through the next decade there occurred a growing distrust of the public sectors resulting in increasing criticism of the apparent failures of child welfare services. Well documented deficiencies in the foster care system combined with increasing numbers of children placed out of their homes contributed to the trend to develop alternative strategies by child welfare services (Laird, 1985). Although the following comment is specific to the American structure of child welfare and subsequent modifications, the trends in Canada's evolution have closely mirrored developments in the U.S. The first part of the literature review will begin with the American situation and close with a more specific discussion about the differences in the Canadian context.

"Recent legislative initiatives such as the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) and accompanying state legislation are, in part, a response to these criticisms" (Frankel, 1988, p.138).

Problems were related to the discouragement of parental visitation, the lack of clear case planning with regard to reunification and a disproportionate rate of placement for ethnic minority populations. Consequently home based and family focused programs began to emerge in order to prevent out of home placement and strengthen families. According to Frankel these services represent not so much a new methodology but more a combination of some of the more traditional aspects of social work practice and recently developed technologies from fields of mental health, child welfare, and family services (1988). Major components of the professional social worker have long included: the use of home visits, provision of concrete services and mobilization of natural and community networks. Using the home as the focus for coordinating services to children has traditionally been at least a minimal part of child welfare services.

The families who received these services however, tended to be those representing the lowest risks. Children from more multi-problem families tended to be placed in alternative care much more quickly for two reasons; a) foster care was viewed as very temporary and b) technology to keep these families together simply did not exist (Frankel,1988). Frankel refers to the contribution of the development of family therapy theory and mental health paradigm shifts in contributing to the evolution of the focus on families and prevention of placement.

Among the first of the most notable programs developed to treat multi-problem families was the Family-centered Project of St.Paul, Minnesota. Although it ended in 1958, it remains a prototype for many of the efforts which continue to operate today. During the early 1970's a number of projects were successful in preventing out of home placement through the use of family focused counselling. A wide range of family based programs have been developed and represent a commitment by government and agency administrators and policy makers to preserving children in their own homes. This commitment is based on the principle that society should be willing to invest as many

resources in the hopes of preserving families as might be spent in substitute family care (Fraser et al, 1991, p.20).

Families who are isolated and have few social supports are at greater risk of child abuse and neglect and are less likely to have their children returned if placed in foster care (Cochran & Brassard, 1979; Saulnier & Rowland, 1985). Formal and informal social resources have become an important component of family preservation services. The case manager, representing the formal social resource, helps to assess the need for supports and to coordinate the acquisition of these for the family (Berry,1993). Believing that families are more open to intervention in times of crisis, the family interventionist seeks to mobilize the family in crisis within the family's ecological system. This includes the community in which the informal social resources available to families are located (Berry, 1993).

Current Situation

One of the major driving forces behind the popularity of the home and family based programs is the perception by government and agency administrators that this service is more cost-effective than traditional child welfare services. The high and ever increasing costs of maintaining children in care in combination with the often less than satisfactory results experienced by these children naturally leads to speculation about how these dollars could be more effectively spent. Alternatives need to focus on better long term effects for the child and his/her family. The cost-benefit analyses conducted to date have resulted in a mixed set of findings (Pecora, 1991, p.39). The differences in program variables and who is receiving the services make it difficult to extrapolate results from one program to other programs. For example, only a few studies have examined the effects of concrete services within the context of family based services. Bryce found that clients rated the provision of practical help, providing services in the home, as more helpful than the use of specific therapeutic techniques (Bryce as cited in Frankel, 1988, p.150). Although the agency in which we are working does not have a clear job description of services to be provided by

Family Intervention workers, we were interested in learning more about the role of these workers in families and what they perceive as being most effective.

There are many types of programs operating currently. The term "family based services" is one often used as a general description to articulate both home-based and office-based programs. This general term then, may refer to programs that have very different goals (Frankel, 1988). Nelson, Landsman and Deutelbaum found that these programs share a common belief that families should be the focus of services, but the organization of the delivery of their services was done quite differently (1990). "Although family-centered, home-based services share the common goal of preservation, they can be divided into two groups according to their objectives" (Frankel, 1988). There are: 1) Crisis oriented programs which limit themselves to stabilizing the existing situation to the point that less intensive services may be employed and; 2) Independence oriented intervention which seeks to reduce or eliminate the family's need for service altogether. This is a more change oriented program and represented in the philosophy guiding the program delivered by Winnipeg Southwest Child and Family Services agency.

Two other key differences were in the number and type of staff used to provide services. One style of staffing model is a single clinician intervention system in that all services are provided by a master's level or doctoral-level child and family clinician. The model employed at the agency studied was the second staffing model, a clinician-support worker team intervention. Clinicians work along with agency family support workers. It should be noted that these models will have different impacts on relationships between families and the agency and on the course of the work in preventing placements (Soule, 1993). This concept is further explored and clarified in the next sub-section as we begin to explore the role of the family intervention worker, generally and in each staffing model.

Role of the Family Intervention Worker

"Wasik, Ryant and Lyons (1990) noted that family protection services have a long history of employing both professional and lay workers (referred to hereafter as support workers)" (Soule, 1993). There are three related factors which seem to determine which staffing model is employed:

1. the specific program goals and objectives
2. the level of training and expertise believed to be necessary to meet a program's goals and objectives
3. the presence or absence of a commitment to employ workers from the same communities or backgrounds as the families being served (Soule, 1993).

A frequent alternative is to pair professional workers with support workers to enhance sensitivity and rapport that community workers can provide. Typically, support workers are recruited from the communities we serve, and often have strong life experience as parents, as formal and informal helpers and as active community members (Grigsby and Gertsch, 1989). The existence of competing models of family preservation confirms one's belief that the course of intervention is influenced heavily by how they are staffed. It is my belief that each model has a rationale complete with advantages and disadvantages, but to study the effectiveness of the model employed in combination with the type of family receiving service would lead to more detailed information about: the appropriateness of each model.

The literature refers to support workers as a way of distinguishing the professional from the paraprofessionals in the family intervention plan. The agency chosen for participation in this study names these employees "intervention workers", for very specific reasons. The agency intended to coordinate an independence oriented plan, and in order to be congruent with this intent, refer to their workers as "family intervention workers". The family intervention worker thereby is distinguished from other more traditional

support roles by integrating in the name the desire for change in the family, leading to growth and gradual independence from service.

Charles Soule notes the following points as strengths in a team approach to family preservation work:

1. *Doubling Practical and Therapeutic Resources:*

The great majority of families served are experiencing multiple stressors. Concrete stressors may increase dependency on outside providers. These situations require a substantial investment of time and can be overwhelming to a single clinician. Therapeutic and concrete services can be more easily provided where more than one worker is available. Team staffing increases the roles and interventions that can be used to serve a family.

2. *Family Support Worker - Client Relationships:*

Grigsby and Gertsch (1989) suggest that many families experience a special sense of affiliation with support workers. There is often a greater match in personal and sociocultural backgrounds between client and support worker. Clinician's training and formal education creates greater distance between themselves and their clients. Support workers roles often leave more room for clients to perceive similarities, to identify with the worker and model their decisions and behaviour. Information presented by a clinician often has a very different connotation than one presented by someone with whom the family sees as closer to their own set of circumstances.

3. *Impact of Teamwork on Family Preservation Interventions:*

For the families, the model of adults cooperating toward common goals is very effective. This is often a very different approach than exists in families requiring this type of intervention. Operating as a team can defuse the intensity of relationships between individual family members and a single

clinician while reducing the risk of over-dependency. For workers, operating as a team can offer a tremendous amount of support and benefit from the observations of another worker. In team interventions, workers can have more of a sense of entering the family system temporarily as a complete subsystem with a defined purpose and function more easily (Soule, 1993, p.44).

Nelson and Landsman believe that the future to family-based services lies in the answers to some difficult questions. Such questions are: how do we effectively empower families and instill hope? How can workers remain in positions of authority and not be authoritative in serving families from legal mandates? How can families be empowered in a social context that is profoundly disempowering (Nelson and Landsman, 1992, p.169). It is this worker's belief that the family intervention worker may be in one of the best positions to bridge this gap and promote the empowering function through role modelling and provision of concrete and supportive services.

The development of this whole area of service delivery presents numerous training challenges to the child welfare system. Denning and Verschelden speak of the need to train social workers as many do not have formal education in specific agency functions such as out-of-home care and child protective service investigations (1993). The combination of lack of relevant courses and the steady increase of multi-problem clients contribute to training challenges. These issues are equally relevant to the family intervention workers.

There are other important considerations when developing training programs for intervention workers such as location and time suitability. These workers are often engaged in more than one family at a time and need to respond to their clients' schedules, being present at times when the family are all at home. This results in a greater number of evening hours and split shifts throughout the day as workers need to be in clients' homes when the family members are present. For example, a worker may have an early morning

contract and then no other commitments until three or four o'clock in the afternoon when children come home from school. The design of the needs assessment must be sensitive to these fluctuating time demands and not impose unrealistic expectations in terms of effort required.

The Canadian Context

All of the literature previously identified regarding family preservation programmes is based on the U.S. experience and context. It is important to highlight this context and present some of the general differences between the U.S. and Canadian Child Welfare systems. Since the proposed training program for family intervention workers was implemented in a Manitoba Child Welfare agency, it was also necessary to discuss the specific provincial child welfare context.

One primary difference between the Canadian and American child welfare systems is the federal policy framework. Unlike Canada, the U.S. passed four federal laws passed during the period from 1974-1980, that create the policy framework for much of the current activity related to the provision of family preservation services (McGowan, 1988). These include the Child Abuse Prevention and Treatment Act of 1974, the Juvenile, Justice and Delinquency Prevention Act of 1974, Title XX, Grants to States for Social Services and the Adoption Assistance and Child Welfare Act of 1980. According to McGowan (1988), these federal laws combined with state initiatives by 1982 had resulted in overall expenditures for foster care maintenance payments dropping from almost 75% of all Child Welfare funds in 1979 to less than half of total funds in 1982. In addition, the proportion of funds allocated for preventive and protective services increased from eight per cent to just over 23% during the same period (Burt and Pittman, 1985).

In contrast, the Canada Assistance Plan (CAP) designed to share funding from the federal to provincial level does not allow for a unified Child Welfare policy framework across the provinces. The Canada Assistance Plan legislation is an agreement between the

federal and provincial governments in which the province is eligible for funding for general assistance and social services. The emphasis in the legislation is on needs-testing to determine eligibility. As Hum explains there are limitations to this plan:

"..the federal government could only establish general guidelines, it could specify neither the precise conditions under which people would be eligible for income assistance nor the level of benefits. Because these matters have been left to the discretion of the provinces, the nature and scope of assistance programs varies widely across Canada, and very little in the way of national standards of assistance have emerged (Hum,1983,p.5)".

Pursuant to Part I of CAP, provinces become eligible for fifty per cent of the total costs of children in care under the Welfare Assistance section. In contrast, programs such as Family Preservation are eligible under Welfare Services for fifty percent of salaries of staff, training and travel costs with needs test requirements having been satisfied on the basis of establishing 'need' or 'about to be in need' and family income.

In Canada then, individual provinces have developed their own Child Welfare legislation, policy and standards which reflect regional differences and government policy. According To Andrew Armitage (1993), the Child Protection law in all Canadian provinces include the following aspects:

1. a definition of the child in need of protection
2. a process for receipt of complaints
3. a process for investigation
4. action defined to ensure the protection of the child
5. a process for court supervision and decision-making
6. a definition of guardianship
7. a process for the discharge of guardianship

Apart from these common factors, important differences are found in Child Welfare law from province to province. One way to understand these provincial differences is described by Richard Barnhorst (1986). He describes these differences in provincial legislation as ranging between, "non-legalistic, interventionist" and "legalistic, non-interventionist".

Interventionist, legislation gives broad powers to child welfare authorities to intervene in families at the discretion of social workers. The non-interventionist legislation gives limited powers to child welfare authorities and requires that social workers avoid removing children from parents whenever possible (cited in Armitage, 1993, p.46).

After reviewing the statutes of the various provinces and territories, Barnhorst (1986) concluded that British Columbia, the Northwest Territories, Newfoundland and Saskatchewan possessed legislation of the interventionist type, while those in other provinces tended in varying degrees toward the non-interventionist, legalistic model. Armitage (1993) cites the Manitoba Child and Family Services Act (1987) as a good example of the legalistic, non-interventionist approach while the B.C. Family and Child Service Act (1981) represents the non-legalistic, interventionist approach in certain aspects (p.63).

*Table 2-1 **
Characteristics of Child Protection Legislation

| <i>Critical Areas in Child Protection Legislation</i> | <i>Interventionist</i> | <i>Non-interventionist</i> |
|---|--|---|
| Principles | Broad statement of principle, e.g., "best interests of the child" | Specific statements of principle concerning parents, child, etc. |
| Grounds for intervention | No specific definition in law; definition through social workers and court | Clear and limited grounds stated in the statute |
| Initiation of proceedings | Through the apprehension of the child without warrant | Warrant or court order must be obtained |
| Interim custody of the child | Held by the apprehending agency pending a hearing | Hearing necessary to determine interim custody and parents' rights |
| Disposition | Through allocation of all the parents' powers to the state | Through specific restrictions, with an emphasis on maintain the parents' responsibilities |
| Accountability mechanisms | No provision for court review | Defined requirements for return to court and review |

* Reference (Armitage, 1993, p. 47)

The Manitoba Child and Family Services Act (1987) outlines eleven principles which include, "Families are entitled to receive preventive and supportive services directed

to preserving the family unit" (p.2). The act further outlines provision of preventive services to families in Part II, Section 10(1), Special Needs Services, "An agency may provide or purchase such prescribed supportive and treatment services as may be required to prevent family disruption or restore family functioning" (p.14). In spite of the non-interventionist aspects of the Manitoba legislation which could be viewed as encouraging the development of preventive child welfare services, this is not currently reflected in practice. In other words, the funding structure discussed later in this section, mitigates the intention of this part of the Act. One startling factor which should be mentioned is the high proportion of Manitoba children in care in contrast to other parts of Canada. Armitage (1993) compared the proportion of children in care from province to province and found that this rate varies provincially from 4.5/1000 (Ontario) to 15.4/1000 (Manitoba) (p.50). Accepting that provincial child welfare funds are limited, Manitoba presently requires that a large percentage of these funds be spent on supporting children in care. This present reality of high costs of children in care is perpetuated by the federal provincial funding agreement and again in the funding structure utilized by the agencies up to this time. It simply has been more cost effective to have children in care as opposed to developing preventative programs.

In conclusion, the development of family preservation programmes in the Manitoba context has been thus far limited, in part by the restrictions defined by the larger resource base. The relatively high number of children in care in Manitoba may account to a large degree, for the drain on available funding. Unless funds may be freed up in some creative ways, for example the U.S. federal legislation which provided matching funds for states and authorized subsidized adoptions, it will be difficult to move forward in this area without compromising levels of care to children currently in the care of the province. McGowan (1988) provides us with an important caution, however, in viewing family preservation as a panacea. Child welfare agencies are being confronted with increasing numbers of families experiencing profound social economic and emotional problems. The

agency has fewer resources with which to address these problems and the hope for family preservation programmes to address these needs as a quick, low-cost and successful way of reaching families that no one else has, is encouraged by the frequent relative success experienced. The danger according to McGowan is that these positive results may actually divert attention from the social forces leading to crises in family functioning and prevent other less intrusive community supports from being developed. Furthermore this tends to heighten the process of blaming families unable to respond to this approach (1988,p.79).

One last point is that in the Manitoba context, based on discussions of funding between the province and the Winnipeg Child and Family Services Executive Office, it appears that there is a recent increased willingness to explore the allocation of dollars to these programmes. Given the limited resource base of this time, there may be a strong pull to define the success of family preservation programmes only in terms of prevention of placement of children in care. The problem with this narrow definition of success, is that it presumes that the families being offered this service have the potential to operate independently after a period of intense intervention. For some families this continues to be a fair assumption, but for a significant percentage of the population served by child welfare agencies, it may not be realistic. The importance of evaluating policy in the context of these implementation and value dilemmas cannot be overstated.

In summary, this chapter has helped to establish some of the basic tenets of services offered by family intervention workers and the context in which they operate. This was helpful in the needs assessment process in that it established the scope of the issues which impact the family intervention workers, such as funding and the limitations of the current structure. Agencies are encouraged to validate the use of funding in these programs by demonstrating a proportionate number of placements averted by this kind of intervention. Understanding the history and evolution of family preservation services is

important in providing clarity around the purpose of the family intervention role which has yielded a more complete understanding of the intervention worker's needs.

CHAPTER 3: LITERATURE REVIEW OF ADULT EDUCATION

Adult Education Defined

The field of adult education is complex and diverse. There are many definitions of adult education, including the following developed by Knowles (1977), who says that "...the definition of adult education . . . that includes all of those organized, purposeful activities engaged in by adult learners in our society (Percival, 1993,p.8)."

Consider the more inclusive definition first developed by UNESCO, that is perhaps the most commonly cited:

"...the entire body of organized educational processes, whatever the content, level, and method, whether formal or otherwise, whether they prolong or replace initial education in schools, colleges and universities, as well as in apprenticeship, whereby persons regarded as adult by the society to which they belong develop their abilities, enrich their knowledge, improve their technical or professional qualifications or turn them in a new direction and bring about changes in their attitudes or behavior in the two-fold respective of full personal development and participation in balanced and independent social, economic and cultural development ...(UNESCO,1980,p.3)."

More useful to us is the definition offered by Courtney (1989) which is open-ended and simple, but recognizes that in order to be more specific about the nature of adult education, you need to know more about the context in which the learner works and the purposes behind their activities. It reads as follows:

"Adult Education is an intervention into the ordinary business of life - an intervention whose immediate goal is change, in knowledge or in competence. An adult educator is one, essentially, who is skilled at making such interventions (as cited in Percival,1993,p.9)."

For the purposes of this practicum, adults will be viewed as "persons regarded as adults by the society to which they belong" (UNESCO,1980,p.3). In our adult education

training context this refers to anyone over eighteen years of age currently employed as a family intervention worker with Southwest Winnipeg Child and Family Services.

Adults as Learners

Understanding motivations for adults to participate in adult education, has been a well researched topic. Based on in-depth interviews with adult learners, Houle determined that they could be classified into three types:

1. goal oriented - participants might be motivated to participate in training to improve job prospects.
2. learning oriented - participants often enroll just to learn more about a specific topic. (eg. Special Interest areas)
3. activity oriented - participants may want something constructive to do with their time or just want to meet people.

This was a helpful construct in focussing the needs assessment as I began to perceive that participants fell in to either the goal or learning oriented perspectives throughout the needs assessment phase.

Although Houle's research was done over thirty years ago, it continues to catch the essence of research done today. A consistent finding in the research of reasons for adults to participate in learning, regardless of subject matter or setting, is that it relates to the performance of everyday tasks and obligations, particularly those related to work (Percival, 1993).

Barriers to Participating in Adult Learning

As important as it is to understand why adults participate in an adult learning situation, it is equally important to understand why they may not. The research indicates three types of barriers.

1. Situational - relate to an individual's particular circumstances at a given time. An example of this type of barrier might be the demands of parenting young children while balancing work hours to match child care arrangements.
2. Dispositional - relate to the individual's attitude toward self and learning. This factor relates to previous experiences with training in which an individual becomes biased in attitude either positively or negatively on the basis of this previous experience.
3. Institutional - relates to policies and procedures of the institution that make participation difficult or impossible. An example of this in our study would be the agency's position of non-payment for hours of participation in training. A worker must then choose between a commitment to training whose relevance may be as yet unknown, or to be available for more contract hours to satisfy economic and credibility issues (Percival,1993,p.56).

Philosophy of Adult Education

Percival (1993) asserts that our purposes in adult education are based on our values and beliefs about what adults are like, and how they ought to behave. The philosophy of adult education, leads to the theory which determines what you do as an adult educator. An adult educator must have a sound rationale for his/her approach so that there is a basis on which to make decisions. The danger of the rationale not being established is, that decisions may be based on unfounded assumptions, or that the decisions made have nothing to do with the needs of adults (Percival,1993).

There are several philosophical traditions relevant to adult education. Elias and Merriam (1980) use the following headings to discuss philosophical traditions: Humanism, Behaviorism, Liberalism, Progressive Education, Radical Education and

Analytic Philosophy. Hiemstra (1988), uses the first five headings as a framework and uses the additional concepts of Idealism and Realism. The relevance of examining the philosophy of the orientation to learning is that each group will have a different philosophy in the following aspects: view of the learning process, focus of the learning environment, purpose of the education, teacher's role and manifestation in adult learning (Merriam and Caffarella, 1991,p.138). One example can be seen in looking at the aspect of purpose of education. The behaviorist believes that the purpose is to produce behavioral change. The humanist believes the purpose is for the learner to become self-actualized and autonomous.

The importance of examining one's own philosophy of adult education is therefore critical, firstly, for its impact on theory and then for practical considerations. Authors will vary considerably even within each of the respective traditions, for example the behaviorists, Pavlov and Skinner. Each of these authors shared a common philosophy, but variations can be found in their views of the purpose of education and in planning for learning. There are however, some basic principles which are generally agreed upon by adult educators:

1. Whether society is basically good or inherently flawed, it can and should be improved. In this, adult education can and should play a major role.
2. If individuals, and ultimately society, are to prosper, learning must continue through life.
3. Adults are capable of learning and should be treated with dignity and respect.
4. All adults should have access to learning the things required for basic functioning in society.
5. Although adults may not differ from pre-adults in respect to the basic cognitive processes of learning, the context of adult education differs substantially from the context of pre-adulthood. Hence adults should be educated differently from pre-adults (Percival, p.17)."

The main philosophy favoured by myself in approaching this study was the humanistic orientation. There was implicit in the process of the needs assessment which embodied an assumption that each participant was capable of developing their own potential with some self-directed learning and andragogy. The emphasis was to be on each intervention worker having a better sense of their own personal style and to encourage a reflection of individual strengths and deficits. The process of examining cases that are frustrating, would hopefully provide some direction in which areas workers may want to work on themselves to modify their approach. Workers were also encouraged to examine their own preferences and to be clearer about when they may have issues that were interfering with their professional roles. I see this as part of the process of self-actualization which fits with the humanist orientation.

Program Development

In order to plan a relevant training package that responds to the unique needs of the participants as well as keeping the mandate of the agency and administrators in mind, it was necessary to review literature on program development. According to Percival, Caffarella asserts that the major elements in program development are as follows:

- analyze planning context and client system
 - assess needs
 - develop program objectives
 - formulate instructional plan
 - formulate administrative plan
 - design a program evaluation plan
- (Caffarella 1989, cited in Percival, 1993).

Conducting a needs assessment is one element of the interactive process of program development. The main purpose of our program was to respond to the needs of the intervention workers and thus, this had a distinct impact on our methodology. Because the intervention workers interact in the same larger setting they may have: a.)

needs related to interpersonal relationships and b.) at the same time have collective issues. The needs of the workers may relate to working with referring social workers or clients as in a.) above. These can be reflected in the educational goals. Needs related to their collective needs such as the need for a guaranteed number of contract hours or pay for training, are not reflected in educational objectives, but they do provide a context for which the program developer should be familiar with and sensitive to. It is not however, the larger system that has educational needs. This is an important distinction to make but is not intended to minimize the importance of collecting data from the people in various other related roles (Pennington, 1980).

Rationale for Using a Needs Assessment

Pennington believes that it is useful to think of a need as a gap between a current set of circumstances and some changed or desirable set of circumstances (1980). This can be articulated in terms of proficiency (skill, knowledge, attitudes), performance, or situations. Needs can deal with desires, interests or deficiencies. To define the need, one must describe ways of altering the current situation. Although this definition is a useful starting point for thinking about a program, it is so general that it is open to a wide range of interpretation. Sork suggests that:

" 'Educational need' is a statement that contains the following two essential elements:

1. A description of the present quality of a human capability. This description must be verifiable - that is, it must be expressed in such a way that another person can check to see whether the description is accurate.
2. A description of the desired quality of this human capability (1993,p.4)."

One of the reasons for not using a "problem-focused assessment" to assist with planning, is that there may be sensitivity to framing an issue as a problem when it has to do with human capabilities. The program developers ought not to be in a position of implying that there is some problem with the workers that necessitates a training program. It is therefore more appropriate to use needs assessment language when working to develop a program in this field.

Needs Assessment as a Process

Needs assessment is a term that has been used to describe a process with at least three purposes, including analysing clientele, identifying topics, and specifying areas of need. Analyzing clientele is the process of reviewing the characteristics of the population that will be served. This may include basic demographic information as well as life experiences relevant to the positions they have, and formal and informal training. The second set of activities involves identifying areas of demand for training. This process would include identifying the areas of interest to the stakeholders (supervisors, administrators and clients) to ensure the program is also viewed as credible and worthwhile at those levels. Specifying areas of need refers to the discrepancies between a current and desired set of circumstances. All three types of information are important to obtain, but *which* to emphasize will depend on the purpose of the program. Analysis of the data is an integral part of the process (Pennington, 1980). It is my hypothesis that the family intervention workers would likely be interested in personal or situational influences on performance and may be the most important element in focusing the needs assessment study.

Houle emphasises that the decision of *how* to proceed is a matter of subjective judgement as it is impossible to demonstrate in advance whether a positive or negative choice will be wise (1974,p.136). The designers of the activity will have to think carefully about what it is intended to achieve. Any learning activity is a combination of professed

goals and others which may be more difficult to ascertain. The complexity of goal setting exists in all forms of education, however the adult is unique in entering a learning situation. Adults usually engage in an activity because it has an immediate and direct meaning. Three important terms must be distinguished from each other no matter what situational category they occur in. These include: motive, aspiration and objective. They will sometimes be the same, sometimes merge, and will always be related; but are analytically separate.

A *motive* is the incitive cause which helps determine the individual's choice in participating and his behavior in seeking it. An *aspiration* is a desired perfection or excellence based on an ideal. It may emerge from ideals or values derived from beliefs or experience. An *objective* is an intended result of an educational activity. It does not exist until the decision to take action is made. An objective is practical and the ultimate test is not validity but achievability (Houle, p.140). The result of effort designed to bring about the change is tied to both the theory and the practise and involves the transfer of skills.

Pennington defines six models of needs assessment:

1. Self fulfilment - this cluster includes random and selective appeal models. Random appeals aim at discovering those needs of a large segment of the population in order to attract them to educational activities and make a program financially self-sufficient. Selective appeals focus on the presumed needs of a known segment of the population (eg, professionals, underemployed, the aged) The focus tends to be on creating and mainstreaming market rather than focussing on needs of the learner.
2. Individual appraisals - engage the participation of learners in determining their own learning needs, either collaboratively or non-collaboratively. The problem with this model is the potential lack of vision on the part of the learner in recognizing and understanding essential learning needs.
3. The system discrepancy - includes models that seek to identify the gaps between what is and what ought to be in a given situation. The problem-need approaches attempt to define deficiencies and attempt to develop remedial programming.

4. The diagnostic or medical model - views need as something whose absence proves harmful. Simply, the practitioner identifies what will happen when adults are deprived of a resource and then projects what would happen if they had that resource. This approach searches for both met and unmet needs.
5. The analytic model - defines a direction in which improvement would occur, given information about the status of a person or a program. It places a premium on informed judgement as systematic problem-solving. It focuses on improvement and therefore does not require advance statements of standards or success criteria. Two problems are: it is an abstraction that requires skilled problem-solvers.
6. The democratic model - involves interactive and collaborative efforts at specifying needs using nominations and voting techniques. The problems with this model are the possibility that the required consensus may discourage dealing with critical issues that evolve and that progress in reducing dissonance in the population may be impeded by waiting for majority approval (1980,p.5,6).

In the needs assessment process, I employed a combination of the individual appraisals with the analytic model concepts with the family intervention workers. This proved to be effective. The analytic model was meant to be a check for the disadvantage mentioned under the individual appraisal category in that workers can be limited by their own vision. The use of this method however, had the disadvantage of being unreliable from the point of view that its credibility is dependant upon the skill of the people analyzing the data received. It was felt that as data had been collected from various sources and analyzed jointly by someone apart from the needs assessment process (Loretta Doyle), that the risk would be minimized. The democratic method was used with the social workers and as priority setting rather than consensus was employed it did not become an impediment to the process.

Pennington maintains that needs assessments should help practitioners understand the problems being assessed, be clear about their task, plan for the execution of the study, and know how the results will be useful before a study is initiated. These studies have several major characteristics:

1. Employ a systematic method of collecting data from people who can effect or are affected by the program being developed.
2. Needs of groups are not fixed over time but change as preferences and environments change. Continuous assessments help monitor these changes.
3. Needs assessments vary in scope and in cost.
4. Data collection can be both subjective and objective.

Particularly in the case of programming for adults, practitioners will be interested in opinions as well as quantitative data. Pennington states that multiple role perspectives can enrich the deliberations about the problem and the development of alternative solutions. The needs assessment process is a transitional process from the present to the future. Results from these studies provide both baseline data for making evaluation judgements regarding program impact and planning data for projecting alternative ways of reducing the gap between current and desired circumstances.

Outline of the Needs Assessment

Barbulesco describes some general guidelines for planning a needs assessment (Barbulesco, 1980 cited in Pennington, Ed, pp.73-82).

1. **Deciding to conduct a needs assessment** - This includes the recognition of a general need and the decision to use a needs assessment study as a means to explore the desirability of a continuing education programme. *The decision to implement a needs assessment process as part of this practicum was seen as an attempt to make the actual training programme as relevant and useful for the recipients and their co-workers as possible. Input gathered from the various stakeholders confirmed the assumption that this training was in fact a product that was needed in the Winnipeg Southwest Child and Family Service agency.*

2. **Arranging for the coordination of the needs assessment** - This involves appointing an individual or group to coordinate the needs assessment study. *As an outsider to the internal politics of the agency being studied I felt that this was an advantage in obtaining the information from the various players without fear of repercussion or any bias in terms of the existing dynamics. Although results were shared between the two participants providing the training, the interviews were felt to be best initiated by someone not currently employed by the agency as was my colleague.*
3. **Specifying the purpose of the needs assessment** - This consists of deciding the "why" of needs assessment. It attempts to familiarize team members with the process and goals of the needs assessment. *The specific purpose of our needs assessment was to determine the motivation that existed to participate in the project, to determine the existing body of knowledge or range of skills present and to address common goals of the intended participants.*
4. **Defining the scope of the needs assessment** - This involves the specification of the extent of the study, whose needs are to be assessed, who should be involved in the process, and who should use the information. Management of the process including, time, tasks, resources and talent should be planned along with time lines. *The extent of the study was to involve administration, social workers in the role of case managers and family intervention supervisors, the intervention workers themselves and possibly recipients of the service, clients. The procedures and methodology used will be outlined specifically in Chapter Five of this document.*
5. **Assessing obstacles and restraints** - This consists of consideration of factors that may affect the project. These may include political or economic factors, as well as those that are internal to the needs assessment study itself. *In consideration of numerous factors that were possible obstacles, the following was concluded to be of most immediate and practical concern: What was the motivation of the*

intervention workers assuming they would not be paid to attend the sessions and were casual employees? Would they feel it was more important to assume employment hours than choosing to participate in training? What would the case managers and supervisors require in order that they support and encourage workers involvement, in other words what was in it for them? The message given by the administration would need to be positive and enthusiastic but not to the point of suggesting mandatory participation. The fact that the agency was doing its own review of the effectiveness of this program may have put a different flavour on the subsequent training program. Sensitivity to these issues was important but as Sork indicates it was also necessary to be alert to other reactions that came forward in the gathering of data that were not anticipated. The analysis of data was a very critical component.

6. **Informing and involving the community** - It is important to create support for the study and an awareness of intended users of needs assessment information and the kinds of administrative and instrumental decisions that will be made with the data. *The hope was to create support through the involvement of all of the stakeholders in the process of needs assessment and establishment of common goals. Emphasis was on program content and participation was not to be used to determine designation of contracts. Neither were individual results shared with those in positions of power that could be used to evaluate knowledge or skill development in any way.*
7. **Identifying symptoms of broad need areas** - This step identifies areas in which possible needs may exist. Symptoms are interpreted as "apparent difficulties". *These were identified as the needs assessment process began. The goals were to determine some common needs in the area of family systems, identify specific target problem areas in working with families and possibly look for some ways to*

enhance the intervention workers' abilities to communicate with their supervisors in case planning and evaluation.

8. **Identifying and selecting appropriate needs assessment techniques** - This consists of selecting specific strategies to use in the needs assessment study. *In selecting appropriate methodology to assess needs in this group, we refer to Pennington's article (1980, p.9) which states:*

"..., for an extensive needs assessment for a career development program for professional personnel in one company, where success is especially important, the preferred data-collection method would be a combination of individual interviews with potential participants, group interviews with their supervisors, and questionnaires for experts."

These considerations were felt to be applicable to the para-professionals in our project and the individual interview process was seen as the best modality of getting accurate and useful feedback. Due to the wide range of skills and training apparent in the family intervention workers identified, a group process could have been intimidating and actually limited the expressed needs if people felt intimidated by their more senior colleagues. The group process was more appropriate for the case workers and was hoped to assist with the solicitation of collaboration and support for the project. The administration was offered the opportunity to have input through a form which best met their need for efficiency without affecting the dynamics which would exist if they had been part of a more formal group process.

9. **Setting criteria for measuring need** - This includes setting standards related to level of knowledge or quality of skills and attitudes that are desired, against which current knowledge, skills and attitudes can be measured. *This information was obtained through a process articulated by Brookfield called the "critical*

incidents" format (1988,p.251). A brief statement was collected from the intended participants of the training which asked them to think about specific happenings. The goal was to learn as much as possible about staff capabilities, most pressing concerns and skills requiring input by having staff think in terms of a specific case example. The hope was to gain more insight in how to deliver the most useful product and to establish a baseline by which the effects of the program could be evaluated in the post-training phase.

10. **Gathering needs data** - This entails collecting data to ascertain the existing condition or extent of needs. *This refers to all the steps which are outlined in the methodology from the interviews, forms and critical incident results.*
11. **Summarizing the needs data** - This includes compiling and summarizing the information gathered in the data-collection process. *This is self-explanatory and was an important part of the process. These initial results were shared with the stakeholders and were used to formulate the next step.*
12. **Interpreting the data and identifying the needs** - This phase involves comparing actual status with desired or required status, including analysis, interpretation, and evaluation of the information gathered in the study. *This refers to the point made earlier by Pennington, that in order for a need to exist means there is a difference between the skill level that currently exists and the desired state of the intervention workers. The analysis was a critical part of this process and Pennington suggests one should analyze and reanalyze; "The more ways you analyze the data, the more valuable insights can be found" (1980,p.12).*
13. **Ranking identified needs** - This is the decision making phase of the study, in which priorities are assigned to particular needs. Decisions are made regarding which needs are most crucial as well as which needs should be addressed for short and long range planning. *The priorities were established based on common goals to all the stakeholders of the project.*

14. **Evaluating the study** - this process will occur throughout the study. The questions to be answered are, "Will you monitor and measure along the way?" and "How will you use new information for continued improvement of the program?" and "How will you know that you have accomplished what you set out to do?" *The decision to offer a package with two facilitators, was an attempt to be in a better position to monitor the program in a continuous manner and respond to new information. The plan was for facilitators to alternate in presenting and facilitating the curriculum with the other facilitator operating in a position of observer and recorder. This proved helpful in identifying areas which surfaced as priorities for ongoing sessions and to assist as unexpected developments occurred in which an objective perspective was appropriate. The critical incident results being a technique consistent with the analytic model of needs assessment focussed on improvement of workers skills and therefore by definition does not require success criteria (p.36).*
15. **Reporting to the decision makers** - This step involves the dissemination of findings from the needs assessment study to concerned individuals in a form that is useful to them. *Written feedback was available in the form of summary and advertisement of the final proposed product to all stakeholders. Facilitators also met with various stakeholders to expand on any issues of concern or concepts requiring further clarification.*
16. **Implementing the findings** - This is the action step, in which new course offerings, course alterations or other adjustments are implemented. It is where the needs assessment cycle ends and begins again. (Barbulesco, 1980 cited in Pennington). *Based on the response to the final registration process, there was a clear commitment to engage in the proposed product. Had there been insufficient numbers it would require follow-up to determine if the program needed to be adjusted in some way.*

CONCLUDING SUMMARY

Planning the needs assessment for family intervention workers was a challenge which resulted in a much more complete process in the subsequent development of the training program itself. This literature review although selective in nature, has proven helpful in several areas:

- 1) The needs assessment literature gives a rationale and a format to the process of engaging with an agency and providing a framework for the development of a relevant program for a particular group.
- 2) The literature on Adult Education is particularly relevant to this group of workers who bring a variety of skills and areas of expertise to their positions within the agency.
- 3) The literature provided a distinct framework in approaching the needs assessment which is viewed as having been successfully implemented. The literature was not particularly helpful in the area of discussing accountability of the program developers. At the outset we had preconceived notions idea of ideal group size and commitment by participants to attend all sessions. We found, however, that interest was so high and participants in the needs assessment contributed willingly in volunteering both their time and ideas that the onus was on us to provide a program which would be flexible enough to adapt to the peculiarities of working with contract employees.

CHAPTER 4: STUDY SITE AND ORGANIZATION OF ACTIVITIES

Introduction/Planning of Practicum

As previously discussed in my literature review (Chapter 3: Needs Assessment) Barbulesco as cited in Pennington describes a process of conducting a needs assessment that includes; defining the scope of the needs assessment, assessing obstacles and restraints and informing and involving the community. In order to proceed with these steps in the conducting of the needs assessment, this chapter will address these issues in the context of the agency with the potential participants we have identified. This chapter will include a discussion of: the agency context and potential participants, other relevant contextual issues and the synopsis of activities to complete the practicum.

Agency Context/Potential Participants

The selection of the Winnipeg Southwest Child and Family Services district office as a site for the project was based on the existence of family intervention workers who provide family preservation services to families and children. The agency's family preservation program has been in existence since 1990 and was expanded in 1991 when South Winnipeg Child and Family Services and West Winnipeg Child and Family Services were combined to become one agency. Although other agencies employ workers in this capacity, they are not found in as large number or identified as a distinct level of service under the auspices of a family preservation program.

Child and Family services of Winnipeg Southwest was chosen as the practicum site in consideration of the following four factors:

1. Existence of a family preservation programme - This agency employed approximately twenty family intervention workers on a contract basis at the time of this study. These workers were supervised by two Family

Intervention Coordinators making them a distinct group working out of the Resource Unit in the Corydon office location. Social workers from all the Southwest offices have access to this resource where the family is willing and risk of placement of the child is seen as high and preventable. The family preservation program at Southwest is not limited to families with children of a certain age, nor is it bound to a specific time line in terms of length of involvement with a specific family.

2. Place of Employment for one of the practicum students involved in planning this endeavour - The involvement of my colleague, Loretta Doyle in the conceptual and technical aspects of this project was felt to be an advantage in that as a family therapist with the agency, she had detailed knowledge about the existing program and she already had established a working relationship with many of the intervention workers and their supervisors. The credibility she has established with the agency was an important asset in lending itself to the support of the administration and family intervention coordinators that would be required for a training program to be successful. I feel that this shortened the process for us in that it would have been harder to establish credibility for people completely external to the system. Loretta's work with intervention workers helped to ensure there would not be any Dispositional barriers (p.28) in the sense that many workers had enjoyed previous workshop situations that had been co-facilitated by her previously and had indicated an interest in another such opportunity.
3. Interest, support and cooperation of management and staff at this agency - All levels of the agency were generous in making time to respond to our requests for information and in meeting to develop approaches at various stages throughout the process of the study. Management allowed for use

of facilities and equipment and assisted with communication between levels as was necessary. A withholding or lack of this type of support would have created a very different message and feeling about any potential training.

4. Large pool of potential trainees to participate with knowledge and training needs not formally addressed within agency - It was felt that out of a pool of twenty potential trainees, there was a high probability of obtaining enough interest to create a group of eight to ten participants. Given the other barriers such as non-payment for training time, if the pool had been smaller there would have been a greater chance that fewer people would eventually register for training.

We felt that this agency was unique in the way it envisioned the role of the family intervention workers. The program was one of the first family preservation programs to be implemented in Winnipeg that is still operating with the clinician-support worker model described in the literature review (p.13). The agency continues to espouse an ongoing commitment to the role of this programme in the range of services being provided. The family preservation program has a clear structure and mandate which are reflected in the program's operating mandate and principles of service and service goals.

The Northwest Winnipeg office also delivers services within the context of a family preservation program, but to date have used a model that employs the single clinician intervention system. In this program, two family therapists provide intensive services to families for a time-limited period and referrals for the program can only be accessed by intake workers. Family support workers are employed by the agency but are used in longer term cases and are not at this point part of the family preservation program as such.

The unique features of the family preservation program at Winnipeg Southwest were the following: the large pool of workers available to workers through contracting, the attention to the term of "intervention workers", the monthly meetings where they

gather as a distinct group, the supervision meetings they have with coordinators, the matching process, the ability for services be accessed through either line social workers or the family therapists and the ongoing evaluation of the effectiveness of this mode of service delivery initiated by the agency.

There was however, no comprehensive training component which addressed the program needs of the family preservation participants. It was hoped that through the planning and implementation of a joint venture between myself and my colleague, Loretta Doyle, that we could begin to address these needs.

Agency Structure

Southwest Winnipeg Child and Family Services is one of four district offices mandated to provide child welfare services under the auspices of Winnipeg Child and Family Services. The Southwest agency delivers a full range of child welfare services from child protection to prevention, in accordance with the Manitoba Child and Family Services Act (1987) to the population of the Southwest area of Winnipeg. The agency is organized in five service units which are primarily responsible for providing mandated child welfare services to various communities in the Southwest Winnipeg geographic area. In addition there are two resource units, one responsible for foster care, agency placement resources and independent living services. The other resource unit provides adoption services, volunteer services, family therapy/mediation services and family intervention services. The latter is the focus of our practicum project.

The agency staff consists of: one Area director; one director of programs, five service unit supervisors; two resource unit supervisors, approximately sixty social workers, para-professionals and various clerical support staff. The family intervention program is managed by, resource unit supervisor, Gary Johnson, who supervises two family intervention coordinators. These coordinators in turn supervise a pool of approximately twenty contract family intervention workers. These coordinators are

responsible for the hiring, orientation, skill development, matching, on-going case reviews and other administrative functions related to this group of workers.

Social workers from other offices within the Southwest area may request family intervention assistance through two means. One, they may contract directly with a family intervention worker through a process called a match meeting. The second means is to make a referral to the Family Therapy department who may also request assistance from the intervention worker pool. The match meeting is a process designed to elicit specific goals for the intervention worker to engage with a family. The thrust of this program is to provide early intervention in a more intense way than can usually be provided, where the threat of placement of a child is felt to be high.

The process is begun with the social worker making a referral which is evaluated initially on the basis of budgetary considerations. The supervisor determines how many hours of service are currently being provided and how many dollars that have been allocated are left in this program. Once approved, the Family Intervention Coordinator receives the application and may dialogue with the worker about the role for the prospective worker and the hours requested. A social worker may request a specific family intervention worker, if they have the hours available, or the Coordinator may recommend one with the necessary expertise and hours available. The match meeting is set up and the social worker, family intervention worker and coordinator work out the specific case treatment goals which are then reflected in a contract. The coordinator draws up the contract and arranges for three month reviews. One of the potential drawbacks to this system is that the client is not part of this process. It appears to be unusual for the referring social worker and intervention worker to have a joint initial meeting with the client. Therefore sometimes, the family intervention worker meets for the first time with a family only to find that the client does not agree with the treatment goals as perceived by the social worker. Once again the difference in being a contract worker has a distinct impact on what follows. The family intervention worker is

dependant upon their reputation as being "easy to work with" in order to continue to receive more requests for contracts. The manner in which this dilemma is handled at this time is the Family Intervention Coordinators act as mediators and advocates for intervention workers when this becomes an issue.

Under the direction of a referring social worker, family intervention workers provide services that meet a range of families' therapeutic, supportive and concrete needs. The degree and type of involvement depends upon the particular family situation and the referring social worker's assessment of the problem. The process could be made more efficient and leave the intervention worker less vulnerable if the client were a part of the initial match meeting or if the social worker were required to present the treatment goals with the intervention worker in an initial meeting. This would allow room for client input but any modifications that arose would not be left to the family intervention worker, who is less empowered within this system.

The pool of contract family intervention workers employed by the agency at the time of this study show diversity in terms of age, gender, ethnicity, life experience, work experience and formal education. The goal of the needs assessment process is to determine the motivation of these employees to participate in a training program, assess the existing knowledge and skill level and to address common areas of interest of this group.

Other Relevant Contextual Issues

During the time period of the completion of this practicum, three important initiatives were occurring that impacted the family preservation programmes. These included:

1. Quality Assurance Review - requested by the agency and conducted by Child and Family Support Branch, Province of Manitoba. Overall, this review attempted to

assess and make recommendations regarding the present overall effectiveness of the agency's model of family intervention service delivery.

2. Agency Steering Committees - the agency administration requested that staff members volunteer to sit on a committee to review and propose recommendations to improve existing family intervention services. (Committees included representation from service units, resource units and the family intervention programme) These committees were organized under three different areas of service:
 - i. Services to families with young children
 - ii. Services to families with adolescents
 - iii. Services to children in agency care.
3. Unionization - specific to the concerns and working issues of the family intervention contract workers, meetings occurred with representation from CUPE, Family Intervention Workers, Southwest Child and Family Services management and Winnipeg Child and Family Services Executive. Working issues included for example; guaranteed working hours, seniority, benefits and salary.

These three factors were issues that could be influential in determining the motivation of the family intervention workers to participate in the following ways. The Quality Assurance review had been a very lengthy interview process, requiring contract workers to answer a long questionnaire. Depending upon how this was perceived by workers, they may be more or less reluctant to participate in a similar exercise, even though the purpose was much different. The results of the Quality Assurance review were shared prior to the beginning of our training program and depending again on workers' perceptions of the accuracy of the data recorded, this could influence the degree of trust to engage in such a process again. The agency did partially pay employees for their participation in the Quality Assurance review

as participation was mandatory. It was hoped that this difference with our program would be interpreted as a function of the voluntary nature rather than a sign of lack of support or interest by management. These factors could have functioned as a combination of dispositional and institutional barriers to participating in our project as discussed previously.

The second and third processes, agency committee and unionization discussions were seen more as a drain of intervention worker time and energy. These other expectations although voluntary, could have provoked the necessity of workers to prioritize how they invested their time resulting in training being less of a priority. This would be a situational barrier as explained in the literature review. Another possibility, was that if workers did not perceive the agency as being fair in the process of negotiations, they could have been less interested in giving up their time to become more qualified employees.

Synopsis of Activities to Complete Practicum

The activities required to complete this practicum project were organized around the general goal of enhancing the family preservation programme through the process of better understanding the paraprofessionals currently employed by this program. The detailed process described in the literature review on pages 38-46, can be summarized in to four main components of activity.

Component #1 - Identify the population of family intervention workers and determine the motivation to participate in a training program.

Component #2 - Design and implement a needs assessment process to access all levels of the agency in a manner which respects the role of the contributor and seeks to involve and inform the agency in a supportive manner.

Component #3 - Dialogue with all agency levels, using techniques selected in component two, to learn more about the perceived needs of this population.

Component #4 - Summarize and analyze data collected with a view towards converting needs into program objectives in preparation for the next step, implementing a training program. This information was presented to the different agency participants for information and to enhance support for the program.

In the first component, the information to be collected from the intervention workers, was to assist us in better understanding who makes up this unique group of workers. In order to understand what they might need, we must first understand who they are and what their perception is of the job they are doing. This summary can be found in Chapter Six of this paper: Analysis of the Findings. Although we collected this type of data from the social workers and supervisors, the information from the intervention workers themselves was felt to be most critical to the process if we were to develop a program which would be meaningful to them.

The second component was important in using principles from the literature review in how to approach adults with regard to finding out about their needs and in understanding the unique needs of intervention workers in a child welfare setting. Planning the instrumentation and method was developed in relation to these important concepts.

The third component was an integral part for data collection, but was also a way of informing and involving staff so that there would be awareness and support of the program when it was offered.

The fourth and last step was the most critical in understanding the relevance of the information we had collected and using it to identify some common areas of interest between both participants and stakeholders of the agency. The feedback of this data to staff, was also important to allow for an exchange of information. If the summary of data had not seemed to accurately reflect worker's perceptions of what they had identified the result would have been a loss of support for the program and perhaps lower registration numbers. Therefore, registration was seen as a double check of the accuracy of this summary. The feedback we received from all levels of the agency was that the data

collected seemed like a very comprehensive representation of issues that could be addressed by a training program.

CHAPTER 5: METHODS RELATED TO NEEDS ASSESSMENT

Description of Approach

In keeping with our objective, to explore what type of training would be most beneficial to this group, we relied on the literature and our own experience with this population to guide us in selecting appropriate methodology. As referred to in the earlier chapter on Needs Assessment, Pennington (1980,p.9) suggested a specific format for a career development program where success is especially important. That is, a combination of personal interviews for the intervention workers, group meetings for social workers and questionnaires for the administrators.

There were several factors which influenced the decision to proceed with this format. One factor which has also been referred to, is that all the participants that were being appealed to, had been interviewed in depth by the Quality Assurance people from the Winnipeg office of the Child and Family Support Branch for the province of Manitoba. In order to distinguish between the purpose of the nature of our questions and the previous process it was felt personal contact was necessary. A personal interview is more helpful in portraying a genuine interest in the potential participants which would enhance their motivation, knowing that this group would in all likelihood not be financially compensated for their time. "The single most important reason for participating in adult education relates to the performance of everyday tasks and obligations (Percival,1988,p.55)." The group format was not chosen for the intervention workers for two reasons. The first reason being, that it was felt there would be a wide range of skill, education and experience which can inhibit group process in this area. People may be reluctant to express their ideas or concerns in a group setting that is not homogeneous. The second reason was that I would not have been able to ask for as much detailed information such as the 'Critical Incident' question which will be described further on in this chapter.

The group format was considered to be an effective medium for social workers in that it was the best way to ensure we received their input due to heavy caseload demands and endless priorities. It was suggested by the Family Intervention Coordinators that social workers be approached on their regular meeting day as a special item on the agenda. In this way I was able to receive the qualitative data that would certainly be missed by a form survey and at the same time guaranteed input from the majority of workers, who are in a very important position as stakeholders. Being as these are the people who work most closely with the intervention workers, it was invaluable to have their insights. The group was felt to be homogeneous enough by virtue of their education and job demands to respond to the group format.

The Family Intervention Coordinators were seen as a distinct group as they are social workers, but in a unique position of being advocates and supervisors of the intervention workers. It was felt that their input would be quite different than the other workers as their relationship is supervisory, so they were met together to begin the process by soliciting their ideas for training goals. The personal interview, once again was chosen in order that the qualitative data which would so easily be missed on a form would be recorded and ensure a successful plan.

The administrators were solicited by form for their opinions which placed less demand on their time by scheduling appointments while ensuring that this perspective was included to complete the process from all levels of stakeholders in the agency. The forms were not identifiable to allow for greater freedom in expressing needs clearly, in case this should be a concern.

Selection of Sample

It was decided with input from the committee, that all intervention workers at the agency would be solicited for input. Although we had hoped originally to set a maximum for the number of participants in the actual training, it was important to draw from all of

the family intervention workers their ideas and suggestions for in the course of the needs assessment. We were given twenty names to contact by the agency and completed personal interviews with eighteen family intervention workers. Two workers did not respond to numerous phone calls and messages and were eventually left out of the study.

A separate interview was held with the two Family Intervention Coordinators to solicit their ideas about training and needs. The form that was used as a guide for the group interview with social workers was also used in this interview. This form may be seen in Appendix B.

I met with the social workers from five units in the Winnipeg Southwest Child and Family Services office, this included: St. James Unit, Assiniboine Unit, Charleswood Unit, Ft. Rouge and Ft. Garry Units. The interviews were generally twenty to thirty minutes in length and were prefaced by an explanation by myself of the program which we were hoping to run, complete with instructions as to issues which would be appropriate for discussion as well as what would not (Appendix B).

This was also felt to be important boundary setting as many topics in agencies are loaded emotionally and can trigger unproductive discussions which creates a feeling of futility. This concept is more fully discussed in Denning and Verschelden's article on using focus groups in assessing training needs with Child Welfare Workers (1993,p.572). I tried to be clear that the purpose of the information was to be used in terms of creating educational goals for intervention workers so to talk about the internal agency process of referrals or match meetings, for example, would be unproductive and not useful for us in establishing goals. At the same time when issues surfaced, I reminded them of the two different processes which were underway to address those kinds of concerns and to differentiate our project from those.

I received six administrative forms from that level of the agency in response to our request. I contacted most supervisors by phone, if I had not met them at the unit meeting

in order to have the opportunity to clarify the purpose of soliciting their ideas and restating the way in which the information would be used.

Instrumentation

The forms developed for the execution of the Needs Assessment were created in consultation with my colleague and co-facilitator, Loretta Doyle as well as with input from our practicum committee. The forms were modelled to reflect the design of the intent and purpose of the particular medium being tapped in the method of receiving the information. For example, the family intervention workers form was much more lengthy and detailed which is suited to a personal interview. It was composed of an initial section of demographic information followed by a series of short answer questions with regard to sense of job clarity in their roles with the agency, to previous training experiences, to perceived needs for education. We chose to ask this question in a direct manner and an indirect manner, which we borrowed from Brookfield in the form of a 'critical incident' question (1988,p.251). This, as mentioned previously, is a brief statement collected from the intended participants of the training which asks them to think about specific happenings. The purpose is to learn as much as possible about the capabilities, the most pressing concerns and skills required, by having people think of a specific example. The premise behind the use of this mode of questioning, is often people are limited in answering a more direct question by their own experience, or lack of. In other words, if they don't know about something, they can't ask for it.

I did a pre-test copy of this form with a family intervention worker prior to using it in the sample and found a need to adjust two of the questions posed due to difficulty in answering because of the nature of a contract working situation.

The form used to interview social workers was to ensure consistency in the soliciting of information. It was noted that most workers were grateful not to have to

complete another form. Alternatively, one unit prepared a written response prior to my visit, using the administrator's form as a guide.

The administrator's form, also in Appendix B, was composed of four questions. The main objective was to solicit ideas in a format that was most expedient and efficient for managers at this level. The level of response indicates that we were successful in achieving this goal.

Data Collection

The interviews with the Family Intervention workers were achieved through the assistance and cooperation of the Family Intervention Coordinators. A sign-up sheet with a series of half hour appointments scheduled at the Corydon Office was circulated by the Coordinators at regular meetings as well as an invitation to contact myself to arrange alternative times. I contacted people by phone and was amenable to different locations for meeting, different times or finally to phone interviews in two cases. It was also felt that because this was a voluntary exercise that the onus would be on myself, to be flexible and make every effort to accommodate the needs of the intervention workers. I left schedules at the office so that cancellations and rescheduling could occur without necessitating my being at the office.

The attendance at a unit meeting was somewhat easier to schedule, in that all units have a regular meeting day established and the supervisors had been advised by the Executive Director that I would be calling to arrange an appointment. We felt this was an important component, as the workers would need to know that we had permission to be proceeding with this project by the appropriate level.

The administrators were invited to return the documents by various means, best suited to their needs. They could use the internal agency mail, I would arrange pick-up or they could deliver the form to Elaine Gelmon, the Executive Director, who had distributed them for us. The forms were returned by all of the above means.

CHAPTER 6: ANALYSIS OF THE FINDINGS

Family Intervention Worker Demographic Information

GENDER: There were five male and thirteen female intervention workers that participated in the Needs Assessment process, out of the potential pool of 20 workers. Two workers were not included in the study by their own choice. Based on the census figures from Statistics Canada (1991) Manitoba had a population of 1,091,945. Of this number, 49% were male and 51%, female. In our pool of workers, females represented 72% of the total while males formed only 28%.

SALARY: The average salary was \$11.97 per hour of work. The range of salary was from \$10.10 to \$14.82 an hour.

AGE: The average age was 36 years old, having been calculated from a range of workers from 24 to 57 years of age. 44% of workers were in the age range between 24 and 35 years of age. 33% of workers were between the ages of 36 to 47 years of age and 22% of workers were between the ages of 48 and 57.

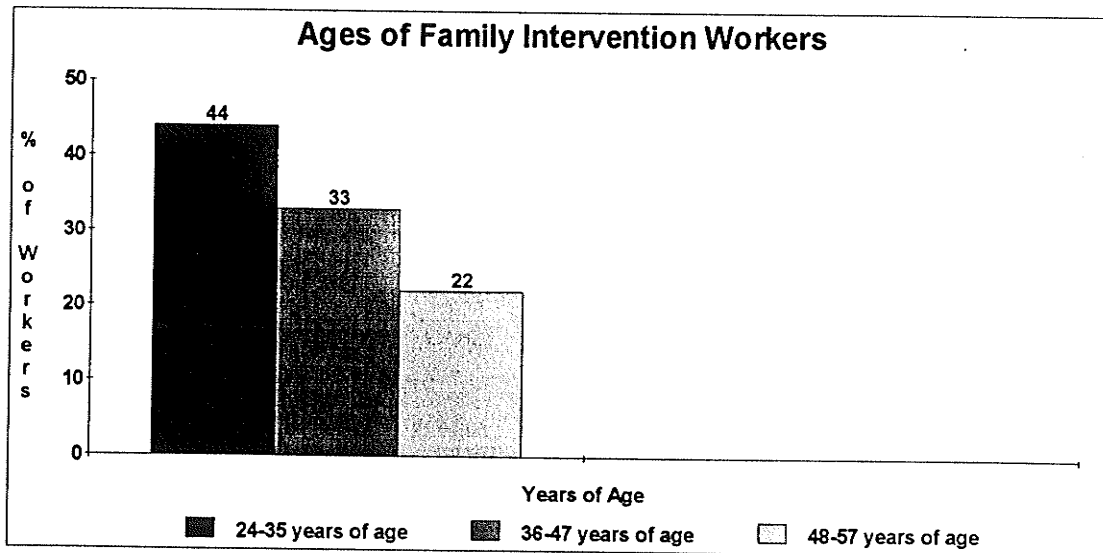


Chart 6-1

EDUCATIONAL LEVEL: For the purpose of collating the information, formal education was divided into the following four categories; less than one year of post-secondary training, one to two years of post-secondary training, Bachelor Degree and more than one degree. The second category was the modal response, in that 45% of workers fell in to this category. 34% of the workers held Bachelor level degrees. 17% had less than a year of post-secondary training and 6% of workers had two Bachelor level degrees.

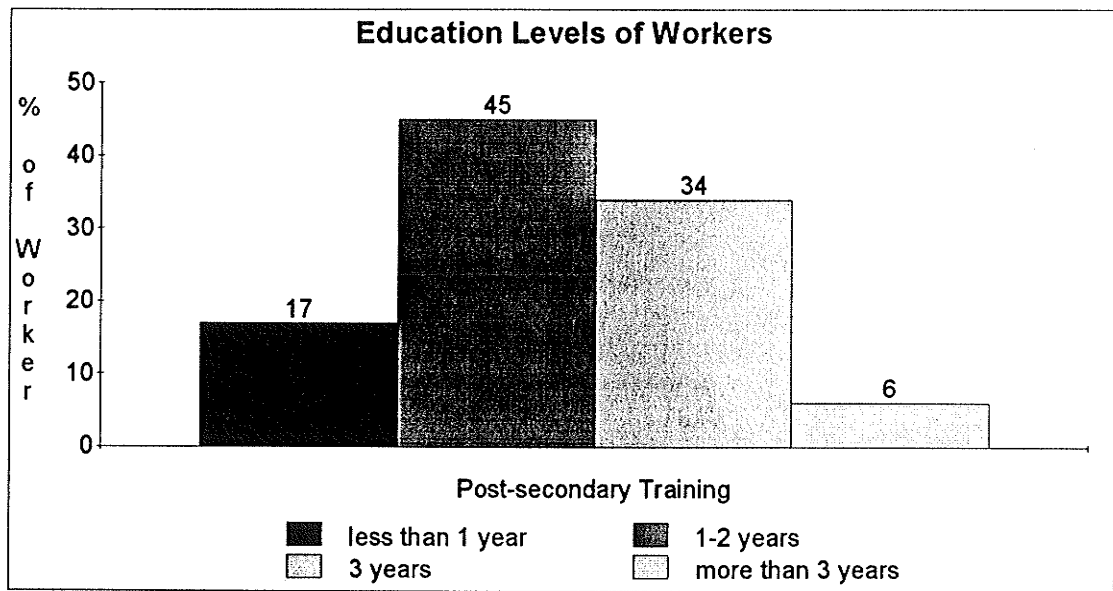


Chart 6-2

WEEKLY HOURS OF WORK: The range of hours currently working ranged from five to forty hours. The average of the group was 27.7 hours per week in contracts with families. Breaking the group down into groups seems to give more information than the median and they were as follows. 11% of workers were currently employed for ten hours or less per week with the agency. 17% were employed 11 to 21 hours per week. 22% of workers were employed between 22 and 32 hours per week and 44% were employed between 33 and 40 hours each week.

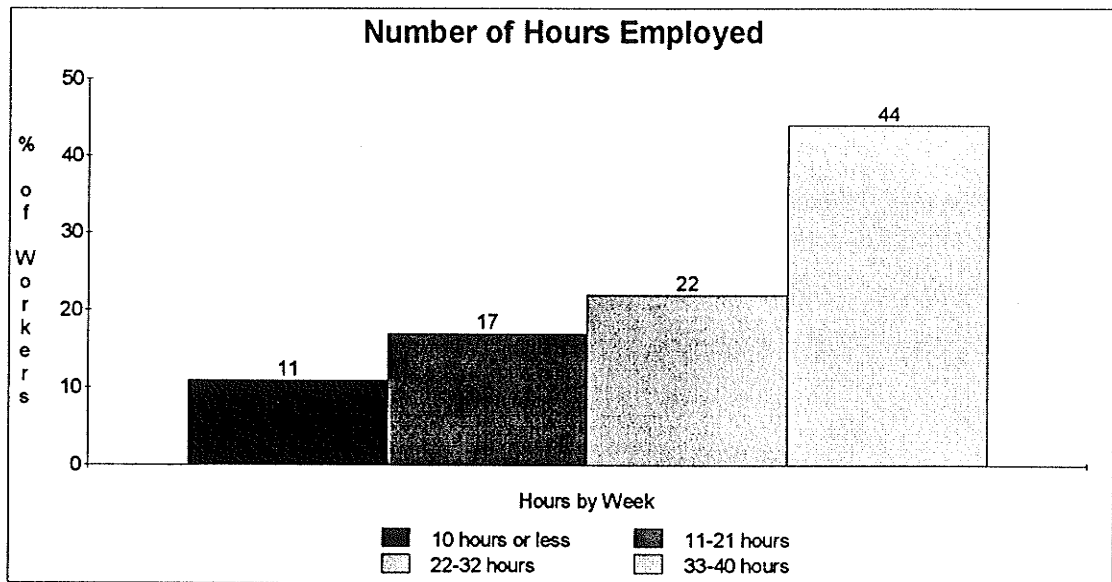


Chart 6-3

LENGTH OF EMPLOYMENT: The modal response was four years experience in the Family Preservation program which included 39% of the respondents. 72% of the workers fell in to the three to five years of experience range. 17% had one to two years experience and 11% had six or more years experience with the program.

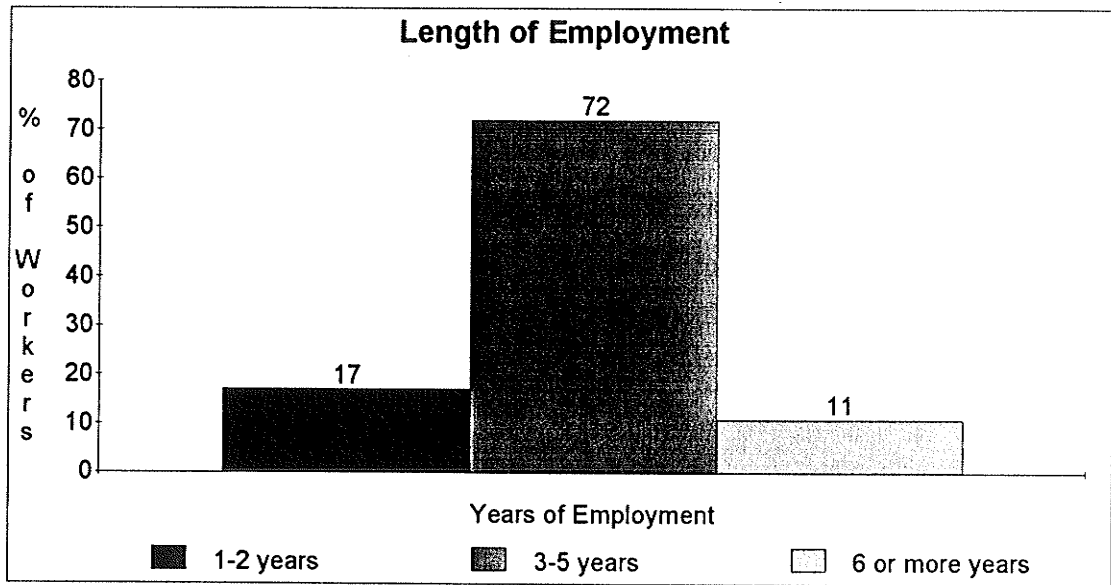


Chart 6-4

Perceptions of the Intervention Workers

The majority of Family Intervention workers, 56%, came to this work through a child care oriented program or job experience. The large majority of workers felt that the job they were doing was in most ways what they expected it to be although several said that some contracts fall below their expectations. Some workers had very little in the way of expectations to begin with.

When asked about their ideas for training topics, the following chart depicts the range of responses to this direct question. Although there is cross-over between the different headings, they were divided into the following three categories:

1. Worker Issues - issues relating to the specific role and function of the family intervention worker.
2. Family Issues - areas in which workers perceived the need for some education, skill development and case practise.
3. Systems Issues - broader issues which focus on the relationship of client and workers within the larger societal or agency context.

TABLE 6 - 1
RESULTS OF A NEEDS ASSESSMENT WITH FAMILY INTERVENTION
WORKERS

| <u>Worker Issues</u> | <u>Family Issues</u> | <u>Systems Issues</u> |
|---------------------------|---|---|
| Team Work | Single Parent Families | Community Resources |
| Time Management | Adolescent Development | Child Welfare system |
| Personal Safety/Self-care | Family Violence | Mediation |
| Peer Support | Women's Issues | Gender Issues |
| | Parenting | Family Systems: Assessment & Intervention |
| | Anger Management | Family Therapy Models |
| | ADHD children | Cultural Diversity |
| | Attachment/Separation Issues re: Children | Agency resource Access & process |
| | Addictions | Prevention |
| | Special Needs Children | |
| | Self Esteem Issues | |
| | Sexual Abuse Issues | |

In discussing a training program, workers were asked specifically about their preferences for time. 61% of workers preferred a half-day format. 22% of the workers indicated a preference for full days. Another 27% of workers indicated either no preference or thought some combination of the full and half day format would be suitable.

55% of workers felt that the end of June would be the most time that they could commit regularly to a training program, the remainder said they had no definite time lines. As a result of this feedback the training sessions were planned in the format of a combination of full and half days to ensure the completion of training by the end of June.

The bias of half-day format was implemented to accommodate the group in that only two full-days were scheduled.

The question which related to barriers, "What else would need to be in place in order to ensure your involvement in the training program?" yielded a few responses. Only two workers suggested the lack of financial compensation would be a potential barrier. One worker mentioned a central location as desirable and another mentioned that the lack of a registration fee for the training was regarded as an enhancer. One worker suggested that if attendance was recognized by the agency and resulted in being assigned more contracts, workers might be more inclined to participate. In order to ensure the reverse of this was not implemented, we reminded people that ethically the agency had agreed that contracts would not be attached to attendance of the training program.

Analysis of the Critical Incident Question

The family intervention workers were each asked to describe a particular case or situation in the past year that caused them the greatest degree of difficulty. This question as described in the previous chapter was suggested by Irene Karpiak of my committee. As the literature suggests, it is often difficult for people to know what it is they might benefit from if they don't know all the choices. This concept was discussed earlier in this document and refers to the self-appraisal model of needs assessment whereby people may be limited in their answers by a lack of knowledge (p.36). In order to avoid this as a potential problem, the critical incident question was seen to be a technique consistent with the analytic model also discussed in the literature review. This technique depends on an accurate analysis by the examiner. For this reason, Loretta Doyle and myself, analyzed the question results jointly and found we had high agreement on articulating and summarizing the issues represented in the answers to each question.

The themes that emerged as a result of this question were focussed on fewer themes but they were more process oriented in nature than specific. As a whole there was a narrower range of answers, or more commonality among the workers observed. The most popular themes were:

1. What are achievable goals of the Family Intervention worker? In other words, who is responsible for effecting change within the client system?
2. How family intervention workers can negotiate a more specific contract with the referring social worker that allows for room to negotiate in a way that reflects the family intervention worker strengths and includes the family's perceptions of their role as well. The uncertainty of being engaged as a contract worker may in fact interfere with a worker honestly appraising their own skills and abilities and being clear with the referring social worker about these. When relating to referring social workers, family intervention workers often feel it is more desirable to be accommodating than assertive. If a family intervention worker perceives that goals that have been outlined for the client are unrealistic and not mutually shared, there is a similar reluctance to offer an opinion for fear of gaining a reputation as, 'hard to work with' resulting in fewer contracts.
3. The difficulty of being in the agency's employ and balancing the demands of the mandated responsibilities with the conflicting role of connecting with clients and acting as a support in terms of loyalty issues. This issue would also be of concern to social workers who have similar conflicts in some of their casework.
4. How to get unstuck from polarized positions, with respect to workers and families.
5. Safety concerns for family intervention workers with regard to isolation and lack of close associations in their workplace.
6. Family systems and how to work with individuals in a systemic way.
7. Acknowledging personal limitations and increasing comfort level with clients in role of the expert. The underlying principles of family preservation work operate

from a position of family strengths which is a shift from the delivery of more traditional child welfare involvement. Although workers value this perspective, it was perceived by intervention workers that further exploration of this topic would be helpful.

8. Alternatives for consultation or peer support.

These were the issues that reflected the majority of the population but there were others that were reflected in the answers of only one or two people which included; personal boundaries, self-care, agency policy and procedures, single-parent families, social support networks, gender issues, cultural sensitivity, court preparation, and attachment issues.

There was certainly overlap between the indirect and direct questions, but even where the expressed need remained the same the indirect question gave a context to understand exactly how this topic would be important to the intervention workers. The indirect question was therefore, extremely helpful in assisting the thinking about how a topic might be presented in terms of objectives. The critical incident question was also effective in that through the description of a case situation that was difficult, more sensitive issues evolved such as a difficulty with a referring social worker. This issue for example, would probably never have come out if we had just asked directly if there were any issues of this nature, to me as an outsider to the agency. These types of disclosures could have been perceived as unprofessional rather than being conducive to understanding more fully the needs of family intervention workers.

Feedback from Social Workers and Management

The following table is a summary of the issues that were collected from social workers and managers:

TABLE 6 - 2
RESULTS OF NEEDS ASSESSMENT FROM SOCIAL WORKERS AND MANAGEMENT

| <u>Worker Issues</u> | <u>Family Issues</u> | <u>Systems Issues</u> |
|---------------------------|-------------------------|-----------------------|
| *Value Clarification | *Family Patterns | *Cultural Biases |
| *Team Work | *Addictions | *Abuse/Neglect |
| *Responsibility | *Attachment Theory | *Crisis Intervention |
| *Conflict of Role Demands | *Family Violence | *Domestic Violence |
| *Documentation | *Sexual Abuse | |
| *Court work | *Family of Origin | |
| Boundary Issues | *Dysfunctional Families | |
| Ethics | *Boundaries | |
| | Loyalty | |
| | Shame and Secrets | |
| | Behavior Management | |
| | Anger Management | |

* represents issues also mentioned by the Family Intervention Workers

Due to the differences in the data collection methods between social workers and managers there was more qualitative data received from the social workers. This was helpful in understanding how each of these topics was significant from the social workers' perspectives on the role of family intervention workers. There were differences between

the different units in terms of how much intervention workers were used. Two offices used intervention workers frequently, two used intervention workers moderately and one service unit used intervention workers in a fairly limited way. Some of these differences seemed to be related to the referral process which was not explored in any depth as it was not the focus of the practicum. All units had enough experience with the role of intervention workers to be able to comment on which areas they had perceived as potential areas for training. In summarized form, however, the results were clearly of a high degree of agreement between the two groups, social workers/managers and intervention workers. There was recognition by both these levels that increasingly workers were relying on family intervention workers to assume more responsibility and deal with more complex cases as workers are unable to meet all that their job demands of them. In order for intervention workers to experience more success and not be overwhelmed, it is increasingly important for them to be trained in areas that previously were felt to be the domain of the professional case manager.

The table summarizes the themes that emerged that were useful in shaping the course objectives. This information was solicited by being clear about the purpose of the question as suggested in the previous chapter. It was noted, however, that there was varied degrees of usage of the intervention workers between the various units. Different units had different notions about how the family preservation program is set up in the agency and how this system currently meets their needs. It was important to clarify that these issues were beyond the scope of our project but would more appropriately be addressed by the other two processes initiated by the agency as was described in Chapter Four of this practicum. There was also diversity in how workers perceived the role of family intervention workers, but there did seem to be almost an agreement by unit in what this definition would include.

Discussion of the Findings

In terms of the demographics of the group of intervention workers, it was not surprising that women outnumber the men more than twice their number. The age range fits with the literature in suggesting that these workers tend to be people who have a fair amount of life experience. It was somewhat surprising to me, that although the modal age range was the 24 to 35 years, that those over 36 years of age actually formed the majority of intervention workers. Due to the nature of contract work there was not always a correlation between years of experience and hours of work for example. Intervention workers often supplemented their income by working at another job. The amount of formal education held by this group was somewhat surprising, but correlates overall with the degree of unemployment experienced by educated people in today's economy. Some of these workers also had experience in the day care industry and overall the salary for intervention workers is somewhat higher although uncertain in terms of stability. The fact that the majority of people had backgrounds in child-oriented fields rather than a family oriented perspective was consistent with our expectation of this group. The length of time workers had been employed with the program seemed favourably high in that many workers have been with the program for quite some time. The results in terms of what specific time would be good for training was helpful in assisting us establish a training schedule and circulating it to the workers. In fact, we combined the full-day, half-day format partly because we knew that not all of the respondents would register for the project but which ones would was unpredictable. The other reason we combined the format was so that we could meet the deadline of finishing by the end of June which seemed to be important for the majority of workers.

The overall impression of this group is that they are a knowledgeable and very committed component of the agency.

I find it noteworthy that although only two intervention workers mentioned monetary compensation for training as an issue, that five out of six administrators who

responded mentioned this as an important feature. This could be attributed to the fact that this was an issue raised in the context of the agency's union negotiations and thus was an area that was recently brought to management's attention. The other possibility is that employees in management positions assume that participation is dependant upon the criteria that would need to be in place when thinking of their own situations and expectations. Despite this perception, the final registration was felt to be an indicator of success. However, the sporadic attendance by some workers was seen to be a direct reflection of the non-payment for training time issue. Employees were clear that in order to continue to receive opportunities for ongoing employment, clients were their first priority and workers could ill afford to turn down a contract to attend training.

Conversion of Needs to Course Objectives

In order to facilitate the results of the needs assessment being useful in guiding the curriculum of the training program, it was necessary to convert the results into course objectives. We began with the objective as a statement and presented some ideas for possible topics to be covered as content under each objective. The reason for this format, was once again, in recognition that although we interviewed all the family intervention workers, they would not all register for the program. We therefore wanted to leave room for prioritization of these needs by the registered group of participants in order to be consistent with the principles of adult education. The objectives began with the more global, philosophical issues in order to establish some common understanding. With common principles established with regard to the agency mandate and function the easier it became to focus on specific topics in a meaningful way.

OBJECTIVE #1:

To develop a greater understanding of the value base of Family Preservation in an urban Child Welfare context and the unique role of the Family Intervention Worker in that system.

CONTENT IDEAS:

- Examination of the present context of working in a child welfare system in Winnipeg in 1994
- Examination of the historical context of Child Welfare and family preservation
- * - Exploration of the role of the family preservation worker as unique in this setting
- * - To gain a greater awareness of personal values, beliefs and working styles.

OBJECTIVE #2:

To further develop and refine the knowledge essential to working with family systems.

CONTENT IDEAS:

- family systems theory
- family life cycle, individual life cycle
- family roles, functions, rules and constraints
- * - viewing individual clients in the context of the larger economic, cultural, social and political environment
- * - empowerment of families, facilitating independence
- family diversity (ethnic, racial, religious, gender, sexual preference and lifestyle, etc.)
- special areas of interest (sexual abuse survivors, attachment/separation issues, neglect, physical abuse, sexual abuse, special needs children, adolescents, substance abuse, family violence)

- family therapy models (Structural, Strategic, Satir, Family of Origin, Solution-Focused, Feminist)

OBJECTIVE #3

To improve participants' skills and competence as family intervention workers. To enable them to develop their own approach to working in a systemic way with clients.

CONTENT IDEAS:

- Anger management
- Family Assessment techniques
- Engaging with Family Systems
- Goal Setting and Contracting
- * - Strengthening and Enhancing greater parental competence
- Managing Children with Behavioral concerns
- Intervention Techniques (how to get unstuck, how to do something different)
- * - Building on family strengths and competencies
- Advocacy
- Dealing with mandated responsibilities (protection issues and court)
- Conflict resolution
- Family support systems
- Teamwork

These potential objectives were distributed and discussed with the agency and intervention workers along with the opportunity to register for the training program. If there had been no interest in the training program, we could have concluded that the objectives did not reflect the needs of the group of intervention workers. As it was, we

had twelve registrants for the training program which will be described in more detail in the following chapter.

The content ideas under each objective were prioritized by the participants at the initial training session. Content ideas marked by an asterik (above), represented the specific ideas prioritized by the registrants for the training. In this way the actual participants selected the areas of interest most pertinent to them. Even though the content was largely determined by the trainers, as instructors we were aware that we had our own biases in determining what to emphasize throughout the training. The bias of the instructors was discussed with the group of trainees and was to present information with the two primary goals of:

1. use of self and examination of values and how these each impact service
2. use of a family systems approach in working with any part of a client system.

Any and all of the content ideas would be presented using the above two frameworks as paramount.

CHAPTER 7: TRAINING PROGRAM FOR FAMILY INTERVENTION WORKERS

Training Format

The training program was planned and facilitated by myself and my colleague, Loretta Doyle. For a more detailed account of the development of the curriculum and content of the training, please refer to the practicum entitled "Building on a Needs Assessment: The Development and Delivery of a Training Curriculum for Family Intervention Workers" (Doyle, 1994). The training was planned in eight sessions, two full days and six half-day sessions. The total was approximately thirty-five hours of training.

The training program was presented in the form of objectives as discussed in the last chapter, but with the ability to be adapted to reflect the needs of the specific workers that registered. This was accomplished in the following ways:

1. the content under each objective was prioritized through the selection of first and second choice at the second session by intervention workers
2. the planning for the following session was discussed at each session with an opportunity for some choices in terms of activities
3. the facilitators reviewed the objectives mid-point through the project to evaluate the completion of the goals established by intervention workers.

Facilitators

The primary facilitators were Loretta Doyle and myself as mentioned in various contexts of this paper. We did have the opportunity to make use of other facilitators that seemed to meet the needs of the intervention workers in unique ways. We were fortunate to have the Resource Unit supervisor, Mr. Gary Johnson as a speaker at our first session. In keeping with our desire for the intervention workers to receive recognition by the agency for their commitment and interest in pursuing training on their personal time, we

felt it was important to have a key agency person speak to the group and present the Child Welfare context that is relevant to this agency.

Ms. Elaine Gelmon, Area Director, also spoke to the group and addressed the agency activities that would be impacting on the family preservation program. Information was shared in terms of the thinking about the future role of workers within the program and time lines for changes beginning to take place within the agency. To date none of these proposed changes have been implemented.

With the intervention workers' input, we facilitated two of the agency's internal resources to present to the group in their area of expertise. Ms. Marg Dresler presented to the group on attachment theory and separation and loss issues with respect to children. Ms. Heather Carruthers, followed the previous session and presented on Abuse Issues.

One of the family intervention workers was a First Nations person and felt that cultural issues were an area that required further attention. She has a strong personal commitment to personal growth and development and offered to assist us in acquiring a resource to facilitate a meaningful session on cultural awareness. Having been prioritized by the group of intervention workers as a topic they wished to pursue, an Aboriginal Elder was approached and co-facilitated the group with the assistance of the intervention worker.

Participants

The twelve registered intervention workers reflected a good cross-section of the total family intervention worker staff. There were a combination of relative newcomers to the program, as well as workers with a long association with the agency in this capacity. Due to the nature of contract workers, it soon became apparent that not all registrants would be able to attend each session. It became our task to develop a curriculum in a way that would be flexible enough to adapt to sporadic attenders without affecting the quality of training for more regular attenders.

Location

The location selected for training was the office of Southwest Child and Family Service office on Ness. This spot was chosen for its convenience to the workers involved in training and for the facilities and equipment available at this location.

Summary of Session Topics

Session One consisted of an Introduction to the training program and presentation by an agency administrator of the overview of an urban Child Welfare office with mandate and mission. This included an overview of the role of the intervention worker within this system and how this has evolved over time. We circulated the objectives of the training and talked about how the needs assessment process had resulted in these statements and ideas. The facilitators spoke about their personal hopes and biases about what would be achieved in these sessions. We also discussed and presented choices about the agenda for the following week.

In session two, we collected some pre-test data for the evaluation and facilitated an introduction piece to help the members of the group begin to get acquainted. We discussed some group rules, in terms of providing a framework for ensuring that workers all felt safe in terms of sharing with each other to enhance the group process. We had a discussion about the various resources available that we could include in the training and had workers prioritize the content under each objective (pp.82-83). We ended with a discussion regarding values, beliefs and ethics of family intervention workers.

In session three, Ms. Marg Dresler presented on the Attachment Process in children and its impact on children and how this affects adults in various ways in later life. Marg also addressed Separation and Loss issues in children and provided information with regard to resources for workers dealing with these issues. Another important feature that was a result of this process was that it may have heightened visibility of the internal agency

resources that may be accessed by intervention workers. Similarly, I believe Marg had an opportunity to interact with this group of workers in a way that she hadn't before and hopefully has more knowledge about this group of workers than she had.

The fourth session was the presentation by Heather Carruthers on Abuse Issues and really built on the information provided by the previous presenter on the attachment cycle. Heather explained how abuse relates to the attachment cycle and provided information on the history of abuse and how agencies have evolved in terms of responding to these concerns in families. Heather also provided some good resource materials for workers to make use of.

The fifth training session focused on Family Systems as a general heading. This included information on subsystems, communication patterns, hierarchies, coalitions, family structure, stages of family life cycle and family patterns. We began a discussion of understanding Healthy Families and left off with planning the following week's agenda.

The sixth training session was a full day and included a more complete discussion of the family systems information with a view to assessment. We felt that in order to understand families that weren't functioning properly, one needed to understand functional families. In order to facilitate this, we used videotaping and role play in order to practise looking at specific elements of family interaction and dynamics.

The seventh training session was another full day, which consisted of the cultural awareness session co-facilitated by the Aboriginal Elder and building on family strengths and competencies. The eighth and final session consisted of administering post-tests and course evaluations and more about intervention techniques.

The group had initially prioritized two content areas under each objective to be the initial outline for the training program. The group was invited to provide ongoing feedback in the manner of continuous evaluation to allow for modification of the curriculum if the content was not meeting the needs of the group. The content ideas would be drawn upon in the event that we had time to achieve more than these first two

priorities under each objective. As it turned out, the training sessions were successful in achieving the completion of all the initial content ideas prioritized by the group, although some to a lesser degree than others. The number of sessions unfortunately did not allow for us to go any further with the objectives than this. A more detailed summary of the training program may be viewed in Appendix C.

CHAPTER 8: EVALUATION OF NEEDS ASSESSMENT

Development of the Evaluation Instruments

In order to assess the effectiveness of the needs assessment process we relied on two types of indicators. Firstly, as alluded to in previous chapters, we regarded the participation of fourteen out of the twenty intervention workers interviewed in the training program as a significant indicator that the learning objectives identified reflected for at least these workers, issues that met their needs. Secondly, we developed some pre and post measures to try and determine the effectiveness of our work. Two pre and post tests were designed to try and gauge any changes in knowledge, attitude and application of knowledge throughout the training program. Another test was designed to solicit participants feedback in terms of rating and commenting on the course. These forms are in Appendix D for perusal. It should be noted that while it was important to use some type of measures to help us in evaluating the effectiveness of our study, these interpretations are not meant to be viewed in isolation of the qualitative results. In keeping with the principles of adult education, the main measure of success is to be able to inspire a keen interest and desire for further training. In some ways the analyzing of data is an academic process having little to do with the satisfaction of participating with these intervention workers who bring so much experience and commitment to their work.

The research design, a no control group pre and post test are vulnerable to threats of internal validity. For this reason, the qualitative data has much to do with the overall satisfaction with the project. There also were limitations imposed by the use of self designed rating scales. The scales were developed without much prior experience at using such measures and therefore are more at risk of measuring things we were not trying to measure or of not being diverse enough in the range of knowledge or attitude that it could be sensitive to.

Implementation

The pre measures were distributed for completion at the beginning of the second session. There was an emphasis on the fact that workers were assisting us in measuring the effectiveness of our program, not on worker performance. We also assured people that we would not share any individual results with agency personnel. The post measures were completed the last day the training was conducted along with the evaluation of the course form. These course evaluations were anonymous, but asked for the number of sessions the respondent had attended. Although we had fourteen intervention workers in attendance, they did not all attend all sessions, but came as workloads and schedules would allow. Therefore, it seemed important to know which information came from regular attenders versus occasional attenders.

Findings

ATTITUDE TEST RESULTS:

The attitude test was developed by Loretta Doyle and myself by composing some questions that would be important to workers in this position to have given some thought to. These were felt to be generally issues which do not have a right or wrong answer but do have a significant impact on how we view people with whom we work. In keeping with our philosophical position in developing a training program, we wanted to employ the more humanistic approach by encouraging self-actualization through examination and more awareness of personal values and beliefs.

Part A of the Attitude questionnaire was composed of nine short answer questions which respondents chose the degree of agreement or disagreement to, on a scale of one to five. Part B was a self-rating of worker's knowledge about family systems and personal style. Part C was a long answer question which attempted to look at application of knowledge in the area of family systems.

In analyzing the attitude test, Scaling Questions for Family Intervention Workers, we used the Wilcoxon Signed-Rank Matched Pairs Test to calculate the sum of positive difference, between the pre and post test medians in Part A. This number was then compared with a table to determine statistical significance at a .05 one-tailed level (Daniel, 1990). The following table shows the results of the group by question:

Table 8 - 1 Attitude Test Results by Item

| Question | Post-Test Median | Pre-Test Median | Rank | Sum of positive difference |
|-----------------|-------------------------|------------------------|-------------|-----------------------------------|
| 1 | 4 | 2 | 6 | |
| 2 | 3 | 2 | 2.5 | |
| 3 | 5 | 5 | | |
| 4 | 4 | 4 | | |
| 5 | 3 | 3 | | |
| 6 | 4 | 3 | 2.5 | |
| 7 | 4 | 3 | 2.5 | |
| 8 | 3 | 3 | | |
| 9 | 4 | 3 | 2.5 | |
| Total | | | | 17* |

* = Statistically significant n = 9 (respondents)

This table, then shows the difference in the scores of the group by question. Questions one, two, six, seven and nine showed a change from pre to post testing. Overall, the group results were statistically significant at the .05 one-tailed level, in that these results did not occur by chance.

In Question one, "It is my job to motivate the client", the group showed the largest degree of change. We felt that this question represented a sense of the worker's realistic limitations within their work, and role clarity. As this was one of the identified needs and the results were statistically significant, we felt that our intervention had been successful in this regard. This question was felt to relate to objective number one as stated on page 82 of this paper in developing a greater understanding of the value base of Family Preservation and the unique role of the family intervention worker within this system. In discussions with the intervention workers there was a great deal of frustration around this issue which also is influenced by the expectations of the referring social worker. In an attempt to do a job well, family intervention worker's can easily become frustrated by a client's non-cooperation and perceive this as a personal failure.

Question number two, "You can always work with an individual family member in a family-focussed way", was seen to relate to objective number two from the needs assessment data. This statement was designed to test for difference in one of our two primary agendas, specifically, to further develop and refine the knowledge essential to working with family systems. This was aimed at checking out our assumption that people from a child oriented educational focus, would have had less training in the area of family systems. As the family focus is essential to the successful operation of a family preservation program, we wanted to ensure a good understanding of how to employ this perspective even when the working contract is limited to a child or adolescent. The change in the group median reinforced to us that we had been accurate in targeting this as an area for development and that there was growth during training.

Question number six, "I am always able to present my opinions regarding case planning with the referring social worker, even if our opinions differ", was felt to measure the degree of confidence workers felt in collaborating with referring social workers. One of the goals of the project was to determine what the issues of intervention workers were. It was discovered as a result of the needs assessment that many workers feel unable to

voice their opinions or personal preferences regarding interventions. It also relates to objective number three, which talks about improving skill and competence and enabling the development of a personal yet systematic approach with clients. I feel that this item also reflects a sense that the needs assessment was accurate and useful in targeting this area as a need. The movement of the group median can be attributed to the training program, but we must also be aware that change could be a reflection of external factors such as a change in referring social worker.

Question number seven, "I always feel a sense of accomplishment when I finish a family intervention contract", relates to both objectives one and three. We were looking for some indication of whether workers could examine the values that underlie the necessity of being involved with a child welfare agency and feel successful when a family was able to operate independently. Conversely, if the intervention had not been successful from the family's point of view, could the intervention worker have a sense of completion from learning more about what situations are amenable to family preservation programs? We were also hoping to increase competence and skill level in termination with families in a way that fosters and seeks to maintain independence from mandated agency intervention.

Question number nine, "Most children are better off in their own homes", related to objectives one and three. The attitude spoke to the workers' belief in preserving the child in their own home. The intervention workers expressed a need to examine their role within the context of a Child Welfare based service and I believe these results are an accurate reflection of different people's experiences. We felt that this question would possibly be influenced by external influences such as what type of case you were most currently involved with.

The questions which did not show a change in group median, were numbers three, four, five and eight. It is possible that some individuals experienced significant growth that is not necessarily reflected by the group median. We felt that it was important to include a discussion of these questions and the objectives they reflected as well.

Question three, "When working with a family, it is up to my discretion to report an abusive incident that occurs within that family", in hindsight represents more of a knowledge test in that there is indeed a correct response. The degree to which workers feel comfortable with this may differ, but in reality there is an onus on workers to report such incidents. The question however, does not ask about comfort level, it asks if workers know that they must do this. As such, it does not really fit with the rest of the questions, in relating to our course objectives. I believe it may have been more appropriately placed in the context of the knowledge questionnaire. The fact that no group change was significant, is reflective of the fact that most workers would know this information.

Question four, "Clients have better information about their situation than professionals do", related to objectives one and two from the needs assessment process. We felt that this would be a means by which workers would begin to assess the impact of how their personal values may impact the client system and spoke to the issues of empowerment prioritized by the group under objective number two. The fact that no change was seen over the group median leads to several possibilities in terms of conclusions:

- a.) workers already had a good understanding of this principle
- b.) intervention did not impact on this belief
- c.) there may have been movement among individual responses that is not reflected by the group median
- d.) the purpose of the exercise was to examine values so even if change is not apparent, the process of examining one's own values and beliefs is still useful.

Question five, "I always ask clients questions regarding their culture/ethnicity" was one of the areas that stimulated the most interest among group members. We also were aware of a real range of comfort with this practise among intervention workers. In

observing the group dynamics over the period of the program, we felt there were some subtle changes with regard to people's comfort in this area and perceived need for more information. It seems likely that this value is socially learned and more emotionally laden than some of the others and therefore may be more entrenched or harder to impact. It follows then that although the scale may not have been sensitive enough to pick up small changes in such a short period of time, we cannot interpret this a necessarily a sign of failure to impact.

Question number eight, "There are more similarities than differences between clients and workers", relates mostly to objective number one. This question was aimed at again the values and beliefs of intervention workers and how these can impact the outcome of the case. The whole emergence of the area of Family Preservation in Child Welfare is relatively new in the sense that it seeks to operate with clients from a position of working with strengths rather than dysfunction. Historically, child welfare has operated from a paradigm of benevolence, implicit being the message that clients are not capable or don't know what they should be doing differently. The reality of being a recipient of *mandated* service serves to reinforce this perception by clients, but also by service providers. Raising this issue, was important in the sense that we wanted to accent the differences between these opposite paradigms and have workers think about how this alone could impact recipients of service. The lack of change in group median can again be explained by the possibilities mentioned above; lack of sensitivity to individual change, there was no change or worker already had a good understanding of this principle. What should not be underemphasized is that the process of change in this area may be slower to become obvious, but the act of examining these beliefs was the goal. Change is a possible result, but should be regarded as a bonus.

Part B, was the family intervention worker self-rating of knowledge in the area of family systems theory and in knowledge of personal working style. We compared the group median once again using the Wilcoxon Signed-Rank Matched Pairs Test in the pre

and post test situation. Although Part B was grouped with the attitude questions it is in fact a self-rating of knowledge. At the time of the design of the instruments I believe our thinking was that we would be looking for change in three different areas rather than focussing on one. The results of the following table will show that no statistically significant change at the .05 one-tailed level was achieved.

Table 8-2: Part B
Self-Rating of Knowledge by Family
Intervention Workers

| Question | Post-Test Median | Pre-Test Median | Difference |
|----------|------------------|-----------------|------------|
| 10 | 3 | 3 | 0 |
| 11 | 4 | 4 | 0 |

n = 9 (respondents)

The lack of difference between the post and pre test medians resulted in an inability to compute the sum of positive difference because there wasn't a difference in group score. This can be accounted for by several possibilities as have been mentioned in other areas; there wasn't any impact on workers self-rating of knowledge throughout the time of the project, there were individual changes that weren't reflected by the group medians or the self-rating measures themselves may be unreliable indicators on their own.

Part C, was a long answer question which looked for application of knowledge in a hypothetical case situation. Workers were asked to describe three things they would do in a hypothetical case employing a family systems approach and keeping in mind the principles of family preservation philosophy. In order to rate the answers, we formulated

an ideal answer and scored the answers jointly. To obtain a perfect score, workers were expected to mention the following aspects in relating their case plan:

1. Ask for client input in formulating or reviewing the contract goals.
2. Identify the present family strengths.
3. Assist the family with any appropriate concrete needs.
4. Provide information with regard to parenting and age appropriate expectations for children.
5. Connect the family with supports and community resources, thereby reducing isolation.

This question was rated out of a total possible score of five both pre and post training. We then looked for the differences in scores by the group. The results showed by the calculation of the Wilcoxon Signed-Rank Matched Pairs Test were also not found to be statistically significant at the .05 one-tailed level.

Table 8 -3: Part C
Application of Knowledge Gained

| Question | Post-Test Median | Pre-Test Median | Difference |
|----------|------------------|-----------------|------------|
| 12 | 2 | 2 | 0 |

n = 9 (respondents)

The reason for the lack of change in the group results might partly be attributed to timing in that the last day was on June 30th and was just before the long weekend. Many workers seemed rushed as they had clients to see before the weekend. It is also possible that it was early to see a real integration of skills as the course had just ended. One further possibility is that the examiners had inadvertently limited workers by asking them to name only three things that workers would do. Perhaps if we had asked them to name all of the

things or at least five things, there would have been more detail given. Had we done a pre-test of the questionnaire we may have discovered this prior to using them. In any event, the qualitative data shows a much more thoroughness in the answers and there did seem to be more organized and systematic thinking in how to approach this question on the post test. It could also be speculated that the nine people who responded to the pre and post test measure ratings were not all regular attenders. The attendance was different for each participant and out of fourteen participants only nine people completed both the pre and post measures. Some of these nine attenders had attended only occasionally which would logically bring down the group median and not reflect individual differences. The fact that there seemed to be more detail in the answers, seemed to reflect a difference in the pattern of thinking rather than specific knowledge. In order to better assess application of knowledge thought could be given to including the intervention workers' supervisor input in future studies.

KNOWLEDGE TEST RESULTS:

The knowledge test was composed of ten true or false questions which were geared to assess the degree of knowledge workers had in areas that would in our opinion, be important for intervention workers to have. The test results were a little less revealing in that none of the results calculated were statistically significant. We cannot then, assume that change did not occur by chance alone. In order to examine the results we used the McNemer Test which organizes the pre and post data into tables and then one calculates the Z score. We again used a table of normal distribution to establish if in fact the Z score was statistically significant at the .05 one-tailed level and none were, as shown in the table below. The following then, represents the group scores by item for the pre and post test referred to in Appendix D (p. 129) as, Questionnaire Number Two.

Table 8 - 4 Scores by Item on Knowledge Test for Group

| Question | #of people in right direction | #of people in wrong direction | No change | Z score |
|-----------------|--|--|------------------|----------------|
| 1 | 0 | 3 | 6 | -1.73 |
| 2 | 0 | 1 | 8 | -1.00 |
| 3 | 1 | 0 | 8 | 1.00 |
| 4 | 0 | 0 | 9 | 0 |
| 5 | 0 | 0 | 9 | 0 |
| 6 | 0 | 0 | 9 | 0 |
| 7 | 2 | 0 | 7 | 1.42 |
| 8 | 3 | 1 | 5 | 1.00 |
| 9 | 0 | 0 | 9 | 0 |
| 10 | 1 | 0 | 8 | 1.00 |

* Statistical significance must = +1.96 or more

In the above table one can see that there were some changes in score but that the majority of scores on most items, remained unchanged. Due to the high scores on the tests, we would speculate that we experienced a ceiling effect in that the test in terms of degree of difficulty, did not leave enough room to show significant growth. In terms of the needs assessment it is also possible that in a position such as the family intervention worker, where workers come with a lot of knowledge and life experience learning comes more with a change in attitude than directly as a result of new information. This hypothesis can be checked by a tabulation of the percentage of questions answered correctly by participants on the pre-test instrument. The following table shows these percentages.

**Table 8 -5 Percentages of Workers
Correct Answers on the Pre-Test**

| Question | Correct Answers in % |
|-----------------|-----------------------------|
| 1 | 100 |
| 2 | 100 |
| 3 | 89 |
| 4 | 100 |
| 5 | 100 |
| 6 | 89 |
| 7 | 34 |
| 8 | 56 |
| 9 | 100 |
| 10 | 89 |

n = 9 (respondents)

Questions number seven and eight were the only pre-test items below 89% in terms of correct responses by the group. This supports our belief that the questions left little room for growth, thus creating a ceiling effect. If this were the only measure we had, we would also need to question whether the needs assessment had accurately pointed to the needs of these workers.

COURSE EVALUATION:

The course evaluation is divided into the following four parts:

- Section one - course content:
- Section two - facilitators
- Section three - training format
- Section four - long answer question.

In order to look more closely at the results of this questionnaire, we calculated the mean, mode, number in each mode and standard deviation for each response of the first two sections.

Table 8 - 6 Summary of Group Scores for Evaluation Form

| Question | Mean | Median | Mode | Number in Mode | Standard Deviation |
|----------|------|--------|------|----------------|--------------------|
| 1 | 4.38 | 4 | 4 | 11 | 0.55 |
| 2 | 4.23 | 4 | 4 | 6 | 0.70 |
| 3 | 4.15 | 4 | 4 | 7 | 0.66 |
| 4 | 4.64 | 5 | 5 | 9 | 0.60 |
| 5 | 4.62 | 5 | 5 | 9 | 0.62 |
| 6 | 4.71 | 5 | 5 | 10 | 0.45 |
| 7 | 4.43 | 4.5 | 5 | 7 | 0.63 |
| 8 | 4.31 | 4 | 5 | 6 | 0.72 |
| 9 | 4.23 | 4 | 5 | 6 | 0.80 |
| 10 | 4.50 | 5 | 5 | 9 | 0.73 |

n = 14 (respondents)

The responses to questions four and six were the highest scoring items, which were; "Did the training have relevance to your work?" and "Were the instructors effective in creating a stimulating learning experience?" respectively. The fact that workers felt so positive about the relevance of the training to their work is interpreted as a reflection of the accuracy in the needs assessment in identifying relevant issues.

We used question three, "Did this training contribute to the overall knowledge and skills you hoped the program would provide to distinguish between positive and less positive raters. We then compared the participants responses with their ratings in Part Two to see if we could learn what particularly the positive raters liked or the other group didn't like. The following table reflects the results of this comparison.

Table 8 - 7 Comparison of Participants Scores for Question Three with Question Eight

| | At or Above Question #8 Median | Below Question #8 Median |
|------------------------------|---|-------------------------------------|
| Above Question # 3 Median | 6/13 or 46 % | 1/13 or 8 % |
| Below Question # 3 Median | 1/13 or 8% | 5/13 or 38% |

Question eight showed the lowest scores among the less positive raters for question number three. This question was about the instructors and asked; "Were the instructors able to illustrate practical applications of the course material?" Although these questions do not correspond directly to the needs assessment, I can comment on what this means from my recollection of the group reaction. It was observed that the sessions including role modelling and case presentation were clearly something workers found meaningful and expressed a desire for more of these, unfortunately given the scope of the objectives we were unable to achieve more in the time allotted to the training.

Part three asked participants about the way the training was scheduled, in terms of the full day, half-day combinations and length of the training over weeks. The responses were as follows: 36% of workers felt that the format used was fine, 29% of workers felt half-days were preferable and 36% preferred full days. 38% of participants thought the training was too short and 62% thought the length was just right. No one responded in the 'too long' category. From this we can deduce that the needs assessment was accurate in both the format of the training and the length as the majority of the participants were satisfied.

In part four, a number of long answer questions were asked with regard to additional comments. We have summarized the answers by question and noted frequencies for the most common comments. Question thirteen asked about a significant learning experience during the training. The following were themes that were identified:

1. a greater knowledge and understanding of different family therapy models
2. building on family intervention worker strengths
3. development of a peer support network and exchange of information
4. separation and attachment theory in children and
5. abuse issues in the Child Welfare context.

23% of respondents commented on each of the first three themes. The other two issues were slightly lower in popularity.

Question fourteen asked specifically about course content and the following themes were most popular:

1. course content was relevant to the family intervention worker role
2. the course was not long enough
3. a good range of content was covered.

39% of the comments related to the first theme mentioned which is a direct result of a good needs assessment process.

Question fifteen solicited comments regarding the instructors and the following were the most popular themes:

1. the facilitators worked well together
2. there was good use of humour
3. content was presented in a way that was adaptive to participants' skill level
4. mutual learning facilitation transaction occurred in keeping with adult learning theory

5. instructors were knowledgeable and well organized.

39% of participants commented on the first theme and thirty-one per cent commented on each of the items two through four.

Question sixteen asked what the agency should know if they were to run this type of training program again and the following themes emerged:

1. additional time required in order to explore more of the content ideas generated under the course objectives specifically under the third objective which was more specific in focus
2. financial compensation for attendance
3. interest in future training opportunities with a combination of agency social workers and family intervention workers

In general, what was most exciting is that workers appeared to be enthusiastic and excited about the training. The positive comments about the relevance and the sense that workers' own resources had been acknowledged was very complimentary. We chose not to look at the number of sessions attended in examining the data more closely, because most workers self-regulated in that they did not respond to certain questions which they felt they could not fairly comment on due to lower attendance. We also felt that all of the comments had merit based on even a few sessions.

Negative comments included: more role-play, more culture content, the course was too short and suggestions for involvement of referring social workers for future sessions. These were few in number but did correlate with our own sense of how the sessions could be improved. In prioritizing the objectives, we focussed much of the content on values and beliefs which was important in laying a groundwork for the course. At the same time, the thoroughness with which this was done resulted in less time on the third objective which addressed more specific skill areas.

Conclusions

In summary, the scales we used as pre and post test measures were limited in the sense that they are dependant upon the skill of the designers and as such are subject to threats of internal validity. For example, we cannot be sure that some other event such as a change in referring worker did not account for some of the change. The scales met our criteria for face validity on the basis of being representative of issues intervention workers would need in order to do their jobs well. However, the results that we did get combined with the comments and experiences we heard from the participants served to lead us to a few conclusions.

Family intervention workers are not very powerful within the agency context and as such are often limited in their ability to communicate clearly when negotiating case treatment goals. The desire for contract hours serves to impede the amount of negotiation in setting up a realistic contract for the client. More experienced workers often have found ways to achieve this communication while maintaining a good relationship with referring workers but their isolation prevents them from learning from each other on a day to day basis.

I believe it was a correct assumption on our part that knowledge was not the primary area of need for family intervention workers. This was borne out by the results of the knowledge test. In keeping with a humanist philosophy of learning, the purpose of our training was to assist workers with the development of their own personal style of casework, which was accomplished through the examination of values and beliefs. The analytic model of needs assessment similarly was geared to focus on improvement, therefore defining success criteria in advance is unnecessary. The changes measured by the attitude questionnaire, assures us that these changes did not occur by chance and that there was significant change. Perhaps, more relevant to the needs assessment process,

was the fact that workers indicated a high degree of satisfaction with the relevance to their unique roles in the agency.

The course evaluation results were satisfying in that there were few negative comments. According to Kazdin (1982), self-report measures are subject to response biases such as, "responding in a socially desirable fashion, agreeing, lying or others which distort one's own account of actual performance "(p.36). These factors are equally applicable to course evaluations. The negative comments were all geared to desire for more information on a special interest area, more time for training and the wish to participate in a similar training program with referring social workers. Although they were the most negative comments, they were offered from the point of view of having valued what was offered.

I share the perspective of many workers in wishing the training could have been extended. The amount of time it took to generate the extensive list of content ideas for training, combined with the time to establish common principles and philosophy, left little time for case practice and skill building which is often a priority for workers. It felt premature in some ways to end at the point that we did. It would have been a better investment of time for workers had we been able to cover the third objective in more detail. It was our position that the third objective couldn't be addressed well without objectives one and two established. Although I still agree with this, I would have liked to carry on to complete this last objective to a greater degree of satisfaction. I believe the course evaluation results confirm this was a shared frustration.

CHAPTER 9: DISCUSSION AND RECOMMENDATIONS

The purpose of this practicum experience was to learn the process of program development through a specific group of learners, family intervention workers. In order to do this effectively a number of steps were required. The following chapter discusses how the literature reviewed framed the experience and how the experience actually relates to the literature. In order to develop a relevant training experience for the family intervention workers at Southwest Winnipeg Child and Family Services, it was necessary to complete a process to determine needs and motivation.

This chapter also discusses the experience of completing a needs assessment with this group in relation to my learning goals referred to earlier in this document. These were essentially to learn the theory of program development, define the steps and learn more about the role of the family intervention workers including their needs and motivation to participate in training.

Family Intervention Workers

Part of our initial thinking about the development of a training program for family intervention workers was based on the lack of any formalized or standardized training for this group. The Child Welfare system, as it attempts to engage with families on the basis of family preservation principles, finds itself increasingly relying on these workers to affect change and avoid the placement of children. The social workers are encouraged to use these workers but have a mixture of experiences depending upon many factors, some of which include the specific skills and experience the family intervention worker brings to the case. As demands on the family intervention workers increase, there is more pressure to be able to respond to many types of family issues. Just as social workers require more training in order to enhance their skills and effectiveness, the family intervention worker

must receive training that comes from the perspective of a Child Welfare context committed to family preservation.

The literature defined two types of programs in this area, the crisis oriented and independence oriented (Frankel, 1988). The program at Southwest falls in to the independence oriented category. It was useful to use this framework as a guide in understanding more clearly the goal of the intervention worker which is essentially to bring the family to a point where it no longer requires service. The use of different staffing models was examined, and the agency uses the clinician-support worker team as defined by Soule and examined on page 12 of this document. The disadvantages to using this model are helpful in examining what specific issues workers are likely to experience in their work. Using this model requires an increased need for communication between team members which is often hard to achieve when case demands are high. This seems to be a common area that intervention workers experience as a concern.

These intervention workers are often, according to the literature, lay people with strong life experiences often including parenting and have established community networks that assist them in their work with clients. Intervention workers often experience a different relationship than their professional colleagues, as there is often a perception by clients that family intervention workers circumstances are closer to their own lives. In fact this was supported by the social workers that we interviewed. In many instances they perceive that intervention workers develop a much different relationship than they themselves do. This issue can also lead to conflict for intervention workers themselves, as they try to balance the roles of the mandated Child Welfare agency with that of a support to the family and often feel uncomfortable when required to report negative developments to the social worker. It was my observation that the importance of establishing philosophy and service goals of a family preservation program within a child welfare context in the form of a training component allows for a more complete understanding of intervention workers of the issues and dilemmas that are shared by their

professional colleagues. This type of project could assist with the communication between the two levels and more work could be undertaken with the team as a whole to complete the process.

Program Development

In terms of program development, I was unprepared for the vast area of research and orientations to this subject. In order to determine what the objectives of the training ought to be, the definition by Houle, regarding the interaction of six elements, was useful in indicating a way to begin this thought process. The literature suggested a need to know more about the context of the learners and the motivational factors for participants.

It was helpful to have a framework for understanding some of the possible barriers to participation in order that we could try and address as many of these as possible. For example, we felt that the lack of financial recognition could be a potential institutional barrier for contract workers as they could be in a position of missing opportunities for paying contracts by attending our training. We did try to negotiate this factor with the agency but without success. As a result, we modified our position of registrants needing to commit to attend all sessions to a more flexible position. This was much more helpful to workers in this position and made this barrier somewhat less of a factor. The half-day format that was used primarily was also a concession to the context of providing training to contract workers, so that they could potentially still work with families later in the day.

According to Pennington, it was clear that needs can be identified in different ways and that the preference was not to define it in terms of a problem, but more as an interest (1980). We were not wanting to be in a position of suggesting there were any problems with the intervention workers role, rather asking the question could it be enhanced by training?

Needs Assessment

The process defined by Barbulesco in Pennington (on page 38 of this document) was helpful in providing a framework of specific steps for conducting the needs assessment (1980). Following this format I will outline some of the most salient points to the planning of this project.

Our decision for myself to be the best person to implement the needs assessment as an outsider to the agency was a very good assessment and plan. As my colleague was employed by the agency, we felt she would be more subject to political issues, internal policies and perhaps less objective about the data and interpretations of these. In our discussions we often found that this was indeed borne out and that being an outsider was advantageous in analyzing the data objectively.

In determining motivation, we found a high degree of interest among all levels of agency staff but most especially among the intervention workers. In creating interest and support we endeavoured to involve all levels of the agency in the appropriate order and in a way that did not create unrealistic time demands. We asked the most time of the intervention workers themselves which is a reflection of the amount of investment they have in ensuring adequate information is given to effect a more relevant program. We also planned very deliberately to report back to different levels on an ongoing basis to ensure continued support. From our perspective we were successful in this area. We met individually with the Coordinator and Supervisor to report on the progress of training and to share topics and handouts that were covered. The feedback from the agency was positive regarding the attention to this process.

Partly we used the literature and partly our own experience in child welfare to identify some broad need areas. The techniques explained in the Methodology chapter were designed again to solicit the best information from all the stakeholders. We felt that a feeling of success and relevance to their working experiences were the two most primary

issues in developing a training program. The needs assessment techniques were designed to assist us in achieving those.

Collecting the data was an enjoyable activity as this group of workers are committed, knowledgeable, resourceful and fun. It was important to adapt to the needs of the workers by interviewing when it was convenient for them, so we had quite a few cancellations and rescheduled appointments. Two workers were eventually interviewed by phone as the process threatened to become an added pressure as scheduling became more and more difficult. In terms of a course curriculum, future projects could look to the combination of out of classroom and in classroom formats to deal with the issue of sporadic attendance. Although we attempted to deal with this issue with the resource material, it could be planned as a more formal part of the program design.

The data analysis was made easier by the consistency of the data received from the different levels of agency staff. There was a high degree of agreement in terms of suggested topics for training. The importance of analyzing the data was in understanding how these areas were relevant to each interest group. The critical incident question was most productive in this area. As previously mentioned this technique is found in the literature and yielded much process oriented data. It also got at more of the sensitive areas in an indirect manner. In ranking the needs we decided to convert the needs to objectives from the more abstract, value based philosophical to more specific, technique oriented needs. The reason for this is that in order to facilitate a better understanding about themselves as intervention workers operating in the context of a Child Welfare system, one needs to examine the underlying assumptions and beliefs. Similarly, in working with clients as a helper it is equally important to know one's own value base and biases before we look at others. By doing this we create a common starting point and begin to anticipate where potential problems might occur.

Conclusions

The experience of implementing the above process was very successful in convincing me that more attention should be paid to the whole area of adult learning and program development. When the process is conducted in a thorough manner, people have a higher degree of interest and the program should have a higher chance of success if it can accurately point to the experiences and needs of a particular population. I believe that the high ratings for the training delivery can be at least partially a credit to this process. In times of fiscal restraint, it is often a temptation for agencies to bypass this whole process or limit the involvement to a few and the results are often far from successful.

In researching and learning more about the specific population of learners the design and implementation become enhanced in a way that makes the training more effective and relevant. Family intervention workers play an increasingly larger part in the Child Welfare context and their issues are unique and require special attention if they are to be effective in their roles. Our information from all levels of the agency indicate that there are sound reasons for reviewing the structure of this program in terms of making the most use of this program. Full-time family intervention workers would offer several advantages to both ends of the service continuum. The intervention worker would be in a position to openly participate in case treatment goals with the client and referring social worker. Relationship building between the social workers and intervention workers would be easier, and the program could develop more specific areas of expertise consistent with their service goals. Although this seems to be an area the agency is hoping to go, to date there have been no changes to the program.

Recommendations

If a similar project were to be undertaken in the future I would make several suggestions as a result of our experience. I would recommend that the needs assessment process be conducted in a thorough manner, and also be conducted by someone external

to the agency. The goals of the needs assessment ought to be clearly defined in order to ensure cooperation by all levels of the agency.

Financial compensation would definitely have been an asset in working with contract employees. The agency is currently reviewing this system with a view to hiring some permanent workers. This would possibly address this issue for those workers but if there are still contract workers employed it would best be addressed.

The critical incident question was one of the most effective tools that we used and I would highly recommend it to a future trainer. I should note that in asking this question I feel that although it can be asked on a questionnaire, I used it as an interview question and recorded the answer myself. In this way, the worker was free to process the case example without worrying about how to put it down on paper. Time efficiency concerns could have also limited information as in the case of the long answer responses on the pre post measures. Analyzing individual responses offers a further risk to the process as observers may not interpret answers in the same way.

My association with my colleague, Loretta Doyle, enhanced my contacts with agency staff from administrators to clerical personnel. All of the staff were incredibly supportive and helpful and this was a definite advantage in implementing my part of the project. If a prospective trainer can make that kind of link, it would be an incredible asset.

In conclusion, I would recommend this type of experience for anyone who expressed an interest as these workers do a very difficult job not unlike their professional counterparts, social worker and managers. It is most worthwhile to have a part in any project that helps people feel they are valued and that it is important that they have the necessary supports in carrying out the duties that define their jobs.

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(Appendix A)



HUMBER COLLEGE



Calendar for all Post-Secondary and
Technical Certificate Programs for
1994-1995

School of Social & Community Services Programs

These programs provide training for students who will be working with people. Because of the broad range of topics covered in the curriculum of these four programs, many community-based occupational groups employ the graduates.

Although the majority of these programs have been established for close to twenty years, they continue to be flexible and dynamic.

Child and Youth Worker

Application Program Code 01041

Lakeshore Campus

Six semesters, beginning in September

This diploma program is for emotionally mature people who can easily form relationships and who are eager to grow both professionally and personally. The program prepares the student to work competently with disturbed children and adolescents (4 to 18 years old) and their families.

When a child or adolescent has psychiatric, psychological, emotional, or behavioural problems that affect them in their family, school, or community, the Child and Youth Worker works with the child or teenager and their family in settings such as Children's Aid Societies, open custody group homes for young offenders, residential and day treatment programs in Children's Mental Health Centres, special education classrooms, and psychiatric hospitals.

You will work with teachers, social workers, psychologists, or psychiatrists as part of a clinical "team". You will often be responsible for implementing the treatment or service plan developed by the team. You may work with children and adolescents singly or in groups and they may be withdrawn, depressed, violent, manipulative, seductive, have been involved with the law, have learning difficulties or family conflicts.

The Child & Youth Worker Program also offers its senior students the option to participate in a travel/study project on the island of St. Vincent in the West Indies.

Learning about West Indian culture develops skills which are helpful in working with people from other cultures. This extra area of expertise can increase the employability of our graduates in the human services field.

ADMISSION REQUIREMENTS

- an O.S.S.D. (Ontario Secondary School Diploma) at or above the general level, or equivalent, or mature student status
- grade 12 English (general level)
- written documentation from employers of at least 80 hours of paid or volunteer experience working with disturbed or normal children or adolescents in a treatment agency, co-op program,

school, day-care, summer camp or group home. This must be completed and received by the College prior to being interviewed.

- attendance at an orientation session which will include a group interview
 - programs in the School of Social and Community Services may take into account, for selection purposes, high school grades in English and/or family studies. Additionally, preference may be given to those candidates with a greater than minimum number of volunteer hours. Candidates may be required to satisfactorily pass an English assessment test/questionnaire/interview
- Please Note:** In the case of an oversubscription to a program, the college reserves the right to use an applicant's grade point average or to use individual course grades to determine which applicants will be offered interviews, auditions, etc. Grades and/or the results of mature student assessments may also be used as the sole selection criteria in some programs.

ADDITIONAL REQUIREMENTS

A medical certificate of health (to ensure freedom from communicable diseases) - **Please Note:** Applicants approved to this program are strongly urged to obtain a "hepatitis" vaccine prior to the field placement components of the program. Further details about the vaccine may be obtained by contacting the Health Services Centre.

In addition, employers who provide our field placement settings often require a police record check for criminal offences prior to acceptance of a student into a field placement situation. This may restrict the opportunities of field placements and impede students from completing the full program and/or securing employment.

A current first-aid certificate will be required prior to all field placements. In the case of oversubscription to the program, if all other admission requirements are equally met, priority may be given to individuals who already possess the first-aid certificate at the time of applicant assessment.

CAREER OPPORTUNITIES

The majority of entry-level positions involve shift work (weekends and evenings) in residential programs sometimes on a part-time or contract basis. Other positions involve work in day treatment programs, behavioural classrooms or work with families.

There has been and will continue to be a steady demand for Child and Youth Workers. Several years of direct service work after graduation is usually required before moving into more specialized or supervisory positions. For higher level administrative, management, and clinical positions, further education will often be required.

ADDITIONAL COSTS

Travel costs to and from field placements are the student's responsibility. The optional St. Vincent work study project also entails additional costs. There may be optional additional training opportunities available in Project Dare and Crisis Intervention (\$80. & \$40. respectively). Crisis Intervention Training is strongly recommended as an integral part of Child and Youth Worker education.

Textbooks and supplies will average \$300 per year.

CURRICULUM

| Semester 1 (21 hours/week) | | Credits |
|-----------------------------------|--|----------------|
| CYW.100 | Human Growth & Development 1 | 3 |
| CYW.101 | Introduction to Psychology | 4 |
| CYW.102 | Therapeutic Activities Programming 1 | 2 |
| CYW.103 | Community Resources and Legislation | 2 |
| CYW.104 | Introduction to Professional Skills | 2 |
| COMM200 | Communications 200 | 3 |
| HUMA024 | Humanities | 3 |
| GNEC | General Education | 3 |
| Semester 2 (25 hours/week) | | Credits |
| CYW.200 | Human Growth & Development 2 | 3 |
| CYW.202 | Therapeutic Activities Programming 2 | 2 |
| CYW.204 | Integrative Seminar 1 | 2 |
| CYW.205 | Field Work 1 | 12 |
| COMM300 | Communications 300 | 3 |
| GNEC | General Education | 3 |
| Semester 3 (24 hours/week) | | Credits |
| CYW.300 | Abnormal Psychology of Childhood & Adolescence 1 | 3 |
| CYW.301 | Child & Youth Work Methodology 1 | 3 |
| CYW.302 | Interviewing & Counselling 1 | 2 |
| CYW.304 | Integrative Seminar 2 | 2 |
| CYW.305 | Field Work 2 | 12 |
| CYW.306 | Assessment and Recording | 2 |
| Semester 4 (27 hours/week) | | Credits |
| CYW.400 | Abnormal Psychology of Childhood & Adolescence 2 | 3 |
| CYW.401 | Child & Youth Work Methodology 2 | 3 |
| CYW.402 | Interviewing & Counselling Skills 2 | 2 |
| CYW.403 | Psychology of the Family | 3 |
| CYW.404 | Integrative Seminar 3 | 2 |
| CYW.405 | Field Work 3 | 12 |
| CYW.406 | The Abused Person | 2 |
| Semester 5 (27 hours/week) | | Credits |
| CYW.500 | Family Intervention | 3 |
| CYW.501 | Group Dynamics 1 | 2 |
| CYW.502 | Treatment Philosophies 1 | 2 |
| CYW.504 | Integrative Seminar 4 | 2 |
| CYW.505 | Field Work 4 | 16 |
| CYW.506 | Issues in Child and Youth Work | 2 |
| Semester 6 (26 hours/week) | | Credits |
| CYW.503 | Human Sexuality | 3 |
| CYW.601 | Group Dynamics 2 | 2 |
| CYW.602 | Treatment Philosophies 2 | 2 |
| CYW.604 | Integrative Seminar 5 | 2 |
| CYW.605 | Field Work 5 | 16 |

**Appendix B
INSTRUMENTATION:**

1. Family Intervention Workers Interview Format

Thank-you for participating in our interviews to try and establish what kind of training might be most useful to family intervention workers. Although we hope that you will answer all of our questions if you are uncomfortable with some of the questions you may decline to answer them.

Demographics:

Position:

Salary per hour:

Gender:

Educational Level:

Age:

Specific Areas of Training:

1. What interested you in doing this kind of work?

2. How does your experience as an intervention worker fit with the actual job expectations? Are you doing what you thought you'd be doing?

3. Contract Information:

Length of Service with Family Intervention Program:

What is the average length of contracts you have worked with?

How many hours per week do these contracts involve at this time?

How many hours per week do you spend in consultation about these families? (ie-supervision)

4. *Critical Incident:*

Think back over the past year and identify a case you remember as one that caused you the greatest discomfort, pressure or difficulty. Tell me in summary, the following details about the case: a.) in what situation it occurred; b.) who all was involved (roles rather than personality) and c.) what was so significant about the incident as to cause you difficulty.

5. *Training:*

What training opportunities have been made available to you in the last year?

What would you primarily be interested in learning more about?

What would be the most convenient time for you to participate in a training program? (eg. a certain day of the week, evenings, weekends, etc.)

What is the most you could commit to in terms of time if a training opportunity became available?

Is there anything that hasn't been asked that would need to be in place in order for the training to be more accessible or desirable? Any other barriers to training that you can think of?

2. Interviews with Family Intervention Coordinators and Referring Social Workers (Group format)

This format will be used for both the Coordinators of the Family Intervention Workers and Social Workers but the interviews will be held separately. The Social Workers will be approached in the unit meeting format.

An introduction to be given of purpose of the needs assessment process as assisting in the design of a training program for family intervention workers. As referring social workers, they would have a lot of insight in to perceptions of which kinds of training would be most useful to workers in this capacity. However, discussion was not to include systemic issues such as the match meetings, availability or any issue that is defined by the agencies internal structure. This was emphasized by refocusing on needs that can be addressed by training. If concerns regarding these issues were to surface, workers would be reminded of the two processes underway which were undertaken to address these kind of agency concerns.

Questions:

How many of you have used the Family Intervention workers in working with families?

How many hours per week would you be in contact with the Intervention worker for supervision, communication, collaboration?

Are there any recurring patterns to the supervision needs that you have been able to observe?

In your opinion, what is the major role of the Intervention workers in the family setting?

What kind of training would in your opinion be most valuable to this group of workers?

3. Administrative Form:

What is your understanding about the need for training for Family intervention workers currently?

Do you have any thoughts as to what kind of training would be most valuable to them from an agency perspective?

What do you think would have to be in place in order for a training opportunity to seem attractive to these workers?

Is there anything else we should know in endeavouring to offer this opportunity that hasn't already been shared by you?

Appendix C

**FAMILY INTERVENTION
TRAINING CURRICULUM
OUTLINE**

FAMILY INTERVENTION WORKER
TRAINING CURRICULUM OUTLINE

SESSION ONE

DATE: May 12, 1994
TIME: 9:00 a.m. to Noon
NO. OF PARTICIPANTS: Eleven

I. Brief Introduction to training

- a) introduction of training
- b) necessary to start with guest speaker first (time constraints)
- c) overview of what first session might cover
- d) group input to prioritize content (overview of needs assessment vs. prioritizing course content).

II. Present child welfare context at Child and Family Services of Southwest Winnipeg

Guest Presenter: Mr. Gary Johnson
Resource Unit
Supervisor, Southwest Area
Winnipeg Child and Family Services

- a) Child and Family Services Agency mandate and areas of service provided to children and families.
- b) The unique role of family intervention workers in agency services.
- c) The history of the agency's present family intervention program and how the present family intervention role has evolved in Winnipeg Child and Family Services agencies.
- d) The importance of training for family intervention workers.
- e) The agency's future vision of the family intervention program.

III. Setting the context for training

- a) Circulate and discuss how proposed objectives and content of training program was developed.
(Handout - Proposed Objectives and Content of Training Program)
- b) Circulate and discuss consent forms for all participants.
 - i) Emphasize that participation is voluntary and participation or non-participation will not influence the assignment of agency contracts to family intervention workers.
 - ii) Discussions during training sessions are private and confidential and will not be used for employment evaluation or the assignment of contracts. For these reasons the family intervention coordinators will not attend sessions. Course content will be shared with intervention coordinators.
 - iii) Training program's development, implementation and evaluation is part of an M.S.W. practicum with the University of Manitoba.
 - iv) Group discussion regarding some video taping during training sessions.

IV. Trainers philosophical beliefs and personal goals regarding training program

- a) The unique role and contribution of family intervention workers.
- b) Hope is to assist intervention workers to develop a deeper understanding of your unique role and develop a greater sense of team.
- c) Commitment to concepts of adult learning practice as outlined by Brookfield (1986), (Six principles of effective adult learning practice).

V. Overview and discussion of process and data that was collected during the agency needs assessment (completed by Dawn Donnelly).

Group input regarding planning for next session.
Choices - prioritize course content

Choices cont'd . . .

- group discussion, choice of article "Who's Responsible for Change?" or "Questions for Reflection and Discussion".

Handouts: Family Therapy Networker, March/April, 1989, "Who's Responsible for Change" and from Theory and Practice of Counselling and Psychotherapy, Gerald Cory, Chapter fourteen, "Questions for reflection and discussion".

SESSION TWO

DATE: May 19, 1994
TIME: 9:00 a.m. to Noon
NO. OF PARTICIPANTS: Ten

I. "Scaling Questions For Family Intervention Workers".

Pre-Test forms explained and handed out for completion at session.

II. Introduction and getting acquainted

- a) Trainers share previous and present work experience.
- b) Group participants share family intervention work history and special areas of interest regarding family intervention work.

III. Establishment of group members' expectations or rules during training

- a) Confidentiality (within group and regarding clients and colleagues)
- b) Focus on course objectives
- c) Mutual respect

IV. Group discussion and input to prioritize two areas of course content under each objective

- a) Objective #1
- b) Objective #2
- c) Objective #3

V. Discussion of possible agency resources to provide training in the topic areas of separation and attachment issues for children and families and physical, sexual and emotional abuse issues in the child welfare context.

VI. Other business, planning for next session

- a) Video taping of sessions will take place on three separate occasions with the group's consent. Purpose and use of video taping discussed.
- b) Two pre-test evaluation forms will be used and circulated for participants to complete next session. Purpose and use of evaluation forms discussed.

- c) Discussion regarding the use and location of a suggestion box for on-going input and comments from training participants.
- d) Group input and agreement regarding next training session agenda.

VII. Group discussion regarding values, beliefs and ethics of family intervention workers

- a) Handout, "Questions for Reflection and Discussion" used. Group decision to start discussion with question 2 and include questions 8, 9 and 10 if time available.
- b) Group discussion regarding (question #2) the most important personal characteristics associated with effective counsellors (family intervention workers).
- c) Handout given regarding ethics.
Handout - Calvin and Hobbs cartoon.

SESSION THREE

DATE: May 26, 1994
TIME: 9:00 a.m. to Noon
GUEST FACILITATOR: Ms. Marg Dresler, Adoption Worker
Winnipeg Child and Family Services, Southwest
NO. OF PARTICIPANTS: Eleven

- I. "Questionnaire #2, Family Intervention Workers", pre-test forms, explained, and handed out for completion at session.
- II. Introduction of guest facilitator (internal agency resource) to discuss "Separation and Attachment Issues for Children and Families in the Child Welfare Context".

III. Separation and Attachment Issues for Children and Families

- a) Defining "normal" attachment in children.

Handouts:

- i) the arousal-relaxation cycle
- ii) attachment helps the child
- iii) observation checklist: What to look for in assessing attachment
#1: Birth to one year
- iv) observation checklist:
#2: One to five years
- v) observation checklist:
#3: Grade School Children
- vi) observation checklist:
#4: Adolescents
- vii) observation checklist:
Long-Range effects of normal attachment
- viii) checklist: Ways to Encourage Attachment
- ix) Discipline and Control Worksheet
- x) Additional Supportive Control Techniques
- xi) Questions for reflection regarding separation

- b) Separation and Loss Issues for children
 - Handouts: i) Separation/Loss
 - ii) Keleman's Loop
 - iii) Grief Stages-Children
 - iv) Problem areas
 - v) Mazlov's Hierarchy of Human Needs
- c) Case Example and Discussion
 - Handout: i) Case History
- d) Additional handouts given for further reading:
 - i) Cognitive and Personality Development
 - ii) Conscience Development
 - iii) How Your Child Grows Year by Year

IV. Planning for Next Session

SESSION FOUR

DATE: June 1, 1994

TIME: 9:00 a.m. to Noon

GUEST FACILITATOR: Ms. Heather Carruthers, Social Worker
Winnipeg Child and Family Services, Southwest

NO. OF PARTICIPANTS: Eleven

- I. Reminder that suggestion or comments box is located in Family Intervention work area at Corydon office.
- II. Introduction to guest facilitator (internal agency resource) to discuss "Abuse Issues in the Child Welfare Context".
- III. **Abuse Issues in the Child Welfare Context**
 - a) The history of the Manitoba Child Welfare Act.
 - i) 1921
 - ii) 1954
 - iii) 1974
 - iv) 1985
 - b) The history of Winnipeg's abuse services.
 - i) Police Abuse Unit
 - ii) Child Protection Center, Winnipeg Children's Hospital
 - iii) Child Abuse Unit, Children's Aid Society of Winnipeg
 - iv) City of Winnipeg, Abuse investigation statistics
 - c) The Secret Game and Discussion -
- a pairs exercise about sexual abuse disclosures of children
 - d) Indicators of Potential Child Abuse.
Handouts:
 - i) Indicators of a Child's Potential Need for Protection
 - ii) Sex Play and Young Children
 - iii) Handling A Disclosure
 - iv) Do's and Don'ts of Handling A Disclosure
 - v) On-going response to the sexually abused child

- e) How the loss cycle relates to child abuse
 - i) Discussion of "Keleman's Loop", as previously presented in Session Three with Separation and Attachment issues.
- f) Talking to Children About Child Abuse
 - i) N.F.B. film Good Things Can Still Happen (Good Things Can Still Happen book circulated for information)
Handouts:
 - i) Parent Education: How to Talk to Children About Touching Safety Without Scaring Them.
 - ii) If Your Child Has Been Sexually Abused: A Parents' Guide.
 - iii) Recommended Books And Materials For Teaching Children About Personal Safety.

IV. Planning Four Remaining Training Sessions

- a) Options discussed for full days and half days of training.
- b) Other resource material and guest facilitators discussed (Aboriginal Elder, CBC tape "The Trouble With Evan", Solution Focused Therapy Training Tape, Agency Area Director (Ms. Elaine Gelmon) speaking with group.

SESSION FIVE

DATE: June 9, 1994
TIME: 9:00 a.m. to Noon
NO. OF PARTICIPANTS: Seven

I. Guest Presenter: Ms. Elaine Gelmon, Area Director
Winnipeg Child and Family Services,
Southwest Area

- a) Elaine expressed agency appreciation and recognition of the family intervention worker training program and workers' commitment and interest in attending the training.
- b) Elaine also discussed some present agency activities that will impact the family intervention program.
 - i) Family Support Branch has released their report which reviews the family intervention program.
 - ii) Reports from three internal agency committees have been submitted to the management team which include recommendations about the family intervention program. These committees focused on three areas of service: services to children in care; services to families with young children and services to families with adolescents.
 - iii) Elaine also shared information regarding the family preservation committee which is represented by resource managers from all of the Winnipeg Child and Family Services agencies.

II. Assessing and Observing Family Dynamics from a Systems Perspective

- a) Family Systems Theory, general concepts
 - i) the family is a natural system
 - ii) all parts are interconnected
 - iii) the "whole system" is greater than the "sum of its parts"
 - iv) the importance of viewing "wholeness" and "organization" rather than the examination of individual "parts" in isolation

- v) family systems have a structure
 - vi) family systems have processes that operate within
 - vii) the importance of a focus on the interactional system rather than the individuals who are interacting
 - viii) the importance of a focus on patterns of communication rather than on content of communication
- b) All family systems are made up of individual subsystems
- i) differentiation and boundaries of individual subsystems
 - ii) lack of differentiation in individual subsystems
Handouts: Individual Subsystems Boundaries
- c) Individual subsystems join to form common family subsystems
- i) The spouse subsystem
 - functions
 - possible malfunctions
 - ii) The parental subsystem
 - functions
 - possible malfunctions
 - iii) The sibling subsystem
 - functions
 - possible malfunctions
 - iv) The extended family subsystem
 - functions
 - possible malfunctions
Handouts: Subsystems Within the Family System
- d) Family Structure In Family Systems
- i) Alignment coalitions and triangles in family systems
 - ii) Hierarchies and power in family systems
Handout: Family Structure
- e) "Normal" Stages of the Family Life Cycle and the Individual Life Cycle
- i) Between families: the unattached young adult
 - ii) The newly married couple
 - iii) The family with young children

- iv) The family with adolescents
- v) Launching children and moving on
- vi) The family in later life

Handouts: - Table 7-1, The Stages Of The Family Life Cycle
- Family Life Cycle, (Duvall's eight stages) Individual Life Cycle (Erickson's eight stages of psychosocial development).

- f) Family Patterns
 - i) Viewing and discussion of videotape from Concept Media Series, The Family: Family Patterns, part 2.

- g) Understanding Healthy Families
 - i) family goals or purpose
 - ii) boundaries
 - iii) roles
 - iv) power
 - v) rules
 - vi) communication

Handout: Family Development, Summary of Healthy and Dysfunctional families, Family Roles, Family Rules

III. Planning for next session

- Priorizing of assessment theory content

SESSION SIX

DATE: June 16, 1994
TIME: 9:00 a.m. to 4:00 p.m.
NO. OF PARTICIPANTS: Eight in a.m.
Six in p.m.

I. More About Assessing and Observing Family Dynamics from a Systems Perspective

- a) Overview and bridging material from last week and discussion of content material prioritized from last week.
- b) Family Systems Theory and Family Assessment.
- c) Effective Communication patterns.

Handout: Factors Influencing Effective Communication

- d) Circular Patterns in Family Systems
 - i) Circular Patterns
Handout: Basic Elements In a Circular Pattern, Detailed Circular Patterns
 - ii) Common Circular Patterns In Family Systems: Symmetrical; Complementary and repetitive "runaway" vicious cycles.
Handout: Common Circular Patterns (2 pages).
- e) Viewing The Individual As Part of a System
- f) Viewing The Family As A System
- g) Viewing The Family System As Part Of A Larger Social System
- h) Boundaries and Family Systems
 - i) Enmeshed family systems
 - ii) Disengaged family systems
 - iii) Clear or "healthy" boundaries in family systems
- i) Triangles in Family Systems
 - i) Common family triangles

- ii) Functional and flexible family triangles
- iii) Dysfunctional, rigid family triangles and coalitions.
Handouts: The Triangle, Triangles In Relationships (2 pages), Coalitions.

II. Family Assessment

- a) Viewing and discussion of videotape from Concept Media Series, The Family: Theories and Assessment, Part 4.

III. Developing Your Personal Theory of Healthy Family Functioning

- i) Use of the terms "normal" or "healthy" to describe family functioning.
- ii) The importance of becoming aware, developing and re-evaluating your personal theory of healthy family functioning.
- iii) Group exercise on flip chart, list characteristics of a "healthy family":.
- iv) Viewing and discussion of videotape from Concept Media Series, Perspectives On The Family, Part 3.

IV. Ways of Viewing Healthy Families, Definitions of Family Normality

- i) Normality as Health
- ii) Normality as Utopia
- iii) Normality as Average
- iv) Normality as Process

Lunch Break (end of a.m. session)

V. Application of Theory: Case Examples and Role Plays

- a) Presentation of child welfare case example with involvement of family therapist and family intervention worker.
 - i) Introduce and handout the Beavers-Timberlawn Family Evaluation Scale.
 - ii) Reason for referral
 - iii) presentation of family genogram

- iv) assessment process
 - v) role of therapist and role of family intervention worker
 - vi) establishing concrete and cooperative treatment goals
 - vii) overview of treatment interventions and sequence of treatment

 - viii) teaming issues between therapist, intervention worker and social worker (case manager).
 - ix) assessment of family functioning pre and post treatment using the Beavers-Timberlawn Family Evaluation Scale
- b) Presentation and role play of the "Gabby" family.

Handout: Case example

- i) preliminary family assessment and planning interventions
 - ii) role play of case situation
 - iii) evaluation of family functioning using Beavers-Timberlawn scale
- c) Presentation and role play of family situation described by member of family intervention training group.
- i) preliminary family assessment and planning interventions
 - ii) role play of case situation
 - iii) discussion of family assessment and treatment interventions
 - iv) evaluation of family functioning using Beavers-Timberlawn Scale

VI. Planning for Next Session

SESSION SEVEN

DATE: June 23, 1994
TIME: 9:00 a.m. to 4:00 p.m.
NO. OF PARTICIPANTS: Seven in a.m.
Six in p.m.

Guest Facilitator and Training Group Member during the morning:

Mary - Aboriginal Elder

Mary Graham - Aboriginal Family Intervention Worker and Training Participant

I. Cultural Awareness and Family Diversity

a) The Sharing Circle

- i) Smudge
- ii) Welcome, introduction and presentation of gift of tobacco
- iii) Opening prayer
- iv) Explanation of sharing circle, the "passing of the rock" and the "time of the moon"
- v) Mary, Aboriginal Elder begins the sharing circle and passing the rock
- vi) Sharing Wisdom, Culture and Spirituality through Aboriginal story telling and drawings
- vii) Picking individual rocks to remember the sharing circle
- viii) Closing prayer
- ix) Presentation of gifts to both facilitators and thanks.

Lunch Break (end of a.m. session)

II. Discussion and feedback from morning session

III. Gender Issues and Family Diversity

- a) Sex roles and Family Dynamics
 - i) The female role
 - ii) The male role

Handout: Sex Roles and Family Dynamics

IV. Building On Family Strengths and Competencies (Developing Intervention Techniques)

- a) Presentation, discussion and case examples to illustrate nine solution-focused therapy assumptions and techniques
 - i) Focusing on the positive facilitates change in the desired direction.
 - ii) Exceptions to every problem can be created by the therapist and client.
 - iii) Change is occurring all the time.
 - iv) Small changes lead to larger changes.
 - v) Clients are always cooperating.
 - vi) People have the resources to solve their problems.
 - vii) Meaning and experience are interactionally constructed.
 - viii) Actions and descriptions are circular.
 - ix) Therapy is a goal or solution-focused endeavor with the client as expert.

Handouts: Summary: Becoming Solution-Focused, Types of Client-Therapist Relationships, Goal Negotiation With Mandated Clients and The Criteria For a Well-defined Goal Worksheet.

V. Planning for Final Training Session

SESSION EIGHT

DATE: June 30, 1994
TIME: 9:00 a.m. to noon
NO. OF PARTICIPANTS: Six

I. Completion of post-test questionnaires.

- a) Both questionnaires explained and handed out for completion in session.

II. Building on Family Strengths and Competencies (Developing Intervention Techniques, continued)

- a) Viewing and discussing of videotape on Solution Focused Therapy Techniques.
- b) A Five Step Treatment Model and Intervention Techniques
 - i) Assessing and Building the Therapeutic Relationship
 - ii) Negotiating Well-Formed Treatment Goals
 - iii) Orienting the Client Towards Solution: How to Interview for Change.
 - iv) Solution-Focused Intervention and Delivery of Intervention Message.
 - v) Goal Maintenance: Strategies for Maintaining Progress.

Handouts: Working With The Problem Drinker, E.A.R.S. and Solution-Construction Worksheet.

III. Termination of Training Sessions

- a) Group feedback
- b) Closing remarks
- c) Discussion of goals for future training.

IV. Evaluation of Training Program

- a) Evaluation forms explained and distributed for completion at session or to be dropped off to Loretta at Corydon office.

Appendix D

SCALING QUESTIONS FOR FAMILY
INTERVENTION WORKERS

Name: _____ Date: _____

PART A Please rate your level of agreement/disagreement with the following statements.

- Key:**
- 1 = Strongly Agree
 - 2 = Agree
 - 3 = Neither Agree nor Disagree
 - 4 = Disagree
 - 5 = Strongly Disagree

1. It is my job to motivate the client.

1 2 3 4 5

2. You can always work with an individual family member (child or adolescent) in a family-focussed way.

1 2 3 4 5

3. When working with a family, it is up to my discretion to report an abusive incident that occurs within that family.

1 2 3 4 5

4. Clients have better information about their situation than professionals do.

1 2 3 4 5

5. I always ask clients questions regarding their culture/ethnicity.

1 2 3 4 5

6. I am always able to present my opinions regarding case planning with the referring social worker, even if our opinions differ.

1 2 3 4 5

7. I always feel a sense of accomplishment when I finish a family intervention contract.

1 2 3 4 5

8. There are more similarities than differences between clients and family intervention workers.

1 2 3 4 5

9. Most children are better off in their own homes.

1 2 3 4 5

PART B Please rate the following two questions on a continuum from 1 representing the least to 5 as the most in terms of knowledge.

10. Rate your overall knowledge of a family systems approach in your present family intervention work.

Not Knowledgeable at all

Completely Knowledgeable

1

2

3

4

5

11. How would you rate your overall understanding of your personal style as a family intervention worker? (ie: What clients you work best with, how you impact clients)

Very little

A great deal of understanding

1

2

3

4

5

PART C Consider the following situation and provide a brief summary of your intervention. Please limit your answer to one-half page in the space provided.

You have been assigned a new contract to work with a single parent and two elementary school-aged children. The goals established between you and the referring social worker are:

1. To help the parent gain a greater awareness of normal child development and;
2. To assist the parent to develop more positive parenting skills.

List three things you would do with this family.

QUESTIONNAIRE # 2
FAMILY INTERVENTION WORKERS

Name: _____ Date: _____

Please indicate whether you think the following statements are true or false by circling the appropriate word.

1. I think that it is always best to tell clients my own family background.
True False

2. Family Intervention workers and Child Welfare Social Workers have the same skills in working with children and families.
True False

3. Sometimes I know what is best for the client, but it's more effective if the client finds their own solutions.
True False

4. An acting-out adolescent is often recreating dynamics that existed in their family of origin.
True False

5. A child who has experienced multiple moves without any apparent distress, may be showing signs of attachment disorder.
True False

6. For a child to be sexually abused by an adult there needs to have been physical contact.
True False

7. One in ten boys in Canada are abused before the age of 18.
True False

8. Male adolescents raised in a female headed single parent family also require parenting from a positive male adult.

True

False

9. In a single parent family it is necessary for the eldest child to take on a parental role?

True

False

10. An ideal contracting process with a client, should allow an opportunity for the client to effectively challenge treatment goals.

True

False

EVALUATION OF TRAINING PROGRAM

In order that we may learn from this experience, it is important for us to have your input. Please take a few moments to complete the questionnaire and we will endeavour to pass on any recommendations that would assist the agency in planning any future training.

How many of the training sessions were you able to attend? _____

COURSE CONTENT:

1. Were learning objectives clearly stated for the course?

| | | | | |
|------------|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | | | Completely |

2. Did the training meet your personal learning objectives (expectations)?

| | | | | |
|------------|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | | | Completely |

3. Did this training contribute to the overall knowledge and skills you hoped the program would provide?

| | | | | |
|------------|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | | | Completely |

4. Did the training have relevance to your work?

| | | | | |
|------------|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | | | Completely |

5. Did you find the handouts useful as a learning resource?

| | | | | |
|------------|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | | | Completely |

FACILITATORS:

The instructors were:

6. ...effective in creating a stimulating learning experience?

| | | | | |
|-------------------|---|---|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | | | Completely |

The instructors were:

7. ...able to draw on the work and life experiences of students to enrich the learning in the course?

| | | | | |
|-------------------|---|---|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | | | Completely |

8. ...able to illustrate practical applications of the course material?

| | | | | |
|-------------------|---|---|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | | | Completely |

9. ...able to integrate handout materials in classroom presentations?

| | | | | |
|-------------------|---|---|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | | | Completely |

10. ...well organized?

| | | | | |
|-------------------|---|---|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | | | Completely |

FORMAT:

11. Were the half-days and full-day sessions an acceptable combination for you?
Circle one.

| | | | |
|-------------|----------------------------|----------------------------|--------------|
| 1 | 2 | 3 | 4 |
| Okay | Half-Days Preferred | Full Days Preferred | Other |

12. Was the length of the training program...

| | | |
|------------------|-----------------|---------------------|
| Too Short | Too Long | Just Right ? |
|------------------|-----------------|---------------------|

Thank-you so much for your attendance, your involvement and your cooperation!

Loretta and Dawn