

NEEDS ASSESSMENT OF CHILD & FAMILY SERVICES
IN
ST. JAMES

A Practicum
presented to
the Faculty of Graduate Studies
University of Manitoba

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Patricia Anne Ferris



May, 1986

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PATRICIA ANNE FERRIS

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Chapter I

INTRODUCTION

Trend to Community Based Services

Historically, child welfare service delivery approaches have focused on the individual. Intervention generally consisted of the removal of a child from a harmful environment. (Manitoba Department Community Services and Corrections, 1983). During the fifties a shift from individual to family-focused service occurred (Manitoba Department of Community Services and Corrections, 1983).

A need for increased accountability, increased consumer participation, and the increase in life stress experienced by families today have led to the search for a more responsive service delivery system (Brown et al, 1982). As a result, recent trends in service delivery in child welfare have been to provide family-focused intervention from a community and neighbourhood base.

Ecological theory which has formed the framework for the Community Mental Health movement is being utilized to provide a framework for community-based Child Welfare services. (Laird, 1979) (Brown et al, 1982).

Ecological theory of Practice states that the entire range of influences on an identified client, whether the client is an individual, family, group, or community, is important to that client's adaptation. (Holahan et al, 1979), (Wilkinson, O'Connor, 1982).

Transactions between clients and larger systems are seen as the proper focus of intervention. People are seen as existing in an interdependent state. There is an interplay between person and environment. Therefore change in one part of a system will affect change in other parts. (Murrell, 1973).

Community-Based service delivery is viewed as a method of operationalizing ecological principles. (McCulloch, 1980). In Winnipeg, community-based services providing family-focused services, responsive to the specific needs of individual communities have been recommended for child welfare services. Service delivered is envisioned as being neighbourhood based within these communities in the form of Resource Centre.

Decentralization

De-Centralization of the Children's Aid Society of Winnipeg (CAS Winnipeg) was the first step toward the redevelopment of community-based child welfare services in Winnipeg. The subsequent reorganization of child welfare services has seen the development of six new Child and Family Service Agencies. These agencies have begun the process of establishing themselves as independent agencies and have begun the administrative and managerial process of policy development and program planning for their respective areas.

Little is known about each of the regions as separate communities. The new agencies are as a consequence faced with beginning at the formative stage of program planning. The formative stage of program planning is that stage where assessing needs and designing programs responsive to those needs identified takes place.

Planning

The first step in formative evaluation, is planning. The first step in the planning process, needs identification is an essential undertaking to ensure sensitivity to local needs and to encourage consumer support of programs as well as to establish a communication link with the community (Rossi, 1982). These steps are consistent with the values espoused by various planning committees involved with the re-organization of child welfare services in Winnipeg: responsive programming and consumer involvement in this process.

It therefore would follow that the new agencies would wish to identify the particular needs of the community they serve.

Rationale for Needs Assessment

One method of assessing community needs is the "Community Oriented Needs Assessment" model, "CONA", (Neuber, 1981). This approach to needs assessment is designed to collect data from three sources: consumers of services, key informants, and social indicators. This method results in the extensive collection of information about a particular community. Information collected can be useful to the Board of Directors of the new agencies for the purpose of decision making regarding program planning.

Social Work Involvement

Social Work as a profession has a history of involvement in mediating between persons and their environment. Social Work has developed specialized skills, as well, in the specific management and study of human services and social policy and programming. Therefore, social workers are a logical choice for involvement in the determining effective program delivery in the social services.

Therefore it seems fitting that student's Master of Social Work practicum would consist of undertaking the necessary activities to provide the Child and Family Service Agency of Winnipeg-West (Winnipeg - West) with information that would inform program planning. These activities took the form of a practical application of a modified version of Neuber's (1981) Community Oriented Needs Assessment.

Therefore, the goal of student's practicum was to provide useful information to the Executive Director and Board of Directors of the Child and Family Service Agency of Winnipeg West, which reflects local circumstances in a neighbourhood within the St. James area, for the purpose of program planning.

Objectives

1. Define geographically the St. James area by examining:
 - a) municipal definitions
 - b) school divisions boundaries
 - c) census tract information
 - d) historical definitions
 - e) agency boundaries.
2. To identify the need for community-based child and family services in the St. James area by:
 - a) Establishing baseline data about the population, rates of child abuse and neglect under treatment, and general community problems through examination of social indicators derived from existing demographic data:
 - Statistics Canada
 - Winnipeg Social Planning Council
 - CAS Winnipeg and West Region Child and Family Services statistics

- b) Application of a modified Community Oriented Needs Assessment model (Neuber, 1981) to a random sample of the general population in an identified neighbourhood within the St. James area. The neighbourhood selection is to be undertaken in collaboration with board members based on information obtained from available demographic evidence and discussions with key agency staff.
 - c) Application of a modified CONA survey questionnaire of key informants within the St. James area. Key informants are to be derived from an existing resource list developed by BSW students in Community Services placement in St. James and will lead to...
3. Resource identification within the St. James area by updating existing resource lists.

Learning Goals

1. Students learning goals were to acquire an understanding of needs assessment literature .
2. To develop skill in the application of needs assessment framework.
3. To become familiar with the demographic profile of the community for study through statistical indicators.
4. To compile a literature review including the concepts of Planning, Community-Based Services, Network Theory, Ecological Theory, and Needs Assessment.
5. To enhance knowledge and skill in the implementation of program planning activities.

Format for Report

Chapter 2 will review the literature pertinent to the development of community-based services and to the implementation of the needs assessment. Chapter 3 will provide an overview of the practicum and will deal specifically with the Needs Assessment study. Methods, Results, Discussion and Study Recommendations will be examined in Chapter 4. Chapter 5 will examine the Outcome Evaluation of the practicum and Chapter 6 will summarize this report.

Chapter II

LITERATURE REVIEW

Ecological Framework

Ecological theory as applied to human service delivery recognizes the importance of social and familial factors in the treatment of problems. (Wilkinson, Connor, 1982). (Holahan et al, 1979).

The concept of ecology stems from the biological sciences. In biological sciences ecology refers to:

"the relationship between living organisms and their physical and biological environment and the formalization of the natural rules by which those interactions are governed." 1

Ecology within the human service framework focuses on the environment, particularly social systems and examines the;

"...transactional relationship between the individual and environment." 2

According to Holahan (1979), the ecological perspective may be applied to problem analysis at many levels including:

"role relationships in an organizational setting
the effects of physical environment on behavior,
and the pervasive influences of culture and
history on community services." 3

Historically, the theoretical foundation of this approach may be traced to Lewin's field theory in the mid thirties and the work of

Park and Burgess in the twenties. (Wilkinson, 1982), (Holahan, et al, 1979). Lewin hypothesized that a person's behavior was determined by both individual characteristics and the structure of the situation in which the person was imbedded. (Holahan, 1979). Barker extended the ecological principles to include the total community. (Holahan et al, 1979).

According to Holahan et al (1979) the ecological perspective began to be reflected in the community mental health movement during the sixties. The community was conceptualized in terms of social systems and drew on general systems theory as a framework for understanding community dynamics.

Katz and Kahn (1966) state :

"a system is viewed as an organized whole unit which includes the interactions of its interdependent parts and the relationship to the environment". 4

Systems theory recognizes that the system functions as more than the sum of its parts. The relationship of components of a system are considered important and are viewed as interdependent where any action from one component will affect other components. Inter-systems relationships are viewed in the same manner. Systems may be more or less permeable to information exchange with their environments.

Murrell (1977) identifies four general assumptions that define ecological theory:

1. Social systems affect individual behavior. According to Murrell the term social system refers to a:

"consistent network of interacting relationships between persons with the person considered as units of the system, above and beyond their individual characteristics." 5

People are viewed as existing in an interdependent relationship with others in their social system and whose behavior affects each other. A change in one part of a system will produce a change in the other parts. The relationship between the social system and the individual member is thus viewed as interactional.

Functional social systems maintain a consistency in behavioral style and a continuity of norms (stability) yet are able to change to meet the needs of its members. This would then imply that should an agency decide to become involved in the design of new social systems, they must recognize the importance of both change and stability for the community and should therefore attempt to build in feedback mechanisms that will facilitate change without a great deal of disruption of stability. (Murrell, 1973). The CONA model attempts to build in a two-way communication mechanism between the community and the agency. Therefore, it is hoped that needed change can occur without undue stress to the community.

2. Social reform. There is a commitment by ecological theorists to changing social organizations that deny individual needs and potentials via the promotion of citizen participation in policy and decision making.
3. Social systems are targets for change. Pathology is seen as the result of transactions between the individual and their environment. Intervention is aimed at developing better accommodation between systems and its members.
4. The proper setting for problem analysis and intervention is the natural environment.

However, social systems theory does not thoroughly explain the interrelationship of the individual and the social system (Holahan, 1979). Thus the system view has been broadened and an ecological perspective been developed. This is reflected in viewing adjustment in terms of the person-environment fit and focusing on effective coping rather than pathology.

Holahan et al (1979) identify several important implications of ecological theory in community mental health practice that can be applied to other human service delivery fields. The focus on environment supports interventions aimed at strengthening or establishing networks of social support. An important element of this developing such a network is the involvement of:

"...concerned community members in planning, volunteering, and offering housing of work opportunities." 6

As well the transactional emphasis supports interventions that increase individual competency for dealing with their environment.

Wilkinson and O'Connor (1982) identify the basic definitions and assumptions of the ecological perspective.

1. The unit of evaluation and intervention is the population and its environment.
2. The focus of intervention is interaction between a person and their surrounding environment.
3. Intervention can take place at several levels from individual components to the broader systems components but that the larger systems should always be considered.

Both Holahan et al (1979) and Wilkinson and O'Connor (1982) emphasize that existing therapeutic techniques are not discarded with the ecological perspective but rather the appropriateness of each technique is considered for each situation.

Compton and Galaway (1975) state that ecological based social work practice focuses on the transactions and communications which take place between individual members and

"the system within and outside their neighbourhoods

are of primary importance in directing intervention" 7

Since the ecological perspective views pathology as the outcome of transactions between individuals and the surrounding social systems, ecological based practice explores the ways in which parts of the whole interlock. Therefore the focus of intervention is the naturally occurring systems within a particular environment.

McCulloch (1980), in discussing the ecological approach to service delivery in community mental health identifies three basic practice assumptions of the ecological perspective.

1. Any situation is an interdependent system where any change in one aspect of the system impacts on all other aspects of that system.
2. Populations are most often defined by geographic boundaries naturally occurring groups or developmental stages in life span rather than by the existence of a common problem. Problems are viewed as opportunities that may motivate change.
3. Increased access to resources is facilitated by making existing resources available to more people and by increasing the number and types of available resources by undertaking activities that diminish the discrepancy between an existing situation and a desired goal.

Out of these assumptions McCulloch develops four principles for practice based on the principles of natural ecology, that operationalize the ecological theory in program development.

1. Adaptation

- a) Support systems relevant to prevailing cultural and social norms of the target systems should be identified and utilized.
- b) The environment and people are seen as sources of support. Attempts should be made to enhance the involvement, support, and understanding of local citizens in program delivery.
- c) Needs Assessment should be undertaken to ensure that programs reflect the potential consumer's needs and values. Such information should be solicited from many perspectives.
- d) Resources are used to increase the adaptation of the population to the environment.

2. Interdependence

- a) Opportunities and settings that create expanded role functions and provide appropriate contexts for some behaviors should be developed.
- b) Ongoing communication links with groups and individuals upon which the program is interdependent should be established.

3. Resource Cycling

- a) Basic physical and emotional resources should be established.
- b) Opportunity to learn new skills and to develop competency with life skills should be established.

4. Succession

- a) Feedback should be used to continually modify programs.
- b) Future resources should be generated to ensure program survival.
- c) Historical information should be utilized to benefit from past experiences.

Laird (1979) approaches service delivery in child welfare from an ecological stand point and identifies the biological family as the focus of service delivery. However, Laird states that family centered practice must be supported by energies and funds that contribute to the maintenance of children in the natural family. Laird acknowledges that out-of-family care will still be required but emphasizes that when temporary care is required that placement systems that are least disruptive and closest to the natural family should be available. Services should be established that range in a continuum that would include extended family, neighbours, foster care, and institutional care. Maintenance of family ties if possible while the child is in care is recommended. Ultimate intervention goals should be to reunite the family. Consistent with the ecological perspective, Laird recommends more open adoptions and support services to children of adoptions and their families.

Brown et al (1982) adopt a family practice model of service delivery conceptualized within a larger ecological perspective in child welfare service delivery.

"Family practice has adopted the ecosystem perspective to the needs of family and children's services by making the family the focus of study, assessment and change". 8

The authors state that although traditionally child welfare services were child centered and that intervention tended to consist of the removal of children from harmful environments, changes that have occurred to the structure of family life in modern society have necessitated the development of new objectives and methods in child welfare practice. By reconceptualizing child welfare service delivery

from the ecological perspective practice is seen as better able to meet the changing needs of families, the service network, and the community.

The goal of this approach to service delivery is the improvement of transactions that occur between the individual and their environment by strengthening their coping and adaptive capacities and by improving the environment within which the family lives. This approach may include work with individuals to ease life events, may involve developing community resources and services that better serve families. Thus the authors see the unit of service, the family, as being manageable for the practitioner while maintaining the comprehensiveness and flexibility of the ecosystems framework.

To operationalize the ecological approach in child welfare, community-based services at the neighbourhood level are recommended. Neighbourhoods, according to the authors may or may not be geographically defined but each constitutes an:

"...intimate and intense pattern of characteristics
and interactions that affect the lives of residents" 9

The primary aims of neighbourhood based family centered practice are:

"...to prevent separation, and whenever possible to
achieve permanent family status for children who must
live apart from their families of origin". 10

Community-Based Service Delivery

The concept of community-based service delivery in child welfare in Manitoba grew out of the recommendations of a number of studies completed over the past ten years.

"...in Manitoba this committment is expressed in the renewal of Child and Family Services both in the form of regional services with community-based, volunteer boards...This implies a long-term committment to community development in order to make and maintain linkage with the local communities which are to be central to the new system." 11

This approach essentially reflects an ecological approach to service delivery. Key developments in the operationalization of this approach were:

- "1) The development of community-based child and family services to resolve the extreme centralization and isolation of service organizations which had developed in Winnipeg.
- 2) The creation of six community-based agencies in Winnipeg to ensure service providers accountability to the community they serve." 12

Based on the material included in the Planning Manual: Restructuring of Child and Family Services in Winnipeg, (1983), the characteristics of a community-based service delivery system in Winnipeg include:

1. Services are family-focused within the secondary setting of the community. Family and children's needs are to be met within the community.
2. Communities are to be defined by naturally occurring boundaries.

3. Consumer participation in needs identification, policy and planning, and programming is to be facilitated by community board representation. As well culturally appropriate service delivery is ensured.
4. Mechanisms for consumer feedback will be implemented to increase accountability.
5. There is a commitment in both policy and funding to preventive services with particular emphasis on neighbourhood resource centers as the means of service delivery.
6. Comprehensive service delivery will provide for a continuum of services to the community and will encompass prevention, development, treatment, and rehabilitation. Services designed to support, supplement or substitute parental care will be available.

Definition of Neighbourhood

The concept of neighbourhood may be defined in many ways (Froland et al, 1981). Brown et al, (1981) has defined neighbourhood in terms of characteristics and interactions. However, the definition of neighbourhood on which many social agencies choose to base their interventions on is,

"...the neighbourhood with which one identifies in response to the question "where do you live" or which has a generally agreed upon name or forms the basis action..." 13

Thus neighbourhood is defined in terms of a locality. The population of such an area can vary widely. (Froland et al, 1981).

A neighbourhood approach to service delivery is generally appropriate when, 1) the community is relatively homogenous in terms of ethnicity, social and age status, 2) when shared cultural traditions exist, 3) where the neighbourhood has a relatively stable population as opposed to a transient population and, 4) where there are settings that provide opportunities for organized social contacts such as churches and volunteer organizations, etc. which serve a limited local area. (Froland et al, 1981)

A neighbourhood based approach where appropriate has the prime advantages of allowing the agency to deal with the area as an ecological system rather than simply with individuals.

Network Approaches to Service Delivery

Current trends in the use of the neighbourhood as the base for service delivery have seen the re-birth of the use of non-professional and self-help approaches to service delivery.

Network is a concept used to describe the structure of relationships among a particular set of individuals as well as specific exchanges which take place among them and the roles they play to each other. Many theorists in this area see social support as especially important during life transitions which entail loss of significant support and at times when a re-orientation of network supports is necessary. (Froland, Pancoast, Chapman, Kimboko, 1981). (Saulnier, 1982).

Within these networks are sources of informal help which Froland calls informal helping networks. Networks consist of various sub-groups such as family, friends, neighbours, and work of social contacts each of which may form part of a helping network.

A helping network is that set of social relationships which provide care, support, and other forms of assistance for people who experience problems which may also be of interest to human service professionals, (Froland et al, 1981). Self-help can be seen as a substitution for vanishing social structure such as the extended family. Gottlieb (1980) views social support as "stress buffering".

Crisis theory indicates that;

"when people experience the emotional and cognitive uncertainties accompanying life crisis, they have a need to share and compare their own reactions and beliefs with others, preferably with persons currently or recently experiencing similar events...when they do so there is a moderation in the amount of stress they experience". 14

Network theory provides the basis for a rationale supporting preventative interventions that provide this moderation.

Informal networks are considered a fundamental first line of defense and a building block for social intergration. However, informal networks do not provide enough care for enough people when compared with formally organized services (Froland et al, 1981). As well support networks can become overburdened leading to withdrawal of support: networks may lack resources and knowledge for dealing with certain problems. On the other hand formal systems are often unable to respond to idiosyncratic needs and may be demeaning to accept. In formal systems a person is defined solely as a recipient, in the informal network there is an assumption of mutuality. In short, professionals may be best able to handle problems requiring technical knowledge, expertise and objectivity

while the informal sector can respond to problems requiring long-term adjustment and emotional support (Froland et al, 1981).

"It seems clear, however, that no one source of care - public, private or volunteer can by itself adequately meet the needs of dependent populations" 15

These two systems can operate together and may work best under collaborative conditions, based on shared responsibility. Gottlieb conceptualizes the dilemma.

"which people, with what skills on what occasion ought to be mobilized on behalf of persons with what skills and help seeking preferences" 16

This collaboration can best be accomplished through the development of links with informal helpers in the neighbourhood. To facilitate the development of these links a change in the traditional professional role is required. Flexibility and sensitivity to the needs of informal helpers and respect for their area of expertise are necessary. Autonomy in decision-making by front line staff and de-centralization of authority are necessary.

Network theory indicates that informal caregivers in a personal network made up of families, friends and neighbours remain the primary reference point for those seeking and obtaining help (Froland et al, 1981).

Perlman (1975) notes that there is a North American tradition for people who attempt to cope with problems on their own or to seek help from friends, relatives and neighbours. Only when these efforts fail do people turn to formal organizations.

According to Froland, informal helpers can provide; care-taking-material assistance, help with children and housework; friendship - chatting and emotional support, problem-solving - advice, linking with others who can help and; joint-action - a cooperative communal setting.

Created relationships can be especially useful for people who are isolated and lack flourishing networks. The task in created relationships is to strengthen informal helping activities and to enlarge the channels of access to formal services. Roles are developed that serve as bridges between formal and informal services (Froland et al, 1981).

Created relationships are those relationships where help is exchanged between people whose relationships are initiated by an agency to meet a specific need. The aim is to develop an informal helping system for people where none exists or where the informal helping system is ineffective (Froland et al, 1981).

Created relationships, according to Froland, are fairly simple for agencies to work with as these helpers can be recruited by advertising, referral, and even from the client group. However, created relationships do require a good deal of agency involvement to implement, and maintain. Created relationships seem to work well for short-term problem solving (Froland et al, 1981).

Volunteers are probably the most familiar of this type of help. This form of help is usually stranger to stranger links and is usually initiated through a formal organization. A clients' need for intimate support can be best fulfilled by an individual with a similar background or experience. Often this person can act as a role model. A major drawback of this approach is the problem of creating successful matches.

Another type of created relationships is mutual aid. These relationships are created by the development of links between individuals who share common problems. This approach promotes normalization and social integration, and builds confidence and self-esteem in sharing problems and helping others (Froland et al, 1981).

Gottlieb states that mutual aid networks can help people better understand the circumstances surrounding the life events or transitions they are facing, assist in exchanging another's effort at behavioral and attitudinal change, reduce feelings of uniqueness regarding their problems and establish new norms to support one another's revised social identities.

People can find and provide support without feelings of stigma or dependency. Participants are encouraged to take responsibility for their problems. Saulnier (1982) states that in times of re-orientation, (such as after the birth of a child) a loose knit structure of relationships with greater variety and far reaching ties may be more appropriate than a more dense network.

The mutual aid approach offers flexibility and is suitable for a wide variety of problems.

There are problems inherent in this approach. Encouraging and sustaining mutual aid requires self initiation and motivation among members. This may be a difficult task for people with problems which are socially limiting in nature. People can be immobilized by crisis situations, conflicts can arise among members and leadership cliques can develop. Therefore, back-up services are needed to sustain membership involvement and to work with those unable to function in this setting.

Embedded relationships such as families and neighbours can provide a useful base for enhancing an individual's network.

Professionals working within a community should not ignore exploring this personal network of an individual's support system and should, where possible assist in sustaining and reinforcing the informal efforts of family, friends and neighbours.

Two other strategies for developing support networks are identified by Froland et al and warrant discussion.

The use of neighbourhood helping networks directs efforts toward identifying informal helping networks in the context of a geographically defined community. Neighbourhood helpers come to be identified by reputation and this process is usually informal.

The Community Empowerment network approach focuses on identifying key opinion leaders and representatives of an area and acknowledge a political focus. Identification of informal leaders can assist in lobbying for services and helps the community come to full ownership of programs and responsibility for problems.

When network interventions are implemented using informal helpers Froland et al found that positive impacts were shown in the areas of accessibility, responsiveness, client satisfaction, use of informal resources, self-sufficiency. These interventions were found to be more responsive to clients and offered a greater efficiency of service, were a more appropriate response to problems, promoted social integration, and increased the capacity of informal resources.

Finally, Froland et al found that the cost of opting for alternative approaches to formal service delivery primarily involved changes in agency practice rather than direct financial lay-out.

Self-help network theory is based on the use of non-paid helpers. Facility overhead was not found to be a concern. The notion of self-help by informal care givers is probably as old as human society (Pancoast et al). Self-help and mutual aid have developed in the twentieth century through groups such as Alcoholics Anonymous and the civil rights movement. Self-help is a mechanism that appears adaptable to historical circumstances. Currently these concepts are enjoying a re-birth in social work thinking.

Social Work Role in Developing A New Approach To
Child Welfare Service Delivery

Schwartz (1961) states that the function of social work is to:

"mediate the process through which the individual and his society reach out for each other through a mutual need for self-fulfillment". 17

Schwartz makes the assumption that the interests of the individual and society are basically the same. However, in our modern complex and changing society an individual's desire to belong to that society and society's ability to integrate an individual may be blocked. (Compton, Galaway, 1975).

Social Work interventions are directed at these blockages and are aimed at promoting health, growth and development according to Compton and Galaway. Social work helps to integrate the parts of a society into a productive whole.

The focus of Social Work intervention can be said to focus on the interaction of people and the environment (Rein, 1970). Schwartz sees the Social Worker as a mediator between the two.

Social Workers have long worked in community and neighbourhood settings. The ecological and community based approaches to service delivery are familiar concepts to the social worker.

Because of the social work "systems" orientation, the advocacy and mediator role of the profession, and the long history of social work within the community and neighbourhood, social workers offer an expertise in community based services.

It is this student's opinion that social workers and social work research such as is undertaken in this practicum can provide valuable planning knowledge for use in the development of truly community-based, family-focused child welfare service delivery in Manitoba.

Program Planning

Rossi et al (1982) contend that many programs designed to improve the human condition have been poorly thought out, designed and implemented. They feel that the challenge of evaluation is, through rigorous research design, to experiment and innovate with new approaches. They acknowledge that in reality scientific rigor in the strictest sense may not be possible. They do, however, emphasize that to influence a decision making process one must attempt to maximize the policy utility of evaluation.

The authors state that evaluation can be done for the purpose of planning policy and for managerial and administrative accountability. Systematic evaluations are conceptualized as being reliable, valid, and containing information regarding the effective use of funds.

The authors divide evaluation activities into four components:

program planning, program monitoring, impact assessment, and economic efficiency.

The planning stage is of particular importance to this practicum. The authors view planning as an important phase which lays careful groundwork to ensure that political expediency of the research. (Rossi et al, 1982). The authors state that planning is usually predicated on a desire to reduce a gap between program goals and a reality (Rossi et al, 1982).

In Social Work administration, planning is considered essential for the production and delivery of social services (Skidmore, 1973).

Skidmore states that:

"Planning is the process of anticipating goals or targets and then preparing a plan for reaching them". 18

This practicum was intended to provide Winnipeg-West with information that will assist them to develop a plan for reaching their goal of responsive community based child welfare services. The information was intended for use in the immediate future to provide information regarding the needs of a given population at a certain point in time. Thus, the information provided was intended for short term planning although it should contribute to long term planning as well (over a period of years).

The first step in the planning phase was to develop clear and concise statements of program goals and objectives in consultation with planners, managers, and policy makers. Once objectives and goals had been specified an intervention model which included a statement about the input, changes the input would

produce and how these changes would affect the behavior or condition one wants to change, was developed.

The next step in the planning phase was to assess the needs of a given population or to verify that a problem exists to the degree and extent that intervention is warranted. The end result of this stage of evaluation was a workable plan ready to proceed to the implementation stage. The authors refer to this stage as formative evaluation.

Rutman (1977) states that the purpose of formative research is to develop an evaluable program. Research is aimed largely at discovery and can be used as a means of collecting data that aides in the conceptualization of a program, program goals and effects, and the assumed casual relationships. Rutman believes that formative research provides information about the program on an ongoing basis so as to clarify, develop, and operationalize the program and its goals. Formative research, according to Rutman, does not attempt to draw conclusions about the work of a program but is seen as an important part of program development. Therefore, the data gathered from the study undertaken in this practicum does not attempt to draw conclusion about the worth of agency problems. Rather, the data should be useful in assisting the agency to discover what programs the population of the area under study would find helpful at this particular point in time. By using the survey instruments on an ongoing basis, changes in needs may be detected, thereby providing ongoing information useful for program planning to the agency.

Isaac and Michael (1982) state that in its most basic form, program evaluation consists of three steps:

1. Deciding what objectives are to be accomplished
2. Determining how the chosen objectives will be accomplished
3. Determining whether the objectives were accomplished.

Isaac and Michael (1983) state that as program evaluation increases in complexity, additional components are added to the three basic steps. The first two components comprise the formative process of evaluation and include:

1. Needs assessment: determining need is seen as the basis of setting program goals. Needs are identified and prioritized. The authors define need as the discrepancy between what is and what ought to be.
2. Program planning: measurable objectives are derived from program goals. A plan is developed detailing the means to obtain the objectives in terms of program procedures, strategies and activities.

Implementation evaluation, progress evaluation, and outcome evaluation are included in the summative phase. This phase determines whether or not the objectives were attained.

The authors present the CIPP Model for program evaluation (context, input, process, product) as a method that provides a basis for making decisions in a planned manner.

This model is designed to meet four types of decision making needs: planning, structuring, implementing and recycling. Planning decisions influence the selection of goals and objectives and are served by context evaluation. Context evaluation yields information regarding the needs of a population and results in assisting planners develop goals and objectives.

Needs Assessment

Needs assessment is the first step taken in a comprehensive evaluation and determines the key needs to be addressed by the program. These needs eventually become spelled out in the form of attainable program objectives.

Definitions of need vary. Isaac and Michael detail four definitions:

1. Discrepancy view: Need is seen as a discrepancy between desired performance and observed or predicted performance.
2. Democratic view: Need is defined as a change that is desired by the majority of an identified population.
3. Diagnostic view: Need is defined as something that the absence of or deficiency of would prove harmful.
4. Analytic: Need is defined as the direction in which improvement is predicted based on information regarding an existing state.

Nevitt (1977) states that need should be seen as a subset of goods and services for which there is a demand and argues that society must be sensitive to shifts in demand functions.

Davies (1977) states that without valid measures of need, social policy administrators can:

"make only a limited contribution to the case for
spending on social policy and can make fewer
suggestions for using resources effectively". 19

The main use of needs assessment according to Davies is to assist the policy maker to set identifiable goals of organizations and to strengthen the rationale for resources.

Davies states that the pattern of needs within a population is not uniform and that substantial variation exists in differing social settings, therefore need judgement must be derived from several different sources.

Felner and Aber (1983) define needs assessment as:

"...an activity which provides a description and/or measure of either the relative or absolute needs of people living in a defined area for: 1) enhancement of a facet that is lacking in the resident's life, 2) specific services, interventions, or programs, 3) prevention of problems that will require intervention". 20

The authors require three key issues involved in planning for children's preventive services:

1. Conceptions of what constitutes need
2. Strategies for identifying target groups
3. Evaluating demand for a particular service

The authors identify several useful strategies: use of social indicators, community surveys, rates under treatment, and determining existing services.

Caplan (1985) states that:

"The process by which policy and planning decisions are made is probably as important as the resources and services being developed". 21

According to Caplan needs assessment can help an agency optimally utilize its financial resources and can identify which segments of a community have needs for certain services.

In a general overview of needs assessment, Caplan states that needs assessment can be broadly defined as:

"...a dynamic exchange of information between
service providers and the communities or target
group they serve". 22

Caplan identifies five strategies for obtaining needs assessment data:

1. public meeting
2. rates under treatment
3. surveys of key informants
4. general population surveys
5. surveys of target population.

For the purpose of this practicum Caplan's definition of needs assessment was utilized. The Isaac and Michael definition of need from the Democratic perspective was used where need is seen as a change desired by the majority of some reference groups. For the purposes of this practicum the reference groups were defined as the sample of the general population and the key informants. According to Isaac and Michaels (1982) the advantages of using this definition are: it is easy to apply, is democratic, can be a valued public relations tool, it can consider a wide range of variables, involves many people in the goal setting process and it can provide information which may be used to determine the relative importance of defined need. This definition most approximates the principles espoused by the ecological perspective of service delivery.

Disadvantages stemming from the use of this definition are: the possibility of confusing needs with preferences, it depends on the reference group being informed, and thus the possibility exists of forming invalid goals. However, by establishing ongoing communication with the community, as the CONA model advocates, it is hoped that the possible disadvantages could be minimized through dialogue and feedback from the community.

Additional comments on the disadvantages of needs assessment in general are discussed in Kimmel (1977). Kimmel states that data is assumed to clarify understanding and that this may not necessarily be so. According to Kimmel, there is a potential for needs assessment to be used as a political tool, his fear being that needs assessment can bypass bureaucracy. A more critical point is that there are many views as to what needs assessment actually is; a change oriented process, a method for enumeration and description, an analytic procedure or a decision-making process. However, this researcher feels that needs assessment can be any one or all without detracting from its power as a method of planning. Kimmel also points out that the meaning of need is relative and value-laden and varies according to researcher, presenting no standardized definition. Kimmel also indicates that there is no single well-developed analytical approach or procedures beyond standard data manipulation procedures and that multiple approaches must be used. However, the CONA model, a well replicated approach utilizing three methods of data collection was utilized in this study providing some standardization.

CONA Model

Neuber (1981) states that there is a greater likelihood of achieving service goals if they are based on the perceived goals, needs and characteristics of the community which the agency serves. By obtaining current and reliable information regarding needs, rational decision-making can be undertaken regarding future needs, a basis for program review and revision can be established, and gaps and redundancies in service may be eliminated.

Neuber proposes a Community Oriented Needs Assessment approach to data gathering. In this model the consumer is identified as the focal point for determining what type of information is sought and how the information is to be collected. The model is based on the premise that human services are developed for and supported by the general public. According to Neuber:

"...systematic program planning and evaluation, based on identified consumer needs has the greatest potential for efficiently and effectively utilizing limited resources to reduce human needs". 23

Planning and evaluation are seen as related processes in the management of complex organizations. Planning involves the rational analysis of information that focuses on setting goals and priorities and directing decision making which pertains to the delivery of services. Evaluation involves measuring the degree to which the operationalized definitions of the goal are met. Needs assessments can provide data in both areas.

Traditionally, programs in the human services have reflected staff interests. (Neuber, 1982). The CONA Model has been developed to enhance two way communication between the community and service providers.

The CONA Model utilizes data from three sources:

1. Demographics which provides a basic framework for comparing key informant and consumer perceptions.
2. Key informants (persons having direct contact with the target population experiencing the problem).
3. Consumers (general public) where a random sample of the general public is interviewed. Data collected addresses these issues: personal problems and need,, perceived common problems and need, consumer's awareness of available services and consumer's attitudes towards problem of living and the services designed to assist people in dealing with such problems.

This approach involves the consumers, educates the community, provides the possibility for replication in other regions, is designed to be inexpensive, has a low error rate in sampling, and provides extensive data from which programs can be developed to meet the needs of specific communities.

Survey Techniques

When undertaking a study of this nature various methods of survey techniques must be considered. Time and effort required must be balanced against obtaining the required information.

Although face to face interviews would yield more detailed information, they are more time consuming, require more staff and training and proved too threatening to potential volunteers.

Telephone interviews miss dwelling units without telephones, however, key workers indicate that this figure would be extremely low in this area. There are advantages to this method. Centralized, closely monitored telephone interview teams are less likely to induce interviewer distortion and subversion (Mason et al, 1983), than with in-person interviews. Subjects may be more likely to give an honest answer to a question over the telephone than with an in-person interview. However, questions which ask the respondent to rank or select items from a long list can tax the respondents memory and patience and therefore, the CONA survey instrument for the general public required some further modifications for the general population questionnaire. A mail-out questionnaire conducted by the Children's Aid Society of Eastern Manitoba yielded low response rates. (Leatham - Smith, 1984).

The mail-out questionnaire allowed the respondent complete control, however, questions could not be fully explained. Open ended questions were avoided because people generally find it boring to write out long answers. (Mason et al, 1983). There was also the possibility that respondents may read the entire questionnaire before answering, change their responses, or have someone else fill out the questionnaire for them. On the other hand, mail-out questionnaires produce the most honest response of all methods. (Mason et al, 1983). In addition, uniformity in the manner in which a question is asked can only be achieved in the strictest sense by a mail-out questionnaire. (Mason et al, 1983).

Closed-end questions were utilized on both questionnaires because comparison of answers is easier, answers are easy to code, answers are complete and irrelevant responses minimal. It is easier for the respondent to answer and make sensitive questions less sensitive. (Mason et al, 1983). In addition, other child and family service questionnaires have not received good responses to open-ended questions because often people are not aware of the type of services offered by these types of agencies. The disadvantages of this type of question are: it is easy for the respondent to guess, inappropriate categories may frustrate the respondent, lengthy, repetitious questionnaires are error prone, differences in interpretation of the question go undetected, variation in answers are artificially eliminated, and there is a greater likelihood of transcription error. (Mason et al, 1983).

Use of the survey techniques also presents some problems. Sample attrition and non-response rates may affect the representativeness of the set of respondents. (Moser, Kalton, 1972). The surveys rely on self report data and may be unreliable, and pre-structured close-ended questions can be constraining by not allowing the opportunity to explore. (Sudman, 1976). Finally, representativeness is hard to achieve, and "ecological fallacy", attributing to individuals within a community the characteristics of a community as a whole, present problems. These were controlled for by instituting random sampling procedures and explicitly defining the population to be studied.

The overall advantage of using the CONA approach is found in the involvement of the consumer in the needs assessment process. Through this involvement, education and rapport can be established. The model is inexpensive to utilize and easy to replicate and provides an extensive data base from which programs can be developed that reflect specific community needs. The model, through replication, provides a means of periodic evaluation of the impact of programming on the consumer and information provided can provide a rationale for funding and accountability.

Chapter III

METHODS

Overview

As stated previously, student undertook an analysis of child welfare service needs in a sample neighbourhood within the St. James supervisory area of Winnipeg-West. Chapter V will examine the selection of this neighbourhood in greater detail. The intervention took the form of:

1. An analysis of demographic information available from the Social Planning Council.
2. A telephone survey of a randomly selected sample of dwelling units within the King Edwards neighbourhood in St. James.
3. A mail-out survey of key informants in St. James.

This practicum was undertaken with the purpose of providing useful planning information to the Executive Director and Board of Directors of Winnipeg-West. Therefore, the Executive Director and the Board of Directors were defined as the consumers of the research.

Intervention:

Clients were drawn from two sources for this study. A randomly selected sample of the general population in the study area was drawn according to dwelling units.

Key informants were drawn from an updated list of resource people within the St. James area. This list included human service professions: teachers, principles, Educational Support Staff, doctors, social workers, clergy, and police.

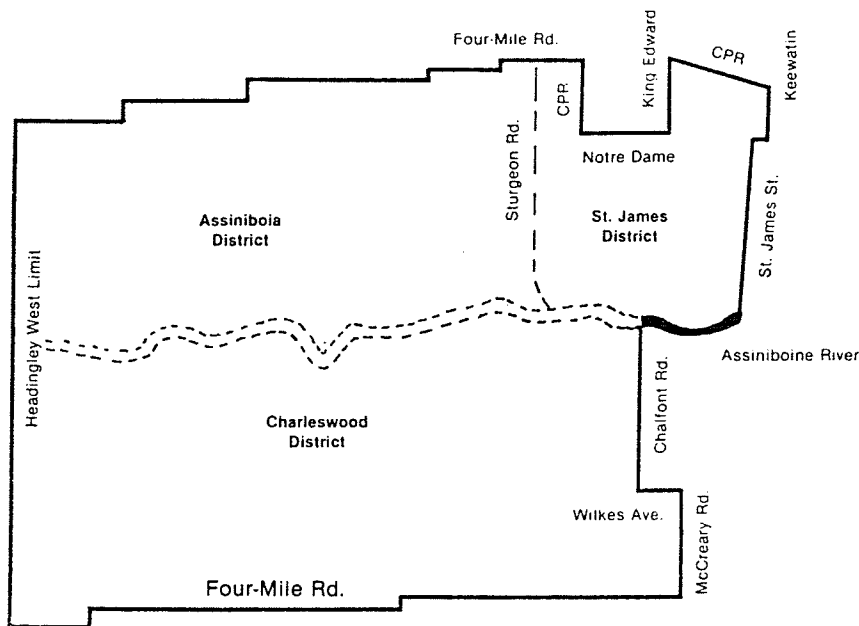
Additional personnel were sought in the form of volunteers. These volunteers were recruited from the agency community membership list with the help of Cydnie Watt, Chairperson of the Community Relations Committee. The volunteers were recruited to help with the general population survey. The volunteers refused to do door-to-door surveys, therefore, telephone surveys were utilized. Volunteers were trained and monitored by students throughout the general population survey. One volunteer was hired to complete the surveys that had not been finished at the end of May.

Information gathering and research activities were conducted under the auspices of the "Child and Family Service Agency of Winnipeg-West, Mrs. J. Boyko, Executive Director).

This region (Region 3) is one of six community-based child and family service agencies established in Winnipeg in 1985. Winnipeg-West is a private, community run agency responsible to a community Board of Directors. The agency is accountable to the provincial Director of Child and Family Services for the delivery of statutory services. The "Child Welfare Act" provides the agency's mandate.

A range of preventive and support services are also delivered by this agency.

At the time of this study Winnipeg-West covered the area from Headingly to the west side of St. James Street from Four Mile Road North to Four Mile Road South. (Figure One).



Child & Family Services Agency of Winnipeg-West Boundaries

FIGURE 1

The region is sub-divided into three supervisory areas:

1. Assiniboia-Headingly
2. Charleswood
3. St. James

Assiniboia-Headingly and Charleswood had received services from the provincial government child and family services. St. James had received services as part of the Winnipeg services offered by the former Children's Aid Society of Winnipeg.

Winnipeg-West was incorporated in April 1984 and began actual service delivery from its new community base in July 1985.

Between incorporation and actual service delivery the process of planning for and implementing procedures to operationalize the

new agency was undertaken. It is at this point where this practicum fits.

The time frame for this practicum was divided into three phases with distinct procedures for each phase.

Phase One

This was an orientation and resource identification phase. Student met with the Executive Director, Jenny Boyko for familiarization with the agency and staff.

Time was a precious resource for all concerned at this time and Mrs. Boyko made it clear to student that very few agency personnel including herself, would have time to spend with student.

Elaine Gelmon, supervisor of the St. James area was introduced to worker. She expressed support regarding the research undertaken, but felt she had little time available for consultation, scant knowledge of St. James as a community, and little to offer in terms of research technique.

Shirley Chase, supervisor of the out-going provincial child and family service team (St. James-Assiniboia) and Frances Muir, case worker, met with student on several occasions and provided valuable information, resource material, and assistance in identifying an area for study.

Kathy Kristjanson of the provincial Child and Family Services Directorate provided historical child welfare material and valuable advice on determining the parameters of the research. Tim Sale and Debbie Handler also of the Directorate provided much needed statistical

statistical information on case distribution as well as demographic information from Statistics Canada for each program.

Jack Harper from the Institute for Economic and Research provided advice regarding the survey approaches.

Paul Madack, Chairperson of the Research Committee of Winnipeg West met with student and provided feedback regarding the utility and construction of the survey design.

Cydnie Watt, Chairperson of the Public Relations Committee of Winnipeg West was extremely helpful in assisting student with finding volunteers: Valerie Hammond, Merna Chartrand, Toni Vosters and Lenore Berscheid.

Reference material collected at this point and found to be valuable was - "Planning Manual, Restructuring of Child & Family Services in Winnipeg" (Manitoba Department of Community Services & Corrections, 1983); "Needs Assessment: A Model for Community PLanning" (Neuber, 1981) and statistical breakdown of CAS Winnipeg cases according to regions, obtained from Debby Handler, and "An Analysis of Social Problems, Needs & Funds for Winnipeg" (1980).

From this point the literature search was begun and the practicum proposal developed in consultation with the agency, Board of Directors and student advisor.

Final approval was granted by the board at a monthly board meeting followed by committee approval.

Phase One occurred from February 1985 to mid April 1985.

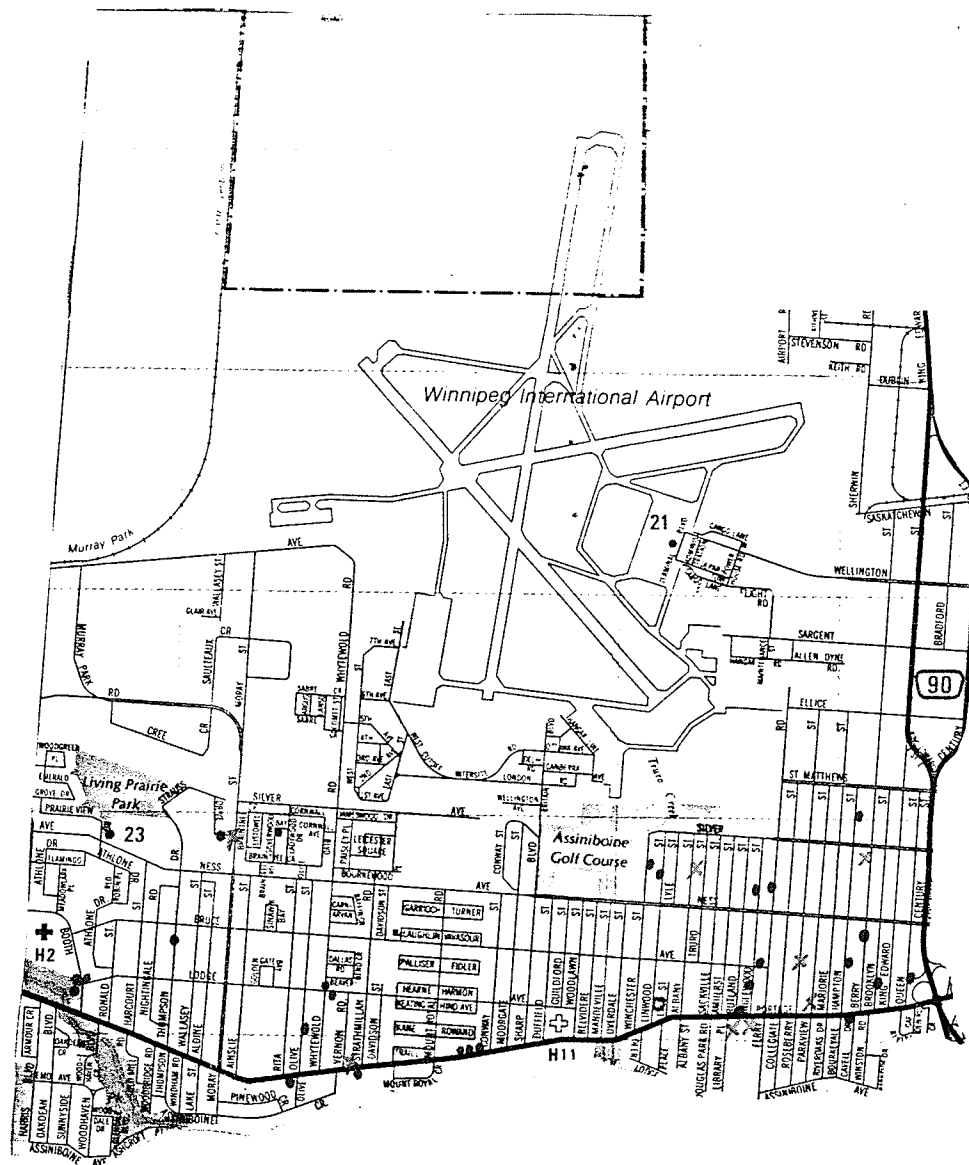
PHASE TWO

This stage consisted of activities required to actually apply the needs assessment instruments. Appendix I, student's report to the Board of Directors provides greater detail on the Needs Assessment study procedures, results and conclusions.

Identification of Area for Study

Jenny Boyko, Executive Director of the new agency, Shirley Chase, Supervisor of Winnipeg-West Child & Family Service Team and Frances Moir, careworker in child welfare in St. James for 15 years, were consulted as to their impressions regarding which area in St. James should be studied. Two areas were identified: 1) The "Old" St. James area, and; 2) an area along Portage Avenue from 2500 block to Sturgeon Road.

Cases from West Region and Children's Aid of Winnipeg were plotted in a map. (Figure 2 -- on following page). Incidence of abuse was used as the best indicator of need for child welfare service. (Social Planning Council of Winnipeg, 1980).



ACTIVE FAMILY CASES IN ST. JAMES 1985

- Children's Aid Society of Winnipeg cases
- x West Region cases

Figure 2

The area known as old St. James, St. James Street in Truro and Silver Avenue to Portage Avenue North, contained a high concentration of cases as well as the greatest incidence of abuse cases and was therefore chosen as a sample area in St. James for study and potential development as a Resource Centre.

This area corresponds to what is presently known as the "King Edward" neighbourhood. Federal census tract PT 531 coincided very closely to this identified area. Therefore the boundary of this area was used so as to facilitate the use of available statistical information. (Figure 2) Three high rise apartments were excluded from the study. None were physically part of, nor typical of, the housing in the area, and were just beginning to rent.

The area boundaries were St. James Street (west side), to Truro Street (east side) from Portage Avenue North to Silver Avenue (south).

Apparatus

For the purpose of this, the CONA questionnaires were modified by the researcher to reflect Child Welfare concerns (Appendix One). Feedback regarding the wording and questionnaire constructed was sought from agency staff, the Board of Directors and individuals reflecting key informants and the general population. The final version of the survey instrument was pretested on 22 key informants from Portage la Prairie and Brandon. These included teachers, psychiatric nurses, and social workers from a cross section of child welfare, mental health, and other counselling services. Ten subjects, in Winnipeg, were pretested on the general population survey.

Further revisions were made to the wording of some items on the questionnaire. The final version of the survey was approved by the Research Committee Chairperson. As well the questionnaire to the general public, although it is recommended to collect data from face to face interviews, were collected by telephone and was therefore modified to reflect the data collection method.

PERSONNEL

Volunteers were recruited from Winnipeg-West agency membership list. Four were recruited. The volunteers received a three hour training session on survey administration. Two of the volunteers lived in the neighbourhood being surveyed. Two had professional telephone survey training and two had been involved in previous social science surveys. All were women with families. Volunteers had access to researcher by telephone at home and at the office. Researcher met with volunteers individually at least once and remained in contact by telephone to diminish the effects of burn out.

However, three volunteers were unable to complete the surveys in the allotted time and one volunteer was hired to complete the remaining surveys.

SUBJECTS

There were two groups of subjects studied. The first group included potential consumers of services. This group was defined as the general population of the King Edwards neighbourhood and was surveyed by telephone survey questionnaire. (Appendix 1) The study group was selected by random sampling from household units having a telephone. Those who were asked to complete the survey were defined as the person in the dwelling unit having the primary child-caring responsibility.

A listing of all dwelling units in the area for study was compiled from the M.T.S. "Who Called Me?" book (which is updated every six months), lists phone numbers by dwelling unit, and the "Henderson Directory" (which also lists phone numbers by dwelling unit). Between these two, a list of dwelling units and their phone numbers was compiled. Information was also listed on which dwelling units have no phone and which phone number (if there is more than one), belongs to the head of the household. Only one phone number per dwelling unit (defined as a self contained suite consisting of more than one room with a private entrance), was included and this was the number belonging to the head of the household. Where no phone number was available between the two lists, the unit was not included. There were 2,065 dwelling units listed; 1,848 were listed as having telephones with publically listed numbers. A random sample of three hundred units were selected.

The sample was organized by street and dwelling unit from east - west, then avenues from north - south and every sixth dwelling unit was selected yielding a sample of 300 numbers.

The actual survey questionnaires were given from a period extending from April 14 to May 27, 1985. Volunteers were to call between 9 a.m. and 9 p.m. on weekdays and from 11 a.m. to 6 p.m. on weekends.

Two volunteers were unable to complete their surveys within this time frame. These remaining questionnaires were given by one volunteer during the month of June. This person was paid by student for this extra duty.

The second group, studied by mail-out questionnaire (Appendix 2), were defined as key informants, or professional and care-giving people who may have contact with the potential consumers of child welfare services. Key informant selection was based on the "CONA Model" of needs assessment and were drawn from a resource list obtained from Shirley Chase (West Region). This list had been compiled by BSW students in previous years and was updated by researcher through consultation of telephone listings. Key informants important to this study were defined as members of the St. James School Division which included administrators (principals), teachers and Educational Support Services staff; medical clinic doctors, clergy, police, hospital social workers and Department of Community Services staff and the YMCA staff.

Researcher consulted with the administrators of the School Division regarding selection of respondents for the questionnaires. One hundred and fifty surveys were delivered to the school division for distribution to a selection of teachers, principals and educational support services in this division. A sample of three teachers, one from primary, elementary and secondary and the principal and Educational Support staff from each school was surveyed. The surveys were picked up at each school upon completion.

Surveys were mailed out to the churches N = 22, in stamped return envelopes. Surveys were hand delivered to the YMCA N = 8, Grace General Hospital N = 5, Mall Medical N = 2, Birchwood Medical N = 2, Silver Heights Medical N = 10, after obtaining permission over the telephone, and were picked up upon completion.

A letter of permission was obtained from the Superintendent of the Winnipeg Police for the Superintendent of the St. James Police Station to complete the questionnaire.

Ken Maskiw, Regional Director, Winnipeg Region, Health and Community Services, was the only refusal. After extensive negotiations he stated he felt his staff should not be involved in the completion of the surveys. The total number of surveys sent out was 200.

Demographic and statistical data was collected from "An Analysis of Needs and Trends for Winnipeg" (Social Planning Council of Winnipeg, 1980), Statistics Canada, and child and family case statistics from Children's Aid Society of Winnipeg and West Region Child and Family Services.

Throughout Phase II student was in contact with the agency Executive Director providing updates on progress, negotiating changes in plans and providing feedback on initial impressions of research area. Student remained available for consultation to any staff of the agency wishing to discuss this research.

Memo's were written to the Executive Director regularly (about every second week) to record progress; problems; and negotiations.

Phase II occurred from April 14 to May 25, June 1985.

Phase III

This phase consisted of compiling the results of the research and completion of the finalized report for submission to the agency. The literature review was completed and the practicum report written. Due to student returning to work in Brandon, and the computer student used being unavailable outside of work hours until September,

this phase took much longer to complete than expected. Phase III occurred from July 1985 to April 1986.

The primary outputs from Phase III were a report to the agency Board of Directors regarding the research undertaken and this practicum report.

CHAPTER IV

SURVEY RESULTS, DISCUSSION & RECOMMENDATIONS

Response from the general population telephone survey were low (19%), due to saturation of the area with business telephone soliciting and negative association of the agency with the former Children's Aid of Winnipeg. Response rate to the mail-out survey questionnaire to key informants was much higher (69%).

Survey Results indicated that many of the general public seem to have a negative view of child caring agencies. Many prefer to seek help elsewhere.

Both surveys indicated a lack of knowledge regarding services offered and referral procedures. As well both surveys indicated a need for parenting skills and support services as well as services to the single parent. (Table I). (following page)

A review of demographic information regarding the sample neighbourhood reveals that the study area can be described as a low income/high unemployment neighbourhood with an above average incidence of unemployment, elderly, non-family and one-parent households and an above average incidence of subsidized Day Care.

The area is predominantly a white Protestant area with a total average income for males at \$13,427.00 and females \$7,444.00. (Statistics Canada, 1981).

TABLE I

Summary of Tables - Major Findings

General Population

N = 56

<u>Factor</u>	<u>Percent "yes" response</u>
Perceived Neighbourhood Problems	
Most Serious: juvenile delinquency	23
Next Serious: problems raising children	27
Problems Faces Past Five Years: Financial Problems	55
Factors that would prevent seeking help from a Child & Family Service Agency:	
Agency usually not open when help is needed	39
Awareness of Agencies:	
Most Aware - Canada Manpower	93
Least Aware - St. James Educational Support Services	32
- Winnipeg-West	50
Yes Response to Service Development:	
(Highest Response) Counselling Services	80
(Lowest Response) Adoption Services	55
Walk-In Centre Service Preference:	
Most Important Service: Crisis Counselling	41
Next Most Important Service:	
Health Care Advice	20

KEY INFORMANTS

N = 137

Perceived Neighbourhood Problems	
Most Serious - Parenting Problems	36
Next Serious - Family Conflict	20
Factors Preventing Seeking Help from Child Care Agency:	
Don't know who to contact	88
Knowledge of Agency Service for Selected Problems:	
(High Response) - School Problems	89
(Low Response) - Loneliness	23
Service Development Preferences:	
Most Desired - parenting support services	37
Next Desired - services to single parents	18
Areas that Would Improve Cooperation:	
Information about type of service available	85

Discussion

Results must be interpreted with caution. A response rate of 19% to the telephone survey was less than expected and affects the representativeness of the sample. Large numbers (51%) of respondents refused to answer the survey because of agency image of being connected to Children's Aid of Winnipeg, or because of saturation of telephone surveys in this area at this time. Therefore the possibility exists that those having a favorable view of child and family services answered the survey while those with unfavorable views did not and this would affect the results.

Response rate from professionals was considered good. However, the professional survey addressed all of St. James while the general population survey addressed only a neighbourhood within St. James. Comparisons between these two samples should be made with caution.

Results from the neighbourhood under study should not be generalized to the larger community of St. James.

Questionnaire construction for the telephone survey was noted to be cumbersome and this is reflected in the large "No Response" rates for many questions. For future use this questionnaire should be revised further.

In general, the review of demographic data indicates that the study area is an area of high need and includes high risk households. One parent families are most likely to experience income poverty and to live in poor housing than any other group in society. They experience fewer resources for handling the stress and the strain of

child rearing and typically must rely on community support services such as Day Care, homemakers, etc., to enable entry into the labor force. (Social Planning Council of Winnipeg, 1980). It is the young, one parent household with dependent children and the elderly household which is the primary focus for the profile of high need groups. This area has an above average incidence of both.

Low income and irregular or no employment can add to the strains of daily living. As well, native status can also be an indicator of need for special resources. The study area showed an above average incidence of low income and unemployment. The area immediately to the north showed an above average incidence of native status.

Services to Single Parents

The need for services to the single parent family and for families in general, is born out by both the general population and key informants as well as by the demographic data. "Problems raising children" was consistently identified as a concern by the general population, 27% of the population surveyed identifies this as the second most serious problem in the area in which they lived, 55% indicated they had experienced financial stress, 29% indicated they had experienced problems raising children. 9% indicated as their first choice they would like to see Child and Family Services expanded. As well, Day Care and Family Services were also picked as the second choice in this category. This would indicate that families in this area tend to experience family life as a source of stress and problems. In addition, experiencing financial problems can increase the amount of stress perceived by families and may also

block financial methods of alleviating family stress such as paying for child care relief, providing adequate food and clothing, etc.

Day Care

Since 48% of respondents had children in the 0 - 10 age range, Day Care services are likely to be well utilized. When describing the availability of Day Care Centres in Winnipeg, The Social Planning Council of Winnipeg (1980), questioned whether there was sufficient day care facilities to respond to the need of both single parent families where the parent wishes to return to the workforce, and two-parent families where both parents work. In addition the same report states that the suburban areas of west St. James and the far end of Assiniboia are the areas where the rate of increase is highest for families requiring day care. Services designed to support families, in particular, single parent families, delivered by neighbourhood resource centers would probably be well utilized in this neighbourhood.

Family Life Problems

According to Howard & Johnson (1985), there are a number of intervention strategies that can be utilized to reduce the possibility that adjustment to or within a single parent family will be problematic. These interventions include early intervention, outreach, and mediation and adjustment classes. The authors view the establishment of support groups for children and improvement of home-school communication strategies as especially important interventions with single families. Services provided at a neighbourhood level should be non-stigmatizing and easily accessible and could include: drop-in babysitting, Day

Care, food and clothes distribution, parent support groups and education groups such as PET courses. Professional counselling would be de-emphasized at this level. (Manitoba Department of Community Services & Corrections, 1983).

A study conducted by the "Children's Aid Society of Western Manitoba" indicated a similar identification of need in a core-area Brandon neighbourhood. The study identified resource center services such as free babysitting, drop-in sessions for parents as well as courses on parenting and teaching children how to ward off sexual abuse or abduction as high needs. (Brandon Sun, 1985).

Key informants consistently identified parenting skills as the main problem in the neighbourhood where they worked with family conflict as the second problem and unemployment as the third. Parenting skills and family conflict were also identified as the most frequent and second most frequent problems encountered in persons using their agencies. Again further training in "parenting skills" was most frequently indicated as an area which would increase effectiveness in dealing with problems encountered in their work. Family problems and problems of single parents were chosen as the two services for which professionals would like to see expanded. Finally, parenting support services and services to single parents were most frequently chosen as the first and second services respectively, in response to services "most liked to see developed" in the next three years". See Appendix One "Report to Board of Directors" for further details.

Factors that Prevent Seeking Help

However, there are factors which may prevent families experiencing problems from obtaining help from agencies such as a child and family service agency. The majority of respondents indicated that if they had a serious personal or family problem they would seek help from: a medical doctor (first choice) (27%) and clergy (second most frequent choice) (20%). In a subsequent question 59% did indicate "yes" they would seek help with a personal or family problem from a counselling agency. This may indicate a poor or inappropriate concept of social agencies. The most frequently cited factor by professionals that would keep people from seeking help from a Child & Family Services Agency was, "Agency usually not open when help is needed". (This indicates a need for more extensive hours of operation), 39%. "Don't feel it would help" was second at 36%; and "Don't know who to contact", third at 34%. When asked what would keep people from seeking help from a child-caring agency, key informants indicated "yes" most frequently to "Don't know who to contact" 88%, "Don't know what services are available" 84%, and "Fear of what others might think", 84%.

Only 39% of professionals indicated "yes" to knowing what agency to refer to for "problems of single parents" and 45% to "problems raising children", yet these were identified as major problems. Only 26% responded "yes" to "Is it clear to you what problems Child & Family Services of Winnipeg-West will handle".

Until negative perceptions are corrected and knowledge of service delivery is increased, counselling services offered may be poorly utilized, although they may well be needed. People in need of

services may not actually seek out those services from professionals qualified most to help. This may be a reflection of the North American trend for people to attempt to cope with problems on their own or to seek the help from friends, relatives and neighbours. Only when these efforts fail do people turn to formal organizations. (Perlman, 1975). Therefore, a bridge between these two systems, formal and informal help, needs to be found.

Resource Centre

Often, neighbourhood resource centres fulfill this bridging function. The neighbourhood resource centre may be the most accessible and non-stigmatizing method of service delivery in child welfare and therefore could become the most utilized form of service. Resource Centers could be a logical starting point for service delivery in this new agency.

The study neighbourhood was found to be homogenous and stable. Neighbourhood stability was considered a factor that aided program success by the staff of a number of neighbourhood agencies. Although stability does not necessarily mean there is an active network of social interaction, it does imply that this base of acquaintance can be used to build a more active network of help and is thus suitable for a neighbourhood-based approach to service delivery. (Froland et al, 1981).

The idea of a walk-in center is supported by 84% of community respondents while 57% said they would personally use one. Professionals indicated 77% that there was a need for walk-in centers and 66% responded "yes" to a need for emergency child and family services. Comfort was indicated as the most important criteria 43% of the time. Crisis counselling was indicated as the most important service needed.

Again the study conducted by CAS of Western Manitoba indicated similar results in the need for crisis services; 31% of respondents indicated a need for a "crisis line for emergency counselling" (Brandon Sun, 1985). This type of service was seen as different from the standard emergency services offered where people can phone for help but not to simply talk and receive counselling.

Agency Image

The negative image of child caring agencies in general and the former "Children's Aid of Winnipeg" in particular, is a major issues for "Winnipeg-West" to address. During the process of this study, this researcher found a negative image to be well entrenched in both the general population and professional sector. Increased rapport with both sectors is needed to decrease negative images. Establishing communication links and attending informational meetings would help.

Collaboration & Partnership

The concepts of collaboration and partnership should be established with the neighbourhood. This can be best accomplished through the development of links with informal helpers in the neighbourhood. To facilitate the development of these links a change in professional role is required (Froland et al, 1981). Flexibility and sensitivity to the needs of informal helpers and respect for their area of expertise are necessary. Autonomy in decision-making by front line staff and de-centralization of authority are also necessary. This implies that the agency should be willing to consider less traditional ways of staff utilization and management.

Fostering the development of groups and associations within the neighbourhood to develop local solutions to local problems may promote greater shared responsibility and an increase in agency image. In short, by providing services through links with informal helping systems, the community may feel more positive about this community agency.

"Informal helpers can make a substantial impact on the system by performing such roles are advocates, case finders, resource brokers and monitors...referral avenues are kept open and efficient". 24

However, caution must be exercised as informal helping systems can be detrimental if the agency reputation is so negative that informal helpers do not want to be associated with the agency. (Froland et al, 1981).

Despite the negative reactions encountered in this research a solid core of support was found in the volunteers living in the community and by the St. James - Assinibois School Division indicating that there is a core of support networks existing in the community that could be utilized.

Finally, a large factor in service utilization will be ensuring that both public and professionals having contact with children are made aware of the range of services offered and referral procedures. This study has indicated that other professionals are not aware of many of the services offered by child caring agencies, or of referral procedures. To ensure proper service utilization, information dissemination will be a necessary pre-requisite. Composing a pamphlet

for wide distribution, contacting social, educational and recreational agencies, and mounting an extensive media campaign can address this factor.

RECOMMENDATIONS

Information Dissemination

Based on the study results, the primary initial area of focus for the agency should be to mount an extensive media campaign geared at information dissemination to the general public and professionals. The primary aim would be to inform of services offered, referral procedures, etc., a secondary aim would be to establish a positive image of the agency.

Resource Centers

Services normally undertaken by a Resource Center with a preventative and parent-support focus, i.e., Day Care, education and crisis counselling would be appropriate for problems identified in this neighbourhood, problems of parenting. Providing a locality for informed helping on the neighbourhood scale would probably be well accepted in this neighbourhood, the provision of formal, stigmatizing services would be less accepted by the community at the neighbourhood level. This neighbourhood is relatively stable and homogenous with similar problems experienced by a large segment of the neighbourhood population - the problems young families experience.

Neighbourhood-based approaches can allow an agency to work with several target populations at one time, combining programs. These programs can address a variety of problems making use of existing neighbourhood networks and are therefore suitable for dealing with multi-problem families. (Froland et al, 1981).

Helpers

A rich source of informal helpers may be found in the elderly in the neighbourhood. They could be a great source of support as "extended families" to the young single parents while obtaining a sense of involvement and commitment from helping others. According to Froland (1981), informal helpers can provide; caretaking, material assistance, help with children, friendship, emotional support, problem solving and linking with others who can help.

Other sources of support should come from the professional community. The St. James School Division was most cooperative in participating in this survey and expressed an interest in sharing the results. School personnel have daily contact with children and a good working relationship is essential. It would appear that the school division would be receptive to establishing such a relationship. As well schools are a rich community resource for meetings, activities and social contact.

By establishing links with resources from the general and professional populations of this neighbourhood, agency image may be enhanced and effectiveness increased.

A system of informal helpers working within a neighbourhood resource center is consistent with the underlying values and philosophy of the new child caring agencies, the interdependence of living things.

"The ecology movement...emphasizes that the settings in which people live and work are the places where resources must be directed in order to reduce stress and promote healthy conditions...de-emphasizes the idea of remedying human problems by providing services in large beaurocratic institutions". 25

CHAPTER V

EVALUATION OF PRACTICUM

Outcome Evaluation of this Practicum was conducted in two forms:

A Goal Attainment Scale, based on the activity and time frame chart compiled by the student in the Practicum Proposal (Figure 3) was utilized. Levels of outcome utilized were "Better than Expected" (+1); "Expected Level of Success" (0), and "Less Than Expected" (-1). (Figures 4, 5, 6,) The purpose of this Goal Attainment Scale was to examine the extent to which each objective was met in terms of level of outcome.

The second method of evaluation took the form of a formative self evaluation. Student kept a journal log. This log examined: where my learning goals met processes student found helpful; whether information provided was useful; an assessment of student's development of the theoretical and technical bases for needs assessment; how did the student relate to the agency, board, and resource people; was student's approach organized and well thought out.

The following tables detail the first form of evaluation, the Goal Attainment Scale.

Time Frame of Practicum Activities
MSW Proposal - March 1985

Activity	Time Frame							
Phase I - Orientation	Feb.	Mar.	April	May	June	July	August	September
1. Identify and meet appropriate resource people.	X----X							
2. Obtain pertinent reference material.	X----X							
3. Meet with appropriate staff & board members.	X----X							
4. Begin literature review.	X-----					X		
Phase II - Needs assessment								
5. Define geographic boundaries of St. James.	X----X							
6. Collect demographic data on St. James.	X-----X							
7. Determine neighbourhood for study.	X-----X							
8. Modify CONA instrument and solicit feedback.		X----X						
9. Determine final instrument with board.		X----X						
10. Identify key informants.			X---X					
11. Mail out key-informants questionnaire.			X----X					
12. Recruit & train volunteers for face to face survey.		X----X						

FIGURE 3

Time Frame of Practicum Activities
MSW Proposal - March 1985

Activity	Time Frame							
Phase II - Needs Assessment	Feb.	Mar.	April	May	June	July	August	September
...continued								
13. Conduct general population Needs Assessment survey.			X-----X					
14. Present Preliminary Result						X--X		
Phase III - Practicum Report								
15. Compile results of Needs Assessment.						X-----X		
16. Write Practicum Report						X-----X		
17. Complete literature review	X-----					X		
18. Present Practicum							X-X	

FIGURE 3

FIGURE 3

GOAL ATTAINMENT SCALE

PHASE ONE

Level of
Success

Activity

	a) identify resource people	b) obtain pertinent reference material	c) meet with appropriate staff & board members	d) begin literature review
Better than Expected +1	additional resources found & student able to utilize them	additional information gathered	meet regularly with resources identified & establish an on-going	body of literature pertinent to practicum found already developed, ie. previous reports including theoretical assumptions of practicum
Expected Level of Outcome 0	able to identify & meet with: 1. Provincial resource person & Child 2. Line staff at West Region 3. Supervisor at West Region 4. Supervisor at St. James 5. Board Committees	1. Historical background to reorganization 2. Needs Assessment Model 3. Statistical information re: case distribution 4. Statistics Canada information of study area 5. Dwelling unit information	meet once with: 1. Executive Director regularly for updates 2. Research Committee chairperson for approval of research at least once 3. Community Relations Chairperson 4. Attend Board Meetings to present research proposal 5. Discuss research with supervisor of St. James area at least once	student able to: 1. Identify theoretical assumptions for literature review 2. Able to find access to relevant literature 3. Consults others re: literature
Less than Expected -1	unable to identify resources or resources unable to share information or unwilling to met with student resources, not identified end Feb. 1985	unable to find information or information available in unusable form, reference material not obtained by end February 1985	Executive Director unable for regular updates other resources resistant to involvement. Unable to present proposal to Board of Directors not meeting with appropriate people by end of Feb. 1985	student unable to find access to literature theoretical underpinnings poorly defined - not started by Feb. 1985

FIGURE 4

GOAL ATTAINMENT SCALE

PHASE TWOLevel of
Success

Activity

	a) Define St. James geographically	b) Collect demographic data	c) Determine neighbourhood for study	d) Modify CONA survey instruments	d) Finalize survey instruments with Board
Better Than Expected +1	all boundaries concur, no negotiation over definition required	additional information found and utilized	all resources concur on the same area for study	little modification required, all resources satisfied with initial modifications	final version adopted for future agency use
Expected Level of Success 0	1. Civic boundaries known 2. School division boundary known 3. Agency boundary known 4. Final geographic definition agreeable to Executive Director	1. data available for St. James 2. data available for area of study 3. Consults stats 4. Make use of provincial information	1. Consults with Executive Director 2. Consults with West Region staff 3. Consults with Winnipeg-West St. supervisor 4. Plots cases to determine areas of need 5. Final decision approved by Executive Director	1. Items modified to reflect child welfare concerns 2. Instruments checked by Research Committee 3. Instruments pre-tested on similar populations 4. Feedback solicited from Board of Directors	final version presented to Board & approved
Less Than Expected -1	definition unacceptable to Executive Director -definition processes not started by end of Feb. 1985	unable to find data pertinent to study area- demographic data not collected by mid-March 1985	dissension among resources as to which area should be studied - cases scattered rather than grouped - not identified by mid-March 1985	Research Committee and/or Board disapprove instruments -no pre-test done -survey methods modified -not modified by end of March 1985	final version not accepted -not finalized by end of March 1985

FIGURE 5

GOAL ATTAINMENT SCALE

PHASE II (cont'd)Level of
Success

Activity

	f) identify key informants	g) mail out key informant questionnaires	h) recruit & train volunteers	i) conduct surveys	j) present preliminary results to Board
Better Than Expected +1	all key informants participate, no problems encountered	surveys mailed early	more than 8 volunteers recruited attend session survey done early drop out rate less 2	surveys completed early higher than expected response rates	survey data completed and presented in final form to Board
Expected Level of Success 0	1.resource lists gathered 2.inclusion of key informants based on CONA model 3.major key informants included in study	1.budget obtained for mail out survey 2.surveys mailed out within reasonable time frame for completion & return 3.surveys mailed by May 1985	1.agency assistance with volunteer recruitment 2. 8 volunteers recruited 3.volunteers attend training 4.volunteers drop out rate less than 3 5.volunteers complete survey	1.face-face survey completed by June 2.Response rate to general population at least 40% 3.key informants surveys completed by June 4.response rate to key informants at least 60%	Initial impression of survey presented at June Board meeting
Less Than Expected -1	More than one key informant refuse participation -key informants not identified by mid-March 1985	surveys not mailed by May 1985 -time frame too narrow for return	1.difficulty recruiting volunteers 2.agency little assistance 3.training presents difficulties 4.volunteers quit 5.volunteers unable to finish survey 6.volunteers not recruited by Apr.1985	1.surveys not completed by June 1985 2. response rates lower than expected	1.impressions presented by memo 2.not presented by mid-July

FIGURE 5

GOAL ATTAINMENT SCALE

PHASE IIILevel of
Success

	a) Complete results of Needs Assessment	b) Complete Practicum Report	c) Write Literature Review	d) Present Practicum
Better Than Expected +1	1. Surveys collected early 2. Computer analysis finished early 3. Higher levels of analysis used than proposed	Report completed prior to mid-August -no revisions required	Literature Review completed prior to July	Practicum report pre-pre-mid-August -no difficulties encountered
Expected 0	1. general population survey & key informant surveys collected by mid-June 2. Computer analysis completed mid-July 3. appropriate level of analysis utilized	Practicum Report written and approved by committee -report written by mid-August - some revisions required	1. Literature review completed by mid-July 2. Relevant theoretical literature included	Practicum presented at school mid-August - no major difficulties encountered
Less Than Expected -1	1. surveys collected past June 1985 2. Analysis continued past July 1985 3. level of analysis inappropriate	1. report completed after mid-August 2. extensive revisions required	Literature Review completed past July 1985 student unable to find relevant theoretical literature	1. Practicum presented post late-August 2. Major difficulties experienced

FIGURE 6

TABLE II
GAS OUTCOME SCORES
PHASE ONE

Outcome	Activity			
	a	b	c	d
+1	.	.		
0			.	.
-1				

PHASE TWO

Outcome	Activity									
	a	b	c	d	e	f	g	h	i	j
+1		.	.		.					
0	.			.		.	.	.		
-1								.	.	.

PHASE THREE

Outcome	Activity			
	a	b	c	d
+1				
0	.	.		
-1			.	.

Phase One

Activity

a) "Identify Resource People" - rated at +1

Student was able to identify: provincial resource person:

- 1) Tim Sale who provided theoretical and statistical advice;
- 2) Francis Muir and 3) Shirley Chase of West Region Child & Family Services who provided valuable information regarding case distribution, resource material and opinions as to an area where a study should be undertaken; 4) Elaine Gelmon, supervisor of St. James area of Winnipeg-West who supported student's undertaking in principle;
- 5) Cyndie Watt and Paul Madak of the Community Relations Committee and Research Committee respectively. Each contributed valuable information, opinions, and help to student activities. In addition to these resources Debbie Handler of the Child & Family Service Directorate, Kathy Kristjanson of the same department, fellow students and Doctor Currie of the Institute for Economic Research were found to be valuable resources.

b) Obtain Pertinent Reference Material: +1

Student was able to obtain: 1) historical background to re-organization in the "Planning Manual, Restructuring of Child & Family Services in Winnipeg" (1983); 2) A Needs Assessment Model was found in "Needs Assessment: A Model for Community Planning" (1981). 3) Statistical information regarding case distribution was obtained from the Child & Family Service Directorate and from Francis Muir, West Region; 4) Statistics Canada 1981 census information was obtained by census tract from Debbie Handler and Statistics Canada;

5) Dwelling unit information was obtained from the "Henderson Directory" and the MTS "Who Called Me?" book. Additional information was supplied by Shirley Chase in the form of "An Analysis of Social Problems, Needs & Trends for Winnipeg" (Social Planning Council of Winnipeg, 1980) and the St. James - Assiniboia Resource Book compiled by BSW students.

c) Meets with Appropriate Staff & Board Members: 0

Student was able to 1) meet with the Executive Director regularly for updates. As well updates were provided to the Executive Director in memo form; 2) Research Committee Chairperson met with student once for the purposes of approving the research instruments. Student liased with Mr. Madak several additional times by telephone 3) Student met with Community Relations Chairperson on three occasions to discuss project and to recruit volunteers. Mrs. Cydnie Watt was very helpful as she recruited several volunteers for student; 4) Student attended one Board meeting to present research proposal; 5) Student met with Elaine Gelmon - Supervisor of St. James for Winnipeg-West once to discuss research. Ms. Gelmon indicated support for research.

d) Begins literature review: 0

Student was able to: 1) identify theoretical assumptions for literature review and; 2) able to find access to relevant literature and; 3) consulted others regarding appropriate literature and advisor, fellow students and provincial resource people.

Phase Two

a) Define St. James geographically: 0

Student was able to: 1) define the civic boundary which did not include Brooklands; 2) School Division boundary which included Brooklands; 3) Agency boundary at point of study did not include Brooklands however this boundary was being negotiated. 4) Worker used the civic boundary to define St. James. This was agreeable to the Executive Director.

b) Collect Demographic Information: +1

Student was able to collect: 1) Data for St. James in the form of student Resource Book, census information and from "An Analysis of Social Problems, Needs & Trends for Winnipeg"; 2) Data was also available regarding the study area from the above mentioned sources. 3) Stats Canada was consulted and detailed information was made available. 4) Provincial resources supplied statistical updates periodically. The main source of additional information came from Shirley Chase and included written material detailed above in (1) as well as information obtained verbally.

c) Determines neighbourhood for study: +1

Student: 1) Consulted with Executive Director regarding area for study: "Old St. James" was identified; 2) West Region staff indicated three areas: "Old St. James", Brooklands, and an area in the west corner of St. James, along Portage Avenue. "Old St. James", now known as the King Edwards area was prioritized as the prime area for study; 3) Winnipeg-West St. James supervisor concurred with the other resources; 4) Case plotting affirmed the three areas identified by West-Region staff. The highest concentration of cases was in Brookland which was not part of the region at this point.

"Old St. James" also had a high concentration of cases, particularly abuse cases.

d) Modifies CONA survey instruments: 0

1) Student modified survey instruments to reflect child welfare concerns; 2) Instruments were checked and approved by Research Committee Chairperson with some modifications; 3) Instruments were pre-tested; 4) Feedback solicited from Board - student was able to modify demographic questions pertaining to age.

e) Finalizes survey instruments with Boards: +1

Final version was presented to Board and approved March 25, 1985. Board recommended that survey be adopted for future use by Board.

f) Identify Key Informants: 0

1) Resource list was gathered and updated.
2) Key informants included were based on CONA recommendations.
3) Major key informants agreed to inclusion in research, however, Ken Maskiw refused permission for his staff to be included therefore West Region staff could not be surveyed. The Chief of Police would not allow all his St. James officers to participate, instead the Superintendent of the St. James station completed a survey.

g) Mail Out Key Informants Questionnaires: 0

1) Initially a budget of \$300.00 was allowed by the agency for mail-out questionnaires. Student opted to mail out survey only to clergy (N = 22) and to the Superintendent of Police (N = 1) and to drop off and pick up the other surveys to: i) save time; ii) save money so that the mail-out budget could be used to hire for the general population surveys. Agency refused to budget for the general population surveys. 2 & 3) Surveys were mailed or delivered by May 1985, with a return date by the end of June. This was considered an adequate time frame by student.

h) Recruit & Train Volunteers: -1

1) Student experienced difficulty recruiting volunteers. Only four volunteers could be recruited. However, those recruited had experience in surveys.

2) The agency was of little assistance in recruiting. The agency was not at a development stage where they had volunteers organized. Volunteers from the former CAS who lived in St. James were unavailable. Consequently with assistance from Cydnie Watt, the agency membership list was topped.

3) Not all the volunteers could attend the same training session, therefore student scheduled several sessions. Volunteers refused to do the survey door to door therefore surveys had to be further modified to be delivered via the telephone.

4 & 5) Two volunteers were unable to finish the surveys they had contracted for due to personal reasons.

6) Volunteer recruitment continued past April 1985.

i) Conduct Surveys: -1

1) Surveys were done by telephone rather than by face-to-face interviews. The surveys were not completed until late June 1985.

2) Response rates to the general population survey were lower than expected (19%).

j) Present Preliminary Results to Board: -1

1 & 2) Initial impressions of surveys were detailed to the Executive Director by letter in late August. Student had offered to attend Board meeting to discuss initial impressions, however, this was not arranged.

Phase Three

a) Complete results of needs assessment: 0

1) General population surveys were not finished until late June.

2) Computer analysis was not completed until late September (Student returned to work in Brandon, computer time unavailable outside working hours until September).

3) Level of analysis was consistent with level of analysis proposed. Agency belately expressed desire for higher level of analysis after analyses had been completed.

b) Complete Literature Review: 0

1) Literature review was completed by mid July. However, when analysis was delayed, pertinent material became available and was included.

2) Relevant theoretical literature was included and approved by advisor and committee.

c) Write Practicum Report: -1

1) Report was not completed until March 1986 due to delay in computer analysis and negotiation with agency regarding research report.

2) Revisions were required although major changes were not necessary.

d) Present Practicum: -1

1) Practicum not presented by late August due to reason detailed previously.

2) Major difficulties, other than with time frame and negotiations with the agency, were not experienced in the compilation and presentation of the practicum report.

JOURNAL - LOGLearning Goals:

- 1) Student found the process of undertaking a community needs assessment an exhaustive process in this new agency. However, the understanding of the process was facilitated greatly by the actual undertaking. In fact, far more understanding was garnered than ever could be by simply undertaking a survey of the needs assessment literature.
- 2) Learning goal #2, Development of skill in the needs assessment framework was met. Student was able to develop skill in modification of instruments, resource identification and utilization, negotiation for resources and procedures, as well in utilization of personnel. Student learned to be resourceful and to function under the less than optimal and stressful situation of an agency and staff in transition.
- 3) Student became familiar with the demographic profile of the neighbourhood and community of study. Student learned to utilize agency and community statistical data. Student also gained skills in interpreting this data to others skeptical or ill informed about statistical indicators. Student also developed a healthy respect for those who compile such information.
- 4) Student was able to compile a literature review including the concepts of planning, community-based services, network theory, ecological theory and needs assessment and survey technique literature. Student found this process particularly helpful for developing a framework for the research and as a means of explaining and justifying to others the concepts upon which the research was based. The examination of ecological theory and community-based services theory re-awakened an understanding of the roots of early social work in this student.

5) Student was able to enhance skill and knowledge in the implementation of program planning activities. Although student had textbook knowledge of this process and some actual experience in agency settings this practicum served to reinforce the necessity of such activities to the student. This practicum served to point out that in reality many other events impinge on planning activities. Within this agency although the agency did express a desire to undertake planning activities they did not have the resources to do so, in fact they were not ready at the point which they accepted student to undertake these activities. They did not have staff knowledgeable and supportive to research activities, the physical setting was not adequate and agency commitment to resource allocation for research fluctuated. Lines of authority were often difficult to establish and agency expectations seemed unrealistic at times. Despite the problems these created for student, student feels the gains made in understanding some actual problems associated with the research problems has benefitted student's experience.

Processes Student found Helpful

Student attempted to schedule regular updating sessions with the Executive Director. Student would like to have had more contact with the Board of Directors and their various sub-committees, however, time and the pressure of other responsibilities seem to have prevented this. However, when meetings did occur, student found this helpful.

Student attempted to plan commitments in writing for future reference. In dealing with this agency in this time of confusion, this served the student particularly well.

Student felt frustration that some items which had been agreed in writing were challenged by the agency. In particular the level of analysis agreed to was that of percents and frequencies providing descriptive data about the population studied. After the practicum, the agency expressed dissatisfaction with this level of analysis. Student refused to re-run data and proceed to higher levels of analysis due to the time factor and effort required. As well, the agency had agreed to a budget of \$300.00. This was for mail-out surveys, however, as the project wore on and it became evident that the volunteers would not finish the surveys within the given time frame, student delivered and picked up the surveys and hired someone to help her with this, out of her own pocket. Student's request to have this money to pay additional volunteers was rejected. As well student paid to have the data from the surveys ~~inputed~~ to the computer to facilitate faster completion. In all, student paid about \$350.00 from her own pocket to finish this practicum as soon as possible to make the results available.

Was the Information Useful

Student compiled a great deal of information about the area under study. Throughout the practicum student offered to share this information. However, this offer was not acted on. Resistance to examination of quantitative data regarding the consumer group made the identification of the area for study difficult.

At the completion of the project, student was informed that the information gathered was useless unless student proceeded to higher levels of analysis. Student's offer and plan of presenting

this material to the Board of Directors was not carried through by the agency. The agency, in fact, hired a person to do community relations and their first step was to go back and re-do a community needs assessment.

Student's development of the theoretical & technical base of needs assessments:

As noted in previous sections, student found this process enlightening and educating. Student increased her knowledge in the area of needs assessment. As well, a further expertise was developed in survey development and implementation was gained through the practical application in a "real life" situation.

Student relationship to agency & board & resource people.

As student has noted previously, more regular contact with the agency and board was desired. However, it was made clear at the outset that time was a precious commodity to all concerned and student accepted this.

Student found the telephone an invaluable tool. When time allowed, face-to-face interviews were utilized. Student found this the most preferred method as a relationship could be developed. When these two methods were unavailable, correspondence was used.

Was Student's Approach Organized and Well Thought Out

Student attempted to be organized. An activity list and time frame was developed in consultation with the Executive Director, advisor, and committee. However, unforeseen circumstances often interfered. Student had no regular office or space to work from. Near the end of the practicum, furniture was continually moved out from underneath student and in the end student did not even have access to a telephone.

Access to clerical staff was limited, however, Margaret Murray, Executive Secretary to Mrs. Boyko assisted student immensely. Change in staff and location hindered communication. As well, student was restricted from speaking with staff or working out of the West Region offices where resources, guidance and space were available.

Student is a person who takes great pride in being organized and found the many problems of the agency at this time a detriment to the ability to be organized.

As well, student was offered a job in Brandon beginning at the end of May. Financially, student had to take this position. In Brandon, the computer was unavailable after working hours, and student had much less time to work on the practicum report. As a result, the time frame for the completion of the report was not met.

In reviewing my journal I find the agency lack of support for student's efforts the most disappointing aspect of this practicum. Although many difficulties were encountered due to the re-organization that was taking place, student feels that this has been a valuable learning experience.

CHAPTER VI

SUMMARYMove to Community-Based Services

The "Child & Family Service Agency of Winnipeg-West" is one of six new community-based child and family service agencies recently established by the provincial government in Winnipeg, Manitoba. This action has been preceded by a decade of recommendations to dissolve the extremely centralized "Children's Aid Society of Winnipeg".

The move to community-based services is based on the ecological theory that the entire range of influences on an identified client is important to that client's adaptation (client may be an individual, family, group, or community). This theory views the transactions between clients and the larger systems of which they are a part of, as the proper focus of intervention.

With the re-organization of child welfare services in Winnipeg the provincial government has expressed a commitment to the delivery of child and family services that reflects local concerns. These new agencies are governed by community-based, volunteer boards committed to the notion of consumer involvement and community development.

Needs Assessment

To determine the particular needs of the individual communities, the new agencies are seeking information that will help inform the program planning process through which each agency must progress.

Winnipeg-West agreed that student's practicum in "needs assessment" could provide them with valuable information with relatively little time and expenditure to their agency. Student viewed this as an opportunity to participate in a "real life" situation where research would be utilized.

A "Needs Assessment" of perceived community problems related to child welfare was undertaken in the "King Edwards" neighbourhood in St. James. This needs assessment included: (1) compilation of existing demographic data; 2) a telephone survey of the general population in the King Edwards neighbourhood and; 3) a mail out key informant survey of selected professionals in St. James.

Results

Results indicated that a negative view of child caring agencies exists within the general public. As well both the general public and professional lack knowledge of services offered and referral procedures. Both surveys indicated a need for parenting skills training, support services to parents, particularly the single parent.

The neighbourhood was found to be a low-income, high unemployment area with a greater than average number of unemployed, elderly, non-family, one-parent households and subsidized Day Care.

The area was found to be relatively stable and homogenous, making this area suitable for a neighbourhood Resource Centre. Both surveys indicated a need for and support of this type of service delivery.

Response rate to the general population survey were lower than expected. Problems in recruiting volunteers, method of delivery, and cumbersome wording may have contributed. More importantly, the

area had been saturated with business telephone solicitation and a very negative response to Child & Family Services (linking the agency with CAS Winnipeg) was found to be prevalent in potential respondents.

There was a much higher response rate to the key informants survey. This was attributed to the cooperation of the agencies surveyed, most notably the St. James - Assiniboia School Division. Although one unit of professionals refused involvement, the majority were more than willing to participate.

Recommendations

Based on the study results, student recommended essentially two courses of action. A primary and ongoing concern should be the enhancement of the agency's image. This in part can be accomplished through a media campaign and in part by disseminating information regarding agency services and referral procedure.

Secondly, a neighbourhood resource centre designed to enhance and support family life, particularly for single parents could address the perceived problems encountered in this neighbourhood. This approach would be the least stigmatizing method of delivering child welfare services and could also serve to enhance the agency's responsiveness to local needs as well as enhance the agency's image.

Evaluation

The major difficulty in completing this practicum lay in the disordered state of the agency during the initial phases of their re-organization. Despite their verbal support of student's activities they had neither the physical setting, the personnel, or the knowledge readily available to support and accept student activities.

At another point in time, perhaps as the agency settled into their new offices, a greater amount of support and less confusion would have been evident.

Student's return to the workplace caused a long delay in the activity time-frame during the third phase of the practicum. As a result, information dissemination took far longer than actually planned.

Despite the numerous drawbacks of this practicum, student has found the experience valuable. It is student's hope that, despite the initial reactions from the agency that they felt the information supplied was of little use, the information upon reflection, may inform their service delivery.

In closing, student would like to express thanks to all those who assisted with the activities undertaken. It was a time of stress, pressure and confusion to all, and the time I received from those who helped was greatly appreciated.

FOOTNOTES

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REPORT TO BOARD OF DIRECTORS

SUMMARY OF MAJOR FINDINGS

A "Needs Assessment" of service needs for child and family concerns was undertaken from April 1985 to July 1985 under the auspices of Child and Family Service Agency of Winnipeg-West.

Data was collected via telephone survey questionnaires from a random sample of dwelling units in the King Edward neighbourhood, corresponding with Census Tract PT 531, and by mail-out survey questionnaire from a sample of key informants in the larger community of St. James.

Response from the general population telephone survey were low (19%), due to saturation of the area with business telephone soliciting and negative association of the agency with the former Children's Aid of Winnipeg. Response rate to the mail-out survey questionnaire to key informants was much higher (69%).

Both surveys indicated a lack of knowledge regarding services offered and referral procedures. As well both surveys indicated a need for parenting skills and support services as well as services to the single parent. (Table I)

TABLE I

Summary of Tables - Major Findings

General Population

N = 56

Factor	Percent "yes" response
Perceived Neighbourhood Problems:	
Most Serious: juvenile delinquency	23
Next Serious: problems raising children	27
Problems Faced Past Five Years: Financial Problems	55
Factors that would prevent seeking :	
Help from a Child & Family Service Agency	
Agency usually not open when help is needed	39

Awareness of Agencies: (Most Aware) Canada Manpower	93
(Least Aware) St. James Educational Support Services	32
Winnipeg-West	50
Yes Response to Service Development:	
(Highest Response) Counselling Services	80
(Lowest Response) Adoption Services	55
Walk-In Centre Service Preference:	
Most Important Service: Crisis Counselling	41
Next Most Important Service: Health Care Advice	20
Key Informants	
N = 137	
Perceived Neighbourhood Problems: Most Serious:	
Parenting Skills	36
Next Serious: Family Conflict	20
Factors Preventing Seeking Help from Child Care Agency:	
Don't know who to contact	88
Knowledge of Agency Service for Selected Problems:	
(high response) school problems	89
(low response) loneliness	23
Service Development Preferences:	
Most Desired: Parenting support services	37
Next Desired: Services to single parents	18
Areas That Would Improve Co-operation:	
Information about type of service available	85

A review of demographic information regarding the sample neighbourhood reveals that the study area can be described as a low income / high unemployment neighbourhood with an above average incidence of unemployment, elderly, non-family and one-parent households and an above average incidence of subsidized Day Care.

The area is predominantly a white Protestant area with a total average income for males at \$13,427.00 and females \$7,444.00. (Statistics Canada, 1981)

Based on the study results, the primary initial area of focus for the agency should be to mount an extensive media campaign geared at information dissemination to the general public and professionals. The primary aim would be to inform of services offered, referral procedures, etc., a secondary aim would be to establish a positive image of the agency.

Service development and delivery, outside of the strictly mandated services, should focus on the support and supplementation of parental care. Educational and support group services would help support parents while Day Care Services and babysitting would assist single parents in entry to the labor market.

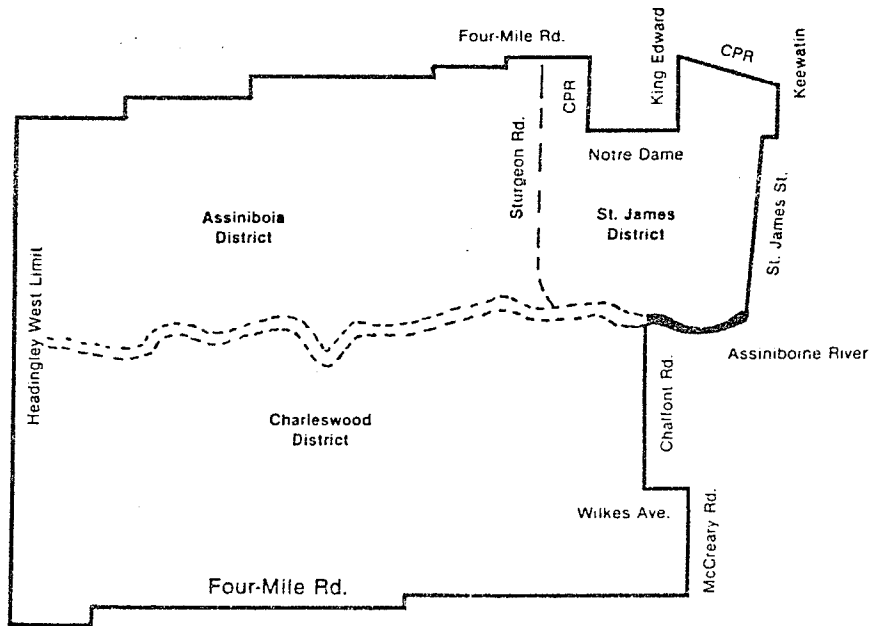
This report is prepared as part of the Masters of Social Work Practicum of Pat Ferris.

The intent of this study was to undertake a needs assessment, from which the data gathered can be utilized to set program goals and objectives for The Child & Family Service Agency of Winnipeg-West. The main objective was the involvement of the community in the planning process thus general population and key informants were utilized as sources of information.

The "Child and Family Service Agency of Winnipeg West" is one of six new community-based child and family service agencies established by the provincial government in response to a decade of recommendations to dissolve the extremely centralized "Children's Aid Society of Winnipeg", (Province of Manitoba, 1983). Child & Family Services of Winnipeg - West, incorporated September 5, 1984, began service delivery April 1, 1985. (Figure 1) With this regionalization the provincial government has expressed a commitment to service delivery of child and family services that reflects local concerns through community-based, volunteer boards, and to community development (Province of Manitoba, 1983).

Plans to deliver comprehensive child and family services that provide a continuum of care to the community, encompassing; prevention, development, treatment and rehabilitation, and Service delivery designed to: support, supplement, or substitute parental care, precipitated a request for information upon which to base service delivery.

Winnipeg-West is unique among the new agencies in that this agency took over service delivery from The Children's Aid Society of Winnipeg as well as from the Province of Manitoba.



CHILD AND FAMILY SERVICE AGENCY OF WINNIPEG WEST

FIGURE I

This region has been divided into three supervisory areas:

1. St. James-Brooklands, 2. Assiniboia-Headingley, 3. Tuxedo.

Tuxedo and Assiniboia had been receiving services from the provincial government as distinct communities while St. James had received service as part of the City of Winnipeg. Consequently little is known about the St. James area as a separate community. It was this area about which information regarding service delivery was requested and was therefore targeted as the focus for study in the program planning process of this new agency.

Researcher was approached by the Executive Director J. Boyko to undertake a study in the St. James area regarding community problems.

To determine whether to undertake a research project at this initial stage of agency development, it was necessary to undertake extensive discussions with the Executive Director, who consulted with the Board of Directors and with these sub-committee chairpersons: Research, Community Relations, and Program Committees.

Through these discussions and negotiations the purpose of the research was defined as: "to provide useful information to the Executive Director and Board of Directors which reflects local problem perceptions and service delivery preferences in a selected neighbourhood within the St. James supervisory area for the purpose of making decisions about program delivery."

Ecological theory provides a basic framework for the development of community-based services such as those proposed by Winnipeg-West.

Ecology within the human service framework focuses on the environment, particularly social systems, and examines the transactions

that occur between an individual and the environment. (Holahan et al, 1979)

To operationalize the ecological approach in child welfare, community-based services at the neighbourhood level are recommended.

Characteristics of community-based child welfare service delivery in Manitoba include:

1. Services that are family-focused within the secondary setting of the community.
2. Definitions of community that reflects naturally occurring boundaries.
3. Consumer participation in needs identification, policy, planning and programming.
4. Mechanisms for consumer feedback.
5. Commitment to preventive services with particular emphasis on neighbourhood resource centres as a means of service delivery.
6. Comprehensive service delivery providing a continuance of services. (Province of Manitoba, 1983)

Winnipeg-West required information that would inform service delivery that reflected these characteristics. As consumer involvement is considered appropriate, the methodological framework included data from potential consumers of agency services.

The concepts of neighbourhood may be defined in many ways (Froland et al, 1981). However, the definition of neighbourhood with which many social agencies choose to base their interventions on is,

"...the neighbourhood with which one identifies in response to the question "where do you live" or which has a generally agreed upon name or forms the basis action..."

Thus neighbourhood is defined in terms of a locality.

The population of such an area can vary widely. (Froland et al, 1981)

A neighbourhood approach to service delivery is generally appropriate when, 1) the community is relatively homogeneous in terms of ethnicity, social and age status, 2) when shared cultural traditions exist, 3) where the neighbourhood has a relatively stable population as opposed to a transient population and 4) where there are settings that provide opportunities for organized social contacts such as churches and volunteer organizations, etc. which serve a limited local area. (Froland et al, 1981)

A neighbourhood based approach where appropriate has the prime advantages of allowing the agency to deal with the area as an ecological system rather than simply with individuals.

METHODS

Subjects

There were two groups of subjects studied in preparing this report. The first group included potential consumers of services. This group was defined as the general population of the Kind Edwards neighbourhood and was surveyed by telephone survey questionnaire.

(Appendix 1) The study group was selected by random sampling from household units having a telephone. Those who were asked to complete the survey were defined as the person in the dwelling unit having the primary child-caring responsibility.

A listing of all dwelling units in the area for study was compiled from the M.T.S. "Who Called Me?" book, which is updated every six months and lists phone numbers by dwelling unit, and the "Henderson Directory" which also lists phone numbers by dwelling unit. Between these two a list of dwelling units and their phone numbers was compiled. Information was also listed on which dwelling units have no phone and which phone number (if there is more than one), belongs to the head of the household. Only one phone number per dwelling unit (defined as a self contained suite consisting of more than one room with a private entrance), was included and this was the number belonging to the head of the household. Where no phone number was available between the two lists, the unit was not included. There were 2,065 dwelling units listed, 1848 were listed as having telephones with publically listed numbers. A random sample of three hundred units were selected.

The sample was organized by street and dwelling unit from east-west, then avenues from north to south and every sixth dwelling unit

was selected yielding a sample of 300 numbers.

The actual survey questionnaires were given from a period extending from April 14 to May 27, 1985. Volunteers were to call between 9 a.m. and 9 p.m. on weekdays and from 11 a.m. to 6 p.m. on weekends.

Unfinished questionnaires were given by the remaining hired volunteer during the month of June.

The second group, studied by mail-out questionnaire (Appendix 2), were defined as key informants, or professional and care-giving people who may have contact with the potential consumers of child welfare services. Key informant selection was based on the "CONA model" of needs assessment and were drawn from a resource list obtained from Shirley Chase (West Region). This list had been compiled by BSW students in previous years and was updated by researcher through consultation of telephone listings. Key informants were drawn from the entire St. James supervisory area. Key informants important to this study were defined as members of the St. James School Division which included administrators (principals), teachers and Educational Support Services staff; medical clinic doctors; clergy, police; hospital social workers and Department of Community Services staff and the YMCA staff.

Researcher consulted with the administrators of the School Division regarding selection of respondents for the questionnaires. One hundred and fifty surveys were delivered to the school division for distribution to a selection of teachers, principals and educational support services in this division. A sample of three teachers, one from primary, elementary and secondary and the principal and Educational Support staff from each school was surveyed. The surveys were picked

up at each school upon completion.

Surveys were mailed out to the churches N = 22, in stamped return envelopes. Surveys were hand delivered to the YMCA N = 8, Grace General Hospital N = 5, Mall Medical N = 2, Birchwood Medical N = 2, Silver Heights Medical N = 10, after obtaining permission over the telephone, and were picked up upon completion.

A letter of permission was obtained from the Superintendent of the Winnipeg Police for the Superintendent of the St. James Police Station to complete the questionnaire.

Ken Maskiw was the only refusal after extensive negotiation. The total number of surveys sent out was 200.

Demographic and statistical data was collected from "An Analysis of Needs and Trends for Winnipeg" (Social Planning Council of Winnipeg, 1980), Statistics Canada, and child and family case statistics from Children's Aid Society of Winnipeg and West Region Child and Family Services.

Personnel

Volunteers were recruited from Winnipeg-West agency membership list to administer the general population telephone surveys. Four were recruited. The volunteers received a three hour training session on survey administration. Two of the volunteers lived in the neighbourhood being surveyed. Two had professional telephone survey training and two had been involved in previous social science surveys. All were women with families.

The training included an overview of the research, administration of the questionnaires, how to avoid a biased interview, interviewing techniques, techniques for obtaining an interview, selection of the

respondent and call-back strategy.

Volunteers had access to researcher by telephone at home and at the office. Researcher met with volunteers individually at least once and remained in contact by telephone to diminish the effects of burn out.

However, three volunteers were unable to complete the surveys in the allotted time and one volunteer was hired to complete the remaining surveys.

Apparatus

For the purposes of this study the "Community Oriented Needs Assessment" (CONA) (Neuber, 1981) method of needs assessment was utilized. This model reflects the underlying philosophy of community-based services and incorporates the important factors of consumer involvement in needs identification and the establishment of feedback mechanisms from the community to the service providers.

In this model the consumer is identified as the focal point for determining what type of information is sought and how the information is to be collected. The model is based on the premise that human services are developed for and supported by the general public.

The CONA model has been developed to enhance two-way communication between the community and service providers. The study utilized data from three sources: 1) available statistics, 2) potential consumers 3) key informants.

Data collected address these core issues, personal problems and need, perceived common problems and need, consumer's awareness of available resources, attitudes towards problems of living and the services designed to assist people in dealing with such problems.

Procedures

Determining the Methodological Framework

The methodological framework was drawn from needs assessment literature. Needs assessment can be broadly defined as:

"a dynamic exchange of information between service providers and the communities or target group they serve." 2

The main use of needs assessment methodology is to assist the policy-maker to set identifiable goals for their organizations and to strengthen and support rationales for resource allocation. (Davies, 1977)

For the purpose of this study, the Isaac and Michael (1982) definition of the "democratic view" of need, which defines needs as a change that is desired by the majority of an identified population, was used. This view most closely reflected the community-based needs assessment approach and the principles of the ecological perspective, consumer involvement and feedback. According to Isaac and Michael the advantages of using this definition are:

1. it is easy to apply
2. it is democratic
3. it can be a valued public relations tool
4. it can consider a wide range of variables
5. it involves many people in the goal setting process
6. it can provide information which may be used to determine the relative importance of defined need.

Disadvantages stemming from the use of this definition are:

1. the possibility of confusing needs with preferences
2. it depends on the reference group being informed and thus the possibility exists of forming invalid goals. However, by

establishing on-going communication with the community as the CONA model advocates, it is hoped that the possible disadvantages could be minimized through dialogue and feedback from the community.

Additional comments on the disadvantages of needs assessment in general are discussed in Kimmel (1977). Kimmel states that data is assumed to clarify understanding and that this may not necessarily be so. According to Kimmel, there is a potential for needs assessment to be used as a political tool, his fear being that needs assessment can bypass beaurocracy. A more critical point is that there are many views as to what needs assessment actually is; a change oriented process, a method for enumeration and description, an analytic procedure or a decision-making process. However, this researcher feels that needs assessment can by any one or all without detracting from its power as a method of planning. Kimmel also points out that the meaning of need is relative and value-laden and varies according to researcher, presenting no standardized definition. Kimmel also indicates that there is no single well-developed analytical approach or procedures beyond standard data manipulation procedures and that multiple approaches must be used. However, the CONA model, a well replicated approach utilizing three methods of data collection was utilized in this study providing some standardization.

Use of the survey techniques also presents some problems. Sample attrition and non-response rates may affect the representativeness of the set of respondents. (Moser, Kalton, 1972) The surveys rely on self report data and may be unreliable, and pre-structured closed-ended questions can be constraining by not allowing the opportunity

to explore. (Sudman, 1976) Finally, representativeness is hard to achieve, and "ecological fallacy", attributing to individuals within a community the characteristics of a community as a whole, present problems. These were controlled for by instituting random sampling procedures and explicitly defining the population to be studied.

Determining Survey Techniques

For the purposes of this study the CONA questionnaires were modified by the researcher to reflect Child Welfare concerns. Feedback regarding the wording and questionnaire constructed was sought from agency staff, the Board of Directors and individuals reflecting key informants and the general population. The final version of the survey instrument was pretested on 22 key informants from Portage la Prairie and Brandon. These included teachers, psychiatric nurses, and social workers from a cross section of child welfare, mental health, and other counselling services. Ten subjects, in Winnipeg, were pre-tested on the general population survey.

Further revisions were made to the wording of some items on the questionnaire. The final version of the surveys was approved by the Research Committee chairperson. As well the questionnaire to the general public, although it is recommended to collect data from face to face interviews, were collected by telephone and was therefore modified to reflect the data collection method. Although face to face interviews would yield more detailed information, they are more time consuming, require more staff and training and proved too threatening to potential volunteers. Telephone interviews miss dwelling units without telephones, however, key workers indicate that this

figure would be extremely low in this area. There are advantages to this method. Centralized, closely monitored telephone interview teams are less likely to induce interviewer distortion and subversion (Mason et al, 1983), than with in-person interviews. Subjects may be more likely to give an honest answer to a question over the telephone than with an in-person interview. However, questions which ask the respondent to rank or select items from a long list can tax the respondents memory and patience and therefore, the CONA survey instrument for the general public required some further modifications for the general population questionnaire. A mail-out questionnaire conducted by the Children's Aid Society of Eastern Manitoba yielded low response rates. (Leatham - Smith, 1984)

The mail-out questionnaire allowed the respondent complete control, however, questions could not be fully explained. Open ended questions were avoided because people generally find it boring to write out long answers. (Mason et al, 1983) There was also the possibility that respondents may read the entire questionnaire before answering, change their responses, or have someone else fill out the questionnaire for them. On the other hand, mail-out questionnaires produce the most honest response of all methods. (Mason et al, 1983) In addition, uniformity in the manner in which a question is asked can only be achieved in the strictest sense by a mail-out questionnaire. (Mason et al, 1983)

Closed-end questions were utilized on both questionnaires because comparison of answers is easier, answers are easy to code, answers are complete and irrelevant responses minimal. It is easier for the respondent to answer and makes sensitive questions less

sensitive. (Mason et al, 1983) In addition, other child and family service questionnaires have not received good responses to open-ended questions because often people are not aware of the type of services offered by these types of agencies. The disadvantages of this type of question are: it is easy for the respondent to guess, inappropriate categories may frustrate the respondent, lengthy, repetitious questionnaires are error prone, differences in interpretation of the question go undetected, variation in answers are artificially eliminated, and there is a greater likelihood of transcription error. (Mason et al, 1983)

The overall advantage of using the CONA approach is found in the involvement of the consumer in the needs assessment process. Through this involvement, education and rapport can be established. The model is inexpensive to utilize and easy to replicate and provides an extensive data base from which programs can be developed that reflect specific community needs. The model, through replication, provides a means of periodic evaluation of the impact of programming on the consumer and information provided can provide a rationale for funding and accountability.

Identification of Area for Study

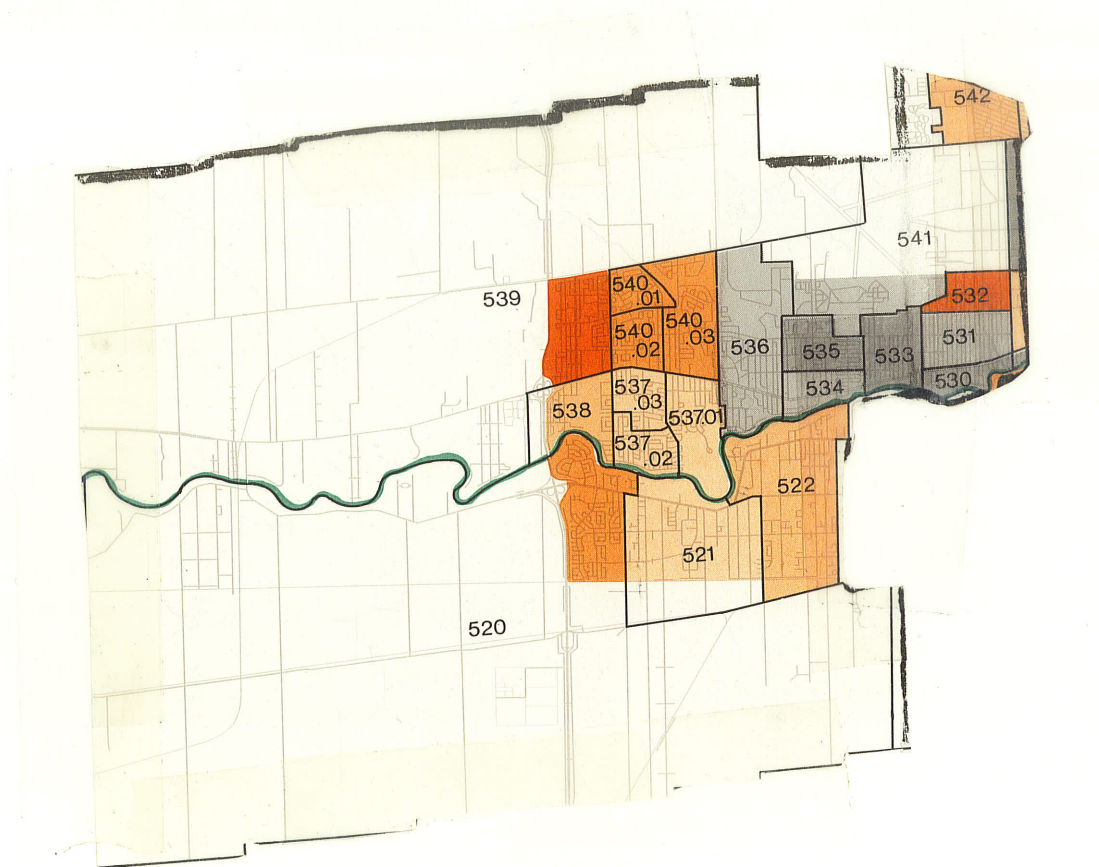
Jenny Boyko, Executive Director of the new agency, Shirley Chase, Supervisor of Winnipeg-West Child & Family Service Team and Francis Muir, careworker in child welfare in St. James for 15 years, were consulted as to their impressions regarding which area in St. James should be studied. Two areas were identified; 1) The "Old" St. James area and, 2) an area along Portage Avenue from 2500 block to Sturgeon Road.

Cases from West Region and Children's Aid of Winnipeg were plotted in a map. (Figure 3) Incidence of abuse was used as the best indicator of need for child welfare service. (Social Planning Council of Winnipeg, 1980)

The area known as old St. James, St. James Street to Truro and Silver Avenue to Portage Avenue North, contained a high concentration of cases as well as the greatest incidence of abuse cases and was therefore chosen as a sample area in St. James for study and potential development of a Resource Centre.

This area corresponds to what is presently known as the "King Edward" neighbourhood. Federal census tract PT 531 coincided very closely to this identified area. Therefore the boundary of this area was used so as to facilitate the use of available statistical information. (Figure 2) Three high rise apartments were excluded from the study. None were physically part of, nor typical of, the housing in the area, and were just beginning to rent.

The area boundaries were St. James Street (west side), to Truro Street (east side) from Portage Avenue North to Silver Avenue (south).

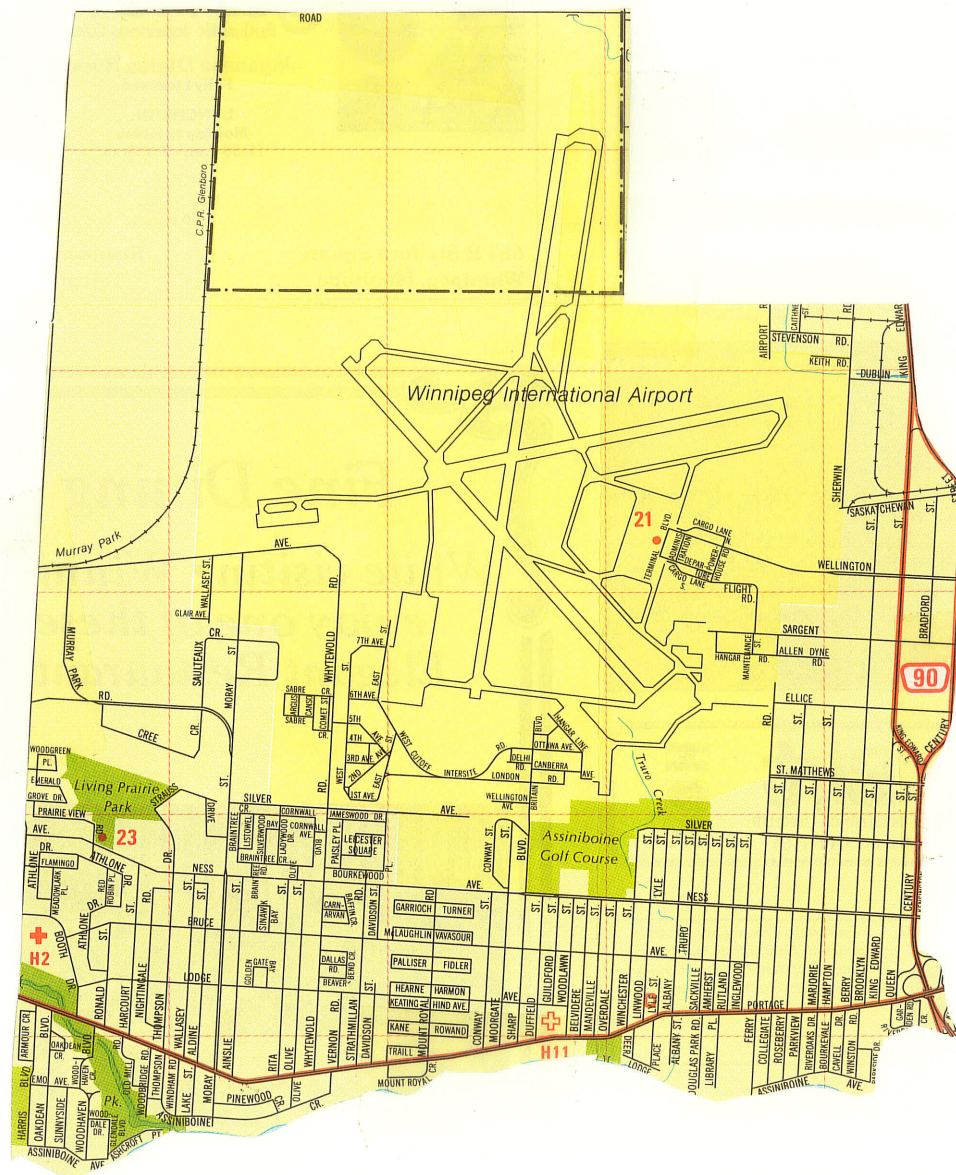


CHILD & FAMILY SERVICE AGENCY
OF WINNIPEG WEST

BY CENSUS TRACT

PT 531 - Study Area

FIGURE 2



ACTIVE FAMILY CASES IN ST. JAMES 1985

Children's Aid Society of Winnipeg cases
West Region cases

Figure 3

Results

Demographic Information from "An Analysis of Social Problems Needs & Trends for Winnipeg" (1980), revealed that the area of study can be described as a low income/high unemployment neighbourhood with 1.1 - 1.5 times the city average co-incidence of these two factors. Only two other areas in the entire region were above average on the co-existence of these two factors. This area was also above the average in incidence of elderly, non-family and one parent household. The incidence of these factors occur primarily along Portage Avenue.

The study area and the area immediately to the north are the only two areas of the region showing an above average (1.1 - 1.5 times the average) incidence of subsidized Day Care.

The incidence of Status Indians in the entire region is below average including the area of study with one exception. The area immediately to the north of the study area shows a 1.51 - 2.0 times the average incidence of native status.

Incidence of City Welfare, Provincial Welfare and Child Neglect were all 0.51 - 1.0 times below the average. However, the area directly north of the study area showed a 4.1 times above average incidence of child neglect. Statistics from the Children's Aid Society of Winnipeg (February 1984), showed that the concentration of neglect cases in St. James to be located along Portage Avenue and slightly to the north within the area of study indicating the area of neglect may have moved south.

The study area showed an incidence of 1.1 to 1.5 times the average incidence of one parent households with children 0 - 12 years of age.

The 1981 Census information on Census Tract PT 531, the area of study, revealed the population of this area to be 6,015, male 2,915, female 3,105, 3,100 were married, 2,365 single, 390 widowed and 165 divorced. The mother tongue is predominantly English (85%). The four most frequent categories that follow are, 4) French, 3) Ukrainian, 2) German and 1) other. The area was 1.55 square kilometres.

There was a total of 2,505 occupied private dwellings in 1981, of which 2,005 were single detached, 20 single attached, 425 were apartments of 5 or more stories, 40 apartments under five stories and 10 were duplexes.

The most frequently occurring religions were Protestant (3,900), and Catholic (1,230), with small frequencies of Eastern Orthodox (75), Jewish (5), (60) eastern, non-Christian, (605) indicated no preference and (10) indicated "other".

4,920 indicated birth in Canada, 960 birth outside of Canada.

The most frequently occurring "Highest Level of Schooling" was "Grade 9 - 13 without secondary certificate", 1855, the second was "Grade 9 - 13 with secondary certificate", 470.

The unemployment rates for males 25 years and over was 3% and 9% for males 15 - 24 years of age. The unemployment rate for females age 25 years and over was 11% and 7% for females age 15 - 24.

The greatest number of males are employed in Machining, product fabricating, assembling, and repairing occupations. The greatest number of females were employed in clerical and related occupations.

The total average income for males 15 years and over was \$13,427, for females 15 years and over \$7,444. The average census family income was \$20,805.

The total number of dwelling units in the sample area at the time of study was 2065. Of those 1848 were listed as having telephones. 145 homes had no phones, 49 of these were because the owners were new to the area, 33 dwelling units were vacant and 39 did not list their telephone numbers.

56 out of a possible 300 subjects answered the telephone survey of the general population (19%), 51% refused to answer the survey, in 20% no contact was established and 9% were ineligible (wrong number or lived outside of survey area).

96% live in single family dwellings, 93% live in un-subsidized housing. Length of residence in St. James ranged from 6 months to 62 years. 25% of respondents were male, 75% female. English was the language most frequently spoken in the home (96) .

27% had children in the under 5 age group, 21% in the 5 - 10 group, 13% in the 11 - 15 group and 5% in the 16 - 18 age group.

64% had 2 adults in the home, 25% one adult, 7% had 3 adults and 4% had 4 adults.

58% of the respondents were married, 7% lived in common-law or were widowed, 13% were divorced or single, 2% was separated.

The neighbourhood can be described as having a stable population that is homogeneous in character. Residents typically live in single detached family dwellings. 48% of respondents had children in the age range of 0 - 10 years.

23% indicated that the most serious problem in their neighbourhood was juvenile delinquency.

27% indicated that problems raising children the next most serious problem in their neighbourhood. (Table II)

TABLE II
PERCEIVED NEIGHBOURHOOD PROBLEMS
GENERAL POPULATION

N = 56

MOST SERIOUS	PERCENT
Family Conflict	9
Financial Problems	16
Problems raising children	4
Juvenile Delinquency	23
Child Abuse	4
Housing	16
Other	2
No Response	27
NEXT SERIOUS	
Family Conflict	4
Financial Problems	14
Problems Raising Children	27
Juvenile Delinquency	13
Child Abuse	0
Housing	14
Other	5
No Response	23

55% responded yes to experiencing financial problems, 48% to stress, 36% to loneliness and health problems, 36% to health problems, 29% to problems raising children, 21% to marital problems, 16% to housing, 2% to drug (alcohol abuse), and 2% indicated they had experienced other problems. (Table III)

TABLE III
PROBLEMS FACED PAST FIVE YEARS
GENERAL POPULATION

N = 56

PROBLEM	PERCENT RESPONDING "YES"
Loneliness	36
Family Problems	48
Marital Problems	21
Health Problems	36
Financial Problems	55
Problems Raising Children	29
Drug/Alcohol Abuse	2
Stress	48
Housing	16
Other	2

29% indicated that if they had a serious personal/family problem they would seek help from a medical doctor, 20% chose clergy, 18% chose none, 9% chose other and a social agency and 4% chose a psychiatrist.

59% indicated yes they would seek help with a personal or family problem from a counselling agency.

39% indicated yes to "agency usually not open when help is needed", as a factor that would keep them from seeking help from a Child & Family Service agency. 36% indicated yes to "Don't feel it would help". 34% indicated yes to "Don't know who to contact",

25% responded yes to "agency image" and "location of services".
 21% responded yes to "Don't know where agency is", 13% responded
 yes to "fear of what others might think", and 7% responded yes to
 "lack of transportation". (Table IV)

TABLE IV
 FACTORS THAT WOULD PREVENT SEEKING
 HELP FROM A CHILD AND FAMILY
 SERVICE AGENCY
 GENERAL POPULATION

N = 56

FACTOR	PERCENT RESPONDING "YES"
Don't feel it would help	36
Lack of transportation	7
Agency usually not open when help is needed	39
Fear of what others might think	13
Location of Services	25
Don't know where agency is	21
Don't know who to contact	33
Agency image	25
Other	0

39% indicated that television was the most effective way to
 inform them about services provided by agencies in their neighbourhood,
 23% indicated pamphlets as the second most effective way.

Agencies where 50% or less responded yes to knowing about them
 were: Child & Family Services of Winnipeg-West 50%, Income Security
 36%, St. James Educational Support Services 32%, and Community Mental
 Retardation Services 30%. Canada Manpower received the largest yes
 response at 93%. (Table V)

TABLE V
AWARENESS OF AGENCIES

GENERAL POPULATION

N = 56

AGENCY	PERCENT INDICATING AWARENESS
Community Services and Correction	61
Klenic	71
Winnipeg City Social Services	54
St. James Educational Support Services	32
Community Mental Retardation Services	30
Society for Crippled Children & Adults	80
Canada Manpower	93
Child & Family Services of Winnipeg-West	50
Probation Services	55
Income Security	36
Public Health Services	71
Provincial Day Care Services	63
Winnipeg Family Services	52

The two services that were indicated "as most like to see expanded" were: 1st choice (tied) Winnipeg-West, Income Security and Day Care; 2nd choice was Child & Family Service of Winnipeg-West and Day Care. 23% felt their neighbourhood had enough services, 32% indicated "Don't Know".

Counselling services received a high of 80% yes response to "those services you would like to see developed in the next three years". Adoption services received the lowest 55% yes response. All other yes responses ranged between these two scores. (Table VI)

TABLE VI
YES RESPONSE TO SERVICE DEVELOPMENT
NEXT 3 YEARS

PROBLEM	PERCENT
Parenting Support Services	73
Counselling Services	80
Adoption Services	55
Community Child Care Resources	70
Educational Programs	63
Services to single parents	71
Services for teenagers	75
Child Placement Resources	68
Emergency Services	71
Information sharing	79
Other	0

84% responded yes to need for a Child & Family Services walk-in centre. 57% indicated yes, they would personally use a walk-in centre. 43% indicated that comfortable surroundings were the most important criteria for a walk-in center, 23% indicated "close to home" was most favored criteria for a walk-in centre.

41% chose "crisis counselling" as the most important service a walk-in centre should offer, 20% chose health care advice as the second most important service. (Table VII)

TABLE VII
WALK-IN CENTRE SERVICE PREFERENCE
GENERAL POPULATION

N = 56

MOST IMPORTANT SERVICE

SERVICE	PERCENT
Food	2
Housing Referrals	7
Health Care Advice	14
Crisis Counselling	41

SERVICE	PERCENT
Educational Programs	5
Support Groups	4
Babysitting	7
Other	0
No Response	20

NEXT MOST IMPORTANT SERVICE

Food	13
Housing Referrals	4
Health Care Advice	20
Crisis Counselling	18
Educational Programs	7
Support Groups	18
Babysitting	7
Other	4
No Response	11

Non response rate for demographic data such as age, income and ethnic group and length of residence in Canada, ranged from 25 to 53%, therefore statistics from other sources quoted earlier in this report relied upon to describe these factors. The following demographics had a lower non-response rate and can be considered.

63% completed senior high, 16% attended Junior High. Other responses ranged from 2% for University graduate and graduate degree, and elementary school to 9% attended college.

59% indicated they were presently employed. 4% indicated they were not looking.

The most frequently cited occupations were semi professionals, clerical and sales and unskilled labor, 27% indicated housewife.

18% indicated they had a religious preference. Of those with religious preferences the largest number were Anglican followed by United Church and Catholic.

Key Informants Questionnaire

137 out of a possible 200 surveys were completed (69%). 83% were school personnel, 5% others, 4% church, 3% were private physicians, 2% Day Care or Mental Health, 1% were legal or law enforcement, 29% were administrators.

46% of the sample had worked 15 or more years at their present agency. 4% had worked at their present agency under one year. 56% of the sample were female. The average age of respondents was 42 years, and ranged from 25 - 68 years. 42% were university graduates and 45% had graduate degrees.

36% identified parenting skills as the most serious problem in the neighbourhood where they work, 20% identified family conflict as the second most serious and 13% identified unemployment as the third. (Table VIII)

TABLE VIII
PERCEIVED NEIGHBOURHOOD PROBLEMS
KEY INFORMANTS

N = 132

MOST SERIOUS	PERCENTAGE
Marital conflict	0
Sexual assault	0
Racial discrimination	0
Sexually Transmitted Disease	0
Mental Retardation	0
Physical handicaps	0
Parenting skills	36
Family conflict	15
Unemployment	7
Child abuse	2
Alcohol abuse	3
Juvenile Delinquency	1
Financial	2
Drug abuse	1

MOST SERIOUS	PERCENTAGE
Crime	5
Inadequate Day Care	5
Inadequate Social Supports	
Problems of senior citizens	1
Other	2
No Response	10

NEXT SERIOUS	PERCENTAGE
Marital conflict	16
Sexual assault	0
Racial discrimination	1
Sexually Transmitted Disease	0
Mental Retardation	1
Physical Handicaps	0
Parenting Skills	13
Family Conflict	20
Unemployment	4
Child Abuse	4
Alcohol Abuse	3
Juvenile Delinquency	9
Financial	7
Drug Abuse	2
Crime	2
Inadequate Day Care	2
Inadequate Social Supports	4
Spouse Abuse	0
Problems of Senior Citizens	2
Other	2
No Response	12

Parenting skills and family conflict were also identified as the problems most frequently encountered by persons using their agencies. Parenting skills was the most frequently cited area where training would enhance effectiveness.

42% felt that there were adequate resources within their agency to deal with these problems. 47% felt there were adequate community resources available when they needed to refer.

"Fear of what others might think" 84%, "Don't know who to contact 88%, "Don't know what services are available" 84%,

were identified as the largest factors that would keep people from seeking help from a child caring agency. (Table IX)

TABLE IX
FACTORS PREVENTING SEEKING HELP
FROM CHILD CARE AGENCY
(KEY INFORMANTS)

N = 137

FACTOR	PERCENT YES
Don't feel it would help	69
Lack of transportation	21
Agency usually not open when help is needed	42
Fear of what others might think	84
Location of agency	31
Don't know who to contact	88
Agency image	53
Don't know what services are available	84
None	1
Other	0

42% chose "letter" as the most effective way to inform them about services provided by agencies in their community, 27% chose pamphlets as the second most effective.

Seven problems received 50% or less "yes" response to "Is it clear to you what agencies to refer to for the following problems?":

1) loneliness 23%, 2) racial discrimination 26%, 3) problems of single parents 39%, 4) problems raising children 45%, 5) financial problems 30%, 6) housing problems 26%, 7) problems of seniors 26%. (Table X)

TABLE X
 KNOWLEDGE OF AGENCY SERVICE
 FOR SELECTED PROBLEMS
 KEY INFORMANTS
 N = 137

AGENCY	PERCENT YES
School Problems	89
Family Problems	64
Child Abuse	82
Juvenile Delinquency	59
Health Problems	86
Mental Retardation	64
Mental Illness	51
Crime	79
Loneliness	23
Day Care	52
Racial Discrimination	26
Problems Raising Children	45
Problems of Single Parents	39
Pregnancy Counselling	63
Financial Problems	30
Housing Problems	26
Suicide Counselling	56
Sexually Transmitted Disease	57
Problems of Seniors	26
Religious Counselling	54
Marital Conflict	55
Unemployment	58
Alcohol Abuse	77
Sexual Assault	63
Physical Handicaps	42

"Family problems" and problems of single parents were identified as "services for which you would like to see expanded". 26% felt additional community services were needed.

77% responded yes to a need for a child and family service walk-in centre. 66% responded yes to a need for emergency child and family services.

18% indicated yes to encountering problems making a referral to Child & Family Services. 33% indicated they had never referred.

The two proposed services chosen as "most like to see developed in the next three years: were: first choice - parenting support services 37%, second choice - services to single parents 18%. (Table XI)

TABLE XI
SERVICE DEVELOPMENT PREFERENCES

KEY INFORMANTS

N = 137

MOST DESIRED	PERCENT
Parenting Support Services	37
Counselling Services	10
Adoption Services	1
Community Child Care Resources	7
Educational Programs	2
Services to Single Parents	9
Services for Teenagers	10
Advocacy Around Social Issues	2
Child Placement Resources	3
Emergency Services	6
Information Sharing	2
Referral Services	2
Other	2
No Response	5

NEXT DESIRED	PERCENT
Parenting Support Services	17
Counselling Services	10
Adoption Services	2
Community Child Care Resources	8
Educational Programs	0
Services to Single Parents	18
Services for Teenagers	13
Advocacy Around Social Issues	2
Child Placement Resources	4
Emergency Services	6
Information Sharing	2
Referral Services	4
Other	2
No Response	12

85% indicated that "Information about type of service available", would improve co-operation between you and a Child & Family Service Agency. (Table XII)

TABLE XII
AREAS THAT WOULD IMPROVE CO-OPERATION

KEY INFORMANTS

N = 137

AREA	PERCENT
Information about type of service available	85
A contact person in the agency to assist you making referrals	69
Information about intake procedures, confidentiality, etc.	47
Joint skill development workshops	43
Additional areas	1

The two most frequently cited "agencies with which you work" were school personnel and social agencies.

"Letter of acknowledgement", "follow-up telephone call", and "face to face consultation" received similar results, (27%, 28% and 30% respectively), to "most favored response you would like to have following a referral to a Child & Family Service Agency."

The "no response rates" for this survey were much lower than with the general population survey.

Discussion

Results must be interpreted with caution. A response rate of 19% to the telephone survey was less than expected and affects the representativeness of the sample. Large numbers (51%) of respondents refused to answer the survey because of agency image of being connected to Children's Aid of Winnipeg, or because of saturation of telephone surveys in this area at this time. Therefore the possibility exists that those having a favorable view of child and family services answered the survey while those with unfavorable views did not and this would effect the results.

Response rate from professionals was considered good. However, the professional survey addressed all of St. James while the general population survey addressed only a neighbourhood within St. James. Comparisons between these two samples should be made with caution.

Results from the neighbourhood under study should not be generalized to the larger community of St. James.

Questionnaire construction for the telephone survey was noted to be cumbersome and this is reflected in the large "No Response" rates for many questions. For future use this questionnaire should be revised further.

In general, the review of demographic data indicates that the area of study is an area of high need and includes high risk households. One parent families are most likely to experience income poverty and to live in poor housing than any other group in society. They experience fewer resources for handling the stress and the strain of child rearing and typically must rely on community support services such as Day Care, homemakers, etc., to enable entry into the labor force. (Social Planning Council of Winnipeg, 1980). It is the young, one

parent household with dependent children and the elderly household which is the primary focus for the profile of high need groups. This area has an above average incidence of both.

Low income and irregular or no employment can add to the strains of daily living. As well, native status can also be an indicator of need for special resources. The study area showed an above average incidence of low income and unemployment. The area immediately to the north showed an above average incidence of native status.

The need for services to the single parent family and for families in general, is born out by both the general population and key informants as well as by the demographic data. "Problems raising children" was consistently identified as a concern by the general population, 27% of the population surveyed identifies this as the second most serious problem in the area in which they lived, 55% indicated they had experienced financial stress, 29% indicated they had experienced problems raising children. 9% indicated as their first choice they would like to see Child and Family Services expanded. As well, Day Care and Family Services were also picked as the second choice in this category. This would indicate that families in this area tend to experience family life as a source of stress and problems. In addition, experiencing financial problems can increase the amount of stress perceived by families and may also block financial methods of alleviating family stress such as paying for child care relief, providing adequate food and clothing, etc.

Since 48% of respondents had children in the 0 - 10 age range Day Care services are likely to be well utilized. When describing

the availability of Day Care Centres in Winnipeg, The Social Planning Council of Winnipeg (1980), questioned whether there was sufficient day care facilities to respond to the need of both single parent families where the parent wishes to return to the work force, and two-parent families where both parents work. In addition the same report states that the suburban areas of west St. James and the far end of Assiniboia are the areas where the rate of increase is highest for families requiring day care. Services designed to support families, in particular, single parent families, delivered by neighbourhood resource centres would probably be well utilized in this neighbourhood.

According to Howard & Johnson (1985), there are a number of intervention strategies that can be utilized to reduce the possibility that adjustment to or within a single parent family will be problematic. These interventions include early intervention, outreach, and mediation and adjustment classes. The authors view the establishment of support groups for children and improvement of home-school communication strategies as especially important interventions with single families. Services provided at a neighbourhood level should be non-stigmatizing and easily accessible and could include: drop-in babysitting, Day Care, food and clothes distribution, parent support groups and education groups such as PET courses. Professional counselling would be de-emphasized at this level. (Province of Manitoba, 1984)

A study conducted by the "Children's Aid Society of Western Manitoba" indicated a similar identification of need in a core-area Brandon neighbourhood. The study identified resource centre services such as free babysitting, drop-in sessions for parents as well as

courses on parenting and teaching children how to ward off sexual abuse or abduction as high needs. (Brandon Sun, 1985)

Key informants consistently identified parenting skills as the main problem in the neighbourhood where they worked with family conflict as the second problem and unemployment as the third. Parenting skills and family conflict were also identified as the most frequent and second most frequent problems encountered in persons using their agencies. Again further training in "parenting skills" was most frequently indicated as an area which would increase effectiveness in dealing with problems encountered in their work. Family problems and problems of single parents were chosen as the two services for which professionals would like to see expanded. Finally parenting support services and services to single parents were most frequently chosen as the first and second services respectively, in response to services "most liked to see developed in the next three years."

However, there are factors which may prevent families experiencing problems from obtaining help from agencies such as a child and family service agency. The majority of respondents indicated that they would seek help from a medical doctor (27%), if they had a serious personal or family problem, with clergy the second most frequent choice (20%), although 59% did indicate they would seek help with a personal or family problem from a counselling agency. This may indicate a poor or inappropriate concept of social agencies. The most frequently cited factor by professionals that would keep people from seeking help from a Child & Family Service Agency was, "Agency usually not open when help is needed". (This indicates a need for more

extensive hours of operation), 39%. "Don't feel it would help" was second at 36% and "Don't know who to contact", third at 34%. When asked what would keep people from seeking help from a child-caring agency, key informants indicated "yes" most frequently to "Don't know who to contact" 88%, "Don't know what services are available" 84%, and "Fear of what others might think" 84%.

Only 39% of professionals indicated "yes" to knowing what agency to refer to for "problems of single parents" and 45% to "problems raising children", yet these were identified as major problems. Only 26% responded "yes" to "Is it clear to you what problems Child & Family Services of Winnipeg-West will handle".

Until negative perceptions are corrected and knowledge of service delivery is increased, counselling services offered may be poorly utilized, although they may well be needed. People in need of services may not actually seek out those services from professionals qualified most to help. This may be a reflection of the North American trend for people to attempt to cope with problems on their own or to seek the help from friends, relatives and neighbours. Only when these efforts fail do people turn to formal organizations. (Perlman, 1975). Therefore, a bridge between these two systems, formal and informal help, needs to be found.

Often, neighbourhood resource centres fulfill this bridging function. The neighbourhood resource centre may be the most accessible and non-stigmatizing method of service delivery in child welfare and therefore could become the most utilized form of service. Resource Centres could be a logical starting point for service delivery in this

new agency.

The study neighbourhood was found to be homogeneous and stable. Neighbourhood stability was considered a factor that aided program success by the staff of a number of neighbourhood agencies. Although stability does not necessarily mean there is an active network of social interaction, it does imply that this base of acquaintance can be used to build a more active network of help and is thus suitable for a neighbourhood-based approach to service delivery. (Froland et al, 1981)

The idea of a walk-in centre is supported by 84% of general population respondents while 57% said they would personally use one. Professionals indicated 77% that there was a need for walk-in centres and 66% responded "yes" to a need for emergency child and family services. Comfort was indicated as the most important criteria 43% of the time. Crisis counselling was indicated as the most important service needed.

Again the study conducted by CAS of Western Manitoba indicated similar results in the need for crisis services; 31% of respondents indicated a need for a "crisis line for emergency counselling" (Brandon Sun, 1985). This type of service was seen as different from the standard emergency service offered where people can phone for help but not to simply talk and receive counselling.

The negative image of child caring agencies in general and the former "Children's Aid of Winnipeg" in particular, is a major issue for "Winnipeg-West" to address. During the process of this study, this researcher found a negative image to be well entrenched in both the

general population and professional sector. Increased rapport with both sectors is needed to decrease negative images. Establishing communication links and attending informational meetings would help.

The concepts of collaboration and partnership should be established with the neighbourhood. This can best be accomplished through the development of links with informal helpers in the neighbourhood. To facilitate the development of these links a change in professional role is required (Froland et al, 1981). Flexibility and sensitivity to the needs of informal helpers and respect for their area of expertise are necessary. Autonomy in decision-making by front line staff and de-centralization of authority are also necessary.

Fostering the development of groups and associations within the neighbourhood to develop local solutions to local problems may promote greater shared responsibility and an increase in agency image. In short, by providing services through links with informal helping systems, the community may feel more positive about this community agency.

"Informal helpers can make a substantial impact on the system by performing such roles as advocates, case finders, resource brokers and monitors...referral avenues are kept open and efficient"₃

However, caution must be exercised as informal helping systems can be detrimental if the agency reputation is so negative that informal helpers do not want to be associated with the agency. (Froland et al, 1981)

Despite the negative reactions encountered in this researcher, a solid core of support was found in the volunteers living in the community and by the St. James - Assiniboia School Division indicating

that there is a core of support networks existing in the community that could be utilized.

Finally, a large factor in service utilization will be ensuring that both public and professionals having contact with children are made aware of the range of services offered and referral procedures. Composing a pamphlet for wide distribution, contacting social, educational and recreational agencies, and mounting an extensive media campaign can address this factor.

Conclusion

In summary, many of the general public seem to have a negative view of child caring agencies. Many prefer to seek help elsewhere. Coupled with this, many of the general public and professionals are unsure what services are offered by child caring agencies and may be unaware of referral procedures.

An extensive information campaign geared to developing a more positive image and clarifying services offered and referral procedures should be undertaken. It seems likely that without this first step any services that are developed may be under-utilized.

Services normally undertaken by a Resource Centre with a preventative and parent-support focus, i.e. Day Care, education and crisis counselling would be appropriate for problems identified in this neighbourhood, problems of parenting. Providing a locality for informed helping on the neighbourhood scale would probably be well accepted in this neighbourhood while the provision of formal, stigmatizing services would be inappropriate at the neighbourhood level. This neighbourhood is relatively stable and homogeneous and problems likely to be addressed concerns a large group of the neighbourhood population - young families.

Neighbourhood-based approaches can allow an agency to work with several target populations at one time, combining programs. These programs can address a variety of problems making use of existing neighbourhood networks and are therefore suitable for dealing with multi-problem families. (Froland et al, 1981)

A rich source of informal helpers may be found in the elderly in the neighbourhood. They could be a great source of support

as "extended families" to the young single parents while obtaining a sense of involvement and commitment from helping others. According to Froland (1981), informal helpers can provide; caretaking, material assistance, help with children, friendship, emotional support, problem solving and linking with others who can help.

Other sources of support should come from the professional community. The St. James School Division was most co-operative in participating in this survey and expressed an interest in sharing the results. School personnel have daily contact with children and a good working relationship is essential. It would appear that the school division would be receptive to establishing such a relationship. As well schools are a rich community resource for meetings, activities and social contact.

By establishing links with resources from the general and professional populations of this neighbourhood, agency image may be enhanced and effectiveness increased.

A system of informal helpers working within a neighbourhood resource centre is consistent with the underlying values and philosophy of the new child caring agencies, the interdependence of living things.

"The ecology movement...emphasizes that the settings in which people live and work are the places where resources must be directed in order to reduce stress and promote healthy conditions.. de-emphasizes the idea of remedying human problems by providing services in large beaurocratic institutions" 4

Footnotes

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GENERAL POPULATION SURVEY

CHILD & FAMILY SERVICES OF WINNIPEG WEST

NEEDS ASSESSMENT

Interviewer _____

Date of Interview _____

Time of Day _____

Length of Interview _____
(in minutes)

1. All neighbourhoods have problems. In your opinion, what are the two most serious problems in the neighbourhood where you live?

(Indicate with 1 the most serious, 2 the next)

() Family Conflict

() Financial problems

() Problems raising children

() Juvenile delinquency

() Child abuse

() Housing

() Other problems (please specify) _____

() No response

2. All people face problems in their daily lives. In the past five years, what are some of the problems you have faced? (Please respond with yes or no to each problem.)

Yes No

() () Loneliness

() () Family problems

() () Marital problems

() () Health problems

() () Financial problems

() () Problems raising children

() () Drug/alcohol abuse

() () Stress

() () Housing

() () Other (please specify) _____

() No response

3. Other than family or friends, if you had a serious personal or family problem, who would you go to for help? (Choose one from the list.)

() Clergy

() Medical doctor

() Psychiatrist

() Social agency (please specify) _____

() None

() Other

() No response

4. Would you seek help with a personal or family problem from a counselling agency?

() Yes

() No

If no, why wouldn't you? _____

5. What factors, if any would keep you from seeking help from a Child & Family Service agency? (Formerly Children's Aid Society of Winnipeg.)

Please respond yes or no to each factor.

Yes No

() () Don't feel it would help

() () Lack of transportation

() () Agency usually not open when help is needed.

() () Fear of what others might think

() () Location of services

() () Don't know where agency is

() () Don't know who to contact

() () Agency image

() () Other (please specify) _____

() No response

6. What are the two most effective ways to inform you about services provided by agencies in your neighbourhood? (Indicate with 1, the most effective, 2, the next,).

- ☐ Church announcement
- ☐ Television
- ☐ Word of mouth
- ☐ Radio
- ☐ Educational talks
- ☐ Phamphlets
- ☐ Newspaper (ask to specify) _____
- ☐ Other (please specify) _____
- ☐ No response

7. Do you know of the following agencies? (Please answer yes or no for each agency).

Yes No

- ☐ ☐ Provincial Dept. of Community Services and Corrections
- ☐ ☐ Klinik
- ☐ ☐ Winnipeg City Social Services
- ☐ ☐ St. James Educational Support Services
- ☐ ☐ Community Mental Retardation Services
- ☐ ☐ Society for Crippled Children & Adults
- ☐ ☐ Canada Manpower
- ☐ ☐ Child & Family Services of Winnipeg West
- ☐ ☐ Probation Services
- ☐ ☐ Income Security
- ☐ ☐ Public Health Services
- ☐ ☐ Provincial Day Care Services

...continued

☐ ☐ Winnipeg Family Services

☐ No response

8. From the above list, pick the two services that you would most like to see expanded. (Repeat List)

First choice _____

Second choice _____

☐ No response

9. Besides the above services, are there any other services you can think of that are needed in your neighbourhood? _____

☐ Have enough services

☐ Don't know

☐ No response

10. The following is a list of proposed Child & Family Services.

Indicate those you would like to see developed in the next 3 years.

(Please answer yes or no for each problem.)

Yes No

☐ ☐ Parenting support services

☐ ☐ Counselling Services

☐ ☐ Adoption services

☐ ☐ Community child care resources

☐ ☐ Education programs

☐ ☐ Services to single parents

☐ ☐ Services for teenagers

☐ ☐ Child placement resources

...continued

10. Continued...

6

☐ ☐ Emergency services

☐ ☐ Information sharing

☐ ☐ Other (please specify) _____

☐ ☐ No response

11. Do you see the need for a child and family services walk-in centre
(that is a place for information where you can drop in without an
appointment).

☐ Yes

☐ No

☐ Don't know

☐ No response

12. Would you personally use a walk-in centre?

☐ Yes

☐ No

☐ Don't know

☐ No response

13. What is the most important criteria for a walk-in centre?

(Indicate the most favored).

☐ Close to home

☐ Visible

☐ Extended hours of operation

☐ Comfortable surroundings

☐ Other (Please specify) _____

☐ No response

14. What are the 2 most important services a walk-in centre should offer. (Indicate with 1 the most important, 2 the next.)

☐ Food

☐ Housing referrals

☐ Health care advice

☐ Crisis counselling

☐ Educational programs

☐ Support groups

☐ Babysitting

☐ Other (please specify) _____

☐ No response

15. What is the total family income from all sources? (Record actual figure.) _____

☐ No response

16. What type of dwelling do you live in?

☐ Single family

☐ Duplex

☐ Apartment

☐ Mobile home

☐ Other

☐ No response

17. Is your housing subsidized, i.e. (SAFER), (Regional Housing)?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ No response

18. How long have you lived in Canada?

- ☐ Was born in Canada
 - ☐ Imigrated (specify year of immigration)
-

19. How long have you lived in St. James? (Specify in months).

20. To what ethnic (cultural) group do you consider yourself
belonging to: (Please check one only.)

- ☐ Asian
- ☐ British
- ☐ French
- ☐ German
- ☐ Polish
- ☐ Native (please specify) _____
- ☐ Other (specify) _____
- ☐ No response

21. Sex

- ☐ Male
- ☐ Female

22. What language is most frequently spoken in your home?

☐ English

☐ French

☐ Polish

☐ German

☐ Asian (please specify) _____

☐ Native (please specify) _____

☐ Other (please specify) _____

☐ No response

23. What year were you born? _____

24. How many children in the following age groups presently live in this family? (Please indicate number for each group).

☐ Under 5 years old

☐ 5 - 10

☐ 11 - 15

☐ 16 - 18

☐ None

25. How many adults age 18 and older live in this household?

(Include respondent).

☐ Actual nubmer

☐ No response

26. What is your current marital status: (Check one)

- ☐ Single (never married)
- ☐ Married
- ☐ Widowed
- ☐ Separated
- ☐ Divorced
- ☐ Common-law
- ☐ No response

27. What is the highest level of education you have completed?

(Check one).

- ☐ Elementary school (1 - 6)
- ☐ Junior High (7 - 9)
- ☐ Senior High (10 - 12)
- ☐ Attended college
- ☐ College graduate
- ☐ Attended University
- ☐ University graduate
- ☐ Graduate degree
- ☐ Other
- ☐ No response

28. Are you presently employed?

- ☐ Yes
- ☐ No
- ☐ Not looking
- ☐ No response

29. What is your main occupation, if employed.

☐ Student

☐ Housewife

☐ No response

30. Do you have a religious preference?

☐ Yes

☐ No

☐ No response

If yes, what denomination _____

Additional Comments:

Thank you for completeing this questionnaire.

KEY INFORMANTS SURVEY

APPENDIX TWO

CHILD & FAMILY SERVICES OF WINNIPEG WEST

NEEDS ASSESSMENT

DATE QUESTIONNAIRE COMPLETED _____

1. What is the primary type of agency you are presently working

in?(please check)

- ☐ Legal
- ☐ Private physician
- ☐ Public Health
- ☐ Home Care
- ☐ Mental Health
- ☐ Mental Retardation
- ☐ Vocational Rehabilitation Services
- ☐ Home Economist
- ☐ Church
- ☐ School
- ☐ Law Enforcement
- ☐ Other

2. What is your present job title? _____

3. Are you an administrator? (Please check yes or no).

- ☐ Yes
- ☐ No
- ☐ Don't know

4. How long have you worked in your present agency? (Please check).

- ☐ Under 1 year
- ☐ 1 - 4 years
- ☐ 5 - 9 years
- ☐ 10 - 14 years
- ☐ 15 or more years
- ☐ Not applicable

5. Sex (please check).

- ☐ Male
- ☐ Female

6. In what year were you born? _____

7. Please check you educational background.

- ☐ High school graduate
- ☐ Attended university
- ☐ University graduate
- ☐ Attended graduate school
- ☐ Graduate degree (Please specify) _____
- ☐ Nursing Diploma
- ☐ Other

8. All neighbourhoods have problems. In your opinion what are the three most serious problems in the neighbourhood where you work?

(Mark with 1 the most serious, 2, the next, and 3 the next).

...continued

8. Continued...

3

- ☐ Marital conflict
- ☐ Sexual assault
- ☐ Racial discrimination
- ☐ Sexually transmitted disease
- ☐ Mental retardation
- ☐ Physical handicaps
- ☐ Parenting skills
- ☐ Family conflict
- ☐ Unemployment
- ☐ Child abuse
- ☐ Alcohol Abuse
- ☐ Juvenile delinquency
- ☐ Financial
- ☐ Drug abuse
- ☐ Crime
- ☐ Inadequate day care
- ☐ Inadequate social supports
- ☐ Spouse abuse
- ☐ Problems of senior citizens
- ☐ Other (please specify) _____

9. From the problem list in question 8, please list the three problems you encounter most frequently in persons using your agency.

The most frequent problem is _____

The second most frequent problem is _____

...continued

9. Continued...

4

The third most frequent problem is _____

() Don't know

10. Question 9 identifies problems you frequently encounter in your work. In which of these areas do you feel training would enhance your effectiveness? _____

() Don't know

11. Do you feel there are adequate resources within your agency to deal with these problems?

() Yes

() No

Please elaborate on your response. _____

() Don't know

12. Do you feel there are adequate community resources available when you need to refer?

() Yes

() No

Please elaborate on your response. _____

() Don't know

13. What factors, if any, do you feel would keep people from seeking help from a child caring agency. (Please check yes or no to each of the following).

Yes No

- () () Don't feel it would help
() () Lack of transportation
() () Agency usually not open when help is needed
() () Fear of what others might think
() () Location of agency
() () Don't know who to contact
() () Agency image
() () Don't know what services are available
() () None
() () Other (Please specify) _____

14. What are the two most effective ways to inform you about services provided by agencies in your community? (Put a 1 by the most effective, and a 2 by the next.)

- () Letter
() Television
() Radio
() Word of mouth
() Educational talks
() Pamphlets
() Winnipeg free Press

...continued

14. Continued...

6

- ☐ Winnipeg Sun
- ☐ Community newspaper
- ☐ Church
- ☐ Don't know

15. Is it clear to you what agencies refer to for the following problems?

Yes No

- ☐ ☐ School problems
- ☐ ☐ Family problems
- ☐ ☐ Child abuse
- ☐ ☐ Juvenile delinquency
- ☐ ☐ Health problems
- ☐ ☐ Mental retardation
- ☐ ☐ Mental illness
- ☐ ☐ Crime
- ☐ ☐ Loneliness
- ☐ ☐ Day care
- ☐ ☐ Racial discrimination
- ☐ ☐ Problems raising children
- ☐ ☐ Problems of single parents
- ☐ ☐ Pregnancy counselling
- ☐ ☐ Financial problems
- ☐ ☐ Housing problems
- ☐ ☐ Suicide counselling
- ☐ ☐ Sexually transmitted disease

...continued

15. Continued...

7

- ☐ ☐ Problems of seniors
- ☐ ☐ Religious counselling
- ☐ ☐ Marital conflict
- ☐ ☐ Unemployment
- ☐ ☐ Alcohol abuse
- ☐ ☐ Sexual assault
- ☐ ☐ Physical handicaps

16. From the above list, pick three problems for which you would like to see service expanded.

First choice _____

Second choice _____

Third choice _____

☐ Don't know

17. What additional services, if any, do you think are needed in your community? _____

☐ Have enough services

☐ Don't know

18. Is there a need for a child & family service walk-in centre (a place where people could drop in without an appointment and receive counselling and/or information)?

☐ Yes

☐ No

Please elaborate on your response _____

☐ Don't know

19. Is there a need for emergency child and family services.

☐ Yes

☐ No

☐ Don't know

20. Do you encounter problems making a referral to Child & Family Service Agencies? (Formerly Children's Aid of Winnipeg.)

☐ Yes

☐ No

Please elaborate on your response _____

☐ Never referred

21. Is it clear to you what problems Child & Family Services of Winnipeg West will handle?

☐ Yes

☐ No

Please elaborate on your response. _____

☐ Don't know

22. The following is a list of proposed services for the Child & Family Service Agency of Winnipeg West. Please check the 2 services you would most like to see developed in the next 3 years (Mark with 1 the service you would most like to see, and 2 the next.)

☐ Parenting support services

☐ Counselling services

☐ Adoption services

...continued

- ☐ Community child care resources
- ☐ Educational programs
- ☐ Services to single parents
- ☐ Services for teenagers
- ☐ Advocacy around social issues
- ☐ Child placement resources
- ☐ Emergency services
- ☐ Information sharing
- ☐ Referral services
- ☐ Other (please specify) _____

23. Which of the following areas would improve co-operation between you and a Child & Family Service Agency? (Please check all that apply).

- ☐ Information about type of service available.
- ☐ A contract person in the agency to assist you making referrals
- ☐ Information about intake procedures, confidentiality, etc.
- ☐ Joint skill development workshops
- ☐ Additional areas (please specify) _____

24. With which 2 of the following do you work most frequently? (please check).

- ☐ Clergy
- ☐ Nurses
- ☐ Law enforcement
- ☐ School personnel

...continued

24. Continued...

10

- ☐ Lawyers
- ☐ Medical doctors
- ☐ Social agencies (Please specify) _____
- ☐ Others (Please specify) _____

25. What response would you like to have following a referral to a
Child & Family Service Agency? (Please check most favored).

- ☐ Letter of acknowledgement
- ☐ Follow-up telephone call
- ☐ Face to face consultation
- ☐ None
- ☐ Other (please specify) _____

Additional comments:

Thank you for completing this questionnaire.