TOWARDS A FRAMEWORK FOR PREVENTION

IN A

COMMUNITY-BASED RESOURCE CENTRE

A PRACTICUM REPORT

Submitted to the Faculty of Graduate Studies

University of Manitoba

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

by

© Gloria D. Tétrault

AUGUST, 1988

ISBN 0-315-47838-1

TOWARDS A FRAMEWORK FOR PREVENTION IN A COMMUNITY-BASED RESOURCE CENTRE

BY

GLORIA D. TETRAULT

A practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF SOCIAL WORK

Abstract

Preventive practice is in the early stages of development in child and family services. With the regionalization of Manitoba's largest child welfare system in 1985, the emphasis has shifted to a family-centred, community-based and preventive orientation. The purpose of this practicum is to contribute to the understanding of prevention in child and family services. Clarification of the term prevention is provided, including a discussion of how prevention is in a state of transition. Preventive practice is also discussed. Several concepts are then identified as holding value for the implementation of prevention. These concepts have been formulated into a beginning framework to assist in planning and decision-making in a community-based resource centre.

The guiding philosophy of this framework is a positive family focus and community participation based on empowerment. The practitioner role is one of generalist social work practice with a preventive outlook. There are three planning components to this structure - a) continual assessment of the community by the community; b) consideration of a range of interventions from person-centred to system-centred and c) linkages with other human service systems. The intervention components are the provision of social support and education/competence.

The practicum concludes with a description of the community being served and a demonstration of how the framework might work by using examples from a particular community.

Acknowledgements

My interest in prevention in child and family services began when I was unexpectedly given a co-ordinating role in the 1984 Continuing Education Conference, "Preparing for a Changing Focus in Child and Family Services." As a resource worker with Winnipeg South Child and Family Services I then had the opportunity to practice preventive work and this practicum has provided a means of analyzing and trying to understand prevention. My expectation is that the completion of this practicum is not the end but the beginning of a process of sharing and further development of these ideas.

I would like to thank George Penwarden, former Executive Director of Winnipeg South Child and Family Services, who permitted my workplace to be the setting for this practicum and Heather Carruthers, unit co-ordinator, who has shown a willingness to incorporate some of the preventive ideas into practice in the Fort Rouge Unit. My appreciation goes to staff in several agencies who have read parts of my practicum or listened to my developing thoughts and have provided good feedback. My children, Geneviève, Christian and Jean-Philippe, have been a steady cheering section in spite of not really understanding what a M.S.W. is all about. I would not have completed my degree without the support of family, friends, several babysitters and my typist.

The key supporters in this writing have been my advisory committee members, Professors Miriam Hutton, Brad McKenzie and Rod Kueneman. In

particular, I would like to thank Miriam for her patience with my false starts, for her challengng me to be aware of process and to be attentive to the ways in which my problem oriented training was creeping into my writing. Brad encouraged me to develop the concept of empowerment in this practicum and has helped me to be consistent in the writing. Rod suggested the importance of identifying the constraints of child and family services within our society. To all three go my thanks for having been committee members.

TABLE OF CONTENTS

CHAPTER I

Introduction and Identification of Issues

A. The General Problem Area

Recent legislative and policy changes within child and family services in Manitoba have given a major impetus to prevention. However, the vague conceptualization of prevention has impeded implementation. Similarly, the lack of a comprehensive framework for prevention in the community has affected the development of community-based prevention.

This practicum began with a search for better ways to plan and to make decisions in a preventively-oriented community-based resource centre. Staff and advisory committee members wanted to identify and to understand their preventive efforts so that planning and decision-making would have a coherent rationale.

Soon it became evident that there was much ambiguity in regards to prevention. A process of theory building about prevention began in order to clarify and to understand the idea better. The theory then had to be translated into something more practical to guide the actions of staff and advisory committee members. This led to the evolution of concepts that provide a structure for the preventive work in a specific community. The community is described. There is then application of the concepts by means of examples from the community.

There has been growing discontent with centralized and crisis-oriented child welfare services. During 1985, The Children's Aid Society of Winnipeg was dissolved and child and family services in Winnipeg were subsequently offered through six smaller, regional,

volunteer-directed agencies. The new agencies were to have a strong emphasis on services that are community-based, family-focused and preventive, in addition to traditional services that emphasize the protection of the child. The new name "Child and Family Services" compared to "Children's Aid Society" is one indicator of this philosophical shift. In this practicum, I will attempt to be consistent in using the words "child welfare" to refer to the old orientation and "child and family services" when discussing the new philosophy.

Prevention is one of the major expectations of regionalization. A new Child and Family Services Act of Manitoba was proclaimed on March 1, 1986 and prevention was strengthened in this new Act. This was a progressive and positive step based on sound social work beliefs of self determination, participation and recognition of the importance of the social and community environment on children and families. Two principles of the Act which emphasize these ideas are as follows:

> Families are entitled to receive preventive and supportive services directed to preserving the family unit.
>
> Communities have a responsibility to promote the best interests of their children and families and have the right to participate in services to their families and children. (Child and Family Services Act of Manitoba, Bill 12, 1986.)

These principles guiding the Act endorse preventive and supportive services and provide support for community participation in the services of an agency.

With regard to "Duties of Agencies" the Act states that every agency shall:

(a) work with other human service systems to resolve problems in the social and community environment likely to place children and families at risk;

(b) provide family counselling, guidance and other services to families for the prevention of circumstances requiring the placement of children in protective care or in treatment programs (Section 7.1).

Community-based prevention was also an important part of the then current Manitoba Government's overall approach in several health and social service systems.[1] In an overview of prevention policy in Manitoba, Fuchs (1987) reported the following:

> There is one common organizational theme to the preventive policy put forward by the NDP Government. That is the government has opted for a community-based prevention option which is focused on developing resources to maintain and support individuals and families in their own homes within their own communities (p. 4).

This approach is highlighted in a speech given in 1984 by the Minister of Community Services at the time. The speech is contained in Appendix A. In spite of major legislative and policy thrusts towards prevention in child and family services, there are a fair number of practical problems at the local level that are restricting good implementation of prevention. The legislation and resulting policy are vague and there is confusion about an appropriate style of service delivery. Funding uncertainty adds problems as does lack of accountability within the system. Finally, agencies themselves are unclear about some of the basic requirements for effective implementation of prevention.

There are broad issues, external to the agencies, that may inhibit the implementation of prevention. The current state of knowledge is an important factor. Within the literature there appear to be two major issues. Confusion over the two meanings of prevention is one problematic element. Prevention as a philosophy is often not distinguished from the

specific activities, actions or programs which have a prevention focus. the implementation of prevention. The current state of knowledge is an important factor. Within the literature there appear to be two major issues. Confusion over the two meanings of prevention is one problematic element. Prevention as a philosophy is often not distinguished from the specific activities, actions or programs which have a prevention focus. The second issue related to prevention is that the definition itself is in a stage of transition. Many of the ideas for prevention in child and family services are based on a traditional definition which is problem-oriented and reactive.

The political and economic realities within our society also affect how prevention develops. Decreased funding, increased demand and changing ideologies are part of this reality. Societal values about families and professional values about prevention influence the implementation of prevention. The prevailing organizational structures of child and family service agencies also play an important role in supporting or impeding preventive efforts.

B. **Specific Setting and Problem**

This practicum will focus on defining prevention and on developing a basic framework for prevention in the Augustine Family Resource Centre. This particular resource centre was developed by one of the newly formed child and family service agencies, Winnipeg South Child and Family Services Agency. The agency began operation in April, 1985. It serves the population of south Winnipeg, and services are provided by three geographically decentralized units.

The Augustine Family Resource Centre is located in an area known as Fort Rouge with a total population in 1986 of 26,885. The centre is located in the same building as the agency offices that provide statutory child welfare services to the area. Two other non-profit groups rent space in the building.

The activities and outlook of the Augustine Family Resource Centre are in large part determined by an advisory committee consisting of local residents. This committee was formed through local community meetings, prior to the establishment of the office itself. The advisory committee of the Augustine Family Resource Centre had a new and particular role - that of providing a community dimension to the preventive services of the agency. This was the agency's starting point in translating the community-based prevention aims of regionalization and the new Child and Family Services Act into reality.

This advisory committee developed its own terms of reference. The terms of reference emphasized the types of intervention such as needs assessment, resource development, community involvement, collaboration and so on. Structure and accountability are also included. There is no statement of philosophy or basic rationale underlying the resource centre and prevention. The full text is located in Appendix B.

Gradually activities, programs and services were offered to meet the needs of families as identified by the community. A parent and child drop-in centre, social activities for families, babysitting courses, a clothing depot, information centre, parent and child library, and later co-op respite care and a toy library were developed. Many of the users are single parents, although a cross-section of the Fort Rouge population participates in the social events.

I have been employed in the Augustine Family Resource Centre as a resource worker since August, 1986. The Agency includes this position under the general title of "social services program developer" with the following job specification: "This is a classification in which the incumbent develops and administers social programs in which the emphasis is on prevention work through community involvement." The position is half time. Through grants from the Manitoba Jobs Fund and Career Start, short-term employees have been hired. A child care staff has been hired one day per week for the resource centre's co-op respite program.

The role of the resource worker with the advisory committee is that of a resource to the committee, helping them to identify what they are doing and to plan in a pro-active fashion what a community ought to be providing that will promote good parent-child relationships and well families. Despite these general responsibilities, there was little clarity in the job assignment as to what prevention work involves.

About eighteen months after the resource centre had opened, it became evident to committee members and staff, that programs were evolving rapidly but that there was no specific over-arching orientation. Given this limitation, there was concern about how to priorize among many possible choices. When should the Advisory Committee take responsibility for meeting a need and when was it best to attempt to stimulate others to take on the responsibility? Was the centre becoming another service delivery system trying in vain to keep up with ever-increasing demands? A coherent rationale for planning and decision-making was desired. There was also a need to be able to explain prevention in a clearer fashion to the community.

The time seemed appropriate to look at the experiences to date and distill from them some basic concepts for prevention including a

philosophy, core components of preventive efforts, and an understanding of what makes an organization supportive of prevention. A more specific framework was required to help us decide who to involve, by what means and to what end. Furthermore, there needed to be an awareness of what was peculiar to the community that ought to be part of the preventive efforts.

C. **Aims of the Practicum**

The main areas of concern for this practicum were the confusion surrounding the meaning of prevention and the lack of a comprehensive preventive framework to provide the basis for planning and decision-making in a resource centre. This practicum has focused, first of all, on clarifying prevention and preventive practice for a child and family service agency. The second aim has been to identify basic concepts for prevention in a specific community-based resource centre and to defend these choices. The final objective is to begin application of these concepts by use of example from the Fort Rouge setting.

While this process might provide some direction for the determination of funding, future training, standards of practice, accountability, and evaluation within a resource centre, these issues were not emphasized in the practicum. No detailed attempts were made to describe preventive approaches for staff who work mainly with individual and family clients. Practice approaches of other staff were dealt with only where there were or ought to be linkages with these persons.

D. **Methodology of Study**

In this practicum there are three parts. The first two sections deal with theory building. By means of clarification and example the intent is to develop a better understanding and definition of prevention and preventive practice. The second aspect of the practicum is the identification of concepts that are important in a community-based preventive framework. The definition and the concepts have been developed through a review of the literature and provide my view of what constitutes the important concepts based on practice experience, observation and reflection.

The final part is the formulation of the concepts into a framework and to demonstrate how it might work by using examples from my practice in Fort Rouge.

The objective of the practicum is to contribute to understanding in a new area of practice, rather than to prove the value of the definition, the concepts, and the framework. It will be defended by argument and supported by example from the local setting. A framework is a structure for understanding, therefore, does not need to be proven. If it helps with understanding, the goal has been achieved. It is assumed that validation will come with use and the transferability of the framework to other settings.

The theory in this practicum is based in part on a selective literature review of prevention and specifically of prevention in child welfare. Other sources of information have come from observations, practical experiences and reflections as a resource worker in the Augustine Family Resource Centre since August, 1986. As a member of the Child and Family Services community worker's network, there has also been

the occasion to discuss issues such as funding, training and performance standards. Currently, I am staff representative to the Board of Directors of Winnipeg South Child and Family Services Agency and have an opportunity to observe how prevention fits into the overall outlook of an agency. As a member of the PACE (Parent and Childbirth Educators) sub-committee on parent education philosophy, I have gained experience and knowledge in developing philosophy and standards in a specific area of prevention. In the past few months I have been the Agency representative on a committee that has developed provincial standards for community work in Child and Family Services.

Another source of information is informal discussion with users of the resource centre, advisory committee members, agency staff, staff of other community-based agencies and community members.

E. **Expected Educational Benefits to the Student**

- To acquire a theoretical understanding of prevention in child and family services with particular attention to the concepts of preventive social work, community participation, personal and neighbourhood supports and personal and neighbourhood competence.
- To develop skills in translating theory and research about prevention into practical ideas that can be used for decision-making, training and evaluation in a community-based resource centre.
- To increase my skills in reflecting upon the current practice within the Augustine Family Resource Centre in order to determine more clearly our philosophy, practice approach and operational framework and therefore, the kind of information that ought to be collected and the type of resources and staff most suitable.

° To improve my analytical ability by comparing actual practice against a framework, by identifying areas that require change and by articulating suitable ways to implement this change.

F. Plan of the Practicum

The next chapter consists of a selective literature review of prevention generally and of prevention in child and family services. The literature will be examined from several viewpoints to provide understanding of the internal and external issues that are affecting the implementation of prevention at the local level. This chapter identifies how the term prevention is in a state of transition and provides a rationale for the re-formulation of prevention. There is also a discussion of preventive practice. Throughout the literature there are recurring themes that point to several core concepts. In this chapter, the sources of the concepts that compose the preventive framework are identified.

Chapter three focuses on the concepts chosen for the preventive framework. Each concept has a particular function within the framework, either as guiding philosophy, planning component or intervention component. These concepts will be defined and examined for their strengths, limits and possible applications in a community-based resource centre.

Chapter four describes the local community being served by the resource centre. Included will be some historical background, the kinds of families in the area and their needs, the kinds of families being served by the agency, their needs and distribution across the community. This chapter also provides a form of testing of the framework. With

examples from Fort Rouge there will be a demonstration of how it might work.

The final chapter will be an evaluation of this developing framework with an analysis of problematic areas. Some of the implications of this framework for the Augustine Family Resource Centre and the Fort Rouge unit will be discussed. There will be a discussion of possible applications elsewhere. Further areas for research will also be suggested.

CHAPTER II

Theoretical Review of Prevention and Re-formulation of Prevention and Preventive Practice

A. Introduction

This chapter consists of a selective search through the literature and an analysis of prevention. This discussion will be developed from several viewpoints to provide an understanding of prevention within a broad context rather than from a limited perspective. The external areas of influence to be included are the current state of knowledge of prevention and of preventive social work, political and economic realities, societal and professional attitudes about prevention in child and family services, the prevailing organizational structures and how they support or impede preventive efforts. These external factors all influence the shape of community-based preventive activities today and determine largely what sort of framework could be developed in a particular community at this point in time. Similarly, local issues influence prevention. These issues have been identified by the network of community workers in child and family services in Winnipeg. The concerns are legislative and policy vagueness about prevention, confusion about style of service delivery, funding concerns, lack of accountability within the system and lack of understanding of prevention by agencies. These local issues also provide the context in which prevention has developed. I have limited my discussion to these particular topics because they seem most significant and because this makes the literature review more manageable.

There will be an argument made for the re-formulation of prevention and preventive practice based on new theories of human behavior. This analysis also leads in Chapter III to the development of some fundamental concepts necessary to support a preventive orientation in local communities. This literature review will be related to the evolution of preventive practice since the regionalization of child welfare services in Winnipeg in 1985. At this time prevention was both formalized and given a high priority in the newly formed child and family sevices system. The data gathered will be re-examined in view of current practice experience. The hope with regionalization was to avoid the development of a series of service delivery systems in a variety of geographic locations where there is, in reality, little preventive activity. The vision was for the transformation of a system, not mere re-organization of service delivery (Sale, 1985).

B. **Current State of Knowledge**

The confusion surrounding prevention in child welfare is exacerbated by the fact that there is minimal existing knowledge about community-based prevention. In part this is due to the crisis and reactive orientation in child welfare and the limited attention given to prevention. In effect, there is some evidence of difficulty in expanding the state of knowledge about prevention in social work generally, because there is relatively little practice experience with primary prevention in all fields of social work (Fanshel, 1982, p. 2).

Progress towards the goal of community-based prevention has also been hindered by confused conceptualization. This confusion appears to be due to the complexity and ambiguity of the term prevention. It is

a concept that has been accepted as a positive feature and a goal of the regionalized child and family services system. However, there is no common understanding of just what the term means and how it differs from what occurred prior to the change.

The idea of prevention in social work has been evident since the turn of the century and it is a growing factor in practice today.[2] However, practice experience is in the early stage of development and there are several troublesome features about how prevention is developing in the child and family service agencies. First of all, there is confusion between prevention as an abstract concept and prevention in its more concrete forms such as programs or services. The second area of difficulty is with the definition and understanding of prevention and child maltreatment. As we are developing a more complex understanding of child maltreatment, the traditional understanding of prevention loses its validity. Without definitional clarity there is no agreement as to what are the limits and realistic expectations of a child and family services system in the face of growing demands for service. The two meanings of prevention will be discussed next, followed by some reasons why the traditional definition of prevention is limited today. This section will then include a new definition of prevention with a defence of this definition and concludes with a re-formulation of practice.

The two meanings of prevention

Prevention, much like other disciplines such as education or politics, has two kinds of definitions. There is that part of prevention which is abstract and may be described as the philosophy, the orientation or the approach to service. Then there is the more specific aspect of

prevention - all the activities, actions or programs which have a prevention focus. Included also could be standards, financing and research. In his discussion of teaching, Komisar (1968) uses the terms "enterprise" and "act". The enterprise of teaching includes the mind set or attitude, as well as supportive activities, whereas the act of teaching refers to the specific activity we call teaching. Prevention needs to be both "enterprise" and "act".

As an abstract concept, prevention may be personal, professional or may belong to one's particular place of work. With regionalization the plan was that such an attitude would permeate the new agencies. Early in the process of regionalization, the philosophy of prevention was implicit. What was under-estimated was the difficulty of implementing such a new orientation. Contextual factors such as a lack of knowledge, negative political and economic forces, societal and professional values and traditional organizational structures have all hindered implementation. Unexpected events such as the increase in caseload and shortage of finances have also had their effect.

As the new agencies were forming, prevention was viewed as a new element of practice and the responsibility of all staff. The nature of this responsibility, however, was unclear. The Child and Family Services Act and background papers emphasized services and activities over philosophy and attitude.

To provide background and guidance for the new agencies prior to the regionalization process, a series of draft discussion papers were prepared by committees composed of persons from a variety of social services. Discussion Paper Series #9 - Preventive Services/Resource Centres (1984) provided direction for prevention. In this paper there was a brief of acknowledgement of the difference between prevention in

its abstract sense, as an overall philosophy and approach to service of an agency, and prevention in its more concrete manifestations through specific services, programs and practice. The paper then quickly moved to a discussion of the resource centre as one way of providing preventive services. There was a failure to distinguish a range of preventive practices. How were front line staff to develop a preventive orientation? Distinctions were not made between preventive activities that are extensions of agency functions (such as homemakers, parent aides, parent education) and those preventive activities which occur as a result of a community development process (including organizing around issues, creating community problem-solving structures and stimulating participation in community affairs). The discussion paper suggested that the resource centre was an appropriate way to support prevention in a community and that a community development approach was integral to the development of effective resource centres. This is a fairly prescriptive outcome for the community development process. In general the effect of this paper was to narrow the understanding of prevention.

When the new agencies actually formed, demands for crisis services escalated. Funding of these services became the central concern of the new agencies. The broad focus on prevention diminished. Gradually, prevention came to be associated more and more with community work and with services directed to the community. The development of a preventive philosophy and practice approaches for front line staff has been neglected. There has been a growing dichotomy between protection and prevention with preventive work being sometimes viewed as superfluous. The nature of community work has contributed to this situation. Whereas protection work is well developed and fairly standardized, community work

is varied and specific to local communities and does not always have immediate results.

In addition, there has not been a growth in understanding of the kind of organizational structure necessary to support both the act and enterprise of prevention. When one part of an agency focuses on protection issues and another part on prevention issues, there will be tension and competition, especially when resources are scarce. Instead there needs to be a common purpose and agreement by everyone that the long-term goal is to shift the balance of energy to prevention. The underlying philosophy is one of making families and communities stronger by providing possibilities for people to control their own lives. Prevention is not just an "act" nor is it the sole responsibility of community workers. Agencies then need to develop ways of meshing prevention philosophy with the actions of everyone in the organization. The topic of supportive organizational structure will be disscussed later in this report.

Limitations of the Traditional Definition of Prevention

In child welfare, there is no commonly accepted definition and understanding of prevention and agreement on definition and causation of child maltreatment.

The Canadian Council on Social Development (1982) defines prevention as

> the planned avoidance of some condition generally assigned a negative value status and regarded as a problem. Prevention is problem oriented. It employs means which are both proactive and counteractive (p. 6).

The Council also notes a widespread use of the term prevention as in the fields of preventive medicine and public health.

> This is essentially a tri-level concept of prevention. Primary prevention refers to intervention at the level of root causes. Secondary prevention generally refers to early diagnosis and treatment. Tertiary prevention involves reducing individual deterioration or debilitation (p. 8).

This is a problem-oriented and reactive definition of prevention which views prevention as intervention somewhere in a continuum of events. The basis for this definition is the scientific method with linear cause and effect elements. Such a definition of prevention presumes that we know where interventions will be effective and leads to preventive practice that is somewhat different than a definition which is positive and health-oriented and acknowledges the multi-faceted nature of child neglect and abuse. There are difficulties for child and family services with such a traditional definition.

In child and family practice it is difficult to separate the three levels of prevention clearly. Giovannoni (1982) identifies the critical limitation of the public health model as the definitional one. For this model to be useful,

> the clarity of the definition of the disease or condition to be prevented is essential... The establishment of incidence and prevalence rates is dependent on this definition, as is the determination of the "stage of onset," which separates primary from secondary prevention efforts (p. 24).

In the field of child and family services, this is not a simple matter because medical, legal and social welfare organizations have analyzed child maltreatment in various ways at different times and the reality is that

> child maltreatment escapes clear definition; it is not a discrete phenomenon that a parent clearly demonstrates or not, but instead consists of an amorphous group of behaviors that, when manifested to a different degree, might be considered characteristic of good parenting (Giovannoni and Becerra, 1979, p. 70).

As McMurtry (1985) notes "the profession is faced, therefore, with predicting the development of a problem whose very existence is often a matter of subjective interpretation" (p. 42). The complexity of this situation has become evident with child abuse reporting requirements, where we are discovering that there is lack of common understanding of what is being counted. Although reported incidents are rising, this may not represent actual increases but instead may represent greater public awareness and stricter reporting requirements.

Transferring the public health/medical model to child and family services is further complicated by two factors. We are not dealing with a single disease that affects individuals in fairly equal ways.

> First, the age and stage of children's development must be considered in any definition of mistreatment (and secondly,) the object of the intervention is not an individual; it is at least a dyad and more likely, a larger set of people in a relationship (Giovannoni, 1982, p. 25).

This is in contrast to some diseases which affect most people similarly and have a clearly defined single target. The limitations of this preventive model even for health services are becoming evident as they attempt to deal with chronic and long term diseases.

Understanding causation is an important part of prevention efforts in the public health model. However, the diversity of variables associated with the potential for child maltreatment and family break-down are so vast that it is not possible to develop a simple cause-effect link. As some researchers have noted,

> A clear and useful etiology of the problem is not known. Rigorously conducted research on the origins of abuse and neglect has been considerably scarcer than suppositions, and as a number of reviews point out, the creditable findings available indicate a bewildering and often conflicting array of possible causal factors (Plotkin, Azar, Twentyman, & Perri, 1981, p. 18).

As we attempt to apply a prevention model based on the empirical scientific method to the prevention of child maltreatment we come face to face with essential incompatibilities. The characteristics of social situations do not lend themselves to scientific analysis. Social phenomenon are multi-faceted and complex. Behavior can be explained but not reduced to discrete predictable pieces.

There are difficulties in agreeing on definition and causation of child maltreatment. For this reason there are limits to the traditional definition of primary prevention as being problem focused and emphasizing intervention with individuals at the level of root causes. Instead a more comprehensive definition is needed that recognizes the many causal factors in child neglect and abuse.

One alternative has been the idea of identifying individuals with high risk potential for child maltreatment and providing service before problem manifestation. This is an appealing idea. It is essentially a predictive effort also. McMurtry (1985) has provided an excellent critique of the high risk approach concluding that, at present, there is no way of predicting whether a particular parent will become abusive or neglectful. In the future more accurate identification of such parents may be possible. However, more research is needed to establish identifying criteria and to determine effective means of intervention to prevent neglect and abuse. Even then, we may not be able to predict individual behavior.

Re-formulating Prevention

The basic issues just identified with the traditional medical model of prevention make it unsuitable for child and family services. A

re-conceptualization of prevention is advocated, one that recognizes the two meanings of prevention and one that is more in keeping with our current understanding of child maltreatment.

There are several areas of knowledge development that support a re-conceptualization of prevention in child and family services. The nature of practice is determined to a large extent by the theories of human behavior favoured at the time. Within many of the current views on human behavior there is a focus on health and positive growth rather than illness and pathology. There is also a recognition of the social context of human development, and a belief that change rather than stability is the major description of reality (Weick, 1987). Another growing theory is that there is always more than one solution to problems and that among the many possible solutions, some will be contradictory to others (Rappaport, 1984, p. 2). These new views of human behavior grow of out the holistic health movement, the ecological approach to social work, a more dynamic understanding of change and a better understanding of solutions in human service systems. It provides a much better basis for a definition of community-based prevention in child and family services than the earlier medical model of prevention.

Out of these trends, I have formulated a general philosophical definition of prevention and I have identified what I believe are basic concepts for a preventive framework in a resource centre.

This re-formulation of prevention keeps in mind the two meanings of prevention. The broad definition could be described as the basis for the "enterprise" of prevention. It provides the conceptualization of what could be the agency approach to prevention and is general in nature. Out of this new definition flows a particular form of practice that will be examined also. The next chapter describes the developing framework for

prevention in a community-based resource centre. This provides an example of an "act" of prevention. Within an agency there may be a variety of other ways that prevention is specified.

We cannot ignore that the word re-formulation suggests transition. Sometimes prevention is described using a medical/public health orientation; at other times the underlying philosophy is one of health and empowerment. In effect, the review of the literature suggests that the term prevention itself is undergoing a transition. The regionalization of child and family services and the resulting emphasis on prevention is not just a change in interventions but also a philosophical shift. I have examined the limits of the medical definition of prevention. In this section a new definition is suggested and the underlying theories and assumptions are explored.

The broad definition of prevention is as follows:

Prevention:

The movement to well-being
of
children, families and communities
through
increasing the opportunity and the capacity
to take responsibility and
to participate more effectively
in their own lives
on a continuing basis.

The specific words chosen for this definition are based on a health orientation and the ecological approach in social work. The key elements are: 1) a concern with future well-being; 2) an emphasis on environment, as well as, individuals; 3) the importance of both social support and competence; and 4) ongoing community participation based on empowerment. This re-formulation of the definition of prevention is based on varied sources of knowledge and points to changes in our views of human growth and development. I have been influenced in particular by the writings of

J. Rappaport, M. Hutton and the Ontario Clearing House on Prevention. In the choice of words I have avoided terms that have multiple meanings; for this reason the words social support, competence and empowerment are not in the definition. Instead I have used words that provide a short picture of these terms and I have not assumed that we all have a common understanding of the terms. "Opportunity" encompasses social support. "Capacity" describes competence. Community participation based on empowerment is defined as "taking responsibility and participating more effectively in one's life." As the literature is examined, support for the new definition will emerge.

A pro-active health emphasis is a very important aspect of this new definition. The movement to health and positive growth first came from the holistic health movement and the field of mental health. Primary prevention has been broadened in definition to include terms such as promoting positive mental health and promoting development and competency in the area of mental health. Development has sometimes been defined in contrast to prevention as

> the planned nurturance and pursuance of some condition generally assigned a positive value status and regarded as 'good'. It employs means which are both proactive and counteractive. Thus, whereas prevention involves the effort to reduce or avoid future ills, development involves the effort to create or foster future welfare (Canadian Council on Social Development, 1982, p. 6).

This health orientation supports a prevention philosophy that looks at strengths and abilities and is directed at a goal of well-being. It also involves people in taking on responsibility for their own lives, thus is supportive of community participation and empowerment. The holistic health movement encourages self help, mutual aid and other lay forms of health care rather than total reliance on the formal health system, thus encouraging active skill development by citizens and

recognizing the importance of informal social support. There is also attention to causes of health problems outside of individual factors. Stress and environmental issues are considered in this new health philosophy.

The second reason for a re-formulation of prevention is the growing recognition of the importance of the social context of human development and the current popularity of the ecological approach in social work.

The theoretical assumptions of the ecological approach underly the new child and family services system in Winnipeg. This is evident in various references throughout the planning for regionalization. There was the belief that regionalized agencies could provide a more responsive and developmentally-oriented range of services to consumers (Manitoba Community Services, 1984). Politically, there was pressure not to become further involved in direct service provision and to foster greater community ownership, responsibility and participation (Sale, 1984). This movement to small-scale services and the importance of community, both as an influence on and as a resource for child and family services, are all supportive of the broad sweeps of the ecological theory.

Over the years there have been various theories about the causes of child maltreatment that have influenced child welfare practice. Each of these models of causation has also had implications for the choice of strategies in prevention and many of the strategies are still in use now.

One of the earliest to develop was the medical-psychological model based on the work of two American physicians, Henry C. Kempe and Ray E. Helfer, who coined 'the battered child syndrome' in 1960. They were more directly concerned with the operation of intrafamilial variables in the appearance of neglect and abuse. There is emphasis on the personal

failings of the parents. Early child welfare has generally been based on a medical-psychological model which "reflected personalistic interpretations of disturbed and deviant behavior and has advanced therapeutic strategies that mainly sought to improve and enhance ego functioning through insight-focused casework and counselling" (Whittaker, Schinke, & Gilchrist, 1986, p. 491). The legacy today of this orientation are social programs to assist families such as homemakers and home visitors to provide support and crisis assistance (McMurtry, 1985, p. 43).

Later, David Gil (1979) formed the social violence model and there have been other theories supporting socio-political factors as important aspects in the etiology of child abuse and neglect. Prevention programs based on these assumptions include legislation to protect children's rights, redistributive economic policies and other widely focused social reforms.

The most recent development has been the growing interest in the ecological perspective with interactional/transactional models such as Germain's life model (1979). When Pincus and Minahan (1978) describe this approach the emphasis is on "the linkages and interactions between people and resource systems, and the problems to be faced in the functioning of both individuals and systems" (p. 7).

This is not a new orientation to social services but instead is a renewal of a more balanced way of doing things. Weick (1987) indicates that social workers have always recognized

> the interdependence between people and social institutions that structure their lives. The mission of social work has been set against this backdrop of human capacity and institutional responsiveness. Although the field has swayed dramatically from decade to decade, there has been a consistent focus on processes of change that involve individuals and collectives (p. 220).

This practice approach puts emphasis on the situation, as well as, the individual. Ventilation of feelings and advocacy for individuals may help to alleviate the immediate situation but ignores the environmental aspects of the individual's life and what inter-connections this person may have with others in the same situation. So this more recent approach is more cognizant of the interactions, for example, between the family, the school, the workplace and legislation.

There is also support for the importance of citizen participation in the ecological orientation. There is discussion of the challenge of working with parents as partners in traditional child welfare practice in order to provide an ecologically-valid service (Whittaker and Garbarino, 1983). In describing preventive services, Wharf (1985) speaks of enlisting neighbours, developing self-help groups for parents and using other forms of informal helping. The recognition that the environment affects the functioning of families has led to an interest in the importance of mediating structures such as voluntary associations, unions, social groups, neighbourhoods and religions. It is believed that it is through such groups that individuals, and families and neighbourhoods will obtain information and power and be able to act against the large impersonal forces of our society to help themselves. Thus there is a view of the community as important and the need for there to be links with other human service groups. As has been discussed earlier, it is essential that preventive activities involve the community in a variety of ways. Although the general nature of this participatory process has been described, it has not been clearly articulated as to whether this means community ownership, community empowerment, service democratization, community representation or a combination of these ideas.

There is one area where the ecological framework is not adequate in forming the basis of a preventive philosophy. Most social work theories are caught up in identifying or correcting deficits within families. This problem focus is also evident in the ecological approach and creates a dilemma for preventive activities for they largely focus on a population that may or may not have developed problems. For this reason my choice of definition of prevention and concepts for prevention specifically include a primary emphasis on well being and health promotion. This reminds social workers to start with strengths rather than weaknesses.

Another developing area of knowledge that has implications for a preventive approach is the new understanding of change. Social work has always held a strong belief in the human capacity for growth and change throughout life. This belief has been given vigorous support by theories of adult development, the ideas in quantum physics and liberation movements. There is recognition that change rather than stability is the better descriptor of reality. The implications for social work processes are great. Rodwell (1987) suggests that rather than viewing the complexity of person in environment in terms of lawlike generalities and all problems as empirical, measurable, quantifiable, simplifiable and resolvable, we have the opportunity to develop more fully a perspective that in keeping with social work values and with what we are attempting to do in prevention. Classical science is not the sole means of interpreting human behavior and we no longer need to look for a single reality that is free from time and context and can be explained as a result of a real cause that precedes the effect temporally. With this new view of change, a healthy community is not static, nor is it problem-free, but it is a community that is engaged in the problem. A

healthy community is one that can grow and change. Similarly, healthy parents are those who can adapt and modify their behavior in response to the requirements of a child's development. Change is thus an opportunity to grow and to learn. For this reason I have included in the definition and concepts the words "on a continuing basis". We need to look at our communities and the families within them as in a continual process of change and our preventive activities need to anticipate some of these changes.

A fourth belief of great importance to prevention is that there are many solutions or ways of meeting social problems. This supports my viewpoint that there are many facets to child maltreatment and that a multi-disciplinary and multi-pronged approach is needed. A preventive orientation requires many levels of activity. This belief is supported in part by the use of "children, families, and communities" in the definition.

Furthermore, it may be that some of the possible solutions are in conflict. Rappaport (1984) writes: "... potential solutions to social problems may be found among equally compelling opposites. One will not necessarily lead to the other; one may hinder the other" (p. 2). He discusses the example of freedom and equality. "Limits on freedom to do as one pleases are often required in order to achieve steps toward equality for others" (p. 2). In human service programs, rights and needs are often antagonistic.

> Providing for the perceived needs of people may sometimes infringe on their rights, and assuring rights does not necessarily satisfy needs. In short, most social problems are more complex and involve interrelationships among opposites in such a fashion that there is no single solution which "solves" the problem (Rappaport, 1984, p. 2).

The implications of this belief for prevention are many. This means

developing a framework that permits us to look at a variety of actions. It means seeing the situation from the viewpoint of successful people living out their lives as well as from professional ideas. It requires us to understand the paradox of many parts of family and community life. Most important, we need a different approach to planning and evaluation. It is not one that is directed at one destination or one end-product. Instead Bremer (1975) suggests that the goal or purpose is found "in our increased expertise in participating in the process, and in nothing else. We cannot locate the purpose or goal outside of the process, as we can in the processes or the processing of a factory" (p. 38). This suggests a different approach for decision-making that involves a sound or appropriate process for making a judgement. Hutton (1986) recommends a process which is guided by reality but not dependent on outcome. This process involves an assessment of the context of the situations and from that generating several choices or actions. One choice or action is selected but the option of changing direction is kept as new information emerges. There is a constant re-evaluation of what is going on. "This approach enables people to use their own knowledge and experience as a basis for action, and to add to that knowledge through action" (Hutton, 1987).

From this review of the literature and from observations of what has occurred over the past three years in the regionalized child and family service system, there is a need to clarify the two meanings of prevention and to recognize that the idea of prevention is in a state of transition. In summary, the new philosophy of prevention in this practicum is based on a future orientation that emphasizes the need to promote well-being. Secondly, this new definition is embedded in the ecological perspective where the social context of human development is recognized. It also

encompasses a dynamic understanding of change where humans are viewed as in a constant process of flux. Finally, this re-formulation of prevention demands many levels of activity occurring simultaneously, rather than a linear planning and decision-making model and an acceptance that some parts of a system might be in conflict.

Re-formulating practice

The term prevention is confused and there is similar confusion about social work practice that has come with the change in emphasis from child welfare to child and family services. Prevention is a part of the new focus in regionalization which is not well understood yet.

When an agency develops a preventive philosophy, consistency demands that preventive practice is adopted also. However, resistance to change has sometimes meant that agencies are reverting to past child welfare practices that emphasize work with individuals and familar processes such as casework.

It is my belief that the basis of good preventive practice is also good generalist practice. However, if generalist practice is to become truly preventive it may be that there is a need for some attitude changes.

Initially, I will describe generalist practice and then will focus on some of the changes I believe necessary for preventive generalist practice. Resistance to this idea has much to do with the poor understanding of generalist practice and the normal tension between old and new ways. There is also professional resistance to change and this is more evident when a whole system is undergoing massive changes.

Decentralization naturally leads to generalist or generic practice. When staff are working in small local communities, one result is a less differentiated caseload. It would be impossible for a staff person in the Fort Rouge Unit to work only with unmarried parents, for example, as there would not be enough referrals of this nature. Because there are only 3 or 4 staff per unit in a decentralized service, each person provides a range of services.

Often generalist practice is viewed as the opposite of specialization and this is the basis of much resistance. In reality, generalist practice is a different way of thinking, just as the re-formulation of prevention requires a different mind set. Generalist approaches do not deny the need for special knowledge for a particular work setting such as court work or adoptions in child and family services. However, the big difference between the generalist and the specialist is that the generalist does not predetermine the kind of activity that will be undertaken when a situation or problem is presented. As a caseworker, for example, there is a presupposition that workers will focus on one-to-one relationships.

The generalist takes the diversity of knowledge, skills and values that are part of social work and applies this to the understanding of the situation. Social worker skills include an excellent knowledge of social service systems and resources.

Generalist practice is described by Hernandez et al (1985) as "an approach to practice which requires selecting and applying a broad range of interventive techniques - across micro and macro systems - based on the specific needs of a problem situation" (p. 30). This practice approach is also based on the premise that "practitioners must have a repertoire of broad direct and indirect service skills and must go where

the problem takes them" (Hernandez et al., 1985, p. 30). The generalist is not viewed as an expert but rather as a person who can bring a broad array of knowledge, skills, values and resources to help clients, citizens or communities in meeting their needs. This is a different understanding of professional practice.

The various activities of social workers across client systems have been described in many ways. The following matrix provides one description of social worker roles across a variety of systems in generalist practice.

FIGURE 1

Helper Role-Taking Activities Across Client Systems

(Hernandez et al., 1985)

ROLE	CLIENT SYSTEMS				
	Individual	Family	Small Group	Organization	Community
Conferee	Counselling	Family therapy	Group therapy	Supervision/ Consultation	Consultation
Enabler	Modeling	Family education	Skill training	Organization development	Social planning/ Community education
Broker	Casework	Information	Self-help	Network	Community needs advocacy
Mediator	Decision-making	Divorce/ Custody mediation	Inter-media-tion	Third party peace-making	Community conflict resolution
Advocate	Case advocacy	Case advocacy	Educa-tion	Grant Writing	Cause advocacy/ Bargaining
Guardian	Individual protective services	Family protective services	Coerced group therapy	Controlling	Initiating legal action

These roles are described in more detail as follows:

Conferee: derived from the idea of "conference," this role focuses on actions that are taken when the social worker serves as the primary source of assistance to the consumer or client in problem solving.

Enabler: actions taken when the social worker structures, arranges, and manipulates events, interactions, and environmental factors to facilitate and enhance system functioning.

Broker: actions taken when the social worker's objective is to link the consumer with goods and services or control the quality of those goods and services.

Mediator: actions taken when the social worker's objective is to reconcile opposing or disparate points of view and to bring the contestants together in united action.

Advocate: actions taken when the social worker secures services or resources on behalf of consumers in the face of identified resistance or develops resources or services in cases where they are inadequate or non-existent.

Guardian: actions taken when the social worker performs in a social control function or takes protective action when the client's competency level is deemed inadequate.

(Hernandez et al., 1985)

Although a graph has advantages in presenting many ideas quickly, there is the danger in such a presentation of reducing social work roles to isolated functions. In generalist practice a staff person would be taking on several roles simultaneously for one family or community, not just one role at a time as the graph implies.

I believe that there are some fundamental differences between this description of generalist practice and preventive generalist practice that could occur in the child and family service system. These differences emerge from the new definition of prevention discussed earlier in this report.

First of all, this description of generalist practice limits itself to problems and inadequacies. It is also very much a professional-led model rather than a model of helping people to develop abilities and do things for themselves.

Secondly, for generalist practice to become preventive, it appears that the time emphasis needs to change from past and present solely to an orientation that includes the future. It does not seem likely that we can promote well-being unless we can visualize what could be. Generalist practice does not necessarily include the importance of the future and a willingness to try and think ahead while dealing with the immediate.

Thirdly, a practitioner with a preventive generalist orientation views change differently. The activities of the social worker are not solely directed at problem-solving. Instead change is viewed as normal and as an opportunity for growth. The emphasis is not only on solving a specific problem but on learning how to learn in order to adapt to future changes.

The fourth belief underlying the re-formulation of prevention in this practice and then of preventive practice is how we view social situations and problems. There are many possible solutions for meeting the demands required by transitions and life stages. This requires that tentative choices be made after a thorough assessment of all actors involved in a situation. No outcome is presupposed but constant assessment leads to new learning and new outcomes of process.

The ecological perspective underlies this description of generalist practice. This perspective, and the underlying ideological assumptions shape the particular form of preventive practice that is possible. There are certain limitations in this approach. While there is recognition of the importance of social systems in human development, in the ecological theory, the social work role is one of mediator between people and systems. The theory is based on "optimistic determinism" where conflict is avoided (Gould, 1987, p. 347). Although there is a recognition of inadequacies within specific sub-systems, there is little emphasis on bringing about fundamental change in the very fabric of social institutions. It is more an accommodative, than a transformative view and generalist practice based on the ecological perspective will reflect this ideology. The terms mediator and advocate are used but no reference is made to system change.

The preventive generalist is different from a generalist practitioner in the four ways mentioned. It is a difference in attitude. Because this is a developing model, there may well be other differences that I have not identified. In order for my definition of prevention to become a reality, the practitioner does require an understanding of these differences.

In the local agencies there has been a fair amount of confusion as to the appropriate preventive interventions in the regionalized agencies. Some agencies opted for a generalist approach. But prevention has frequently been associated with community work. The Discussion Paper Series #9 (1984) states that "the commitment to preventive services is best served by supporting the existence of a community development approach at the agency level as a core function" (p. 7). Similarly, child and family service staff who are assigned primarily to prevention

work in agencies use the terms prevention work and community development interchangeably. A recently terminated New Careers program for the training of child and family services workers emphasized the community development approach in their training guide on prevention. In a discussion with the course leader, she noted that in the classroom there was much more emphasis on a groupwork approach, (L. Hope, personal communication, March 16, 1988). Yet, a recent study of two resource centres in Winnipeg, that have been in operation for several years, pointed out that the actual form of intervention tended to be mainly of a professional service delivery nature (Baraniuk, 1986, p. 72).

Preventive services have also been associated with other terms such as the generic approach (Fuchs, 1987), community work (Maidman, 1984; Wharf, 1979), and community-centred service (Hadley and McGrath, 1984). Staff who have been hired to fill positions that emphasize community-based prevention have a range of experience and education that includes clinical and administrative social work, recreation, education and community development. There appears to be no common understanding of the core knowledge, experience and training that is required to do preventive work in child and family services. To date there has been no training for the staff who are expected to do this innovative work in the child and family services system. The supervisors, in all of the agencies but one, have training that emphasizes work with individuals and families, not communities.

The Child and Family Support Directorate in Manitoba establishes standards for child and family services within the province, funds and monitors these services and provides support in the form of information, advice and investigation. There is a limited service role in adoptions and services to Native agencies. At present the Directorate has no staff

designated to take responsibility for the development of prevention. Fuchs (1987) points out that professionals are being asked to go out with very little in the way of backing and play it by ear. Brown (1982) suggests that this is an ideal environment for lack of progress and even damage to caregivers, clients and communities.

There is a fair amount of confusion regarding style of service delivery. My research, observations and reflections lead to the conclusion that it is important for all staff in child and family service agencies to have a basic grounding in prevention and preventive generalist practice as just described in this report. The regionalization of child and family services has made a conscious effort to strengthen prevention. This is unique in large human service systems and, I believe, requires the development of generalists who understand prevention. This would be one of the better ways to re-orient the system to a healthy preventive philosophy.

The reality is that within the child and family service system there are a range of job assignments. Some positions emphasize the obligatory services, others the optional services under the Act. Those staff who provide obligatory services tend to work with individuals and families, whereas staff doing optional services work more with small groups and organizations. Unfortunately, these two sorts of work have been frequently divided into protection and prevention.

In chapter three there will be a discussion of how the new definition of prevention and preventive practice might be operationalized in a community-based resource centre.

Apart from these theoretical difficulties, there are other restraints to prevention that cannot be ignored. The development of a preventive generalist orientation in the child and family service

agencies are influenced by a variety of environmental issues. Some factors which have an impact on prevention are political-economic forces, societal values, professional values and prevailing organizational structures.

C. Political and economic factors

The political and economic environment of the social services is constantly changing and there is little that the human services can do to buffer themselves against these changes. In the eighties we are witnessing a situation where most advanced welfare states are caught in a set of socioeconomic conditions that seem to jeopardize the fiscal foundations of their welfare programs. The Organization for Economic Co-operation and Development (1981) reports these conditions to include a declining economic growth fueled by low productivity and investment, high unemployment, large budgetary deficits, and an aging population with an ever-increasing demand for human services. Social workers are caught in the middle of increased demand for service in an economy of scarcity. According to Alexander (1982), this economic crisis is having a much greater impact due to staggering imbalances of wealth on a worldwide basis, the political retreats to primitive remedies, and the new constellations of international finance and trade.

The welfare state is being blamed for these economic problems. Hasenfeld (1984) writes that the fiscal crisis of the welfare state is accompanied by a crisis of legitimation, as the political elites blame the welfare state and its programs for the economic malaise of the advanced industrialized state. Several new ideologies are developing. There is the demand for a re-structuring of social welfare programs to

reduce the burden on the economy. Other growing beliefs in this new context are those of self-reliance, decentralization, the importance of non-governmental intermediaries and less government.

These economic and political realities are exerting considerable pressure on social service programs. Demands for efficiency and accountability are growing. Planning procedures are assuming great importance. Management information systems are being established. Evaluation of programs are viewed as necessary elements of social services.

While large economic and political factors are affecting the nature of social services, there has been much turmoil within the field of child welfare over the past two decades. We are realizing the complexity of child welfare problems and that they are more difficult to resolve than was thought to be in earlier times. Some aspects, such as the relationship between poverty and child maltreatment, cannot be dealt with by the child welfare system alone.

Dore and Kennedy (1981) write that the movement toward deinstitutionalization, normalization, and the right to treatment have also caused massive changes in the child welfare system. Some of the outcomes of such programs have been the stress on the cultural relevance of services, permanency planning, the continuum of care, community participation, prevention, and decentralization.

What is happening locally is, therefore, not an isolated event, but part of world-wide happenings. These various changes do not provide a consistent background for an agency. Some parts are in conflict, such as rising need and constant or decreasing funding. Other parts are compatible but for contradictory reasons. The emphasis on community participation and decentralization, for example, are supported by both

right and left-wing political groups. For the left, these changes foster increased local control. For the right-wing groups there is support for the notion of self-reliance, cost cutting, and a return to solutions of the past.

Locally, child and family services have undergone massive changes. The world-wide political and economic realities point out that great changes are also occurring in the broad sphere of the social services and in the field of child welfare. Managing the stress from a multitude of changes then becomes an issue for child and family practitioners. Prevention may easily be viewed as another demand for change in a system that is overloaded with recent changes.

The broad economic issues have been reflected in the local agencies and funding instability also adds to the difficulties in implementing prevention.

One of the main issues is that regionalization was based in part on economic reasons. The shift to a community-based, family-focused, preventive child and family service has occurred with growing government concern about long-term escalating costs of services. In Manitoba, both the NDP and Conservative parties were able to support regionalization because it fit with some of their party beliefs. However, the reduction or maintenance in cost has not happened. Geographic decentralization has made services more accessible and increased demand for community-based services. However, the system is still maintaining high investment institutional care. Cost increases may also be affected by poor world-wide economic conditions, changing family structures that place more demands on state services and growing citizen expectations of social services as a right for all. Whatever the reasons, these financial pressures have diverted attention from the development of preventive

approaches and have caused some retrenchment back to the traditional ways of child welfare practice.

The confusion about prevention is reflected in funding. The Discussion Paper, Series #9 (1984) viewed prevention as service. This background paper recommended that 20 percent of the regional child and family service agency budgets be allocated to these preventive services. The list of possible preventive services included foster parent recruitment and support, family support, counselling and therapy, parent aides, and homemakers. This includes a combination of obligatory and voluntary services under the Child and Family Services Act.

In the actual funding that has occurred prevention has come to be viewed as community outreach. In 1987, the five new urban child and family service agencies were allocated $625,000 for community outreach out of a total budget of $16,675,600 for these agencies (C. Butler, personal communication, May 25, 1988). These funds have been spent on some or all of the following items in various agencies: salaries of persons doing community-development, resource work and/or public education; community committee budgets; emergency supplies for families in crisis; and sometimes they have been re-directed to cover other agency costs or deficits.

These community outreach grants have served a valuable purpose in that they have maintained high visibility in the community for one form of preventive activity - community work. Agencies use this as evidence of their preventive focus. The irony is that each year there are concerns that these grants will be terminated.

As the emphasis on community work as prevention has grown, the broad shift to a preventive orientation by agencies has been lost. If agencies are to move to a preventive philosophy, there needs to be a funding

rationale that supports this shift. Cost containment alone is not an adequate funding philosophy. Furthermore, much of agency funding is problem-oriented and based, for example, on the number of children in care or the number of hours a homemaker is in a home. Staff deployment from Children's Aid of Winnipeg was based on caseload count.

It would seem logical instead to develop a funding philosophy that has as its goal a gradual shift in funds from protection to prevention - to emphasis on well-being rather than problem. In practical terms this would mean determining staff size on the basis of time required to do preventive work with families, not only crisis intervention. The goal of the child maintenance budget would be to see a shift in use of the money - from institutional care to community-based care. Cost maintenance or reduction may be a result but the concern is more with the kind of care we are providing for children. Without a solid rationale for funding, all preventive initiatives are at risk. Certainly the healthy ideal described in this practicum would be impossible without some funding changes.

D. **Societal Values**

Prevailing public values have affected the nature of child welfare services. Are these state services seen as a last resort when all other avenues of help for families are exhausted? Are such services aimed at particular individuals or families with little regard for the way that social systems affect them? This is known as the residual model of child welfare practice and it is the most common model.

Palmer, in a review of child welfare practice in Ontario, concluded that: "after nearly ninety years of public responsibility for child

welfare in Ontario we are still providing a residual service responding only to particular situations" (1982, p. 9).

On the other hand, the institutional approach views public services as a right available to all families with the initiative to use these services coming from families and individuals. According to Nance, "the uncanny relationship between the nature of the institutional model and the goals of primary prevention leave no doubt that primary prevention assumes the values that underlie the institutional approach" (1982, p. 36). Whether there is public support for such a position in child welfare is an important question. In Western cultures there are still long-standing traditions such as those of privacy, individualism, self-reliance, and freedom that inhibit the development of prevention.

With the decline of the agrarian era, where there was local inter-dependence among people, more recently there has been a movement to separateness with success and failure becoming highly individualized. Although social work theories have focused on the person-in-environment from the 1930's to the 1960's, other values in our society influenced how social work actually carried out its practice. These values support the non-interference in the affairs of families until there are readily identifiable problems and view attempts to strengthen the social supports of families as meddlesome.

The contradiction, in the past two decades, is that for some families, generally the powerless, there have been increases in the level of state intervention to protect children but not to prevent the problem. This has come about with the implementation of laws requiring the reporting of suspected child abuse, with the development of more specialized child protection services, and with improved treatment services for maltreated children and their families. Besharov (1985)

reports that there is now some reaction against this increased state intervention.

Because prevention requires action before problems are identified, it must be provided in a fashion that recognizes the dilemma of these contradictory values. This also involves a good understanding of change and the public's reaction to change. For example, familiar goals and procedures demand less change and are, therefore, resisted less and might be a recommended starting point.

The establishment of a parent-child drop-in centre is generally well-accepted in communities. Whether such a centre plays a preventive role in the community depends on the attitude and functoning. Does it provide service to problem families? Or does the centre focus on identifying strengths, empowering parents and developing a positive attitude to change? Aggressive outreach may be needed to make contact with groups of citizens who have not been the usual users of child welfare services, but this sort of activity highlights the conflicting values.

A preventively oriented agency must recognize that these contradictory public values may impede implementation of prevention and requires the preparation of a variety of strategies.

E. **Professional Values**

The values of professionals in child and family services practice affect how preventive practice in the field develops. The paradox is that to a great extent the dominant professional orientation of social workers has inhibited the development of preventive practice. The education of most professional helpers has emphasized the need to

identify abnormalities in human functioning, to discover the cause, and to institute corrective measures. Jenson (1985) writes that social workers generally use a mutually agreed upon 'problem' to act as a starting point and the dilemma of social work is that if there is no 'problem', they cannot provide sufficient reason to develop a contract for service. As has been stated earlier, even the ecological model is caught in this problem orientation.

For a variety of reasons there may also be a professional disinclination for preventive work. One of the reasons is that crisis intervention is more stimulating and immediate than prevention which involves long term planning and fewer visible rewards. Another reason may be that social work has never been given a clear mandate and the resources to do prevention.

Because there is less understanding of prevention, skepticism is common. By contrast, knowledge in the crisis and treatment areas in child welfare has mushroomed in recent years. It is only natural for practitioners to be attracted to areas of work that are based on theory and research that are more fully documented. Social workers have a highly developed set of knowledge, values, skills and techniques to work with individuals and small groups. The knowledge and skills to involve local citizens and other groups to do effective environmental modification, and to be aware of person-system interactions are important in prevention but are only now gaining popularity and acceptance.

The older child welfare practice is familiar and career ladders are related to this form of practice. At present there is more status in treatment and rehabilitation. Furthermore the current practice of concentrating on caseloads of individual users follows the more established professions and provides social workers with some of the

perks and job satisfactions associated with other professionals.

Not only does prevention demand a new orientation, it requires working with new client groups who may not always respond in familiar ways. The interdisciplinary nature of prevention also fuels the resistance to change position also for, as Nance (1982) points out "it involves more work to learn the languages of other disciplines, and, like any straying from the status quo, opens up the possibility of rejection by the mainstream of a profession" (p. 37). Therefore, professional resistance to change is a big factor that must be faced if an agency wishes to incorporate a preventive orientation.

F. **Organizational Structure**

How services are organized will promote or discourage prevention (Jansson, 1982). Within organizations that offer traditional services mainly, this is an important feature because prevention may require a different organization and delivery system than crisis services and treatment.

Initially, the organization must have a preventive mandate assigned to it. In Manitoba recent legislative and policy changes have provided a broader framework for child and family services that strengthens prevention. It is an optional aspect of the Act, but it is there. Prevention was also used to win public support during the dissolution of the Children's Aid of Winnipeg. Agencies themselves are just beginning to develop policies on prevention. These policies need to clarify the agency's definition of prevention. Is prevention limited to community work or does the agency expect prevention to be a part of a total application philosophy? How will this occur? This practicum contains

some ideas on application that will be discussed in chapter IV.

The preventive orientation and activity in the new child and family services have developed from the top-down. The difficulty with this approach is that it tends to be based on traditional models of human services - that of paternalism. The process of paternalism has been "to seek 'expert' opinion about the needs of target populations, to back this expert opinion with an infusion of funds administered by a bureaucracy of experts, and to wonder at the resistance of indigenous populations to our efforts to improve their lives" (Swift, 1984).

Prevention and paternalism are contradictory, if one views an important part of prevention as developing well-being by increasing the opportunity and capacity for people to take responsibility for and to participate more effectively in their own lives (Hutton, 1986). In order to implement prevention in such a system there needs to be an understanding of how to involve citizens. How can staff use their traditional skills of needs assessment, planning and evaluation in creative ways? Biegel (1984) describes a project in Milwaukee where professionals discovered how citizens naturally solve their problems and meet their needs and then graft professional interventions onto this natural process. The old ways need to be revised.

If a choice is made for all staff to be involved in prevention, there needs to be adequate financial support for these initiatives. To date no agency has determined ways of funding community prevention on a long-term basis and there have been constant threats of cutbacks in funding and staff. Similarly, there has been no recognition of the time demands on other staff if they are to do preventive, as well as, crisis work with their clients or if they are to do small amounts of community and system level prevention. The organization then has a responsibility

to structure work in a fashion that permits true generalist preventive practice to occur.

Some of the features of preventive services already discussed point to the importance of a supportive environment. If preventive interventions are not fully conceptualized and are difficult to evaluate due to the nature of the service, it is particularly important to have an organization that will support services as they are being developed and when the outcome is unknown.

Accountability is an organizational responsibility and it has not been addressed well to date. The Child and Family Services Act is quite clear on steps that must be taken in protecting children and who has responsibility for the various steps. However, at present there are no guidelines or standards to hold agencies accountable for preventive services.[3] Although prevention was an important objective of the regionalization process and agencies are empowered to address prevention under the new Child and Family Services Act, the services are optional on the part of agencies. [Sections 7(1), 9(1), 10(1)(2), 11(1)(2), 12 and 13(1)].

There have been no links established by the Child and Family Support Directorate between policy making and implementation to connect the two phases of the process. Again this affects agency accountability.

Where preventive services focus on the community and assists people before they develop serious problems, this requires much closer linkages with other community agencies who might inform and direct potential users to the agency. Such a need to look outward to the community is in contrast to the agency's regular services where there is no need to seek out persons experiencing problems and where caseloads have doubled since the regionalization of child and family services. It is important,

therefore, that an agency with both a preventive and direct service orientation be attuned to the differences among its users.

Some theorists argue that to have a focus on prevention, it is essential that there be agency policy and procedures such as hiring and promotion policies, staff meetings and staff training that highlight prevention. With the regionalization of child and family services, most of the staff were transferred from the Children's Aid Society of Winnipeg. Although there was no initial opportunity to recruit persons with a preventive orientation, this will be increasingly important in the future if agencies are to move to a truly preventive outlook. Jansson (1982) identifies some qualities required of staff who are to undertake preventive practice. These are the desire and ability to engage in planning projects. This is essential because prevention is not crisis work but long-term work. Furthermore, such staff generally show a desire to engage actively in non-traditional services such as outreach, consultation, advocacy, liaison and to look at attempts to influence environmental causes of problems. Preventive services appear to flourish in a climate that encourages experimentation and innovation and, therefore, staff who are ready to experiment would be more effective. Doing preventive work requires staff who are able to work with ambiguity and uncertainty. This is because of the future orientation of prevention. Traditional social work assessment involves the past and the present which are known and therefore more comfortable and less threatening. The future is a possibility or probability and the use of a preventive approach demands the ability to live with uncertainty. This is a difficult change for staff and is complicated by the fact that personnel have been subjected to many other demands for change with regionalization.

In summary, if an agency is to be truly preventively oriented, staff need a good grounding in preventive generalist practice as has been described in this practicum. If an agency focuses on community work as prevention, there needs to be an understanding that there are limits to this approach with tension as a result of the dual focus. Staff in these positions also need to be clear as to whether they have adopted a health model of prevention or a more limited outlook.

G. **Conclusion**

The new knowledge areas and the restraints of the environment both have implications for the nature of preventive work that will be undertaken by an agency. For effective implementation of the preventive orientation, many adjustments are required. There has been a tendency in many instances to fall back on the familiar old ways. Community work with a preventive emphasis is new and such staff does not have the same restraints as other staff. For this reason, it may be the community workers who will keep alive the preventive orientation, trying to bring their agencies in this direction. Unfortunately, preventive work in the community has been poorly operationalized to date. The next two chapters begin to specify prevention in a resource centre. Several concepts have been identified that appear to form a beginning structure for community prevention. These will be examined in chapter III and some of their possible applications to a specific community will be discussed in chapter IV.

CHAPTER III

Developing a Framework for Prevention in a Community-based Resource Centre

A. Introduction

The goal of this practicum has been to begin developing a framework for planning and decision-making about preventive activities in a community-based resource centre. To attain this objective it has become evident that there was first a need to clarify the understanding about prevention. Over the past three years prevention as a philosophy has diminished in the regionalized child and family service agencies. Prevention has generally been limited to community work.

A second difficulty in understanding and implementng prevention is that the term is in a state of transition due to new understanding of human behavior. Preventive practice also rests on the changing definition of prevention. The result is that preventive practice has been mired in confusion.

Prevention carried out through a community-based resource centre is one of many possible means. Based on the re-definition of prevention and preventive practice, this chapter will develop concepts for prevention in a particular resource centre. Ideally, the prevention philosophy and practice would be part of the total agency with adequate funding and training. Such is not the case now. Chapter IV will discuss the limits that this places on application of the practicum suggestions and point out some ways that linkages might be possible with other parts of a child and family services agency.

In the urban child and family service agencies, community prevention has occurred in two somewhat different ways since regionalization. There has been the resource development approach and the community development approach. The difference between the two is in the processes undertaken. The resource development orientation tends to have a much greater emphasis on professional service delivery and would include service projects, education and support programs that are under the auspices of the agency or are joint projects with other agencies. Community residents are involved as volunteers or in an advisory capacity. Generally, the agency remains actively involved in the programs.

The community development approach provides preventive services differently. The goal is to create indigenous leadership and inter-linkages with other community groups. There are other goals of stimulating participation in community affairs and organizing coalitions with the ultimate goal of moving the activity to independent functioning.

In the resouurce development approach there is a tendency for preventive services to be somewhat agency-driven whereas the other is more community-driven. There are obviously overlapping areas in the two approaches. For example, a resource centre could easly be the locus of community development projects. In fact, the concepts for prevention in this practicum encourages such an outlook. Child neglect and abuse and family breakdown are complex situations. Communities and practitioners will respond in different ways. The values of the community, the Board of Directors, Executive Directors and staff all affect these choices. Similarly the context of the neighbourhood such as socio-economic factors and whether the community is stable or in transition, determine the plans made.

Initially, Winnipeg South Child and Family Services chose both options. Because of lack of clarity about job functions there has been less emphasis on the community development approach. In part, this may also be related to the socio-economic characteristics of the community being served.

It is my belief that the preventive framework is applicable to both models. This practicum is examining a framework and application that starts in a resource centre, and as such the discussion will be limited to this approach. What does seem evident from practice experience to date is that both approaches have the effect of isolating prevention from the other aspects of agency work. Attempts to address this issue will be made in the application of the framework.

B. **Resource Centres**

In program documents, Winnipeg South Child and Family Services describes the resource centre as follows:

> Such centres provide an identified community resource by a physical setting with trained professional staff. Emphasis is placed on involvement of community members in identifying needs, designing and implementing programs and services.

Historically, the resource centre has developed in a variety of ways. At the turn of the century the settlement house movement provides an early example. In the seventies neighbourhood information and advice centres were established in Britain to assist in helping neighbourhoods identify needs and make decisions about how to meet a variety of social problems in their area. The development of resource centres in the United States originated during the 1960's. This program, known as Head Start, emphasized educational interventions for families and neighbourhoods of the poor. The focus was on the needs of pre-school

children (Gentleman, 1983, pp. 1-2). From this beginning the family resource movement has evolved and the Family Resource Coalition formed. The Family Resource Coalition is an American national federation of more than 2,000 individuals and organizations promoting the development of prevention-oriented, community-based programs to strengthen families.[4]

Interestingly, there was an earlier resource centre in Fort Rouge that began about 1968 with staff from several agencies, volunteers, and a community board. The Childrens' Aid Society of Eastern Manitoba opened its first resource centres in the 1970's. The emphasis was broadened from the concerns of pre-school children to include everyday issues facing all families. Today, there are a variety of models in existence.

In the so-called family resource movement the outlines of the concepts for prevention were evident, but there has not been sufficient clarification. The early programs had an educational emphasis but it was soon discovered that attempts to modify child-rearing practices of parents by professional talk alone were inadequate. This provided evidence of the need for support services in the areas of nutrition, health and emotional stress. These programs also became more inclusive and less problem oriented as they reached out to informal caregivers and family day care providers. As Zigler (1986) writes there has also been a growing emphasis on the participants as the ultimate lever for solving problems and the force for positive change. The family resource movement "consciously avoids the fear of dependence that critics have pointed to as an inherent liability of so many intervention efforts." (p.10). This suggests a view of community participation that is based on empowering people to control their lives.

As child and family services were being re-designed in Winnipeg in the 1980's resource centres were seen as a effective way of providing preventive services to families and individuals in an accessible and non-stigmatizing manner. There was the belief that community-based resource centres would be very important in strengthening natural community networks and in facilitating mutual aid and self help. It was to be part of the formulation of a participatory model between the province and communities. This approach was expected to provide a combination of community resources and professional services to address problems and do preventive work. This approach was based on the positive experiences with the local resource centres begun in the 70's and on the current understanding of how prevention can best be carried out in child and family services. As present, however, it is still a beginning model.

The regionalization of child and family services has provided greater ease of accessibility to clients and one result has been an increased use by the community. The community-based services have given professional staff within these smaller agencies a much better understanding of the communities they serve. This is a situation of geographic and administrative decentralization with the smaller units serving as local consumer shops. There is some attention to local needs and variations but there is still the tendency to focus on individual adjustment as the solution to problems. The services emphasize professional intervention more than a combination of community resources and professional services. The danger is that preventive work may easily fall into the same professional delivery style rather than an enabling style that develops community strengths unless there is a strong effort to do something different. The concepts for prevention in this chapter

are an attempt to translate the new preventive definition and practice into a more coherent whole and to avoid some of these difficulties.

C. Introducing the Framework

From the general literature review several recurring themes have become evident and it is several of these recurring concepts that I have chosen to include in the preventive framework. The outlines of the framework are evident in the definition of prevention that I have developed in chapter II:

Prevention

is
the movement to well-being
of
children, families and communities
through
increasing the opportunity and the capacity
to take responsibility and
to participate more effectively
in their own lives
on a continuing basis.

Most of the key components of the framework can be identified within the definition. The idea of "well-being" underlies the concept of positive family focus. "Opportunity" and "capacity" are operationalized within the framework as social support and education/enhancing competence. The words "take responsibility and participate more fully in their own lives" supports the concept of community participation based on empowerment. The terms "movement" and "on a continuing basis" supports the notion that change is expected and normal. This framework is limited to the resource centre. The immediate goal is to provide some coherence to the preventive initiatives of the resource centre. It is not a detailed, specific framework but one that provides guidelines for the decision-making process.

At present the framework does not encompass the total agency. The long-term goal would be to develop a framework that would incorporate all the servces of an agency. What follows is a diagram of the preventive framework.

FIGURE II

Framework for Prevention in a Community-based Resource Centre

Philosophy	- Positive family focus - Community participation based on empowerment
Practitioner Role	- Generalist practice with a preventive approach based on an ecological perspective.
Planning Components	- Continual assessment of the community by the community. - Consideration of a range of interventions from person-centred to system-centred. - Linkages with other human service systems and informal groups and identification of who might be most suited to the task.
Intervention Components	- Provision of social support for individuals, families, and communities on a continual basis. - Education/enhancing competence of individuals, families, and communities over the lifespan.

To clarify this framework I have chosen to describe in detail several key elements. Frequently, these words are used assuming that everyone applies the same meaning to them, when this is not so.

The terms positive family focus, community participation based on empowerment, generalist practice with a preventive approach will be discussed. The planning components and intervention components will also

be explored with specific emphasis on social spport and edcation/competence.

Others have identified these concepts. Whittaker, Schinke and Gilchrist (1986), for example, stress the dual focus in the ecological perspective, of social support and personal competencies. They write that in designing service programs for children, youths, and families the ecological perspective means:

> (1) building more supportive, nurturant environments for clients through various forms of environmental helping that are designed to increase social support and (2) improving clients' competence in dealing with both proximate and distal environments through the teaching of specific life skills (p. 492).

These writers focus on individuals and families neglecting the component of community competence.

Wharf (1985) provides a much more comprehensive community-based model for children's services that includes a community work approach to practice, a pattern of services which connects child welfare and child care with other human services, and decentralized service structures which allow for community control of, or some form of community input into childrens' services. Furthermore, he writes: "The community work approach to practice includes three strategies: enhancing the competence of clients, modifying environments and empowering clients and communities" (p. 2). This outline, while it incorporates most of the concepts of the framework in my report, sets them out in menu form with no information on how these parts function together. The use of community work as the approach has the effect of isolating social workers in different roles and allows few opportunities for front line staff in child and family services to develop community work skills. The framework in this practicum starts with the resource centre but would gradually move to total agency involvement in prevention.

Maidman (1984) describes a community work orientation for prevention. He provides a very positive definition of prevention as "nurturing the strengths found in the community, rather than simply redressing its weaknesses" (p. 66). However, he also limits prevention to community work. The effect is to dichotimize prevention and protection. If a community work approach alone is chosen by an agency, other efforts need to be made to recognize the contributions of community staff to the functoning of an agency.

The various concepts for the preventive framework will now be defined, and they will be examined for their strengths, limits and practical applications in a community-based resource centre.

D. **Positive Family Focus**

Definition

Positive family focus is defined as a concern with promotion of the general healthy functioning of families and the well-being of children without an emphasis on any specific problem. The goal of such activities is to strengthen all families and to improve the well-being of all children and families in the community.

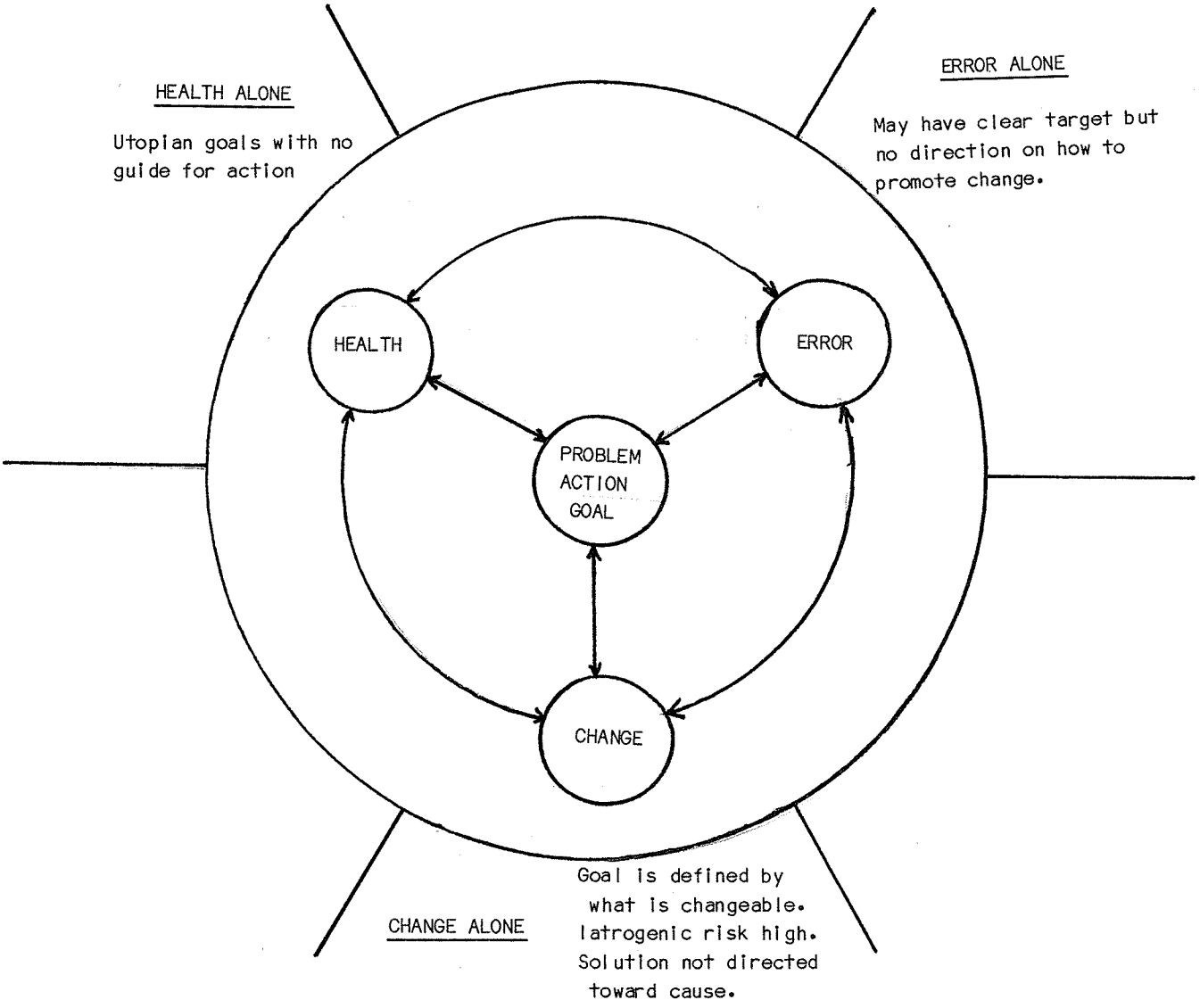
Social work practitioners are constantly making choices when faced with a community need or a situation that requires some change. Kuypers (1984) suggests that these decisions are based on information from three relatively distinct theory domains known as health, error and change. "The essence of this model is that the worker must and will make choices in each domain. If the choices are open to inspection and if the choice making process is made with the knowledge of options within each domain,

then the possibility of successful interventions is increased" (Kuypers, 1984, p. 8). (See Figure 3.)

Because the definition of prevention in this practicum focuses on well-being, and the movement from a problem orientation, it is recommended that preventive approaches that occur in the community start with the health domain and focus on strengths and abilities first. This does not mean that the theories of error and change are ignored but that they are not the starting point. Such an approach is warranted because many of the persons involved in preventive activities in a resource centre do not have defined problems. Because social workers have been inculcated with a problem focus, it is of importance to stress that we begin with the health domain.

FIGURE 3

Toward the Use of Theory in Social Work Practice



When all theory domains are present, problem definition may be grounded by universal conceptions of health and by specific considerations of context and history, goals may be focused on processes which promote and maintain error, and interventions may serve to influence these processes. Professional values and workplace expectations serve to limit choices possible.

Prepared by J. Kuypers, 1984.

Strengths, Limits, and Applications

One of the strengths of the positve family focus is that it recognizes that all families have stressful times. A universal approach makes public funds available to more families. In the past public funds in child welfare were directed to a small percentage of families with serious problems. Services were not provided until families had identified problems. Funding and programs in child welfare agencies have not existed for families facing the typical normal stresses of family life. In fact there was an assumption that most families could raise children with little outside information or assistance. In earlier decades this may have been generally true.

However, this notion is being laid to rest by a series of rapid changes in family structure and within society generally, that are placing stresses on all families.

Certainly there are many different forms of families now. There are many more single parent families with separation being more common. There are more never married parents raising children. Generally these families are headed by women. Increased divorce and re-marriage has led to increases in the number of stepfamilies or blended families. Another dramatic change in the structure of families has been the growth of two-paycheck and dual-career families with fewer mothers remaining at home to raise children. Changing career expectations for women and shared child care arrangements are two results. These differences in family structure have meant that families are facing different anxieties and pressures and are seeking new kinds of information and support as they raise their children than were families in earlier times. There is considerable adjustment required among nearly all families as a result of these changes.

There are also societal changes that are affecting, not only these new family forms, but the traditional nuclear family as well. Some of these factors are our increased knowledge about child development, the feminist movement, and the loss of traditional social support with the mobility of families, the urbanization of our society and the decreasing size of families. There have also been cultural and technological changes in our society that have affected parenthood. Some of these issues are the increased influence of television, availability of illegal drugs and the need to give birth control information to young people.

These changes affecting so many families have pointed out that all families can benefit from information and other forms of assistance. Zigler (1986) views all families as having "a natural lifespan in which, at particular points, stresses and crises are the natural state of affairs" (p.10). The positive family focus rests on the belief that providing support to all families is important and thus avoids the stigma of other treatment and prevention programs that identify families with problems.

The other positive aspect of this orientation is that the service focuses on strengths. Initially publicly-funded child welfare agencies emphasized the weaknesses of families and their need for compensation and remediation. The positive family focus of the preventive framework is an attempt to turn this attitude around and to emphasize family assets. Lein (1984) suggest that a new design for family services is required if the needs of the contemporary family are to be met.

> ... if we are to strengthen family life, we must examine families with an eye to their strengths as well their weaknesses. We must continue to ask in what way services for families can be designed to support families in their strengths and prevent them from failing as a result of their weaknesses (p. 89).

The third strength of the positive family focus is the positive attitude to change. It is the ability of parents to learn and grow that is a measure of their success. Times of transition or stresses are viewed as opportunities for growth and development. This view is in keeping with some of the new theories of human behavior.

There are however, criticisms of these non-focused universal programs. This is particularly so on the part of those who define prevention solely as reducing the incidence of child neglect and abuse. There is a the belief that such programs are too broad and cannot be evaluated or are not targeted at those who need it most. With the present limited funds the tendency is to fund programs that are visible with short term results and aimed at targeted groups. Unfortunately, as has been stated earlier in this practicum, we do not yet have sufficient knowledge to identify accurately all high risk parents. Because universal programs are costly, no agency can undertake such programs for all groups across all life transitions at once. There are alternatives. The starting position is one of being open to all parents. As staff come to know their communities and as parents become involved in agency activities, an understanding of risk factors in the neighbourhood develops. So there is a movement from broad to more specific, from general parenting issues to more high priority ones. As funds increase, or as activities become self supporting, lower priority concerns may be faced.

This criticism also fails to recognize that societal factors play a role in child neglect and abuse.

> For example, when child abuse occurs as a response to economic stress, the greatest impact will be made through improving the economic situation of the family together with teaching them alternate nonviolent methods of coping with stress. Without endeavouring to affect systematic and cultural changes, an

> essential component of an effective strategy to prevent child abuse is being ignored. Prevention strategies are also less successful if the supportive context which would reinforce them is lacking (Fischbuck, M. 1985, p. 6-7).

The other limiting factor of the positive family focus is our lack of knowledge in the area of healthy families. Kieffer (1984) has pointed out that "social research seems obsessively preoccupied with why people don't do the things we think they 'should', or why they do do the things we think they 'shouldn't'" (p. 10). There are many studies of helplessness and powerlessness and alienation. We do not have a rich history of how a healthy family functions nor of what constitutes a healthy community. This is only beginning to appear. Kieffer's study documented how citizen leaders emerged and developed feelings of competence. In a new book, Curran (1986) points out that skills for coping with stress are more important than eliminating stress. Mace (1983) has edited a book, on family wellness.

The positive family focus as a guiding philosophy provides a different way of looking at children and families. Applications of the positive family focus are varied. They could include media and print messages that try to change parental attitudes, perinatal services, programs for all first time parents, programs for all children of a particular age such as parenting for teens and children, safety training and babysitting courses. The emphasis would be on the positive.

E. **Community Participation based on Empowerment**

Definition

Community participation based on empowerment is the process of "increasing control by groups over consequences that are important to

their members and to others in the broader community" (Fawcett et al, 1984, p. 146). It is my belief that for community participation to be effective it must be modelled on the "ideology of people empowerment" (Blum and Ragab, 1985, p. 21).

Regionalization itself does not necessarily imply community participation. However, in the Winnipeg setting, this was one of the goals of regionalization. Citizen participation was addressed in a variety of ways. There was the belief in the importance of services "located close to the community, in which the community has a stake, and which have the effect of supporting people in their natural settings and relationships" (Discussion Paper #9, 1984, p.7). Involvement with the community was also expressed in the form of volunteer boards and in Native controlled and led services to Native people at the reserve level. The principles of the Child and Family Services Act of Manitoba state that communities have responsibilities and rights regarding services to their families and children. The Act also encourages the participation of volunteers in the provision of ongoing services in Section 11(2). Community groups are encouraged to apply to agencies in resolving community problems which are affecting the ability of families to care adequately for their children in Section 11(1).

As Arnstein (1969) notes, community participation is a bewildering topic that is mired in euphemisms and rhetoric. She has identified eight levels of citizen participation ranging from "non-participation" such as manipulation and therapy to a point where citizens obtain the "majority of decision-making seats, or full managerial power" (p. 217). To clarify this subject matter some of the theory underlying citizen participation modelled on people empowerment will be examined. This will be followed

by a discussion of the crucial component of citizen participation, that of control or power sharing at the neighbourhood level.

The theory behind the movement to citizen participation is wide ranging but is based on the relationship between democracy and bureaucracy. How can political action and professional services be meshed together for more effectiveness?

People in today's society are feeling more and more alienated from the large bureaucratic structures of modern life. Although there is acceptance of the modern welfare state to address important issues in our society, there are at the same time complaints about impersonality, unresponsiveness and bigness of these public institutions. In an influential article, Berger and Neuhaus (1976) suggested the concept of mediating structures as being very important in resolving the dichotomy between the public and private spheres of life. They define mediating structures as "those institutions standing between the individual in his private life and the large institutions of public life" (p.2). They believe that such mediation is crucial to a vital democratic structure. Their recommendations are that "public policy should protect and foster mediating structures, and wherever possible public policy should utilize mediating structures for the realization of social purposes" (p.6).

The goal underlying their discussion of community participation is that of empowerment. Berger and Neuhaus would see this as occurring at a community level through mediating structures such as the neighbourhood, the family, the church, voluntary associations, etc. In Winnipeg, community participation in child and family services was seen as a way of using public policy to strengthen mediating structures and of giving citizens the opportunity to have control over important aspects of their lives.

Rappaport (1985) also uses the term empowerment as a part of community-based prevention but his point of departure is the individual. For him empowerment means to gain psychological control over one's self, and to extend a positive influence to others and ultimately to reach out to influence the larger community. It is a belief in each other rather than in powerful others. It is a positive image that fits well with the guiding philosophy of the preventive framework in this practicum.

Empowerment is linked to prevention. According to Swift (1984), "the connotations and denotations of prevention and empowerment are overlapping but clearly distinct. Prevention is primarily concerned with the goal, empowerment with the process. Empowerment insists on the primacy of the target populations's participation in any intervention affecting its welfare" (p. xiv).

While citizen participation becomes tokenism unless it is based on the belief in empowerment, the degree to which this will occur is determined by the amount of control or power the citizens have. The new child and family service agencies have not been given total neighbourhood control that would include policy making and the ability to raise and use tax money as they see fit. Instead this decentralization process is one that could be called mixed control, with the central bureaucracy still being dominant. The goal of this form of citizen participation is to increase the responsiveness and accountability of child and family services, not to alter patterns of resource acquisition and distribution. This form of community participation grows out of a new understanding of the professional role. No longer do we believe that the professional knows what is in the citizen's best interest by virtue of training and experience. This expanded inclusion of the community in the affairs of social services holds the view that citizens know best what they need and

that there are certain tasks that citizens perform better than professionals. Litwak et al (1970) describe one area where the community is seen to do as good a job as trained experts is in frontier areas where the current state of knowledge is not sufficiently great to justify specialists. The prevention of child abuse and neglect surely falls into this category. In other words, local citizens know best what will strengthen the local families and the neighbourhood. Basically, community participation in child and family services is a balancing act between "administrative efficiency and expertise" and "the feelings, desires, and perceived needs of citizens" (Litwak et al, p.624).

Strengths, Limitations and Applications

The advantages of the concept of citizen participation based on empowerment are many for both citizens and professionals. There are opportunities for professionals to be in tune with and respond to local needs, to have immediate feedback, to have evaluation based on both agency and citizen perception, to eliminate programs that are not useful to a community and offer better choices. Citizens may come to understand better the complexities of child and family services and have fewer feelings of hostility towards an agency. There are possibilities for citizens to have a real impact on their community and gain the sense of control over their lives, an issue which is so vital to everyone.

The limits of this approach are many. The major one is in the ability and willingness on the part of professionals to understand and to operationalize the concept in a truly meaningful way. Tokenism is easy. There needs to be a willingness to take risks and to realize that conflicts between the community and the agency may arise. It is also a

long-term process. Kieffer's study (1984) of individuals who moved from powerlessness to participatory competence pointed out that "at least four years of intensive experience underlies attainment of enduring commitment" (p.27).

A major limitation of this approach is reconciling the dilemma of the social control elements of child and family services and empowerment; for staff who work in a resource centre this is less frequently a conflict. Nevertheless, when issues of child protection are evident in community work they need to be faced. If the long-term goal is to have this healthy model of prevention become part of total agency outlook, this issue becomes even more pressing.

There are two points in time where this factor is crucial in work with families. One is at the beginning and deals with staff attitude to families. There needs to be a straightforwardness about our desire for all parents to be able to care for their children but a clarity about when we no longer see this as possible. Informing parents continually about our evaluations and decisions is crucial.

The other critical time is in the ending of our involvement with a family. If possible case closing should not end, for example, with a permanent order of guardianship by an agency. There needs to be further work to move families to wholeness, to find other satisfactions in their lives. This work may not be possible by a child and family staff but awareness of this need and appropriate referrals are critical elements of an empowerment philosophy.

How is such a concept applied? For social workers who have been trained in the psychosocial skills of problem solving and coping, this is surely a challenge. Reisch, Wenocur and Sherman (1981) have suggested that, first of all, social workers need to understand their own positions

of powerlessness within the system. They see social workers and clients as being mutually dependent on agency and societal resources. Solomon (1976) writes: "The concept of empowerment represents the lynchpin which connects the situation of workers and clients and provides the basis for a synthesis of microsystem and macrosystem processes" (p.16).

Empowerment tactics may be developed at both the individual and the community level. Social workers, who have generally been trained in skills to work with individuals and small groups, will be more at ease with the idea of empowerment at the individual level. Rappaport (1985) speaks of the power of empowerment language. The traditional vocabulary used in helping tends to encourage a dependency on experts and a professionalized helping system. Social workers who have been educated to work with communities or to be generic practitioners will be more comfortable with empowerment. Rappaport encourages self-help and mutual-help groups as one form of intervention that empowers people. Advocacy that arises out of such groups is also a positive force. He also suggests bottom-up processes for social policy making.

Group empowerment technologies have also been developed. Fawcett et al (1984, p. 149) have identified seven goals.

1. Increasing knowledge of community problems from the perspective of those most affected by the problems.
2. Increasing knowledge of solution alternatives generated by those most affected by the problems.
3. Increasing knowledge of the possible consequences of projects proposed by persons outside the affected community.
4. Involving consumers in redesign of social programs to fit local needs and resources.

5. Training new behaviors for increasing the effectiveness of leaders of community groups.
6. Training new behavior for increasing the effectiveness of individual citizens.
7. Developing and communicating research information to increase the likelihood of actions taken regarding problems affecting the poor or disadvantaged.

These examples provide some idea of the range of applications possible for the concept of community participation modelled on empowerment.

In order to activate the guiding philosophy discussed in this chapter, an important ingredient is the attitudes and behaviors of professional staff in the child and family service agencies. This professional orientation is called generalist practice with a preventive approach and has been discussed in chapter 2.

F. **Generalist Social Work With a Preventive Approach**

Definition

It is through the practice of preventive generalist social work that the preventive philosophy is translated into reality. More and more prevention has come to be viewed as what goes on in resource centres or what community development workers do. Often it is viewed as a program rather than an attitude and a process. For the purposes of this practicum, preventive generalist social work refers to what any social worker or administrator can do in their day-to-day practice in child and family services.

There are several key parts to this sort of practice. One important piece is the future orientation. We are gearing "today's response to reduce future need" (Hutton, 1986, p. 13). This is a larger responsibility than problem solving or crisis intervention. A second important aspect is the emphasis on health and strengths. We begin with strengths and/or we work with people in their growth and development in ways that lead to well-being and wholeness. Part of this process is empowerment - when individuals and communities learn to do things for themselves and feel competent. It is also an attitude that recognizes that over the lifespan most families will face stresses and demands and that coming to grips with the change is what is essential. The final element is the recognition that prevention of child neglect and abuse is complex and that there is no single point for successful intervention.

Strengths, Limitations and Applications

In the regionalized child and family service agencies a client centred model dominates with emphasis on already identified problems. At Winnipeg South and most other urban child and family service agencies there has been no staff training in preventive approaches, no prevention policy developed by the Board, no long term funding plan for prevention, and no specific hiring policies that look for staff with a preventive outlook. While initially there had been many efforts by staff in the area of parent education caseload demands eventually curtailed this sort of activity.

The movement to a preventive orientation is a big philosophical shift that is complicated by poor conceptualization of the idea. Mechanisms also need to be put in place that will gradually encourage the

change. Regionalization and the subsequent decentralization of the various agencies was a beginning. The resource and community development approaches were further steps. It now seems that with new understanding and organizational support that the philosophical transition could be pushed further. Otherwise prevention may remain isolated and apart from total agency functioning. Changes are required both of staff whose job assignment is mainly community work and those who have statutory obligations under the Child and Family Services Act.

The ideal would be to incorporate prevention into the thinking and practice of all staff. There are both limits and strengths within this re-orientation. First of all it is an attitude change and such changes are generally difficult to accomplish. Once the attitude change occurs some aspects of practice could change with little need for additional staff. Starting with strengths of individuals and building on the positive, for example, can be incorporated into daily practice. Searching out natural neighbourhood networks and individuals who have special skills and competencies is a way using community strengths. Determining ways that clients can become resources for the community is another way of practicing prevention. These practices do require more time and thought.

The other side to this change in orientation is the need for staff with a community job assignment to discover ways that statutory child and family service workers can develop community skills. There are possibilities among the whole range of social work roles across a variety of systems. Encouraging all staff to learn about the community by participating in meetings of homeowner associations, parent-teacher councils and service clubs is important. Too often the focus of these

contacts is on a problem area. There needs to be a continual interpretation to the community of the total agency philosophy.

Such initiatives will not occur without organizational support. Time and back-up services are necessary to encourage staff to develop fully a generalist preventive practice. The add-on method is not adequate, especially when staff are already overworked.

The prevention practice described in this practicum adapts readily to the work of a resource worker. However, some elements of this form of practice would put additional stress on other staff. Such a change would require more funding if it were to be implemented immediately or would be a long gradual process.

G. **Plannning Components**

Three planning components have been identified as essential for a preventive framework. The first one is continual asssessment of the community by the community. Assessment is not a one shot effort. If we believe that communities are in a constant state of change and that the community's ability to respond to change is one measure of its health, we need to be monitoring the communities we serve constantly. Having the community involved in the assessment supports the notion of empowerment - that citizens know what is best for them. A preventive framework would therefore avoid relying on experts to assess community needs.

Such an assessment process will lead to undertakings that are very specific to a particular community or neighbourhood. Local cultural, ethnic and socio-economic features will be a more important part of the preventive activities. This avoids a process of imposing ideas or programs from elsewhere.

The second planning component is the consideration of a range of interventions from person-centred to system-centred. As Garbarino has wrtten, "It is clear that both psychological and social factors play a role in producing child maltreatment, although debate continues about which is more important" (Garbarino, 1984, p.7).

The profession of social work is again returning to an acceptance of its dual responsibility, to aid in the mobilization of both the individual's inner capabilities and society's external resources.

As such, a preventive framework cannot restrict itself to the psychosocial adjustment of individuals. Activities need to be operating on several levels for effectiveness. The advantage of such an orientation is that it is in congruence with our growing understanding of child maltreatment as being multi-causal.

There are numerous limitations to such a position. Large system changes such as policy change, reform and social action require immense power and resources. At present such sweeping undertakings are perceived to be beyond the capacity of community staff in individual agencies due to lack in time, skill and patience. Nor has the child and family services system been given the mandate to look at fundamental system changes. However, this does not mean that the broad outlook needs to be completely forgotten. Child and family service agencies need to be continually documenting how economic and social inequalities affect the families they encounter. There is a need for community staff in agencies to share and plan with other agencies on some of the large scale issues such as daycare policy and a level of economic decency for all families. Similarly child and family service agencies need to form allies with other like-minded groups in their community when tackling big issues.

A more short term goal for community staff is that of microsocial change which focuses on neighbourhoods, communities, school classrooms and so on. This approach requires that staff observe and analyze what it is about these systems that facilitate or restrict family and child well-being.

This does not mean that strategies aimed at individual children, parents and families are ignored. It does mean that an effective preventive program will be involved in many levels of activity.

The third planning component is the importance of forming linkages with other human service systems and informal groups and identification of who is most suited to the task. Such a planning strategy recognizes the complexity of child neglect and abuse prevention. There are many factors involved and solutions will require activity by a range of services and groups. Such an approach also has the advantage of lifting some of the weight of responsibility for prevention from one system. Where the old child welfare orientation has left residues of mis-trust, linkages with other groups may be essential. Because child and family services have a legislated mandate for prevention and protection, in our society, there are leverage, influence and leadership possibilities that other organizations do not have. Another advantage is that we will begin to identify and support those with a similar orientation. In chldrens' mental health there have been considerable efforts at prevention. Yet the connections with child and family services are tenuous. Joint projects may be an eventual objective.

The disadvantages of this approach include a need to let go and work with others who have somewhat different ideas. Furthermore, we do not yet know what are the best arrangements for collaboration so it is an experimental model.

H. Intervention Components

The two components for intervention in the preventive framework are social support and education/enhancing competence. These concepts provide the basis for the "act" of prevention in a community-based resource centre. They are a beginning specification of the activity of prevention, sometimes called the operationalization.

If we accept that the ecological perspective informs child and family practice in Manitoba, the concepts of socal support and personal competence are central parts of this theory.

> On the one hand, the environmental emphasis of the ecological view supports environmentally oriented interventions directed toward strengthening or establishing methods of social support. On the other hand, the transactional emphasis of the ecological perspective fosters individually oriented interventions directed toward promoting personal competencies for dealing with institutional or environmental blocks to achieving personal objectives (Holahan et al., 1979, p. 6).

Definition of Social Support

Whittaker (1983) defines social support as a basic human need for nurturance and reinforcement for efforts to cope with life on a day-to-day basis. In this practicum social support is based on the definition of Wallston et al (1983) as "the comfort, assistance and/or information one receives through formal or informal contacts with individuals or groups" (p. 16). This broad term is divided into two categories. There is personal social support meaning "access to an

intimate, confiding, dyadic relationship" and neighbourhood social support which means "integration in affiliative social networks" (Seagull, 1987, p. 49).

Powell (1980) describes support as instrumental or material, emotional or social, and informational or referral. Instrumental support consists of material goods and services to an individual to alleviate economic difficulties or problems requiring resolution through financial resources. Emotional support involves the communication of information to an individual that she or he is loved, esteemed and mutually obligated to members of his or her network. Informational and referral support refer to information, advice and feedback provided by one's social network.

Definition of Education/Enhancing Competence

The term education has been chosen for this practicum because it is used in the Child and Family Services Act of Manitoba. However, the words enhancing competence of individuals, families and communities have been added to enlarge the concept of education. In this practicum this concept is defined as a "search for positive characteristics, particularly capabilities for coping with life situations "(Sundberg, Snowden & Reynolds, 1978, p. 1980).

This concept has value in that it has the potential for linking individual needs with social systems. Cowen (1983, p. 31), views competence strategies at two levels. There are person-centred actions to "develop interventions that enhance people's capacity to adapt effectively and to deal with stressful situations and events "and there

are system-level strategies that "reduce sources of stress on and increase the life opportunities for people."

The concepts of social support and competence are viewed as the two sides of a coin and are mutually reinforcing elements. Competence refers to adaptive capacities whereas social support relates to basic needs - those of nurturance and feedback for one's efforts to cope with family life on a day-to-day basis, and opportunities to have these needs met. Competence may develop or be developed within individuals, families and neighbourhoods. In this practicum the emphasis is on competence that will enable healthy family processes to take place. These include the mastery of normal development tasks of individuals and families and the anticipating and preparation for the constantly changing roles of parenthood and adulthood. These roles may change because of normal life transitions or due to crises. The roles of the social worker would be referral, psychosocial and political education that may be formal or informal. These roles might be carried out through the use of relationship, role modelling, adult education in small groups, advice giving, leadership training, etc. Whereas competence may exist within individuals, as well as groups or communities, social support cannot occur unless others are involved. Social support meets basic individual needs but does not exist unless there is contact with others. Social support may be developed, provided or available at the individual, small group or neighbourhood level.

Strengths, Limits and Applications of the Concept of Education/Competence

The development of education/competence is familiar to most social workers and will, therefore, not be discussed in great detail in this practicum.

There are however, some important points about the process of educating or enhancing competence. One is that social workers need to educate themselves in the language of helping that communicates to people both "a vocabulary and a set of ideas about their own ability to help themselves, even to help others, independent of the formal professionalized helping systems" (Rappaport, 1985, p.16). Although social workers usually do have a good understanding of normal child development, they often need to learn about normal and healthy family functioning, rather than only problem identification. This is supportive of the positive family focus.

A third area of knowledge and skill development for social workers is that of understanding about group, neighbourhood and community competence. Goeppinger and Baglioni (1985) have developed a procedure for assessing residents' perceptions of community functioning that looks at strengths of a community to use resources such as money, power and communiction skills to resolve issues. There is the assumption that interventions can be directed to the enhancement of these strengths. These sort of measures are most useful for prevention because of the strength approach used.

Another area that must be noted is that competence-building educational undertakings occur at both formal and informal levels.

Social workers need to be tuned to a wide range of possibilities which they may use in social work practice.

A final area of importance is that competence building does not merely involve the imparting of skills and knowledge. Parents, families and groups need opportunities to practice the skills and need support in their efforts.

Strengths, Limits and Applications of the Concept of Social Support

Social work has always valued the importance of the individual's connection to the environment and the interaction between individual and environment. From this orientation has developed an interest in the concept of social support. This aspect of practice is gaining increasing attention now. It is viewed by some as a means of reducing social welfare programs because of financial restraint and because of lessening public support for increased government funding of social programs. There is also more interest in the social environment by allied professions such as psychology, psychiatry and health. In the area of mental health and gerontology there is also a growing research knowledge about the provision of social support.

The term social support is generally viewed in a favourable light. On closer analysis, however, it is a complex idea that has been defined in a variety of ways and the intricacies of the concept are not fully understood. Hopps (1986) points out some of the difficulties.

> Interest in the rush to affirm social support has exceeded our grasp of the subject. Major gaps still exist in the theory building and in knowledge for application. There is often lack of clarity between process (expressing feelings, sharing information) and outcomes (personal improvement in health, attitude) (p.419).

Before endorsing the idea totally as an important part of the preventive thrust of an agency, there needs to be clarification of the strengths and limits of social support. We need to determine for whom, when, why and under what circumstances social support is valuable in the promotion of healthy growth and development of children and families.

One of the main concerns with social support is definitional imprecision. Studies are frequently not clear about what aspects of social support they are measuring. For example, emotional social support has two dimensions - integration in affiliative, social networks and access to an intimate, confiding dyadic relationship. Seagull (1987) has found that the latter has more protective value in buffering stress than the former, so these two factors need to be examined separately in studying child maltreatment and social support.

Frequently there is confusion between social support and social network. Powell (1980) describes the concept of network as structural. It refers to a person's relations with relatives, friends, neighbours, co-workers and other acquaintances. Social support is provided by the personal or neighbourhood social network and may be positive and helpful or may prevent the movement to healthy coping. Social network is, therefore, a potential resource to meet one's need for social support.

Most of the literature on social support focuses on personal social supports with little attention being given to the context of the family and how this affects parenting. What does the neighbourhood offer by way of environmental supplies of social support to families? How does the neighbourhood inhibit or promote good parenting? A recent proposal by Lugtig, Fuchs and Carmen (1986) to examine neighbourhood parenting supports "argues that the neighbourhood context is a crucial component in

the ecological system of parents and that changes in the neighbourhood supports and stresses also affect parenting effectiveness" (p. 3).

It would appear that a successful preventive framework needs both person-centred and system-centred social support strategies to be effective. Garbarino and Sherman's study (1980) showed that, in a high-risk neighbourhood, a family's own problems seem to be compounded rather than ameliorated by the neighbourhood context, dominated as it is by other needy families.

Generally, there is theoretical data and social policies that affirm social support and social networks but not too much applied research on which to base planned interventions. According to Seagull (1987) this is particularly so in the area of child maltreatment where conceptual and methodological problems in the studies of social support are considerable.

Much of the literature connects social isolation of parents with child abuse and neglect but factors such as single parenthood, depression in mothers and high mobility have been used as indications of social isolation. In these studies it is unclear whether these concepts are really measures on the social isolation-support continuum or of stressors in the lives of families.

A review by Seagull (1987) of the literature on social support and child maltreatment concluded that "the hypothesis that there is a direct relationship between them, with social isolation as an antecedent variable, is unconfirmed. Whatever relationship may exist between these variables is more likely of a complicated, multivariate nature" (p. 49).

And further Seagull writes that

> Current knowledge of neglectful parents suggests that they need significant professional help in many aspects of their functioning if their children's lives are to be improved. Whether social isolation contributes to the etiology of

> physical abuse when social support is carefully defined and measured and parents are compared with appropriately matched controls is a question which remains to be answered by future research (pp. 49-50).

This review did not examine studies of sexual abuse. These studies all attempted to use the scientific method and provide proof that social support could be a direct variable in the prevention of child abuse and neglect. Unfortunately, we cannot wait for proof. Furthermore this model of preventing child abuse is less suitable with our greater understanding of the complexities of child abuse.

What we do know about social support makes it a valuable tool for social work practice for social support has been shown to have many positive effects. According to Schilling (1987) social supports "may directly or indirectly protect individuals from physical and mental illness, adverse reactions to loss or crisis, and feelings of helplessness" (p.20). This is the buffering effect of social support. Auslander and Litwin (1987) see limits in this buffering hypothesis because it is largely restricted to the relation of stress and life events to illness. It fails to examine the possible roles of social network in the face of other social needs. It also deals primarily with emotional support as a network function.

Instead of trying to prove that social support has direct preventive value we need to turn the concept on its head and determine the social support needs of all children and families in order to promote healthy growth and development and positive parenting. This is a much broader approach to social support. Garbarino (1980) suggests the need for potent, pro-social support systems for families. These systems provide essential nurturance and feedback that serve to support adults in the role of parent and to protect children. These activities are undertaken at both the personal and the community level.

At the community or neighbourhood level this means empowering pro-child and pro-parent elements in the community so that it sets and enforces high standards of child care by providing a social and economic climate for families in which the 'natural' care-giving relationship between parents and children is stimulated, nurtured and re-enforced (p. 65).

In such a community, norms and standards are incompatible with anti-child and socially impoverished family life. For example, we need to clarify community standards on the use of force as a punishment and offer alternatives. One small way this has occurred is the requirement that licensed day care centres formulate and publicly post their behavior management policies. Something as simple as encouraging parents to respond to positive behavior of their children rather than the negative is preventive. This is because the propensity to respond to negative behavior is frequently found amoung families involved in mistreatment. The other advantage is that positive reinforcement provides a nurturing atmosphere for all children. This is a way of providing standards of discipline for parents of small children. The removal of strapping as a form of discipline in the public school system is another message to the community.

A further example of lack of standards is in the area of supervision of children under the age of 12 years. With increased numbers of working mothers, more and more children are alone after school. A number of before and after-school programs have been developed but they are not adequate to meet the need. Another response in the community has been to use booklets and films that teach young children coping skills for when they are alone. This information is aimed at children from grades 3 - 6. Nowhere in these booklets is there any indication of community

expectations as to reasonable frequency and duration of children being on their own. But there are implications that an eight year old can be left alone if properly coached on safety.

On a neighbourhood level support to children and families might mean creating opportunities for contact among parents through mutual aid and peer support groups. This calls for agency staff to take on the role of facilitators of self-help. Parents need feedback and nurturance from the environment to provide a stable and satisfying environment for their children. To the extent that the neighbourhood prevents such contact whether through the type of housing, availability or absence of meeting places and safe play areas, discouragement of early help seeking and so on, it is not providing parents with basic and necessary support to do good parenting.

At the family level social workers need to be attentive to individual needs and opportunities for social support in family life. Professionals need to be aware of times in the stages of families when support needs are greater. The National Committee for Prevention of Child Abuse (1980) in their identification of the components of a comprehensive, community-based set of prevention programs placed much emphasis on prenatal programs, perinatal bonding programs, interacting with infants program and periodic home visitor programs. Because these services fall mainly within the domain of public health, there is a real need for child and family service practitioners to work closely with these professionals. Part of the public health nurse's routine visit might include assessing the social support needs and opportunities of young parents. Garbarino (1980) has suggested that promoting family-centred childbirth can be one of the cornerstones of a community

program to prevent maltreatment since normally hard-to-reach families may be unusually accessible at this critical juncture.

Because an agency does not have unlimited resources for prevention, the social support needs of each community must be assessed before making decisions as to what the main priorities will be.

The next chapter will describe the Fort Rouge Community. Then the preventive framework will be applied using examples of both successes and failures and some future possibilities.

CHAPTER IV

Description of the Community and the Framework Applied

A. Introduction

The concepts for a prevention framework developed in this practicum will be applied in tandum with the strengths and characteristics of the local community. The Augustine Family Resource Centre serves the urban area in Winnipeg known as Fort Rouge.

Because the focus of this practicum is in the area of child and family services, the neighbourhood descriptions will have a family focus. This chapter will provide a general profile of the physical and socioeconomic characteristics of families in this community. It is also important to learn what is peculiar to this community for families. The nature of child and family services in this area during the past three years is also discussed.

In addition, because the definition of prevention in this practicum supports the movement to well-being, emphasis will be given to neighbourhood strengths. Rappaport (1984) has suggested that programs based on a needs or deficit model tend to foster dependence among their constituencies and, in fact, may even exacerbate the original problem. The strengths approach assumes that communities have abilities and that our activity in a community can be directed to the enhancement of these strengths.

B **Assessment Methods**

Over the past few years the assessment of neighbourhoods has become much more sophisticated. There is a growing belief that the kind of action a social service agency takes in a specific community needs to match community characteristics for there to be success. This is sometimes called the "goodness of fit" (Germain, 1979). A variety of methods were used to assess the neighbourhoods in Fort Rouge.

One important feature of communities and the families within them is understanding the developmental stage of families. Census information will be used for this determination. It is also important to know where high risk families are located within communities. Agency statistics could provide this information. Garbarino (1984) calls this knowing where families are in time and place.

In their study of community-centred social work, Hadley & McGrath (1984) began their assessment by looking at risk factors such as rates of ill-health, extreme old age, single parent families, juvenile offenders, poor housing, and unemployment. This practicum examines single parent rates, housing quality and age distribution.

A local study to develop a housing policy used a liveability matrix. The elements identified as influencing the liveability of a community were quality of housing, amount of noise, amount of outdoor space, access to schools, to organized recreation facilities and to shops, vehicle pedestrian conflicts, parking availability, transit service, area recognition, quality of streetscape, and average length of tenure/residence (Riverborne Development Association, 1984). Communities in Fort Rouge will be assessed on these qualities because they are important for family life.

Poverty has frequently been associated with child maltreatment. Pelton (1981) writes:

> There is substantial evidence of a strong relationship between poverty and child abuse and neglect. Every national survey of officially reported incidents of child neglect and abuse has indicated that the preponderance of the reports involves families from the lowest socioeconomic levels (p. 24).

An assessment of the socioeconomic status of families in the area is available from the 1976 census. Basic housing information is available for 1986 but the 1986 special census reports with socio-economic data, will, unfortunately, not be available until late 1988. Therefore, to obtain some idea of current economic levels, staff in the Fort Rouge Unit were asked to assess income of families on their caseloads.

While Garbarino (1980) has found that socioeconomic and demographic factors account for some of the stresses on families there are other important factors that operate independently of conventional socioeconomic variables. He uses the term "social impoverishment". The less risky the neighbourhood, the more positively mothers in that neighbourhood rate it as a context in which to rear children. Impressionistic evidence will be used here. The other finding was that the more risky the neighbourhood, the more families report involvement with treatment rather than preventive agencies. This aspect will be discussed using the agency's babysitting and streetproofing courses as examples of preventive services available in Fort Rouge. How the community responds, will be one measure of the use of preventive services. Agency statistics could provide a measure of the use of treatment services. Unfortunately, these statistics are not currently available.

Goeppinger and Baglioni (1985) have analyzed neighbourhoods in ways that are useful for the preventive framework of this practicum. They look at community competence rather than solely social class, ethnic, and locational variables. This provides agency staff with positive data when attempting to apply the concepts of competence, social support and citizen participation based on empowerment from the preventive framework. Their study used a 22 item questionnaire to assess eight dimensions of community competence. The variables identified were (1) commitment, (2) self-other awareness and clarity of situational definitions, (3) articulateness, (4) effective communication, (5) management of relations with the larger society, (6) machinery for facilitating participant interaction and decision-making, (7) participation, and (8) conflict containment and accommodation. The questionnaire was not used in this practicum but it did have the effect of orienting my assessment to one of strengths and how our work in these communities can build on strengths.

C. **Agency Statistics**

At this point in time there is not a complete data base on services provided to families in the area. Statistics for children in care are maintained, as is information on placement facilities but these statistics have not been compiled in a way to permit comparison between neighbourhoods. At the time of this writing, detailed analysis for services to families, where children are not in care, is unavailable. Nor is there any comprehensive system in place to record formal or informal intake work. Formal intake includes situations opened and closed at intake as well as those transferred to other agency staff. Informal intake includes telephone contacts and walk-ins of a

miscellaneous nature. This may provide information on how the agency is perceived in the community and whether families are reaching out to the agency before needs become acute. Such a system will be operational soon. For purposes of this practicum impressionistic evidence from staff is all that is currently available. When computerized reports of agency statistics have been prepared they will provide a better picture of the treatment services of the agency in the past three years.

D. General Description of Fort Rouge

Fort Rouge is a mainly residential area that lies south of the city centre. This section of Winnipeg developed as a residential part of the city because, at the turn of the century, central Winnipeg provided sufficient room for commercial and industrial development. Much of the land north of the Assiniboine River was owned by the Hudson's Bay Company and was unavailable for residential development. With the boom of the 1880's and the building of the Osborne Street Bridge in 1882, there was encouragement for the wealthy of Winnipeg to establish their residences in the south of the city. Artibise (1977) reports:

> With the development of South and West Winnipeg as the domain of Winnipeg's largely British upper and middle class, the city's spatial and social patterns were firmly established. By 1913 there was a distinct north-south dichotomy in Winnipeg which, despite the passage of more than fifty years, has changed but little. Indeed the ethnic and class segregation of Winnipeg survived almost intact into the 1970's (p. 74).

The geographical area served by the Fort Rouge Unit of Winnipeg South Child and Family Services is bordered on the north by the Assiniboine River. The eastern and southern boundaries are formed by the Red River. On the east are also located the main line of the Canadian National Railways. These rail lines continue southwest and divide the

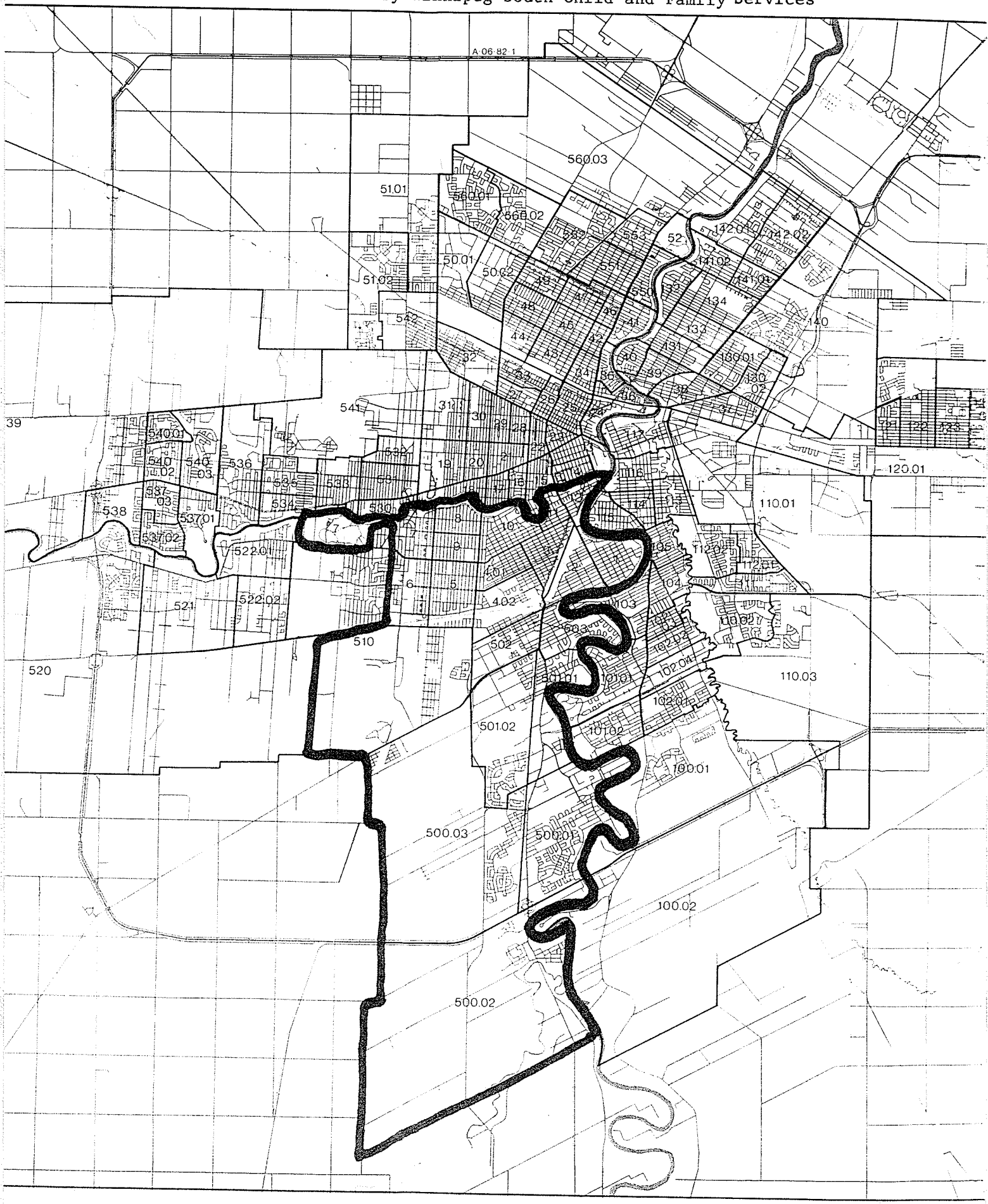
community into a north and south section. The western limits of the Fort Rouge Unit are determined by Stafford Street, Corydon Avenue, and Arbuthnot Street. Geographically, the area is small compared to the two other service units of the agency but it is one of the highest density population areas of Winnipeg. There is also a smaller population in this area than the other two units but the area has the highest percentage of referrals of the three units.

There are five bridges connecting this area to the rest of the city and the community is fragmented by six major traffic routes. Commercial establishments have developed along these thoroughfares.

Although it is largely residential, Fort Rouge is not a homogeneous community. The area encompasses five federal census tracts. These census tracts each comprise a population of four to seven thousand and they correspond fairly well to the five sub-communities within Fort Rouge. The five areas are 001-Riverview, 002-Lord Roberts, 003-Earl Grey and Ebby Wentworth, 011-Roslyn-McMillan, and 012 River-Osborne. (See Map 1.) The dark lines outline the area served by Winnipeg South Child and Family Services.

The population of the area has declined from 32,056 in 1966 to 26,885 in 1986. This trend may have ended since the 1986 census shows a small increase in population in the past five years. This decline in the Fort Rouge population is in contrast to an increase in Winnipeg's total population. Over the past five years the city population has increased by 5.6%.

FIGURE 4 - Area Served by Winnipeg South Child and Family Services



E. Summary of the Community Assessment

Fort Rouge is a community of communities. What is common to the five sub-communities of Fort Rouge is that they are all mainly residential in nature, that all have an aging population and that none contain social problems of a severe nature. Beyond that similarity ends. Because of the diversity of this community, it is difficult to provide an accurate summary. Therefore, a detailed community assessment is contained in Appendix C. What follows are some highlights of the various communities.

In terms of age distribution in Fort Rouge, there is generally a higher rate of elderly persons than in Winnipeg. However, one community, Lord Roberts, has an age distribution that closely parallels that of Winnipeg as a whole. Although we do not yet have a comprehensive picture of where families receiving agency services are located, there was one study of children in care at a particular date. This analysis indicated almost no services in two of the sub-communities and fairly even distribution among the other three. There appeared to be no pockets of referrals within these neighbourhoods.

Single parent rates vary tremendously across Fort Rouge from a rate of 14% in one sub-community (comparable to the rate for the City of Winnipeg) to 28% in another part of Fort Rouge.

Quality of housing in Fort Rouge is also variable. With downtown renewal some parts have very modern high cost housing. Other sub-communities require much upgrading of housing. The range of owner-tenant rates varies from an owner rate of 5% in one community to a 76% rate in another community.

The liveability matrix showed certain parts of Fort Rouge rating very highly whereas other parts were deemed deficient in most criteria seen as important for positive residential living.

Income levels range greatly across Fort Rouge. One of the communities had incomes slightly above the city average, several were below the city average and one was very mixed. Many of the families who receive services of child and family services have inadequate income. A review of 56 cases in the Fort Rouge Unit in May, 1987 supported this position. Forty-eight percent of these families served by the agency were on social assistance, 25% were low income, 20% were middle income, and 7% were high income.

The ability of the communities to use the preventive services of the agency varied from one community taking on complete responsibility to others requiring intense agency effort for the preventive services to be available.

When applying the variables of community competence developed by Goeppinger and Baglioni (1985), there are wide variations. One local community does not function as a unit at all. Another of the sub-communities has been able to obtain and effectively use much funding and resources made available by the larger social system. In general this community possesses many of the qualities of a competent community.

This summary highlights the diversity of Fort Rouge. Implementation of preventive services will vary from one community to the next and it will not be possible to develop one strategy. In some of the communities it will be important to build on the abilities of the families and of the communities. In others, identifying existing strengths will be the agency role. It is a community that provides many challenges.

F. Applying the Framework

The application of the positive definition of prevention and the concepts of this framework require an understanding of change in a human service organization. Organizational change refers to "alterations in the allocation of resources, distribution of power, and the internal structure of an organization" (Hasenfeld, 1983, p. 219). This is different from an innovation which Hasenfeld describes as "the adoption of a product, service or technology perceived to be new to the organization" (p. 219). What the framework in this practicum proposes is a shift in the attitudes of staff and in the content of social work practice.

This is an organizational change. In order for a preventive philosophy to permeate an agency there needs to be a shifting of resources from protection to prevention and a gradual re-structuring of job definitions.

Early in the process of doing research for this practicum, it was my position that a preventive framework could be formulated for a resource centre somewhat in isolation from agency policy and procedures. Over the study period, it has become evident that this is not a tenable position and, in effect, may be detrimental to the development of a preventive approach by an agency. If resource centres or community development activities are viewed as meeting the agency's requirement for prevention, there is no need to develop a holistic view of prevention or to discover ways for all staff to be involved in prevention. This leaves agency boards and management free to focus on day-to-day crises. Such an outlook will not advance prevention and there may be a lack of support

for prevention within the organization when there is a financial restraint.

In applying the framework, the whole agency needs to be involved. There needs to be full organizational support for prevention beginning with agency policies and procedures that integrate prevention into the overall functioning of the agency. This begins with a broad philosophical understanding of prevention and the development of prevention policy, and then with specific ways of examining how the focus on prevention is integrated into job descriptions, hiring procedures, orientation of staff, board, and volunteers to the agency, and ongoing staff development, workload description and evaluation. Some of the characteristics that are indicative of a preventive orientation have been identified in chapter II. Once staff with a preventive orientation have been recruited, the challenge is to organize work so that true generic practice with a preventive approach can actually be carried out.

Since organizations have a tendency toward stability and maintenance of the status quo, the implementation of such a change is a major undertaking. Hasenfeld (1980) suggests that the effectiveness of change efforts will depend on three clusters of organizational variables. Change agents need the ability to

> (a) mobilize external resources and legitimation to counteract internal and external resistance to the changes,
> (b) possess sufficient technical expertise and knowledge to operationalize the proposed change, and
> (c) occupy a position of functional centrality in the organizational division of labour and offer sufficient inducements to overcome internal resistance (p. 512).

This practicum has maily emphasized the second strategy. Because prevention is poorly conceptualized, there was a need to specify and articulate the idea better. This task is in the beginning stage and in

the future needs to be tested in actual practice.

However, the implementation of a strengths-based preventive orientation will not occur without attention to the two other strategies. These are organization-environment relations and internal power and inducement patterns.

Some of the constraints presented by the environment have been discussed in chapter II. The key environmental resources are money and legitimation.

As has been stated earlier, funding levels are not rising and the possibility of additional fiscal resources from the provincial government seems remote at this time.

One alternative is re-allocation of existing funds. In the short term this does not seem too likely. If the current high cost of child maintenance can be reduced by lower cost community-based care, this may be a future source of funds. It must be recognized that there will inevitably also be competition from other agency needs should such money become available. Part of this strategy requires internal mobilization of support for prevention.

A second alternative would be funding from other levels of government and from private foundations and corporations. This is an action that has been taken by the agency to some degree already, with two community positions now being funded by the Winnipeg Foundation. This approach has been undertaken on a larger scale by Northeast Child and Family Extended Services in Winnipeg for services that emphasize both prevention and treatment. The success of this project has important implications for all agencies in that it could well become a funding standard.

A third approach would be to begin by implementing those parts of the prevention philosophy which do not require additional staff. The re-orientation of the resource centre, for example, can occur with current staff. However, it is important not to forget that this is merely the first part of a larger process of turning around the philosophy of an agency. This is an incremental approach to change.

The community advisory committee for example, might be a good place to begin the re-orientation. In the beginning the advisory committee composed of community residents was viewed as providing the community dimension to agency activities. There was not too much sense of what this meant. Generally, the work was not phrased in terms of prevention. The concepts for the preventive framework have been evident in the activities of the resource centre without awareness of them. The importance of offering activities and programs with an inclusive outlook that welcomes all parents was evident, but the rationale for this was not clear. The formation of a philosophy with a positive family focus helps to clarify some of these past actions taken by the committee. Another example has been the committee's interest in community celebrations, something foreign to my previous social work practice. For example, the committee organized community Hallowe'en and Christmas parties and Mardi Gras and Canada Day celebrations. Several parents began to celebrate their children's birthdays at the centre. Such activities support a positive family focus where the emphasis is on having good times and memories of celebrations. Agency staff have frequently noted that where there is family breakdown, family members often can recall few memories of good times together. These activities suit a community such as River-Osborne where most people live in small apartments with little space for guests and where there are a high number of singles with the

needs of families often being overlooked.

There are other examples where community participation based on empowerment has occurred but not in a conscious way. The understaffing of the resource centre has always been seen as a negative feature. Viewed another way, this has encouraged local citizens to take on increased roles in the resource centre functioning. Rather than focusing on designing programs on behalf of others, there has been greater collaboration with residents in developing resources they require. Barker (1969) defines this strategy as "the use of undermanned settings." These are "settings which the organization purposely creates before they have enough person power to handle the duties i.e., new groups are begun before enough experienced leadership is available." (Rappaport, 1985, p. 20.) Such a strategy fosters the development of local leadership. A role is provided and support is given. So while this was not a conscious effort, the result has been greater community participation. When there is no staff at the centre, residents have taken total responsibility. One result of these activities is the future plan to have volunteer resource persons take responsibility for the major functioning of the resource centre. This is an example of giving people more control over their lives that has developed quite by accident. As Rappaport writes:

> Empowerment implies that many competences are already present or possible, given niches and opportunities. It implies that new competencies are learned in a context of living life, rather than being told what to do by experts. It means realizing that the forms, the strategies and the contents achieved will be quite variable from setting to setting. It means diversity of form (1985, p. 4).

With a philosophy of a positive family focus and community participation based on empowerment, we need to analyze whether we present such an image to the community. As the advisory committee struggled with the wording of its brochure this past spring, we were conscious of being

inclusive and not problem-oriented. We also discussed community participation at great length but seemed to lack understanding of how to describe it. The difficulty is clearer now for empowerment is not easy to define. It may be an internalized attitude or an observable behavior by which people gain mastery over their lives, and is a different experience for different people. Part of our struggle revolved around the fact that empowerment occurs under certain conditions where people report a sense of control over their own lives. What we needed to define were the conditions for empowerment, rather than focussing on the definition of empowerment.

If we are to project our beliefs in the positive family focus and in empowerment, this means consciousness of the language of helping that we use. The traditional vocabulary of helping is steeped in symbols of dependence, the scarcity of helping resources and control by others. How we train volunteers needs to reflect more positive beliefs. The choice of materials for our information centre and how we describe programs and policies need to be analyzed for their underlying values and assumptions.

The planning components are also important in the preventive framework. While the resident advisory committee provides some community representation, we need to be aware of other sources of information about community needs. Census data and the South Winnipeg Family Study provided some initial information. Because traditional planning processes are described in linear form, there is a tendency to forget that communities are in a constant state of flux and that we need to be assessing our communities continually. As we began compiling information for a handbook on education and support services for children and parents in Fort Rouge, we became aware of this as an excellent community

assessment strategy. The identification of services and then of gaps in service was our initial goal. As the process has begun, we have become aware of subtle changes in our approach. It was not merely a fact gathering undertaking. Our centre has been in operation for two and one half years with an established track record. We are becoming aware of the need to experiment with a variety of preventive activities and to work with other community groups. Our approach is now one of strength. We are beginning to identify values and beliefs of the community groups and their willingness to collaborate in preventive activities. We have the confidence to diffuse some of our local successes into the wider community. Because our organization is at a different stage in its life cycle, the kind of information we are now gathering has a more complex nature. Furtunately, the person hired for this job has lived and worked in the area and therefore, has a high commitment to discovering particularities of the community.

The intervention components of this framework have been limited to social support and education. However, the philosophy and planning components also influence the nature of interventions. For example, what we do is directed at the normal stages and transitions of family life, not at people with problems. We look for opportunities to involve every participant in a way that gives them a sense of control over their lives. The program planning is not of a pre-determined nature, but evolves from the desires of participants. In the parent and child drop-in centre, there has been an evolution from discussions based on parent-child topics to issues such as returning to work, welfare rights, and so on. This past winter a short course called "Self Care for Women" was developed. This development, interestingly, parallels what has occurred in a parent support group in Detroit. Powell (1987) reports this movement in

discussion to what he calls the "social context of parenthood" (p. 5).

The choice of the intervention components of social support and education have wide ranging support in the literature. Observations in the resource centre highlight the importance of both. Although opportunities for social support for parents may be provided by an agency, support groups tend to perpetuate the kinds of social relationship that exist in the community. If a parent is isolated in the community, they are similarly isolated in created groups. However, such groups offer the opportunity to witness these dynamics and to provide these parents with the social skills to participate more effectively in a group. There is both the need to make the environment more responsive to the needs of families and to provide skills to individuals so they can manage their lives more effectively.

There has been one example of program planning that provided education and supportive components but did not succeed. This was the babysitting co-operative. Part of the difficulty may have been that we did not pay enough attention to our assessment of the local community characteristics. An attempt was made to transport the idea of a babysitting co-op from the suburbs to a community where most of the potential participants rely on public transportation, live in apartments, are single parents and may have a wide range of parenting styles. So while the intervention components may be present, the planning components are equally important. This example points out the need to be aware of a wide range of variables as services and programs develop.

These are some past examples of how the concepts preventive framework have been applied, as well as, some future possibilities. There is no additional cost in the implementation of these ideas. For me this is part of an on-going process that will be continually evolving and

developing and does not end with the final draft of the practicum. In effect this will be the starting point of doing, but knowing more consciously what we are doing.

These activities in the resource centre that do not demand additional staff can gradually build support for prevention. It is not a dramatic process but a gradual one that requires long-term commitment. Obviously additional staff would hasten the process and for this reason the search for new funds is also a major part of the plan.

The ability to mobilize external sources of legitimation is another major precondition for successful implementation of change (Hasenfeld, 1980, p. 513). This involves identifying groups in the interorganizational network who are threatened by a preventive philosophy. Examples might be treatment facilities which emphasize a high level of professional expertise or community-based groups with a similar preventive outlook but very tentative funding. In Fort Rouge groups of seniors are very strong and have often been able to mobilize funds and facilities, sometimes to the detriment of family needs. There needs to be an identification of and linkages with groups that will benefit from a preventive orientation into order to neutralize threats from groups that see their domain being challenged by community-based prevention in child and family services. The community assessment in this practicum has provided some useful information on groups with similar outlooks. The summer project undertaken by the resource centre in 1988 to identify education and support services for parents in Fort Rouge has also contributed to understanding local organizations and their values.

Because prevention is as I have identified it is poorly understood, a particularly important step may be to identify who in the agency and in

the community is already doing preventive work. There is a need to highlight and support those who already understand this orientation and the kinds of activity that result. The theme of the Family Resource Movement membership drive is "Join the Family Resource Coalition and turn the light on prevention..." This is an indicator that those who are doing prevention are sometimes not aware of it or are isolated in their efforts. Consciousness-raising is important and turning the light on is an appropriate symbol. The Family Resource Coalition is also a good example of collaboration among groups that have an interest in prevention. Locally this might be translated into an inter-agency group that is interested in prevention.

Societal values affect how an agency may or may not be able to gain legitimation for new ideas. Some of the value dilemmas have been discussed in chapter II. Part of the strategy for implementing the change would be to try to influence some of these values through child interest groups and the mass media.

The third factor in the application of this framework is to address the issue of internal resistance. This requires that the change agent deal with the concerns of those affected such as staff, executive and Board of Directors surrounding the proposed change.

Some potential staff concerns have been addressed in chapter II. Unless some of these resistances to change can be reduced, there is little likelihood of introducing a prevention philosophy across the agency.

A logical starting point is the resource centre. As the resource centre provides benefits to the Fort Rouge Unit staff in their day-to-day practice, resistance is reduced. Attitude changes are gradual and

require the recognition that individuals have differing capacity and motivation to change.

The innovative use of a new staff position may be another way of implementing the change. There is the beginning of this approach in the Fort Rouge Unit. With the possible addition of a new staff position to the unit, staff were asked for their ideas on how such a position could be structured to reduce their work and make it more interesting. There were indications that staff were interested in developing or using their roles across a variety of client systems. Of particular interest was the emphasis on positive work areas such as building self-esteem, understanding feminism, support groups for parents with pre-adolescents and with adolescents, finding ways that clients could become resources for the agency and the community, providing parent support and education in day care centres, and group work in an apartment block with a large number of clients.

There were discussions as to how such additions to worker's practice could actually occur. Three steps were identified. The first was to give the co-ordinating and instrumental responsibilities to the resource worker. This could include location of target groups, publicity, locating resource materials, booking rooms and finding babysitters and so on, if a community education program was planned. Secondly, a system of back-up is needed for staff with a full caseload so that a crisis does not interfere with their community work. The third suggestion has been to assign no new intake for a period of two to three months to staff who are taking on new involvment with groups and community work. A new staff member in the unit would take responsibility for these new families. This is just an example of some creative thinking about preventive practice in a de-centralized child and family service agency that reduces

staff resistance. This new position is an example of what has been called "organizational slack (i.e., money and manpower not firmly committed to established activities)" (Hasenfeld, 1980, p. 516). This slack reduces potential conflict over the allocation of scarce resources and provides inducements for the change without endangering the existing reward structure in the organization.

Support from the executive leadership is also a major precondition for successful implementation of change. Within child and family service agencies this includes unit supervisors, the Executive Director and the Board of Directors. Hasenfeld (1980) has suggested several strategies for change agents. One is co-optation - providing executives with formal participatory roles in the decision-making processes concerning the new program. Another is coalition formation with key groups in the organization. The monthly meetings of staff who have responsibility for community work certainly has potential for coalition formation. A third strategy is for the change agent to obtain a power position in the organization and thus neutralize resistance to their change efforts. Each of these possibilities has limits in that they may require that the changes planned be modified and altered greatly.

The full application of this framework will be a long and complex one. However, there are small steps that have already been begun in reaching toward the ideal.

CHAPTER V

Conclusions

A. Overview

This practicum has been a process of starting with a very specific need, moving to broad ideas about prevention and then narrowing these ideas into specific definitions and concepts for a preventive framework for application in the Fort Rouge Unit.

The writing of this practicum occurred over a one year period in 1987 and 1988. Each step of the process was discussed with various individuals including advisory committee members, staff of the Fort Rouge Unit, members of the community workers network, members of the standards committee for community participation and development and staff in other child and family service agencies. It has been very much a process oriented undertaking. Other than a sense that there was insufficient conceptual development of the term prevention, I had few other starting guidelines.

It soon became evident that the introduction of prevention in a formal way to child and family services in Manitoba represents a philosophical shift. This re-orientation suggests an objective of moving the system's traditional emphasis on protection of the child to a more comprehensive outlook that includes prevention. The long-term goal would be the movement of more and more human and material resources from protection to prevention.

This practicum began with the specific issue of how to assist an advisory committee of community residents to plan and make decisions

about implementing prevention in a community-based resource centre. The process began with an examination of prevention. Examination of the literature and personal reflection has led me to the conclusion that there was a need to clarify prevention and to re-formulate what prevention means. Prevention is not the responsibility of certain designated staff but of the total agency. Furthermore, the medical model of prevention is no longer adequate. In this practicum prevention has been re-formulated to reflect a different attitude to the needs of families. Unless we are able to challenge our traditional view of prevention with one that is based on a new view of helping, there will be little philosophical change in the new system. The development of a practitioner role with a preventive orientation was found to be equally important.

The ideal and long-term goal is a total change in philosophy of an agency to a strength oriented view of prevention. Several intermediate steps are necessary. In order to translate this philosophical re-orientation into reality, concepts for community-based prevention have been developed. This provides a starting point and a way of narrowing and specifying what prevention in child and family services might be about. It is speculative in nature, drawing on common themes that re-appear in the prevention literature. It is also based on the experiences and observations of the writer. The hope is that this model of prevention and generalist preventive practice would be adopted in some ways throughout the agency. In the section on application, some of the necessary steps are identified, as well as some of the difficulties of implementing such an approach.

B. **Evaluation and Implications**

This practicum has been an experience in learning for action. The reading of the literature was constantly checked against what the advisory committee, volunteers or staff were doing or were planning to do in the resource centre. The ideas developed were regularly tested out with a variety of individuals within the community and within the child and family services system. This back and forth method has enriched the learning for me.

This practicum has also been an experience in "going where the problem takes you", one of the fundamentals of generalist practice. I did not draw up a plan and proceed to carry out each step of the plan in order. Having been trained in a linear problem-solving approach, this style of research presented moments of great frustration as new ideas entered causing re-formulation of the content of the practicum. In retrospect, however, this has been a more exciting and satisfying procedure. After one positive experience, future attempts with this form of study and practice will no doubt be easier.

The main aim of this practicum was to sort out some of the confusion surrounding the meaning of prevention. This, I believe, has been accomplished. Some of the findings have been unexpected. The confusion surrounding the two meanings of prevention and the discovery that the idea of prevention is undergoing a transformation were particularly helpful to me.

Whether the definition of prevention that has resulted from these discoveries will be integrated into agency policy remains to be seen. With clarity as to some of the assumptions and beliefs underlying various definitions, there is the possibility that the discussion at the Board

level will move forward faster. Whatever choice is made, there will be a better understanding the implications for the agency in terms of cost, attitude change and so on.

My descriptions of practice for prevention changed throughout the process. In the beginning my emphasis was solely on community work. Most of the literature supports community work as the practice approach for prevention. However, reflection on local practice and discussion with a variety of individuals highlighted a need for a more integrated approach to prevention and the practice of generalist preventive social work by all staff.

If such a practice approach were adopted, there are several implications for an agency. Issues of cost, legitimacy, technology and internal resistance have been identified. There are also some implications for the kinds of services an agency offers. We are in a time of financial retrenchment where a range of services from prevention through protection to treatment may not be possible. An argument can be made that the generalist practitioner who is hired to provide protection services is well qualified to do prevention also. On the other hand, some areas such as treatment services for abused children may require special knowledge and skills.

The second aim of the practicum was to formulate a basic preventive framework for a community-based resource centre and to apply the framework. A detailed framework did not emerge in the form that I expected. Instead what has developed are more general concepts that stress the processes of decision-making for prevention. At this point in time, a more specific framework might not be helpful. The framework is a beginning that will need to be refined and developed with future applications.

Application of the concepts with examples from our past actions has shown that we had some understanding of prevention but that our understanding was not at a conscious level. There is a sense of satisfaction in this discovery but there is also a sense of emerging mastery for the future in knowing more about what we are doing. This is a way of empowering the advisory committee and staff.

The re-definition of prevention, the description of generalist preventive practice and the concepts for a prevention framework provide a good philosophy for a child and family service agency. Environmental constraints that will limit the implementation of these changes have been identified. However, there are other limits to this philosophy over which the child and family service system has little influence. These include such societal conditions as rapid social evolution, a culture that frequently tolerates violence against women and children, poverty and unemployment. A child and family service agency can do little to change some of these fundamental aspects of life. Documenting the effects of these conditions on families in our communities is one way of beginning. Acting locally, while being aware of the larger forces is important.

One of our advisory committee members epitimizes this approach. She is very concerned about the functioning of the parent-child drop-in centre as a day-to-day support for herself. She is also co-chairperson of the Social Assistance Coalition of Manitoba, a group advocating for better social assistance rates.

The educational benefits expected from this practicum have been achieved and surpassed. I have a much clearer theoretical understanding of prevention, community participation, social support, and education. I had not expected to study the concept of empowerment and this has been an

extra benefit. The other goals were related to translating theory into practice. These have been attained with the additional understanding of how valuable it is to be able to check theory against practice and vice versa in an on-going process.

C. **Possibility of Application Elsewhere**

There are three aspects of this practicum that could be applied elsewhere - the re-definition of prevention, the practice of social work with a preventive generalist approach and the concepts for a preventive framework.

In terms of the definition itself, there well may be arguments for different words. What will be essential is whether the words used to define prevention support a health model that is positive in focus, that encourages citizens to become involved in an empowering way and that emphasizes both individuals and communities. It is therefore, the underlying assumptions of the definition that are crucial. If this is explicit, a variety of words which support these beliefs could be used.

The discussion of generalist preventive practice is in the early stages. It is an expansion of the idea of prevention through community work to the inclusion of a preventive role for all staff. It is yet not developed throughly because the focus here has been more on prevention in a resource centre. However, I have made some suggestions as to how this could be expanded. There are certainly some dilemmas for child and family service workers with the empowerment aspects of this form of practice. This is an area that requires further reflection and discussion.

The concepts for a preventive framework in a resource centre are fairly general, and for this reason may be transferable. The framework highlights the importance of a philosophy for what we are doing. The numbers of programs, activities and participants do not provide a good picture of prevention. We need to address the content of this work.

D. **Future Areas for Research**

A major future area for research is in the evaluation of preventive programs. This practicum has emphasized the understanding of social work practice for prevention. In our evaluations of such programs there needs to be attention to these issues and as a result the need of more complex evaluations of such work.

In this practicum there has been an underlying criticism of the empirical method as being limited in our understanding of child abuse and neglect, as well as, prevention. The goal has not been to discredit the empirical method. While this method has pushed us along in our understanding of this topic, it provides a partial view of reality. The qualitative or normative approach may not give a complete view of child maltreatment either. Peile (1988) has suggested "creative synthesis" (p. 13) of the two approaches. This is perhaps an important area for future research.

Another area for further study is the limitations of the ecological perspective in child and family services. This theory underlies the regionalization of child and family services. One of the limitations has been identified as its problem focus. The other limitation of the ecological theory is that it "does not clarify societal problems sufficiently" (Gould, 1987, p. 346). Because the majority of the clients

of child and family services are women, Gould suggests that a feminist perspective on the life model for practice with women may be explored. Further research on ways that the ecological and feminist theories could be combined, may well be of value.

E. **Concluding Comments**

The philosophical changes advocated in this practicum require organizational change. Such changes are complex in nature and these ideas may be modified and compromised greatly in their implementation. There may well be consequences that I have not anticipated at this point in time. The ideas are presented as the beginning of a dialogue with the hope that they well be tested and refined in the workplace.

Prevention is not a tidy process. Because of the future orientation we do not always know where we are going. This discussion of prevention is not merely a professional exercise. The goal is to build a better future for children. Although the process of defining and developing prevention is not dramatic, it is essential if we are to improve our practice with children and families.

Bibliography

Alexander, C. (1982). Social Work in the 80': Issues and Strategies. The Social Worker, 50(2), 62-67.

Arnstein, S. (1969). A Ladder of Citizen Participation. Journal of the American Institute of Planners, 35(4), 216-24.

Artibise, A. (1977). Winnipeg-An Illustrated History. Toronto: James Lorimer.

Auslander, G. and Litwin, H. (1987). The Parameters of Network Intervention: A Social Work Application. Social Service Review, 61(2), 305-318.

Baraniuk, J. (1986). A Study of the Norwood and Windsor Park Resource Centres: An Alternative Approach to Helping. Master's Thesis, School of Social Work, University of Manitoba.

Barker, R. (1969). Ecological Psychology. Stanford, CA.: Stanford University Press.

Berger, P. & Neuhaus, R. (1977). To Empower People, The Role of Mediating Structures in Public Policy. Washington, D.C.: American Enterprise Institute for Public Policy Research.

Besharov, D. (1985). Right Versus Rights, The Dilemma of Child Protection. Public Welfare, 43(2), 19-27.

Biegel, D. (1984). Help Seeking and Receiving in Urban Ethnic Neighborhoods: Strategies for Empowerment. In Rappaport, J. Swift, C. & Hess, R. (Eds.). Studies in Empowerment: Steps Toward Understanding and Action. New York: Haworth Press.

Blum, A. and Ragab, I. (1985). Developmental Stages of Neighbourhood Organizations. Social Policy, 16(2), 21-27.

Brown, J.H., Finch, W.A., Jr., Northen, H., Taylor, S.H., & Weil, M. (Eds.) (1982). Child, Family, Neighbourhood, A Master Plan for Social Service Delivery. New York: Child Welfare League of America.

Canadian Council on Social Development and the Social Planning Council of Winnipeg, (1982). A Reader on Prevention and Social Policies. Ottawa: The Canadian Council on Social Development.

Child and Family Services Directorate of Manitoba, (1984). Discussion Paper Series #9 - Preventive Services/Resource Centre. A service description paper related to regionalization of Child and Family Services in Winnipeg.

Cowen, E., (1985). Person-Centered Approaches to Primary Prevention in Mental Health: Situation-Focused and Competence-Enhancement. American Journal of Community Psychology, 13(1), 31-48.

Curran, D. (1986). Stress and the Healthy Family: How Healthy Families Control the Ten Most Common Stresses. Minneapolis, MN: Winston Press.

Dore, M. & Kennedy, K. (1981). Two Decades of Turmoil: Child Welfare Services, 1960-1980. Child Welfare, 60(6), 371-382.

Fanshel, D. (1982). Special Issue on Research in Prevention - Editorial. Social Work Research and Abstracts, 18(3), 2-3.

Fawcett, S.B., Seekins, T., Whang, P., Miller, C., & Suarez de Balcazar, Y. (1984). Creating and Using Social Technologies for Community Empowerment. In J. Rappaport, C. Swift, & R. Hell (Eds.) Studies in Empowerment: Steps Toward Understanding and Action. New York: Haworth Press.

Fischbuch, M. (1985). Preventing Child Abuse - A Review of Recent Programs. Niagara Children's Services Committee. Thorald, Ontario.

Fuchs, D. (1987). Prevention Policy in Manitoba: Reflections on Going Local. Series #0479, Child and Family Research Group, School of Social Work, University of Manitoba.

Garbarino, J. (1980). Preventing Child Maltreatment. In Price, R. & Polister, P. (Eds.). Prevention in Mental Health. Beverly Hills, CA.: Sage.

Garbarino, J. and Sherman, D. (1980). High-risk neighborhoods and high-risk families: The human ecology of child maltreatment. Child Development, 51, 188-198.

Garbarino, J. (1984). What Have We Learned About Child Maltreatment? In U.S. Department of Health and Human Services (1984). Perspectives on Child Maltreatment in the Mid '80's. (DHHS Publication No. OHDS 84-30338. Washington, D.C.: U.S. Government Printing Office.

Garbarino, J. (1984, September). Is the Community Parent to the Family? Paper presented at the Conference "Preparing for a Changing Focus in Child and Family Services", Winnipeg, Manitoba.

Geoppinger, J. and Baglioni, A.J., Jr. (1985). Community Competence: A Positive Approach to Needs Assessment. American Journal of Community Psychology, 13(5), 507-523.

Gentleman, G. (1983). Child Care Family Resource Centres, A Background Paper. Ministry of Community and Social Services, Ontario.

Germain, C. (Ed.), (1979). Social Work Practice: People and Environments, an ecological perspective. New York: Columbia University Press.

Gil, D. (Ed.) (1979). Child Abuse and Violence. New York: AMS Press.

Giovannoni, J. (1982). Prevention of Child Abuse and Neglect: Research and Policy Issues. Social Work Research and Abstracts, 18(3), 23-31.

Giovannoni, J. and Becerra R. (1979). Defining Child Abuse. New York: Free Press.

Gould, K. (1987). Life Model Versus Conflict Model. Social Work, 32(4), 346-51.

Hadley, R. and McGrath, M. (1984). When Social Services are Local. London: George Allen and Unwin.

Hasenfeld, Y. (1980). Implementation of Change in Human Service Organizations: A Political Economy Perspective. Social Service Review, 54(4), 508-520.

Hasenfeld, Y. (1983). Human Services Organizations. Englewood Cliffs, N.J. - Prentice-Hall.

Hasenfeld, Y. (1984). The Changing Context of Human Services Administration. Social Work, 29(6), 522-29.

Holahan, C., Wilcox, B., Spearly, J., & Campbell, M. (1979). The Ecological Perspective in Community Mental Health. Community Mental Health Review, 4(2), 1-9.

Hopps, J. (1986). The Catch in Social Support. Social Work, 31(1), 419-20.

Hutton, M. (1986). Prevention in the Social Work Curriculum: Teaching BSW Students to Practice Prevention in Social Work. Paper presented at the Canadian Association of Schools of Social Work Conference, Winnipeg, Manitoba.

Hutton, M. (1987). Learning from Action: A Conceptual Framework for Unconventional Learning. Paper presented at the Experiential Learning Conference, Regent's College, London, England.

Jansson, B. (1982). Ecology of Preventive Services. Social Work Research and Abstracts, 18(3), 14-22.

Jenson, K. (1985). Cancer as a Chronic Illness: A Strength-Oriented Approach to Social Work Practice - Re-shaping an Ecological Perspective. MSW Practicum. School of Social Work, University of Manitoba.

Kieffer, C.H. (1984). Citizen Empowerment: A Developmental Perspective. In J. Rappaport, C. Swift & R. Hess (Eds.) Studies in Empowerment: Steps Toward Understanding and Action. New York: Haworth Press.

Komisar, B. (1968). Teaching: Act and Enterprise In C. Macmillan & T. Nelson (Eds.) Concepts of Teaching: Philosophical Essays. Chicago: Rand McNally.

Kuypers, J. (1984). Choice in Social Work Practice: Dialogues on Health, Error and Change. Unpublished manuscript. University of Manitoba, School of Social Work.

Lein, L. (1984). Families Without Villains: American Families in an Era of Change. Lexington, MA: Lexington Books.

Lugtig, D., Fuchs, D., and Marginet, C. (1987). Neighbourhood Parenting Support Network Project. Research project under the auspices of Child and Family Services of Central Winnipeg in collaboration with the School of Social Work, University of Manitoba.

Mace, D.R. (Ed.) (1983). Prevention in Family Services: Approaches to Family Wellness. Beverly Hills, CA: Sage Publications.

Maidman, F. (Ed.) (1984). Child Welfare: A Source Book of Knowledge and Practice. New York: Child Welfare League of America.

Manitoba Community Services, (1984). Planning Manual: Restructuring Child and Family Services in Winnipeg, Manitoba Community Services, Winnipeg.

McMurtry, S. (1985). Secondary prevention of Child Maltreatment: A Review. Social Work, 30(1), 42-48.

Miller, C. (1981). Primary Prevention of Child Mistreatment: Meeting a National Need. Child Welfare, 60(1), 11-23.

Nance, K. (1982). Understanding and overcoming resistance to primary prevention. Social Work Research and Abstracts, 18(3), 32-40.

Organization for Economic Co-operation and Development (1981). The Welfare State in Crisis. Paris, France.

Palmer, S. (1982). Government Commitment to Child Welfare as Shown by the Monitoring of Services. Social Worker, 50(1), 6-9.

Peile, C. (1988). Research Paradigms in Social Work: From Stalemate to Creative Synthesis. Social Service Review, 62(3), 1-19.

Pelton, L. (1981). The Social Context of Child Neglect and Abuse. New York: Human Science Press.

Pincus, A. and Minahan, A. (1978). A Model for Social Work Practice In B. Baerg and R. Federico, (Eds.) Educating the Baccalaureate Social Worker. Cambridge, MA: Ballinger.

Plotkin, R., Azar, S., Twentyman, C., & Perri, M. (1981). A Critical Evaluation of the Research Methodology Employed in the Investigation of Causative Factors of Child Abuse and Neglect. Child Abuse and Neglect, 5(2), 449-455.

Powell, D. (1980). Personal Social Networks as a Focus for Primary Prevention of Child Mistreatment. Infant Mental Health Journal, 1(4), 232-239.

Powell, D. (1987). Life in a Parent Support Program: Research Perspectives. Family Resource Coalition Report, 6(3), 4-5.

Rappaport, J. (1984). Studies in Empowerment: Introduction to the Issue. Prevention in Human Services, 3(23), 1-7.

Rappaport, J. (1985). The Power of Empowerment Language. Social Policy, 16(2), 15-21.

Reisch, M., Wenocur, S., & Sherman, W. (1981). Empowerment, Conscientization and Animation as Core Social Work Skills. Social Development Issues, 5(2-3), 108-120.

Riverborne Development Association, Inc. (1984). Riverborne Housing Policy. Report prepared by Hilderman, Witty, Crosby, Hanna & Associates, Landscape Architects & Planners, Winnipeg.

Rodwell, M. (1987). Naturalistic Inquiry: An Alternative Model for Social Work Assessment. Social Service Review, 61(2), 231-46.

Sale, T. (1984). Using Network Analysis in Human Service Planning: Fitting the Pieces Together. Business Quarterly, 50(3), 30-35.

Sale, T. (1985). Transforming Social Institutions. Canadian Home Economics Journal, 35(1), 20-23.

Saunders, S. (1979). Primary Prevention from a Neighborhood Base: A Working Model. American Journal of Orthopsychiatry, 49(1), 69-80.

Schilling, R.F. II (1987). Limitations of Social Support. Social Service Review, 61(1), 19-31.

Seagull, E. (1987). Social Support and Child Maltreatment: A Review of the Evidence. Child Abuse and Neglect, 11(1), 41-52.

Solomon, B. (1976). Black Empowerment: Social Work in Oppressed Communities. New York: Columbia University Press.

Sundberg, N., Snowden, L., & Reynolds, W. (1978). Toward Assessment of Personal Competence and Incompetence in Life Situations. Ann. Rev. Psychol, 29, 179-221.

Sundel, M. and Homan, C. (1979). Prevention in Child Welfare: A Framework for Management and Practice. Child Welfare, 58(8), 510-521.

Swift, C. (1984). Empowerment: An Antidote for Folly. In Rappaport, J., Swift, C., & Hess, R. (Eds.). Studies in Empowerment: Steps Toward Understanding and Action. New York: Haworth Press.

Wallston, B.S., Alagna, S.W., DeVellis, B. and De Vellis, R. (1983). Social Support and Physical Health. Health Psychology, 2, 367-91.

Weick, A. (1987). Reconceptualizing the Philosophical Perspective of Social Work. Social Service Review, 61(2), 218-229.

Wharf, B. (Ed.) (1979). Community Work in Canada. Toronto: McClelland and Stewart.

Wharf, B. (1985). A Community-Based Model for Children's Services. Journal of Child Care, 2(5), 1-13.

Whittaker, J. (1983). Mutual Helping in Human Service Practice. In J. Whittaker & J. Garbarino (Eds.), Social Support Networks: Informal Helping in the Human Services. New York: Aldine.

Whittaker, J. Schinke, S. & Gilchrist, L. (1986). The Ecological Paradigm in Child, Youth and Family Services: Implications for Policy and Practice. Social Service Review, 60(4), 483-503.

Winnipeg South Child and Family Services, (1987). Report of the South Winnipeg Family Study by Debra Handler for the South Winnipeg Family Study Steering Committee.

Zigler, E. (1986). The Family Resource Movement: No Longer the Country's Best Kept Secret. Family Resource Coalition Report, 5(3), 9-12.

APPENDIX A

SPEECH GIVEN BY THE
HONOURABLE MURIEL SMITH
MANITOBA COMMUNITY SERVICES

"Preparing for a Changing Focus in Child and Family Services"

Conference
20 September, 1984
12:00 - 1:30 P.M.
Ramada Inn, 1824 Pembina Highway
Winnipeg

° First, may I express congratulations to the continuing education division and other organizers for having put together this timely conference.

° I have spoken to several agency annual meetings this year and have been impressed by the response of the child caring community to the Manitoba Government's policy changes in child and family services, and by its concern for their implications.

° I am grateful for the invitation to discuss community-based approaches to child and family services with you.

° A conference organized to examine both the theoretical and the practical implications of this philosophy is a most appropriate forum for outlining what lies behind the changes you are witnessing.

° Next to the Manitoba community in general, you are the key group with respect to child and family services in our province, since you are the ones who take community wishes and government policy and turn them into workable operation of services.

° Manitoba Community Services and the Government as a whole are just as interested in knowing and discussing your concerns with you as you are in learning what government policy changes mean for your profession and your agencies.

° Let me stress that the actions we have taken have not been made in isolation, either from one another or from the community, nor - I should add - from what is happening outside Manitoba.

° Rather, they are an integral part of a planned, co-ordinated shift of emphasis in policies and departmental services, as well as in the very structure of my own department.

° In recent years we have been given two basic messages about our social and community service system and its future.

° First, the community it serves expects that the agencies operating social programs should be democratic in structure and outlook, just as government is.

° Second, for financial reasons we cannot afford to continue the traditional reactive, crisis-interventionist philosophy of operation in child and family services.

° Instead, we are compelled to shift to an approach geared to prevention of crises in families and in the communty.

° At the same time, research has shown that a prevention approach is greatly superior to the interventionist, crisis-oriented mode.

° And, as I shall discuss later, the reactive, interventionist method depends heavily on the use of general, "professiional" solutions that tend not to take adequate account of the community the agency is charged with serving.

° The community has told us in no uncertain terms that these solutions and this approach are no longer workable.

° However, the preventive approach demands a knowledge and close relationship with families and their communities - in other words, the development of a strong community base for the agencies.

° Consequently, in our reorganization of child and family services we have tried to ensure that the new agencies will combine a democratic base and orientation to the community with the high standards of the agencies they are replacing.

° Within Manitoba Community Services we are re-orienting our own programs to strengthen child and family services.

° We are also gearing our support to external agencies to bolster their own initiatives in this field.

° Thus the changes you are seeing in child and family services are part of a general shift of departmental emphasis to encourage closer relationships with families and the community, in response to stated community desires and needs.

° We are responding to a need to increase the ability of staff and programs to work with and in the community.

° We have instituted changes in structure to enable all of Manitoba Community Services to meet the needs of a given group, even though one branch may have primary responsibility and may contain most of the people who are knowledgeable about that group.

° We are also committed to increasing opportunities for Manitobans of all ages, skills, ambitions and abilities to function as normally in the community and in the least restrictive environment possible, instead of accepting handicaps and disabilities as insurmountable obstacles to this ideal.

° The trend to community-based services and to increased responsiveness of government and social agencies to community wishes is not confined to Manitoba or Canada, either in child and family services or in other social service fields.

° In mental health, nursing, education, mental retardation, corrections, the operation of parliament and legislatures, in nearly all fields of government and public services, the community is demanding that services and institutions meet their needs and be

prepared to answer to the community and change direction as the comunity requires.

° The definition and context of "community" itself has undergone considerable change. This is due in no small measure to the development of feelings within a growing number of groups that they have legitimate claims to be considered as distinct "communities" in their own right and granted recognition within the larger community of which they are a part.

° For example, for a number of years in Manitoba, we have expressed pride in the multi-cultural society that has developed here, and in the community tolerance that has encouraged ethnic and racial groups to maintain their distinctive identity within the Manitoba community.

° But the corollary of this is that we cannot dictate when a distinctive group of any kind may take on a separate identity and when it has to submerge itself in the larger community.

° Furthermore, as the community diversifies, as we identify more groups in society, more skills and specialities to apply to community concerns and more social phenomena requiring attention in our social spectrum, it becomes harder and less practical to prescribe a broad, general solution for a given problem.

° Coupled with this has been a major change in thinking in the community and in social serice professions about the scale of

solutions and services that are appropriate for our society.

° In talking with a wide range of groups and individuals concerning child and family services, I have been very impressed by the unanimity of the commitment to the motto "In the best interests of the child".

° Those words are still instantly understood and recognized as the guiding principle for child and family services everywhere.

° But this motto can no longer be translated into a single, general solution or set on standards or applications within social work or within child caring agencies in Manitoba.

° This realization by the government and indications that we were lagging behind commnity demands for a more responsive interpretation of "what is best for the child" were at the heart of changes in the structures of child and family services in Manitoba.

° We believe that the agencies now formed and under development will enter into a better position than their predecessors to apply professional knowledge and experience to the problems posed by a culturally complex and diverse society.

° We think the restructured agencies will be in a most advantageous position to bring together the professionalism of their staff with a stronger awareness of the values and traditions of the communities they serve.

° We think the continuing high standards that will be maintained and the closer contacts the agencies will maintain with their communities through their boards of directors will result in better, more satisfying standards of care and better results both for the agencies and for their communities.

° We believe the closer ties the new agencies will develop with the communities they serve will make it possble for the staff to undertake more prevention-oriented work, as well as finding community-based solutions for the problems they encounter.

° This will have immeasurable benefits for our families, not only for this generation but also for the families our children will establish in the years to come.

° In being here, you have shown your commitment to making the changes in child and family services work in the community and on the street.

° The community, in turn, has told us it too is looking for workable solutions and for a new perspective on child and family services.

° As the body charged with responsibility for translating community demand into public policy, the government (and my department) stands ready to furnish the consultation and assistance needed to make the new child and family service agencies succeed in their work and within their communities.

° Though we operate at different levels with respect to the public and the community, government and child caring agencies face some similar problems.

° We both are facing demands from the community that we be more responsive in the development and operation of services.

° We are facing the necessity of greater flexibility to meet changing community standards.

° We must remember that together we are being called on to operate services in the face of strong financial pressures and uncertain resources to meet greater needs.

° I suggest to you that social work and child caring agencies will play a large part in having to meet a general challenge which, I think, will be in the forefront of public policy for some years to come.

° This is how to turn the wishes of the community for responsive social services and its demand for participation in the formation and direction of social service policy - in other words, the democratization of services - into meaningful and practical operations.

° The Manitoba Government is committed to helping you make it work in your agencies and I hope we will receive a parallel undertaking from

the new government in Ottawa as it prepares to tackle social problems facing us from coast to coast.

° Finally, let me assure that I and my department will continue to consult fully and work together with you to make the initiatives in community-based child and family services - as well as the new agencies - successful.

° You are to be congratulated for your own interest in turning complex issues into workable practice for the benefit of all Manitobans.

° THANK YOU.

APPENDIX B

WINNIPEG SOUTH CHILD AND FAMILY SERVICES, 1986

RESOURCE CENTRES

Terms of Reference

The Augustine Family Resource Centre shall encompass the areas of: Riverview, Lord Roberts, Earl Grey and Fort Rouge. Population (1981) - 26,957.

The Corydon Plaza Family Resource Centre shall encompass the areas of: Crescentwood, River Heights, Tuxedo and Lindenwood. Population (1981) - 41,618.

The Resource Centres shall serve family related needs of individuals, families and groups.

"Family" will be defined broadly to encompass the extended family, non-traditional families and all family relationships.

Purpose

1. To implement an ongoing assessment of the needs of children, families and groups in the community.
2. To provide or develop resources and services to meet those needs that have been identified.
3. To promote and support community involvement in the planning and delivery of preventive services.
4. To collaborate with other services in the community; to enhance services available to families; and to share information on community needs.
5. To provide the educational programs, training or support necessary to assist in empowering families and individuals to cope positively with their own circumstances.

6. To promote family-like connections (for those without families) on a voluntary basis; to promote active outreach to individuals in the community.
7. To provide information, referral and advocacy around needs of families in the area.

Structure

- The Advisory Commttees shall be composed of a minimum of five community residents who reside n the area and are members of the Winnipeg South Child and Family Services Agency. Memberships on the committees may be open to members of agencies in the communities who positively identify with the area, but are non-residents.
- Committee members shall serve for two years, and can be re-elected to serve for another term.
- Committee members may serve a maximum of four years.
- A Chairperson shall be elected for a one-year term; eligible for one further consecutive term.
- Each Committee shall elect one voting representative to the Board of Winnipeg South Child and Family Servces for a one year term.
- The Advisory Committees shall generally meet once a month. The Committees will meet a minimum of nine times a year.
- Each Resource Centre shall develop operational by-laws for submission to the Board.
- Resource Workers may sit on the Advisory Committees without voting privileges.
- The Advisory Committee will work in consultation with the Resource Worker, meeting with the said Resource Worker on a regular basis.
- The Advisory Committee stands ready to be involved in the hiring process and will be consulted in the hiring of the Resource Worker,

recognizing that the Executive Director has final hiring authority for the agency.

Accountability

"The Neighborhood Resource Centre Committeee shall, at all times, maintain a close relationshp between itself and the area it serves."

Article X Section 2
By-Law No. 1
Winnipeg South Child & Family Services

The Committees may make recommendations to the Board in regards to policy making and budget. The committees have the authority to make administrative decisions based on Board approved polciy, and within approved programs, recognizing that the committees are accountable to the Board and the Board is responsible for the Resource Centres.

Any proposed new program initiatves, including fund-raising, shall be presented to the Executive Director of Winnipeg South for approval. The Executive Director will inform the Board about proposed programs.

Minutes of Committee meetings, financial and program reports shall be submitted to the Executive Director of Winnipeg South Child and Family Services.

The Advisory Committee's representative to Winnipeg South Board shall make reports to said Board at each Board meeting regarding Committee activities.

Budget

Each Advisory Committee will have an annual budget to finance the program activities. A request budget for each year will be submitted to the Board of Directors of Winnpeg South at "budget time" for inclusion in the annual budget.

Ratified by the Board of Directors
May 20, 1986

APPENDIX C

DETAILED COMMUNITY ASSESSMENT OF FORT ROUGE

Population declines in Fort Rouge have been steady over the past twenty years except for a slight increase between 1981 and 1986. Table I shows population changes by census tract within Fort Rouge since 1966.

TABLE I

Total Population by Census Tract

Census Tract / Year	Riverview	Lord Roberts	Earl Grey Ebby-Wentworth	Roslyn McMillan	River Osborne	Totals
1966	5,758	7,586	7,967	5,286	5,459	32,056
1971	5,418	7,113	7,431	6,728	5,465	32,155
1976	5,001	6,457	6,821	6,046	5,187	29,512
1981	4,405	5,946	5,830	6,086	4,550	26,817
1986	4,209	5,905	5,733	6,322	4,716	26,885
Net change	-1,549	-1,681	-2,234	+1,036	- 743	-5,171

Riverview

This community was developed between 1900 and 1950. It is mainly a single-family home area with 76% of the housing owner-occupied, a much higher rate than the city average of 61%. The area is bounded by Osborne Street on the west and is surrounded by the Red River on the three other sides. The area south of Jubilee is also part of Riverview. (See Map 2.) A 1979 housing study revealed that the housing stock was generally

in good condition, with only a few small pockets of substandard dwellings requiring major improvements. These sections are found mainly in the northern part of Riverview. There is commercial section along a Osborne Street.

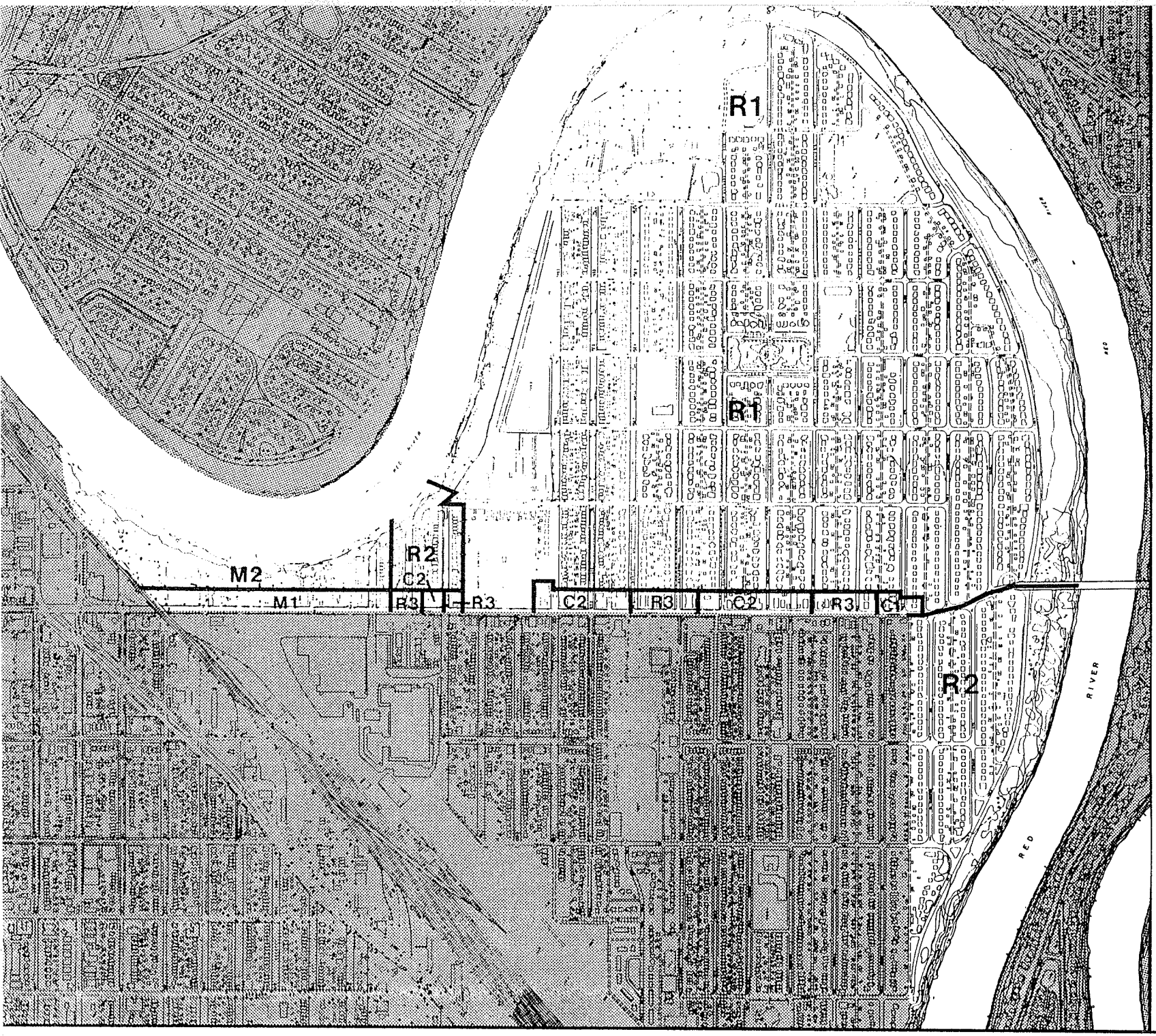
The 1976 census indicated that incomes were slightly above the city average and the area is predominantly of British origin. It is a mature neighbourhood with a higher than city average of people over 65 years, (18% versus 12% for Winnipeg) and a below average young population, (16% of children are under the age of 14 years versus 20% for Winnipeg). There are many long-term residents.

The South Winnipeg Family Study (1987) reported that four out of five respondents say that families in the area are doing well. Ninety-three percent reported friendly neighbours.

Using the liveability index developed for the Riverborne Housing Policy (1984), this area would appear to rate highly. Schools and recreation facilities are accessible. A French Immersion and English program is available for grades 1-12. There are two day care centres and a before and after school program. There is easy access to shopping, long tenure of residents, and adequate park space.

According to the South Winnipeg Family Study, the stresses of two working parents were reported as the biggest concern and child care services are the largest need. Most inquiries from Riverview to the Augustine Family Resource Centre over the past three years have been for child care.

Agency statistics indicate a very low use of treatment services. There is some indication of the use of preventive services. When the agency streetproofing course was offered there was immediate positive response and a second course was requested within the year. The



RIVERVIEW

Map 2

ZONING

R1 – ONE FAMILY

R2 – TWO FAMILY

R3 – MULTIPLE FAMILY

C1 – LIMITED COMMERCIAL

C2 – COMMERCIAL

M1 – LIGHT INDUSTRIAL

M2 – LIGHT INDUSTRIAL

THE CITY OF WINNIPEG
DEPARTMENT OF
ENVIRONMENTAL PLANNING

FEBRUARY 1978

community also requested a babysitting course for their students. When information was provided the community took on complete responsibility.

There is thus evidence that this is a low risk neighbourhood. Furthermore, methods for involving the community seem to point to a strategy of providing information and initial support to key community persons and then permitting the community to take responsibility.

Lord Roberts

Lord Roberts is geographically located west of Osborne Street, east and south of the CNR main line/Fort Rouge Yards and north of Jubilee Avenue. (See Map 3.)

Most of the housing in the area was built in the early 1900's with expansion northwest to the railyards being completed by the Second World War. The area is characterized by lower density development on smaller lots, with commercial development on Osborne Street being primarily devoted to local commercial uses.

There are seventy-seven public housing units in the area for families and two apartments for seniors. A large grocery store was recently converted into the Fort Rouge Leisure Centre, a facility that includes a public library. There is a community club in the area and a community school that also provides schooling to physically disabled children from all parts of Winnipeg.

The age distribution (See Table II) in the Lord Roberts area closely parallels that of Winnipeg.

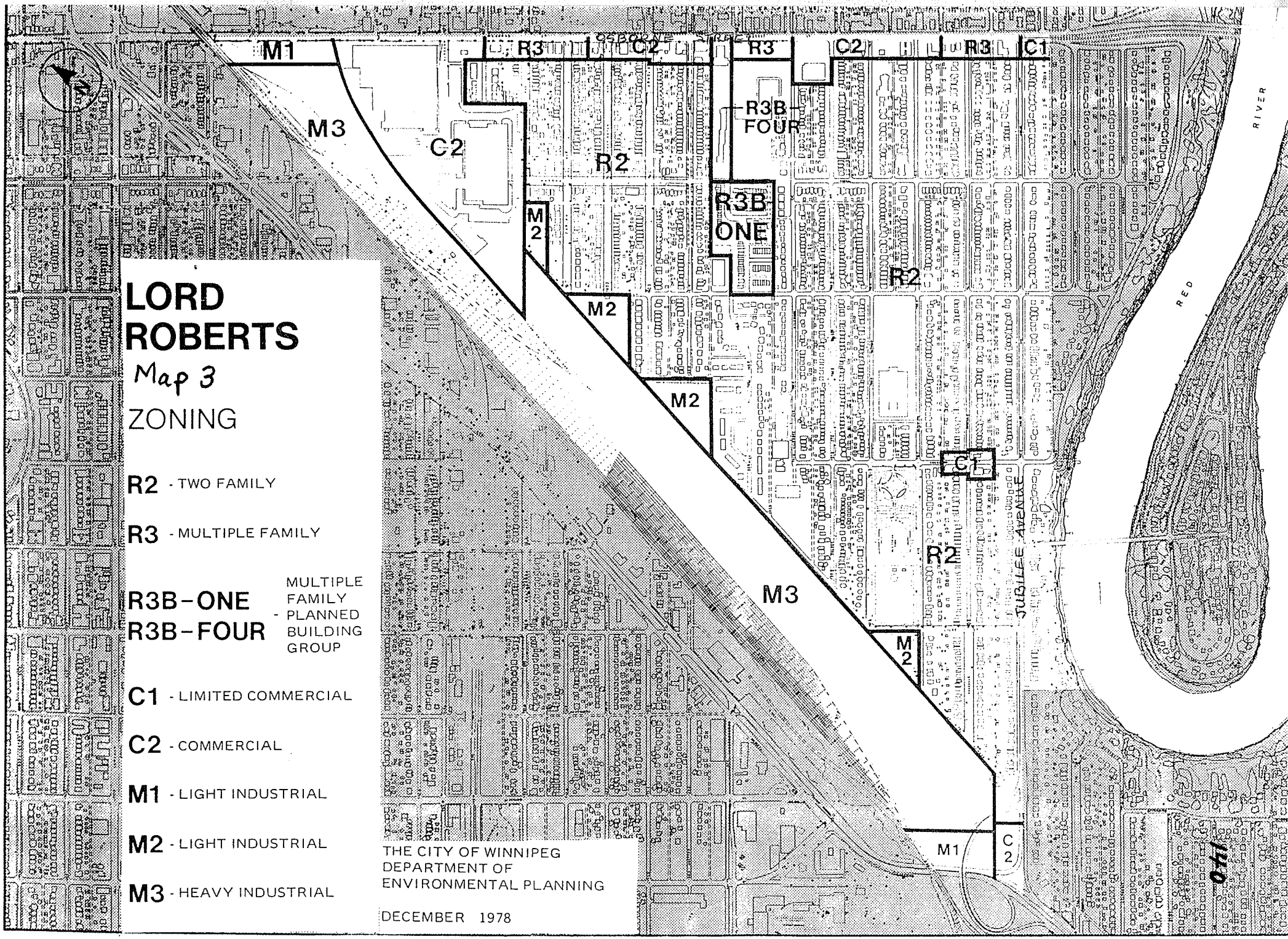

LORD ROBERTS
Map 3
ZONING
R2 - TWO FAMILY
R3 - MULTIPLE FAMILY
R3B-ONE
R3B-FOUR
MULTIPLE FAMILY - PLANNED BUILDING GROUP
C1 - LIMITED COMMERCIAL
C2 - COMMERCIAL
M1 - LIGHT INDUSTRIAL
M2 - LIGHT INDUSTRIAL
M3 - HEAVY INDUSTRIAL
THE CITY OF WINNIPEG
DEPARTMENT OF
ENVIRONMENTAL PLANNING
DECEMBER 1978
OSBORNE
JUBILEE AVENUE
RED RIVER
R3B FOUR
R3B ONE
M1
M2
M3
R2
R3
C1
C2

TABLE II

Age Distribution for Winnipeg and Lord Roberts

1986 Census

	Actual	Lord Roberts Percentage	Winnipeg Percentage
0-14	1,140	19 %	20%
15-24	990	17 %	17%
25-44	1,910	32.3%	32%
45-64	1,025	17.3%	19%
65 +	845	14.3%	12%

Based on conventional demographic and socioeconomic variables, there would appear to be greater risk factors here than in the Riverview area. Income is lower than the city average. In a 1979 housing study by the City of Winnipeg, Department of Environment Planning, 75% of the dwelling units required repair. Combined with a lower than average income in the area, the report suggests that low interest loans be made available to residents to upgrade their dwellings.

The number of single parent families is higher than the city average. (See Table III.)

TABLE III

Percentage of Single Parent Families by Community

1986 Census

City of Winnipeg	14%
Riverview	14%
Lord Roberts	19%
Earl Grey/Ebby Wentworth	18%
Roslyn-McMillan	12%
River-Osborne	28%

The South Winnipeg Family Study confirms that insufficient income and single parent stress were the two main neighbourhood concerns. Day care was the first priority in terms of service needs.

These variables indicate some risk for families. On the other hand, some of these risks may be lessened by other aspects of the community. There are adequate education, commercial, and recreational services within the community. The area has a high proportion of long-term residents. From November, 1984 to July, 1988, the Community Re-vitalization Program has served Lord Roberts. This is a joint city-provincial capital works project that was granted $2.2 million for improvements to social and recreational facilities, for parks, and playgrounds, for improvements to sidewalks, streets, and lighting. There is also a federal home improvement project administered by the local re-vitalization program. There is a resident committee that has the decision-making power on where funds are spent. The Jubilee Avenue and District Residents' Association has also operated for about ten years. Initially concerned about truck traffic on Jubilee Avenue, they now are involved in a street festival, down-zoning, and greenspace acquisition.

There is an active Resident Advisory Group that is affiliated with the City of Winnipeg Community Committees. The Golden Rule Seniors Club has 750 members and operates independently to provide recreation and social outlets for seniors. On the other hand, there is some difficulty in recruiting parents to the community club executive and there has been no school parent council since the community development worker was withdrawn.

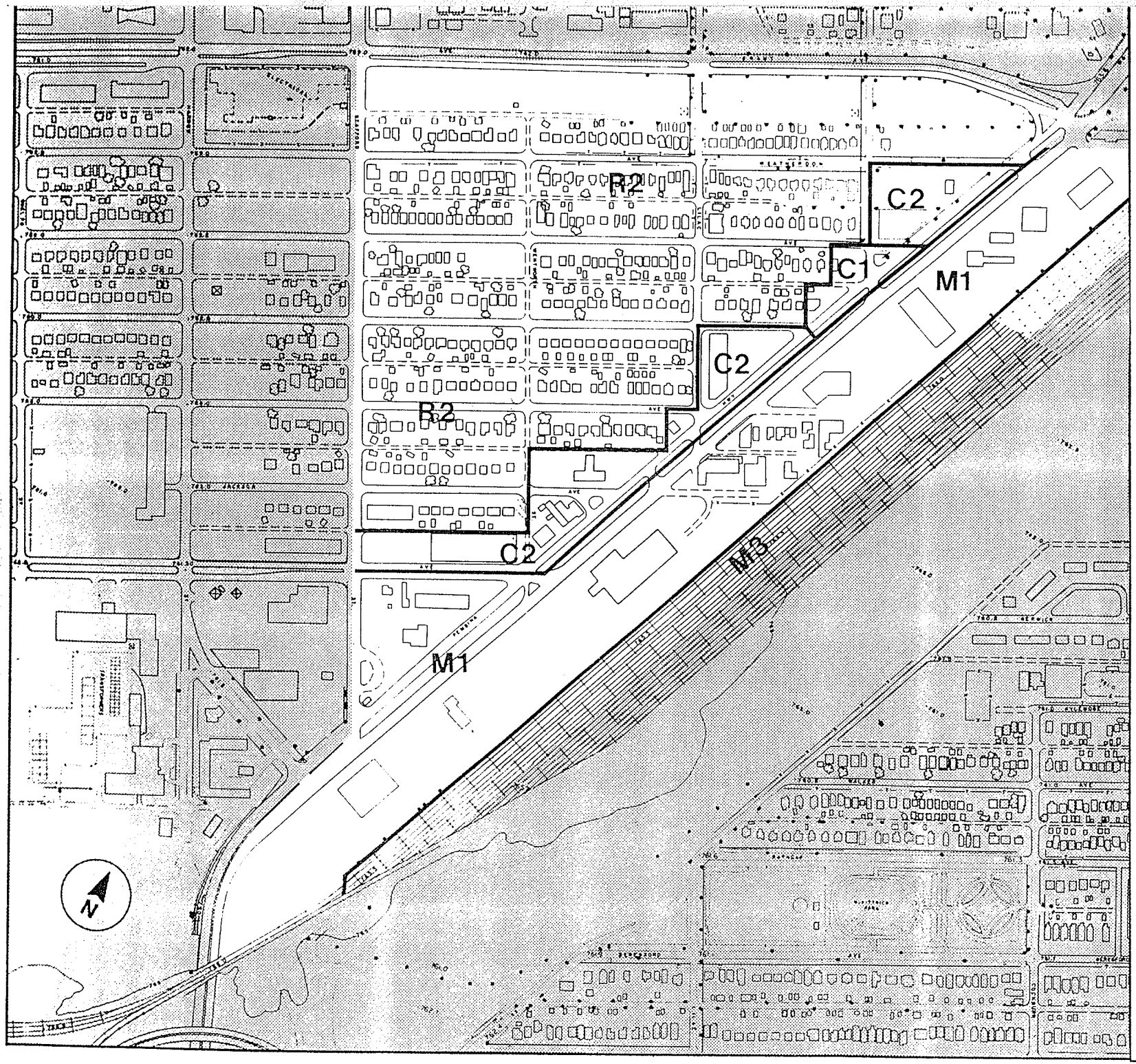
In terms of liveability the community rates fairly well with adequate park and recreation space, good access to shops and transit, fairly long tenure of residents. But there has been concern with traffic noise along Jubilee Avenue and noise from the CNR railyards.

Agency statistics do indicate a fairly high level of use of treatment services. In terms of the preventive services of the agency, there has not been a babysitting nor a streetproofing course offered to this community although the agency has made efforts in this area.

The conclusion is that this is a community with some risk for child neglect and abuse and that the agency must be more pro-active in their contacts with this community.

Ebby Wentworth and Earl Grey

These two neighbourhoods form a triangle that is bounded by Pembina Highway, Corydon Avenue and Stafford Street. Grant Avenue divides the two communities. (See Maps 3 and 4.) To the north is Earl Grey, an area developed in the 1900's. The Ebby Wentworth development occurred primarily after 1920, with a large number of wartime houses being constructed during the 1940's. The areas are primarily zoned residential with strips of commercial and light industrial along the periphery. There are several older apartments in the Earl Grey area. Density in the two areas is higher than the city average. (See Table IV.)



EBBY WENTWORTH

Map 3

ZONING

R2 - TWO FAMILY

C1 - LIMITED COMMERCIAL

C2 - COMMERCIAL

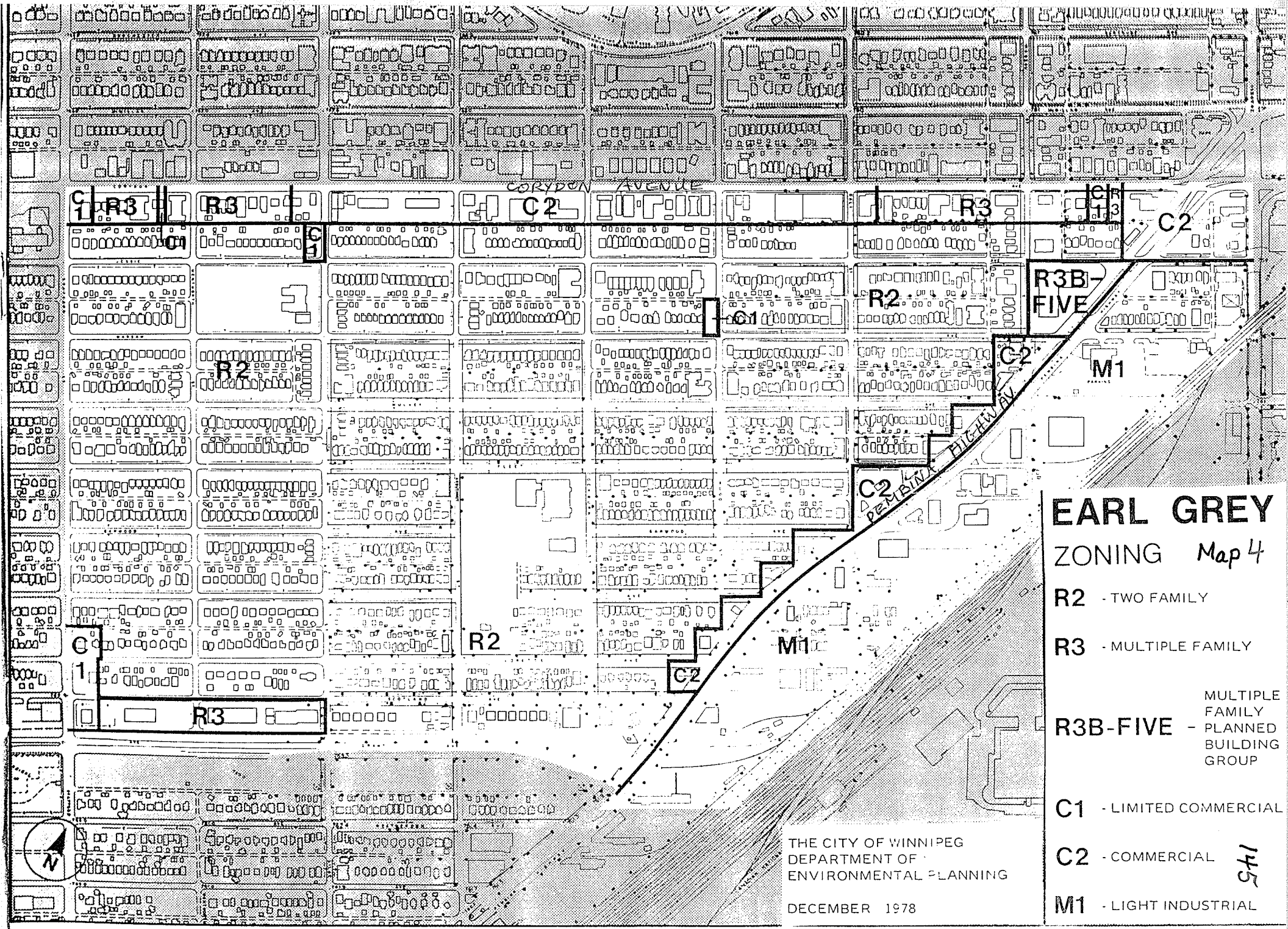
M1 - LIGHT INDUSTRIAL

M3 - HEAVY INDUSTRIAL

1444

THE CITY OF WINNIPEG
DEPARTMENT OF
ENVIRONMENTAL PLANNING

DECEMBER 1978



EARL GREY

ZONING Map 4

R2 - TWO FAMILY

R3 - MULTIPLE FAMILY

R3B-FIVE - MULTIPLE FAMILY PLANNED BUILDING GROUP

C1 - LIMITED COMMERCIAL

C2 - COMMERCIAL

M1 - LIGHT INDUSTRIAL

THE CITY OF WINNIPEG
DEPARTMENT OF
ENVIRONMENTAL PLANNING

DECEMBER 1978

145

TABLE IV

Number of Persons Per Residential Acre in 1971

Ebby Wentworth	Earl Grey	City of Winnipeg
31.45	37.10	24.55

The Ebby Wentworth area has a population of under one thousand. In 1976, 75% of the homes were owner-occupied and 45% of the residents had lived in their homes for more than 10 years. The most prominent ethnic group in the area is British which comprises 51% of the population, as compared with the 43% city average. Other major ethnic groups are German and Ukrainian, both with 12% of the total population. The average family income in the area is slightly lower than the city average.

This is a stable residential area. The immediate area lacks community amenities. There are no schools, churches, or community clubs within the boundaries. There is one tot lot. The other open space is a buffer zone along Grant Avenue.

The Earl Grey area has a population of about four thousand. It is similar to the Ebby Wentworth area in that family incomes are lower than the city average. There are several differences. Housing is in poorer condition and in 1976 only forty-three percent of the dwellings were owner-occupied. There is a more diverse ethnic population. Forty-five percent of residents are of British origin but there is an Italian community that makes up 9% of the total compared with 2% for the entire city. Other ethnic groups are represented as follows: German (11%), Ukrainian (9%), and French (7%). These percentages are below city averages.

Within the community are two elementary schools, a community club, two day care centres, and churches. There is park space but it is below the city average.

Census figures combine Ebby Wentworth and Earl Grey. There is evidence of a much older than average population.

TABLE V

Age Distribution for Winnipeg and Earl Grey/Ebby Wentworth

1986 Census

	Actual	Percentage	City of Winnipeg
0 - 14	890	15.5	20
15 - 24	990	17.2	17
25 - 44	1,940	33.9	32
45 - 64	870	15.2	19
65 +	1,040	18.2	12
	5,730	100	100

The South Winnipeg Family Study did not focus specifically on the Earl Grey/Ebby Wentworth area but included respondents from a much larger geographic area. The concerns reported may not be totally representative of the area but do seem to be related to the demographic and socioeconomic make-up of the community. Unemployment of young people and the stresses of parenting are of most concern. Caring for aging parents, insufficient income, and unemployment are the next biggest concerns.

The babysitting course was offered to the community but they already had such a service in place. The streetproofing course has been given at the Earl Grey School once. Agency statistics seem to indicate a fairly

high level of usage of agency treatment services particularly to families with young adolescents.

The community posseses some degree of social cohesion but there is a need to develop community identification of needs and community problem-solving processes. There are parent committees for the day care centre, the before and after school program and the public school. However, these committees do not mix or work together to discuss and resolve common needs of families in the area. The conversion of La Verendrye School to a French Immersion School caused much discontent in the community but there was not the ability to come together over this issue. The Corydon Merchants Neighbourhood Improvement Association has been involved in park improvement but there was little community input.

There appears to be several community groups in the area but each functions quite independently of the other and they seem isolated from the community. This would suggest a very cautious strategy by the agency, carefully winning the support of key actors in each group. One agency role might be to document service demands from the area to help the groups to identify family issues in the community.

Roslyn-McMillan

This area is bounded by the Assiniboine River on the north, Osborne Street on the east, Corydon Avenue on the south, and Arbuthnot Street on the West. It is sometimes described as the Osborne West area.

It was initially developed prior to 1900. Since then there has been much demolition of the original housing for high rise apartments. Within the area there are 3 distincts housing sectors. There is a small area of single family houses on Roslyn Crescent. Then there is an area that is high density along the Assiniboine River. The third area fans out from McMillan Avenue and consists of relatively large houses.

The Roslyn area (see Map 7) is basically a non-family area with easy access to the city centre. The density of population is twice the city average and there is inadequate recreational space. In 1976 97% of the dwelling units were rented and 3% owner-occupied. The population of Roslyn differs drastically from the overall city figures with a very high number of residents over the age of 65 years. The 1976 census is as follows:

TABLE VI

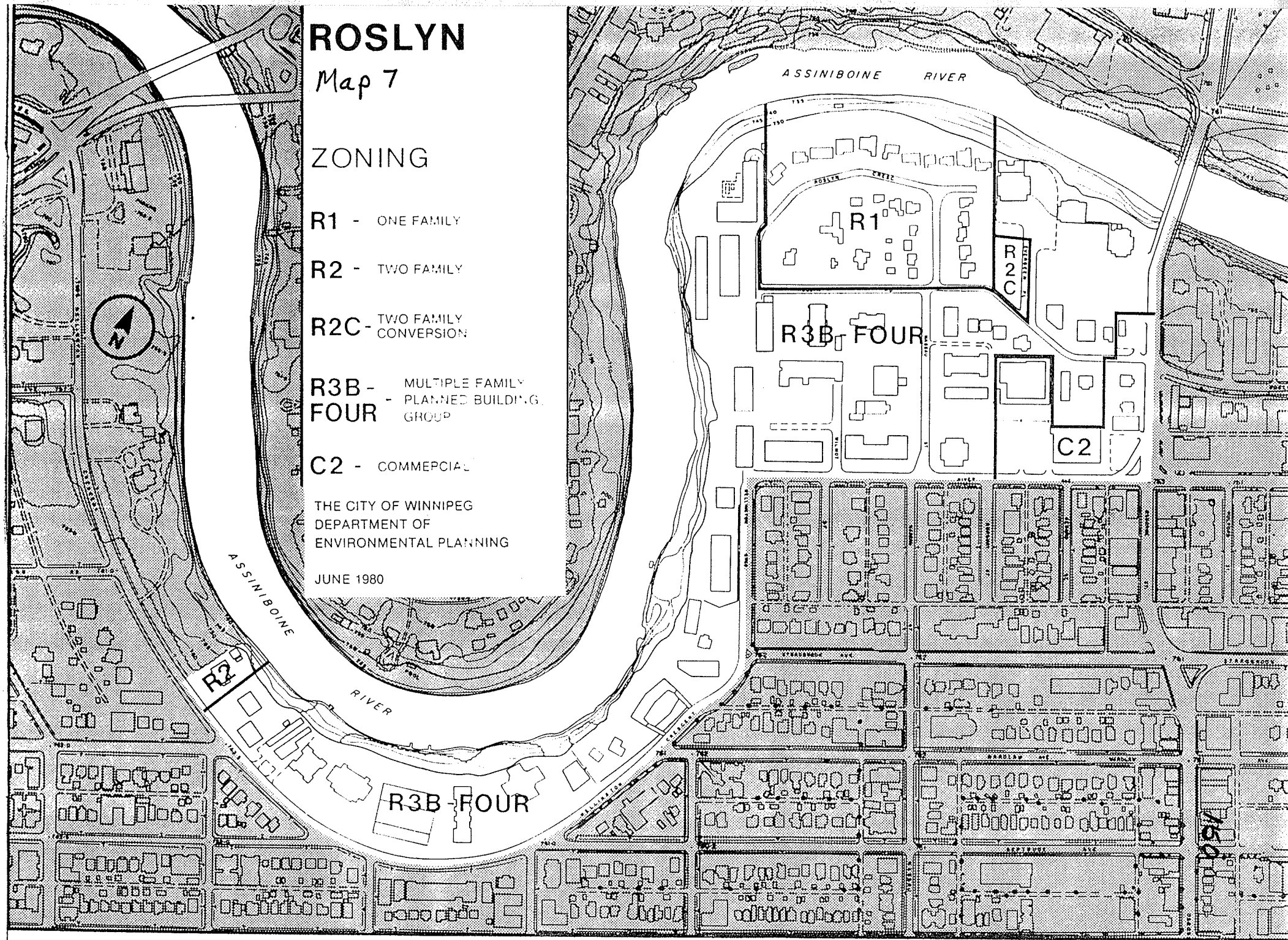
Population by Age Group for Roslyn and The City of Winnipeg

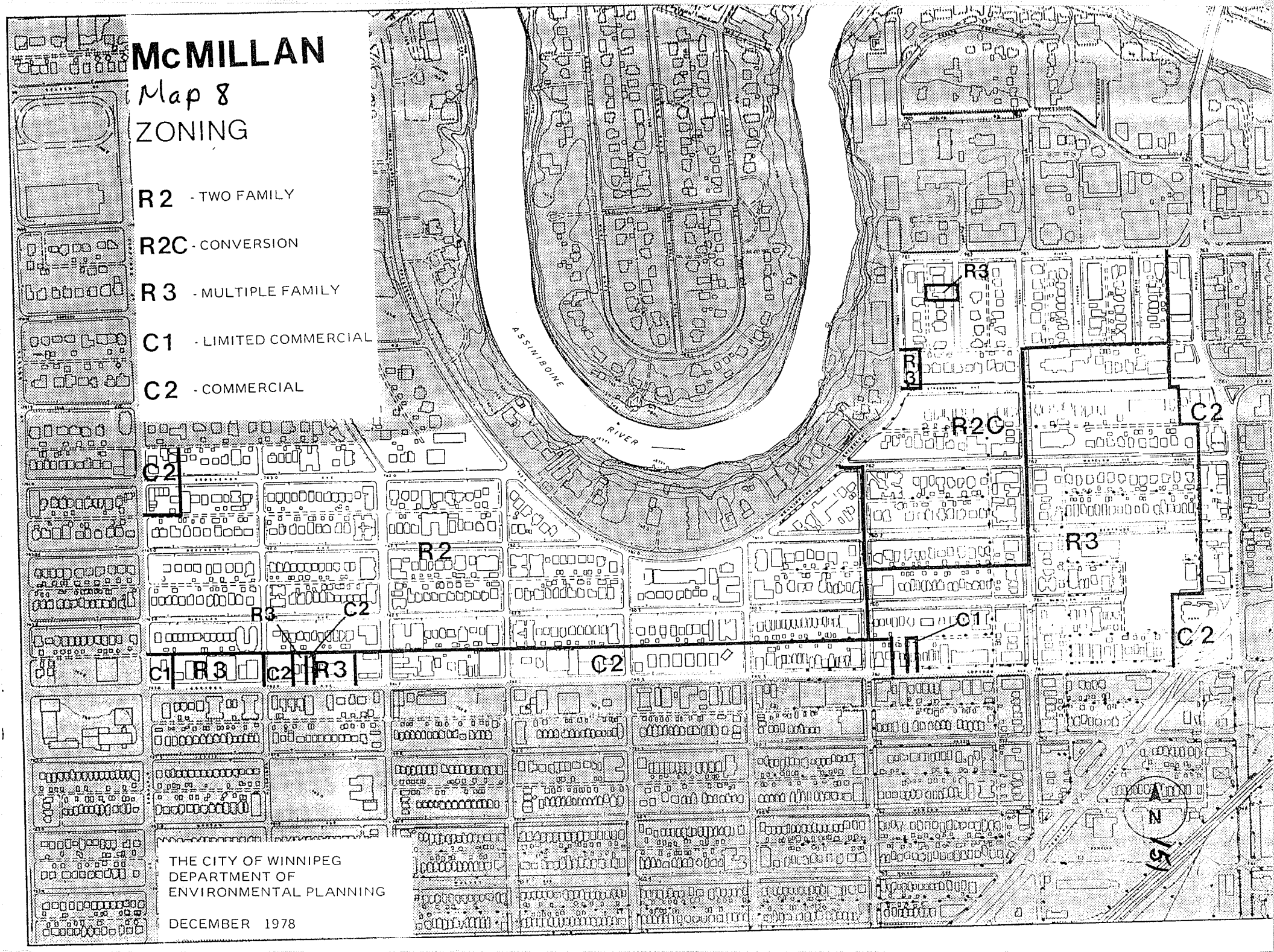
1976 Census

Age Group	Roslyn	City of Winnipeg
0 - 14	3%	23%
15 - 24	14%	20%
25 - 44	27%	27%
45 - 64	28%	20%
65 +	28%	10%

There are problems with parking and traffic in this area.

The McMillan area, on the other hand, provides low to moderate rental housing and there is some conversion of multiple-family dwellings to single-family homes. The density of dwellings is three times as high as that of Riverview. The Fort Rouge Unit boundary does not extend past Arbuthnot Street. (See Map 8.)


ROSLYN
Map 7
ZONING
R1 - ONE FAMILY
R2 - TWO FAMILY
R2C - TWO FAMILY CONVERSION
R3B - FOUR - MULTIPLE FAMILY PLANNED BUILDING GROUP
C2 - COMMERCIAL
THE CITY OF WINNIPEG
DEPARTMENT OF
ENVIRONMENTAL PLANNING
JUNE 1980
ASSINIBOINE RIVER
R1
R2C
R3B - FOUR
C2
R2
R3B - FOUR
ASSINIBOINE RIVER


McMILLAN
Map 8
ZONING
R2 - TWO FAMILY
R2C - CONVERSION
R3 - MULTIPLE FAMILY
C1 - LIMITED COMMERCIAL
C2 - COMMERCIAL
ASSINIBOINE
RIVER
R2
R2C
R3
C1
C2
THE CITY OF WINNIPEG
DEPARTMENT OF
ENVIRONMENTAL PLANNING
DECEMBER 1978

The 1976 Census reveals the following population distribution by age:

TABLE VII

Population by Age Group for McMillan and the City of Winnipeg

1976 Census

Age Group	McMillan	City of Winnipeg
0 - 14	11%	23%
15 - 24	29%	20%
25 - 44	31%	27%
45 - 64	15%	20%
65 +	14%	10%

There are a fewer elderly and more children in this area than in Roslyn.

The South Winnipeg Family Study reports that three main issues were of concern to residents - stresses of single parenting, youth unemployment and insufficient income.

There is one elementary school, two day care centres, and a community club in the area, as well as, several churches. A parent-teacher council exists at the school but there tends to be the same persons remaining on the committee for several years with difficulty in renewing membership. The same feature is evident at the community club level.

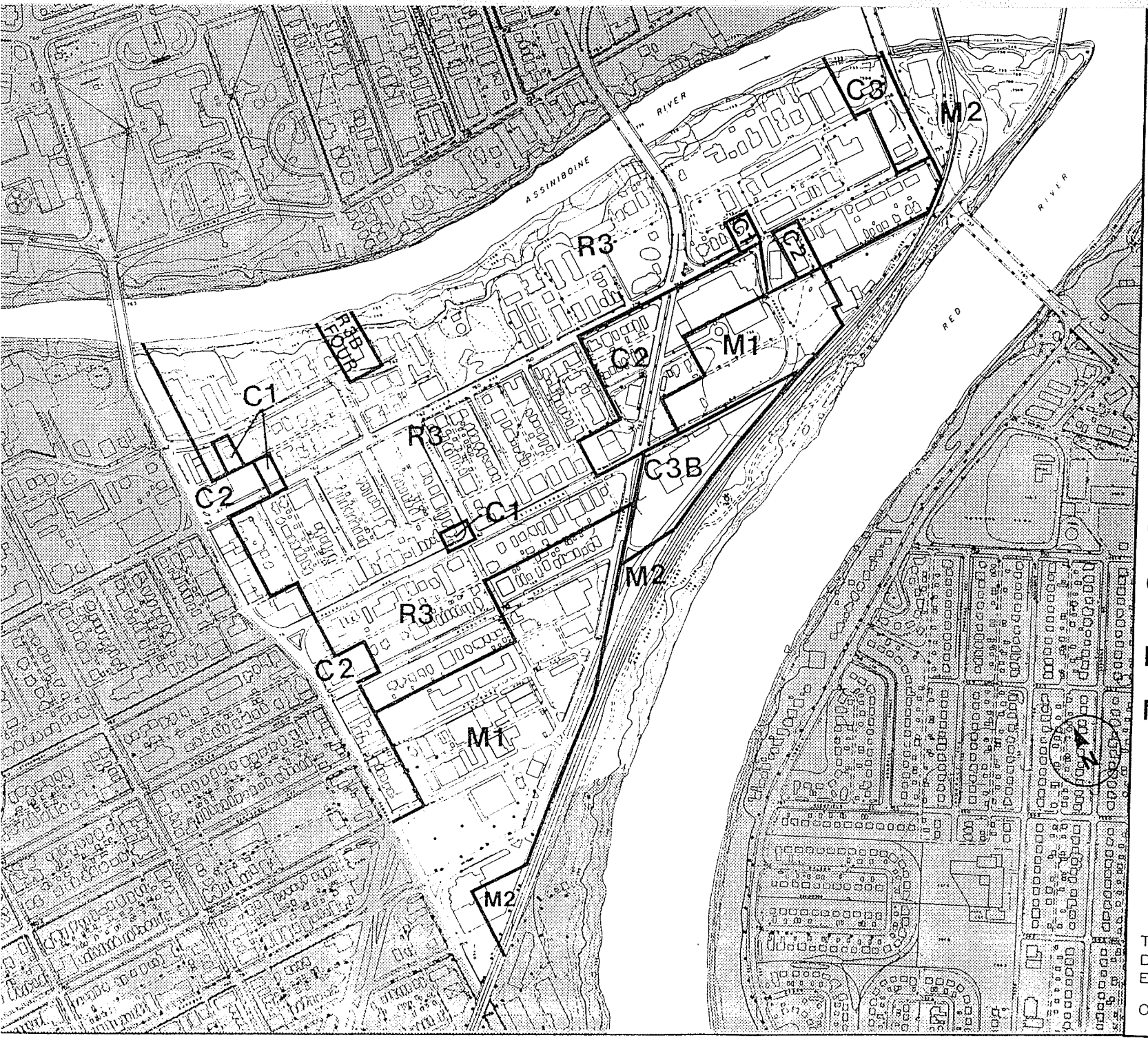
The babysitting course was offered but required intense agency activity in terms of advertising, recruiting, and training of leaders and

providing of funds so that it could be offered. There was no initiative in the second year for a repeat of the course although interest was expressed. There was initial response to the streetproofing course but then the parent council chose other priorities and did not follow through on this course. Here the emphasis by the agency might be most helpful in terms of recruitment and training of local leaders.

River Osborne

This area is east of Osborne Street with its other boundaries formed by the Red and Assiniboine Rivers. (See Map 9.) It is the oldest area and is the community that has undergone the most changes. The area was developed prior to 1900. For example, the Augustine United Church, where the Augustine Family Resource Centre rents space, celebrated its centennial in 1987. During the 60's and 70's much of the original low density housing was replaced with apartment and commercial development. This downtown renewal is a trend in many North American cities. At the time of this rapid change, low and medium residential, commercial, and light industrial development followed no particular pattern. The result is that there are no clear boundaries between commercial and residential parts.

The characteristics of the population in the River Osborne are different from the city in total. For example, 49% of the population in 1986 was aged 20-34 in contrast to 28% for this age group across the city. Children who are 14 years and younger make up 11% of the population in this area compared to 20% in the remainder of Winnipeg. Those 75 years and older comprise 7.8% of the area's population whereas they make up 4.9% of the total city population. There are 4,716 persons in the River-Osborne area in 2,880 dwellings indicating many singles living alone. Of the families in the River Osborne area 28% are headed



RIVER OSBORNE

Map 9

ZONING

R3 - MULTIPLE FAMILY

R3B FOUR - MULTIPLE FAMILY PLANNED BUILDING GROUP

C1 - LIMITED COMMERCIAL

C2 - COMMERCIAL

C3 - COMMERCIAL

C3B - COMMERCIAL PLANNED BUILDING GROUP

M1 - LIGHT INDUSTRIAL

M2 - LIGHT INDUSTRIAL

154

THE CITY OF WINNIPEG
DEPARTMENT OF
ENVIRONMENTAL PLANNING

OCTOBER 1979

by lone parent versus the city average of 14%. The 1976 census show a lower than city average income in this area.

One significant feature of the area is that, in 1986, 95% of the dwellings were tenant occupied and 5% owner occupied. This compares to 39% rental and 61% owned for all of Winnipeg. There are great owner-tenant variances across the five communities within Fort Rouge. (See Table VIII.)

TABLE VIII

Dwellings Owned and Rented - Actual Numbers and Percentages

1986 Census

AREA	Winnipeg	Riverview	Lord Roberts	Earl Grey Ebby Wentworth	Roslyn McMillan	River Osborne
TOTAL	236,715	1,620	2,420	2,535	4,015	2,880
DWELLINGS OWNED	143,715	1,225	1,620	1,260	910	140
DWELLINGS RENTED	92,610	395	800	1,275	3,105	2,740
PERCENTAGE OWNED	61%	76%	67%	50%	23%	5%
PERCENTAGE RENTED	39%	24%	33%	50%	77%	95%

The high percentage of tenants leads to much more mobility than in an area such as Riverview and school transfer statistics are one indicator of the effect on children. At Fort Rouge School, with a population of one hundred and twenty, an 87% turnover rate was reported in 1987-88.

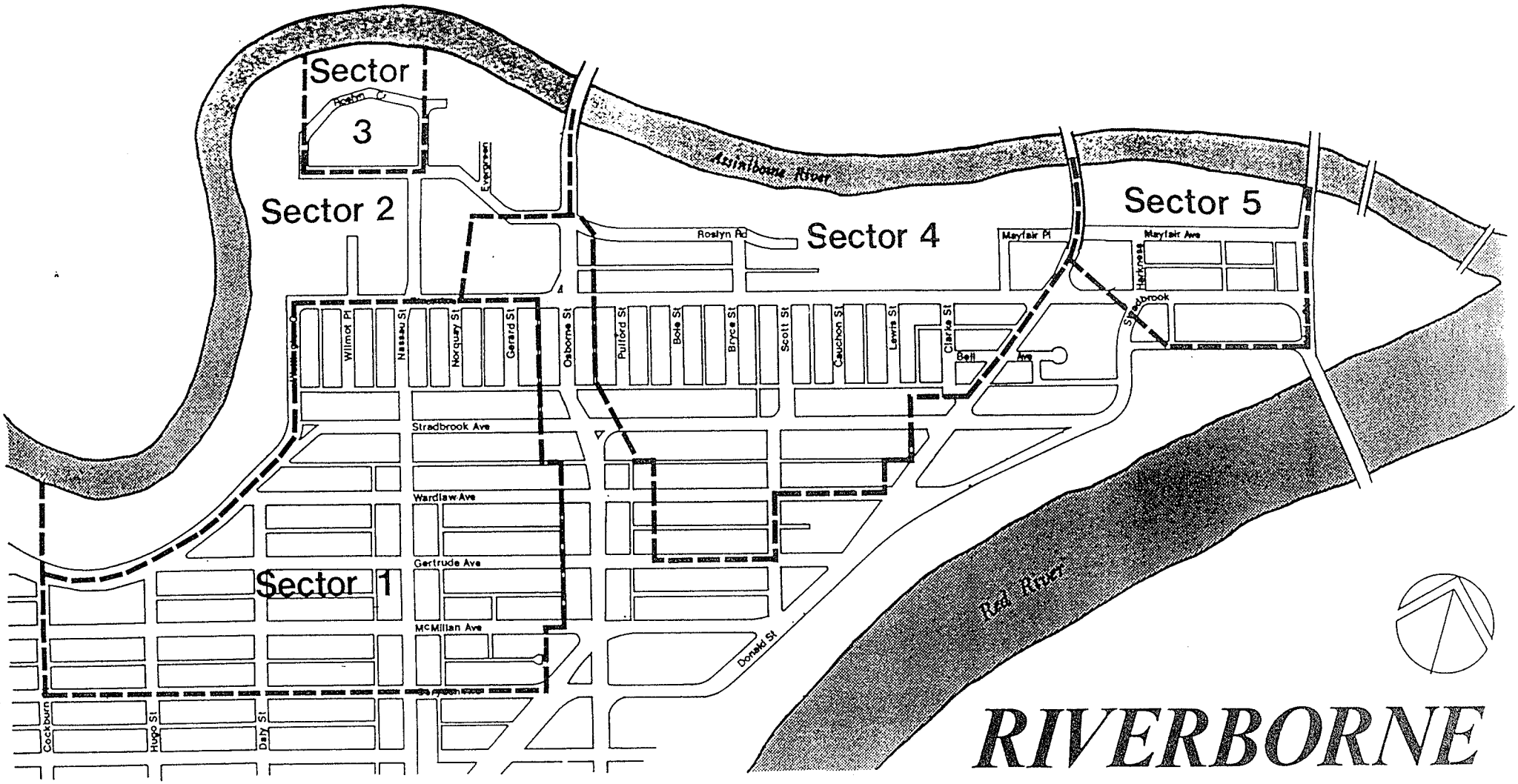
Housing is of concern in the area. A 1980 housing study of the area indicated that one-third of the residential buildings were in good

condition with the remaining 64% of the buildings in fair condition or worse. There is a fair amount of low to medium cost apartments in this area but it is frequently in poor condition. There are about 120 units of public housing in four different parts of the community.

Of particular interest to this practicum is the difficulty in maintaining affordable housing in the area as land prices rise. When high rise apartments are built on the expensive land they are often beyond the means of average and low income families. Furthermore, population density increases adding to the existing problems of traffic noise, open space shortfalls, and poor parking. Riverborne Development Association Inc., a local community development group, had the rights to establish 25 subsidized housing units in the area but due to high land costs only six units were constructed.

This area, the Roslyn area and part of McMillan area fall within the boundaries of the Core Area Initiative Project. As such it has access to special funds and programs not common to other like residential areas outside of the immediate downtown.

One group that has made use of these funds is the Riverborne Development Association Inc. For information on this group see Appendix D. They commissioned a housing policy study in 1984 to further area and association housing efforts. Both the River-Osborne and the Roslyn-McMillan areas are served by Riverborne and were included in the study. The area was divided into five housing sectors. (See Map 10.) The liveability analysis indicated that Sector one displays the most positive accumulation of criteria considered important for high quality residential living. Sectors 2 and 5 displayed an overall negative rating, indicating a deficiency in most criteria deemed to be important for pleasant residential living. Generally, families do not find Sector



Residential Sectors

5 as a good place to raise children. In Sector 4 the sentiment is mixed. Families with pre-schoolers are satisfied but there are few school age children and almost no teens.

The analysis of the demographic and socioeconomic data of this area reveal a community that is diverse and dissimilar to the City of Winnipeg. There are both wealthy and poor in the area but the poverty is not readily apparent unless one goes door to door. It is also an area where students, the elderly and young families live side by side. There is a variety of housing but less and less for low income families. It is one of the most densely populated areas of Winnipeg.

Within the River-Osborne area there are two distinct neighbourhoods - Sector 4 and Sector 5. (See Map 10.)

Sector 5 is an island with busy traffic routes on three sides and trains passing by frequently also. The noise level is high. Teachers need to close their windows in summer to be heard in the classroom. There is a greater ethnic mix in this part of Fort Rouge with a high percentage of Native children at the local school. For the past two years, English as a second language has been part of the school curriculum. The families are mainly poor and most of them are on their way to somewhere else. They view this area as a step up from poor inner city housing but are not willing to settle here.

There is little social interaction among residents. As one woman said, "People are never here long enough to make contact worthwhile." Few of the local residents become involved in the local community. Neither the parent council nor the community club are able to recruit residents for their executive. The families who live in this area do not identify themselves as part of the commercial and cultural area further west known as Osborne Village and do not have positive views of the

immediate neighbourhood. One father asked "Would you want to raise a family here?" Two issues have brought the community together - the need for replacement of the school and a tragic fire in a public housing unit where a mother and child died because of poor building safety. At this time some local leadership developed. The school has attempted to provide opportunities for social interaction and the hope is that the new school will become a community meeting place.

Agency statistics do not reveal a higher than average use of agency services. In part this may be because families have moved on before problems are identified.

The street proofing course has not been offered in Fort Rouge School. The babysitting course was held but required extensive agency input. Agency treatment services involve families with pre-school children mainly as there are very few school age children in the area.

Sector 4 is a neighbourhood that is more difficult to categorize. There is a strong sense of identity with the area. Similarly, there are extensive ties in the political structure of the larger community. However, there is little spontaneous social interaction among neighbours. Over the past few years, opportunities for frequent contacts among neighbours have have been developed. Riverborne Development Association has correctly identified this as an important need. Their work has included the re-development of the local park and the creation of an outdoor terrace where people can meet. They sponsor two annual outdoor festivals. In the past block parties have been held. From 1982-84, they employed a full-time staff person to develop a Neighbourhood Watch program. There are two meeting areas for seniors. The Augustine Family Resource Centre has become a meeting place for single parents, a group that other community groups have found difficult to reach.

In general Fort Rouge presents as a very diverse community. In terms of prevention strategies this is a challenge because a range of initiatives are needed.

APPENDIX D

DESCRIPTION OF RIVERBORNE DEVELOPMENT ASSOCIATION INC.

- prepared by Riverborne Development Association, Inc.
- April, 1988. Winnipeg.

1. HOW DID RIVERBORNE COME INTO BEING?

Riverborne Development Association is a community development corporation in the Fort Rouge sector of Winnipeg's core area. It was formed in 1981 in response to the Winnipeg Core Area Initiative's invitation to inner-city neighbourhoods to participate in the rehabilitation and revitalization of their communities.

Representatives of local church, business, resident, and community interest groups joined together to form Riverborne as a formal spokesman for their community.

Riverborne is committed to enhancing the social, economic, and cultural fabric of the community and to making the area an enjoyable place in which to live and work. Anyone who lives, works or belongs to an association in the neighbourhood can become a member. The members elect a 12 person Board of Directors to manage the affairs of the corporation.

2. WHAT ARE RIVERBORNE'S OBJECTIVES?

Generally speaking, Riverborne's objectives are to improve the physical community and quality of life of its members through social, economic, and cultural programs. Specifically, Riverborne provides an

adminstrative infrastructure that allows it to act as a community resource enabliing it, and associate organizations, to tackle local problems and to come up with made-in-the-community solutions.

3. WHAT ARE RIVERBORNE'S ACCOMPLISHMENTS?

Riverborne has had a number of accomplishments in the past six years:

- Riverborne has been the delivery mechanism for some of the Winnipeg Core Area Initiative programs, most notably the Neighbourhood Main Street Programs and Small Business Program.
- Riverborne has used federal and provincial job creation programs to create some 300 temporary construction jobs, building or renovating about 30 public buildings housing day cares, church groups, community clubs, low income housing tenants, cultural, and social organizations. Dozens of new permanent jobs have resulted from the creation of new and expanded facilities.
- Riverborne has helped organize the merchants of Osborne Village, the commercial hub of the community, to help strengthen the economic viability of the Village as a business district and major contributor to the economy and ambiance of the neighbourhood.
- Riverborne has organized several community action groups dealing with crime prevention, recreation, streets and traffic, housing, and riverbank development.
- Riverborne has sponsored major recreational and cultural programs leading to the creation of the Gas Station Theatre, annual summer and winter carnivals, and the improvement of equipment and facilities for such activities.

4. WHAT ARE RIVERBORNE'S PRESENT AND FUTURE PROGRAMS?

Riverborne continues to be active as a community resource centre serving groups and individuals in the neighbourhood. It has become more issue-oriented and less project-oriented than in the past, although projects continue to provide most of our visible profile in the community. For example, our annual skating rink on the Assiniboine River drew 28,000 participants and the winter carnival was enjoyed by some 7,000 people. Our Canada Day carnival, raft race, and fishing derby continues to be one of the area's biggest annual recreational events.

As a community development organization, Riverborne's key role in Fort Rouge is to provide a forum for discussion and a catalyst for action on local issues and concerns, whether they are coming from individuals, businesses, institutions, associations or government. It is critical to the overall enhancement of the neighbourhood that an organization with a mandate such as Riverborne's be available to all sectors of the community.

Riverborne is very active, currently, in working with the Osborne Village merchants in "Project Pride", an advertising and promotion initiative designed to strengthen the economic viability of the commercial core of the neighbourhood.

Housing preservation and rehabilitation, the maintenance of affordable accommodations, and related zoning and land use issues are of concern to residents of the area, and therefore, to Riverborne.

Streets, traffic, and parking are obvious problems in this neighbourhood. We are always working with residents, councillors,

planners, and traffic while addressing the residents' and merchants' needs as well.

Cultural and recreational activities help bind the community together and Riverborne is one of the main organizers of such activities. A special cultural promotion fund has been created by Riverborne to foster local productions for the community.

Riverborne has entered into a number of long-term ventures that require ongoing administration and maintenance of facilities it has created. These include our office and resource centre, a day care building, a subsidized housing project and the Gas Station Theatre property. As well as managing its own properties and projects, Riverborne offers its project management services to other core area organizations. Fees for service contracts and property rental revenues are currently Riverborne's main sources of income.

Footnotes

1. This material was prepared in 1987-88 when there was a provincial N.D.P. government. On April 26, 1988 a minority Conservative government was elected in Manitoba.

2. Feldman, Ronald, A., Stiffman, Arlene, R., Evans, Deborah, A. and Orme, John, G. "Prevention Research, Social Work and Mental Illness", in Social Work Research and Abstracts. Volume 18(3), 1982. They note that the 1915 Proceedings of the National Conference of Charities and Correction published no fewer than six papers on prevention.

3. On the request of the community workers in the six urban child and family service agencies, a committee was formed to develop provincial standards for community work. The initial draft was completed in June, 1988.

4. The Family Resource Coalition is a national federation of more than 2,000 individuals and organizations promoting the development of prevention-oriented, community-based programs to strengthen families.

   The FRC seeks to create a society geared to the development of healthy children, regardless of the family structure in which they are reared. The organization's immediate goals are to improve the content and expand the number of family resource programs available to parents, educate the general public and policymakers about the needs of parents and children for early and comprehensive information and services, and hone the skills of family resource programs as child and family advocates.

   Some family resource programs offer parent education classes, information and referral, peer support groups, parent-child joint activities, or the availability of a drop-in center. Others operate "warm lines" or "hot lines", provide home visitors or parent aides, or focus on health care, crisis intervention, or advocacy.

   Their settings are equally diverse: schools, mental health centers, churches, hospitals, community centers, day care facilities, military bases, libraries, and private homes, to name a few.

   To achieve our goals, the Coalition provides technical assistance on all aspects of program development; publishes books, special reports, directories, and a periodical; participates in and sponsors national and regional conferences; promotes research on family resource programs; operates the only national clearinghouse on these programs; and offers a national referral service to families seeking local programs.