

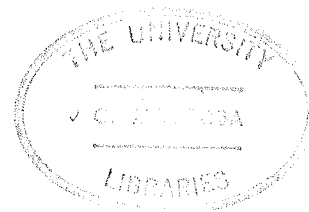
STUDY OF A PROGRAM TO DEVELOP INFORMAL  
SUPPORT SYSTEMS FOR PENITENTIARY INMATES  
MAKING THE TRANSITION BACK INTO THE  
COMMUNITY: VOLUNTEERISM.

by

Kerry Skinner

A practicum report presented to the University  
of Manitoba in partial fulfillment of the  
requirements for the degree of  
Master of Social Work  
in  
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## INTRODUCTION

Between April, 1980, and January, 1981, I worked as a Case Management Officer (Parole Officer) at Osborne Centre, a Community Correctional Centre (C.C.C.) in downtown Winnipeg, Manitoba. Concurrently, I was taking courses toward completion of a Master of Social Work degree at the University of Manitoba. When it became time to develop a proposal for my practicum, it seemed only natural to turn to the Osborne Centre for inspiration.

While working at Osborne Centre it bothered me that the Centre, while physically situated in the community, did not appear to function as an integral part of the surrounding neighbourhood. There was little interaction between the occupants, both staff and residents, and members of the immediate neighbourhood. This observation conflicted with the primary role of C.C.C.'s; to assist residents, who had recently arrived from federal penitentiaries, to reintegrate into society.

My efforts to resolve my dilemma led me to an exploration and examination of the area in which the Centre was situated as well as an examination of the meaning of "community".

The Centre was located in a densely populated area. Most of the buildings in that part of the city were apartment blocks or office buildings. There were no signs or markers to indicate Osborne Centre's name, its function, its affiliation with the Federal Corrections Service, or the background of its residents. It resembled a boarding house, not much different physically from other boarding houses located throughout the inner city.

There were few social and recreational resources available in the immediate area. Likewise there were few factories or industries located near the Centre. Consequently, the residents of Osborne Centre, as well as the residents of the surrounding apartment blocks and rooming houses, usually travelled outside the immediate neighbourhood for work and recreation. The residents at Osborne Centre were there only on a temporary basis. It was expected or assumed that after a period of time (4 - 6 months) they would have established themselves in steady employment and would have accumulated enough savings to move out on their own. At this point, they usually relocated in another area of the city.

A purely geographic definition of "community" was inadequate. What was needed was a definition which transcended physical boundaries; one that described the phenomenon in figurative terms rather than literal terms. I came

across a Royal Bank Letter which provided the kind of clarification I was looking for:

The basis of a community may be territorial, religious, ethnic, professional, or what-have-you. The guiding philosophy in every case is that people are stronger together than they are apart... The origins of the word reflect its spirit: It comes from the Latin "communis" which is composed of "com" meaning together, and "munis" meaning ready to be of service (Royal Bank of Canada, 1983).

This description of community suggests that individuals develop communities that are tailor-made to meet their own needs and interests. They select, from the broader society, individuals and groups which can provide a relevant service. This view is consistent with the concept of personal networks (Speck and Attneave, 1963; Erickson, 1975; and Craven and Wellman, 1974) and social support systems (Caplan, 1974; Caplan and Killilea, 1976; and Swenson, 1979).

The literature implies that an individual, by becoming a member of a personal community, personal network,



or support system, would expect to (and be expected to) provide services to others within that community. It assumes reciprocity.

Given the perspective provided by this interactive view of community, it became apparent that there was a great deal of room for Osborne Centre to expand its efforts to achieve its objective of re-integrating offenders. The priorities, in terms of staff expectations of residents, were to get the residents employed and ensure compliance with the Centre's rules and regulations. There was a general lack of initiative to direct or assist clients to use their leisure time to develop or expand their relationships in the community; to develop or expand their personal networks or support systems. Whatever action was taken, aside from encouraging an individual's involvement with family members if they were accessible, assumed a non-reciprocal relationship. The community offered services or activities to meet specific needs of the residents. The agency or its staff did not seem to acknowledge that the residents had the skills, the abilities, or even the motivation to contribute to their communities except through paid employment and fulfillment of family obligations.

In an effort to instill a new perspective of community and an alternate view of the agency's clients, I proposed to implement the volunteer program described in this

report. Planning and preparing for the intervention took place between September and December, 1980. The actual implementation of the program, during which I functioned as a non-staff volunteer coordinator, occurred between January 1, and September 30, 1981.

## OBJECTIVES

### Aims of the Intervention

1.) To initiate a program aimed at re-establishing and developing the community support systems of inmates, prior to release, to assist in their re-integration into the community.

2.) To examine the effects of such a program on the inmates, the agency, and members of the community affected by it.

### Expected Educational Benefits

1.) To develop knowledge and practice skills related to designing, implementing, administering, and evaluating programs in a social service agency.

2.) To examine how voluntary action is being viewed within the correctional field and develop a model or approach for social work practice, focusing on voluntary action, which may be applicable in other correctional or non-correctional settings.

## CHAPTER 1

### LITERATURE REVIEW

The actual development and implementation of the practicum intervention took place between September, 1980, and September, 1981. Since then, the amount of theoretical and empirical research in the area studied has grown considerably. It is difficult, at this point in time, to restrict the literature review to publications prior to the actual intervention because subsequent articles and books have influenced both my perception of the issues addressed and my perception of the intervention. Consequently, more recent literature (i.e. published since the intervention occurred) has been included in this review.

#### The Significance of Social Support

Basic to the literature concerning support systems, personal networks, crisis, and transitions is the concept of coping with, adjusting to, or adapting to stressful life change. Equally fundamental is the adherence to a homeostatic model of man. The human being is seen as an organism continually striving to achieve or maintain a state of equilibrium. Changes, either within the individual or in the

environment, upset this equilibrium and place demands on the individual to respond in ways intended to restore homeostasis (Selye, 1956 and 1974; Leopold, 1968; Aguilera and Messick, 1978; Weiss, 1976; Dohrenwend and Dohrenwend, 1974; Everley and Rosenfeld, 1981; Lazarus, 1966).

An individual's ability to manage stress associated with life changes, whether anticipated or not, has been linked with the potential development of physical disorders (Minter and Kimball, publication date unknown; Holmes and Rahe, 1967; Mechanic, 1972; and Lipowski, 1969), psychological breakdown (Leavy, 1983; Brown and Harris, 1978; Wilcox, 1981; Mitchell and Trickett, 1980; Caplan, 1974; Caplan and Kilillea, 1976; Dohrenwend and Dohrenwend, 1974), and impaired social functioning or role performance (Clinard, 1973; Sandler and Ramsay, 1980; Sandler and Block, 1979; Vaux and Ruggiero, 1983).

While research has shown there is a connection between social stress and somatic, psychological, or social dysfunction, this link has been consistently weak (Vaux and Ruggiero, 1983; pp 169). To date, the research has failed to explain how some individuals under extreme stress show no impairment (and sometimes improvement) in their overall functioning while others break down on one or more dimensions with seemingly little stress evident. Social support has

been proposed as one factor which mediates in the relationship between stress and dysfunction and helps explain such inconsistency (Antonovsky, 1979; Leavy, 1983). At this point in time, the mechanism how social support operates to moderate the effects of stress associated with life change is not clearly understood (Wilcox, 1981).

The study of social support is a new and emerging field and, consequently, some of the findings are still tentative (ie. not replicated through further study) and, in some cases, conflicting with other studies. Leavy (1983), in a review of the literature in the field, discovered that definitions of terminology were either lacking, vague, or overlapping. He identified three essential dimensions or components of social support: structure, content, and process. Structure relates to the physical aspects of social support; its size, the setting, reciprocity, accessibility, and make-up of interpersonal relationships. Content refers to the form that the support takes; emotional, instrumental, informational, and appraisal. The third dimension, the process by which the individual develops, nurtures, and uses supportive ties, affects the other two dimensions. As this tripartite definition suggests, social support is an exceedingly complex concept which is difficult to operationalize and study empirically.

In addition to the confusion in the literature

concerning how to define social support, there is considerable debate about what constitutes an "ideal" support system. Some authors suggest there is a direct relationship between the size of one's support system and one's ability to adapt to stressful life changes (Speck and Atteneuve, 1973; Pattison,et.al., 1975). Caplan (1974) argues that small dense networks with strong ties are most supportive in times of crisis while Hirsch (1980) proposes that low density, multi-dimensional support systems are more adaptive. Driedger (1981) describes the ideal support system as "a sizeable network composed of a variety of dense clusters" (pp 152). Finally, there is a substantial group of authors who suggest the significant variable is the distinction between social isolation and the presence of at least one confiding relationship (Gottlieb, 1981; Lowenthal and Haven, 1968; Brown and Harris, 1975; and Miller and Lefcourt, 1983).

The literature in the field has been criticized because there is a lack of agreement on how variables should be defined and measured (Leavy, 1983). Barrera and Ainlay argue that "studies cited as examples of 'social support research' have frequently been ones that originally were presented with different terminology and concepts" (1983; pp 133). There has been a heavy reliance on retrospective designs which introduce an element of bias due to selective or deficient memory (Leavy, 1983). Similar criticism has

been levelled at the literature concerning stress and adaptation generally (Lazarus, et.al., 1980; Vaux and Ruggiero, 1983; Dohrenwend and Dohrenwend, 1974). Despite these criticisms, it is generally accepted that the presence or absence of social support does play an important role in determining how one copes with or adapts to stressful life change.

#### Implications for the Target Group

All residents of Osborne Centre have been granted Day Parole from a federal penitentiary by the National Parole Board. The Parole Regulations (sec.9) determine that an inmate must serve 1/6 of his/her sentence, or 6 months, whichever is greater, prior to being eligible for release on Day Parole. In the special case of "lifers", release on day parole cannot occur until three years prior to one's full parole eligibility date, which can vary from seven to twenty-five years from the date of incarceration, depending on when one is sentenced and the Criminal Code offence for which one is convicted. Consequently, Osborne Centre residents have been removed from the community for a period of at least six months, and, in most instances, much longer. Contact with family and friends has been restricted. It is safe to assume that the experience of incarceration has resulted in the weakening or loss of significant relationships in the community.



Although it apparently has not been explored in the corrections literature, it may be that individuals who are serving prison sentences had weak or dysfunctional support systems prior to incarceration. Findings in the mental health literature (Langer and Michael, 1963; Pattison, et.al, 1975; Cohen and Sokolovski, 1978; and Clark and Cullen, 1974) suggest a link between psychological breakdown and weak or dysfunctional support systems. We can only speculate at this time whether such findings are transferable to the corrections field. However, two observations suggest this relationship exists. First, few offenders entering the federal corrections system (sentenced to serve two years or more) are bona fide first offenders. Although exact figures are not available, a significant proportion have been incarcerated previously; either in juvenile treatment/custodial facilities, provincial jails, or federal prisons. Second, certain offenders have been convicted of offences involving one or more accomplices. Again, exact figures are not known, but for this group or category of offenders it can be argued that participation in that particular social grouping facilitated involvement in criminal or anti-social acts.

So far, it has been proposed that incarceration weakens or severs ties to sources of social support that existed prior to imprisonment. It has been further proposed that these social support systems, in certain cases, may have been previously weakened or may have been dysfunctional. It

is also important to recognize that the experience of incarceration, itself, does little to improve the situation.

"The inmate society is capable of exerting intense pressure on its individual members. For the prisoner, cut off from his family, his workmates, and from virtually all his other social affiliations, it is the only available reference group" (Trasler, 1972; pp 208). In the process of adapting to incarceration, the inmate undergoes a socialization process which Clemmer (1940) called "prisonization"; the gradual assimilation of a prison culture which serves to breed or deepen criminality or anti-social behaviours and attitudes. Consequently, while in prison, the inmate becomes part of a network of peers which rejects the authority and standards of the external society and emulates the "solid con" who "does his own time" and does not interfere with or rely on others (Sykes, 1958; Sykes and Messinger, 1960; Goffman, 1961; Irwin, 1972; Schrag, 1972; Galtung, 1968).

Wheeler (1961), while not disputing the notion of prisonization, has demonstrated that the degree of prisonization varies in relation to the inmate's position along the continuum of his sentence of confinement. Upon admission to the institution, inmates tend to reflect behaviours and attitudes which conform to the norms of society, generally. Gradual change occurs in which criminally-oriented or anti-

social behaviours, beliefs, and attitudes show more prominence. Toward the anticipated release date, a shift again occurs toward conventional values.

The concept of prisonization has not been without its critics. Gaillombardo (1966) argued that the prison subculture was not a creation of total institutions but reflected an attribute of inmates to identify with a criminally-oriented reference group which existed prior to incarceration. This was put forward as the "criminalization" model. This viewpoint has received some support in subsequent research (Heskin, et.al., 1974; Hepburn and Stratton, 1977).

Regardless of whether one adopts the original concept of "prisonization", the modified approach proposed by Wheeler (1961), or the concept of "criminalization", it is generally accepted that prison inmates, during incarceration, are exposed to negative peer influences and that the values, attitudes, and beliefs which are adopted and reinforced during imprisonment are counter productive in terms of preparing the inmate for release from custody. They are expected not to rely on others for support or guidance. They are expected not to become involved in other inmates' personal business or problems. And, they are expected not to associate with or interact with staff members.

One other aspect of incarceration affects how inmates interact with members of their support systems. The formal organization of the prison places inmates in a dependent position vis-a-vis staff. The expectations of the prison system, (eg. conformity to routine, passive acceptance of rules and regulations, limited choices provided for work, education, or leisure time pursuits, etc.) poorly equip inmates for dealing with the decisions and choices they are faced with following release (Goodstein, 1979; Baker, 1966).

So, what are we faced with? There is a vast and growing body of research which suggests that individuals are better able to cope with the stress associated with major life changes if they have some form of social support. On the other hand, we have a target group whose members have been removed from their previous social support systems (systems we have some reason to suspect were weak or dysfunctional to begin with) and have been placed in a milieu where some forms of social support (ie. relationships with staff) are discouraged and others (ie. other inmates) are undesirable. When these inmates are released on day parole, they are expected to cope with a major transition and more effort could be directed at strengthening the previous (pre-prison) support systems and/or developing new sources of social support in order to assist with the process of re-integration into the community.

### Why Focus on Developing Informal Support Systems?

Studies of help-seeking behaviour have consistently shown that individuals and families under stress tend to seek help, initially, through informal channels (Unger and Powell, 1980; Gourash, 1980; Burke and Weir, 1981; Cowan, et.al., 1979; Caplan, 1974; Linn and McGranahan, 1980). Sometimes the quality and quantity of assistance provided is adequate and the help-seekers need look no further. These informal support systems also transmit attitudes, values, and beliefs about seeking professional help and can either inhibit or encourage efforts to seek professional help. In the case of encouraging efforts to seek professional help, they may act as bridges or gate-keepers to the appropriate resource(s) (Erickson, 1975; Gottlieb, 1976; Gerson and Biller, 1977; Swenson, 1979; Holahan and Spearly, 1980).

There is a qualitative difference between the kinds of relationships that occur between members of informal support systems and the kinds of relationships that develop with professional care-givers. The former tend to be peer-oriented and, potentially, more reciprocal. The latter tend to place the help-seeker in a one-down, dependent, stance or posture. There is a stigma attached to seeking professional help which has negative effects on self-esteem. Erickson has identified this type of network of support, in which the flow

of communication is uni-directional, "where the focal person is the recipient of behavioural advice from a number of members without opportunity to reciprocate" (1975; pp. 494), as one type of system where corrective intervention seems indicated.

Mutuality of exchanges, or reciprocity, is a central feature of social support (Tolsdorf, 1976; Gottlieb, 1981; Caplan and Killilea, 1976). "Individuals help others to insure that they, in turn, will receive help when they need it" (Collins and Pancoast, publication date unknown; pp. 27).

Not only are members of a support system able to draw on other members for support, guidance, and concrete aid, they are also expected to contribute to the welfare of other individuals and the group as a whole. This gives rise to another benefit of membership in informal support systems; the "helper principle" (Phillips, 1973; Killilea, 1976; Reissman, 1965). There is an intrinsic benefit derived from helping others which is translated to increased feelings of self-worth and an increased level of interpersonal competence.

Another benefit of developing informal social support systems is that these relationships tend to be fairly long-term. In the case of dealing with inmates being released from prison, members of the support system will be

available to provide support, encouragement, affirmation, and a sense of belonging long after the inmate ceases to be a part of the correctional system .

One final reason for developing informal support systems arises from the unique demands placed on both inmates and staff by virtue of the roles they play in the correctional system. Inmates are quite aware that the professional care-givers within the correctional system, the case managers or parole officers, fulfill a dual role; not only are they available to assist inmates with their efforts to reintegrate in the community, but they also have a say in the decision to return them to prison for breaches of the parole conditions. Consequently, inmates bring to the relationships with staff members elements of fear and distrust. These feelings limit their help-seeking behaviour.

In summary, then, it seems logical to concentrate on developing informal support systems for the following reasons: (1) there is a natural tendency for people to seek help or assistance through informal channels, (2) this form of help-seeking is less costly in terms of damaging self-esteem (and, in fact, provides opportunities to enhance self-esteem), (3) there is potential for long-term relationships to form, and inmate/- staff barriers are avoided.

## Resources for Informal Social Support Systems: Voluntary Activity

Volunteers have long played an active role in providing direct assistance to criminal offenders and in influencing policies and practices of criminal justice agencies. (Kirkpatrick, 1965; Kirkpatrick and McGrath, 1976; Scheier, 1974; and Epstein,et.al.,1974). Volunteers and volunteer programs, however, have largely been ignored within the Canadian federal corrections system until recently. It was not until 1980 or 1981, when a major thrust of the federal corrections system focused on accrediting criminal justice installations (prisons, parole officers, and Community Correctional Centres) using standards developed by the American Correctional Association (American Correctional Association, 1981), that it became apparent that Canadian federal corrections agencies had no formal policies or guidelines concerning volunteers. When this Practicum was being proposed and developed, a national policy on volunteer utilization was being drafted (Canadian Association for the Prevention of Crime, 1981). Specific guidelines for volunteers were not published until 1983 (Correctional Service of Canada, 1983).

There was some resistance to the development of formal guide-lines and policies concerning volunteers. Jubanville (1980, 1981) argued that such guidelines would



present a serious threat to the autonomy and flexibility of volunteers and volunteer programs. Yet, the trend toward formalizing and regulating volunteer programs appeared to be quite a wide-spread phenomenon which was occurring in a variety of settings where volunteers were utilized (Wilson, 1976; Schindler-Rainman and Lippitt, 1975; Scheier,et.al., 1972).

An examination of volunteer utilization in federal corrections agencies in Canada showed that four distinct forms of volunteer activity occurred with regularity:

(1) Involvement of outside volunteers who met within correctional institutions in group settings with inmates focused on a common interest or problem; eg. Alcoholics Anonymous, Bible studies, Toastmasters, Jaycees, etc.

(2) Volunteers matched on a one-to-one basis with inmates to provide visits for those inmates who had no family or friends in the immediate area.

(3) Community members serving on Citizens Advisory Committees to provide administrators with input concerning policies and procedures.

(4) Volunteers acting on behalf of correctional staff in providing supervision and supportive services to paroled clients in the community; primarily in remote areas, but also in some urban settings (Townson, 1975).

The vast majority of articles and books concerned with volunteers in corrections describe programs wherein volunteers act on behalf of, or in conjunction with, professional staff in providing service to and for offenders (Scheier, et.al., 1972; Serpas, et.al., 1977; Schwartz, et.al., 1977; Scheier, 1974; Epstein, et.al., 1974; Boyd, 1965; Barr, 1971; Andrews, et.al., 1973; and Andrews, Young and Warmith, 1973). "Citizen participation is viewed almost entirely in terms of facilitating the administrative task of criminal justice officials, as a new resource to assist officials in carrying out their duties" (Van Til, 1975; pp.70).

A study of community involvement in the Canadian criminal justice system found "little evidence of consumers of service, ex-offenders, being used as volunteers" (Task Force on the Role of the Private Sector in Criminal Justice, 1977; pp. 95). Indeed, in a review of the literature describing volunteer programs, only one program was identified which was specifically designed to provide volunteer opportunities for individuals traditionally considered service recipients (Kallan, 1973). In this program, twenty-eight

visually handicapped people were successfully integrated into volunteer programs to assist the elderly.

This is not to say that service recipients do not become involved in voluntary service delivery. Several examples from the corrections field come to mind. Recently, the Jaycees organization at Stony Mountain Institution sponsored a "Dream Car Project" in conjunction with other groups in Winnipeg. Inmates restored an old car, using the mechanical and autobody facilities available in the institution, and donated it to the St. Amant Centre to be used in a fundraising raffle. The Jaycees organizations in prisons have also raised funds for charitable donations by staging annual walk-a-thons. For several years, inmates in Provincial correctional institutions in Manitoba have been involved in volunteer work at the Portage Home for Retardates and they have repaired toys for distribution to needy families at Christmas. Recently, a second hand clothing and toy store, staffed by volunteers from a Community Correctional Centre, opened in Montreal (Correctional Service of Canada, 1984). These and similar programs get some exposure in the local media. However, they are rarely developed and evaluated in a systematic manner, nor are they reported in the professional literature.

It is possible to generalize concerning the forms of volunteer activity in which inmates participate. Inmates

are rarely involved in fulfilling voluntary roles which involve fact-to-face reciprocal relationships with non-criminals. In those cases where face-to-face interaction occurs, the particular skills and abilities of the inmate doing the volunteering are usually secondary to the needs of the service recipient (for instance, in the case of work with the mentally handicapped). Also the inmates usually participate as part of a group ...usually one in which membership changes over time so some inmates are released from custody and are replaced by others...and they are identified, not as individuals, but as members of the group.

In spite of, or perhaps more appropriately, because of the limitations noted in previous practices and recent trends in the fields of volunteerism and corrections, it was considered timely to develop a program at Osborne Centre aimed at using volunteer activities to develop and expand informal social support systems for inmates being released from prison.

To my knowledge, there have been no published studies linking the phenomenon of voluntary activity with developing or reconstructing social networks or support systems. Yet, it appears there is a great deal of potential for supportive relationships to develop as a consequence of involvement in voluntary activity, particularly in the corrections field.

The studies, cited previously, which describe existing volunteer programs in corrections, agree that there is a qualitative difference in the types of relationships formed between criminal offenders and volunteers, in comparison with the relationships between offenders and employees of the correctional system. Staff are encouraged to maintain a "professional distance" from offenders and are discouraged from forming close, intimate relationships. The "inmate code" discourages inmates from forming meaningful relationships with staff. Yet, volunteers, by nature of their roles, are encouraged to develop close interpersonal relationships with inmates and are usually not identified with "the system". Consequently, there is the potential for the kind of relationship formed with a volunteer to more closely resemble the type of relationship considered typical of informal social support systems. The potential also exists for a volunteer to act as a bridge between the inmate and other individuals in the volunteer's personal network.

There also seems to be justification for encouraging inmates to function in voluntary roles. Through their interaction with staff, clients, and other volunteers in a community-based agency or program, numerous opportunities are created for the formation of reciprocal network ties. The potential also exists to alter the perception of the criminal offender from one who is a service recipient functioning in a dependent role vis-à-vis corrections officials, to a more

balanced perception as one who is capable of functioning in interdependent or reciprocal relationships.

Before proceeding with a description of the intervention, it is necessary to comment with regard to two myths which influence peoples' perceptions of volunteers. First, remnants of the belief that volunteers are predominantly middle class, middle-aged women engaged in philanthropy or charitable work out of boredom or else for purely altruistic motives still exist (Manser and Cass, 1976). Demographic studies have shown that volunteers come from all age groups and from various ethnic and socio-economic backgrounds (Anderson and Moore, 1974; Carter, 1975). Their motives are not purely altruistic. Many people become engaged in volunteer activities for additional social contact, to express a particular ideology or belief system, or as a means of "getting the foot in the door" in terms of planning a career in a particular field (Scheier, 1974; Smith, Reddy, and Baldwin, 1972; Scheier,et.al.,1972; Wilson, 1976).

Secondly, it is important to recognize that not all those who volunteer are fully integrated, optimally functioning individuals. Volunteers, like paid employees, have their own particular strengths and deficiencies; hence the need for volunteer programs to have adequate screening, training, and ongoing supervision (Wilson, 1976). Schindler-Rainman (1981) has gone as far as to recognize that involve-

ment in voluntary activities may be a useful method of coping with major life transitions. That is, people who might typically be defined as "in need" because of the major changes they are experiencing in their own lives, are still able to function in (and perhaps enhance their overall functioning by involvement in) voluntary activity. This last point lends considerable support to the program developed at Osborne Centre.

## CHAPTER II

### INTERVENTION

The intent of the Practicum was to test the usefulness of a model, consisting of three distinct strategies of volunteer utilization, for developing opportunities for residents at Osborne Centre to build or add on to informal systems of social support. The three strategies were:

TYPE A - Volunteers from the community would be recruited and matched, on a one to one basis, with residents related to specific needs or interests of the resident. This represented a more traditional form of volunteer utilization. It was hoped that the volunteer and resident would form a close, long-term relationship based on, but hopefully expanding beyond, the particular need or interest of the resident. It was also hoped that the volunteer could act as a bridge or link to other individuals to create new opportunities for support system membership.

For instance, a resident may express an interest in photography. It would be possible to identify potential volunteers through existing camera clubs. Once linked together, the resident and volunteer might identify other interests they share. The strength of the relationship would



grow with the addition of new shared interests. The volunteer may also introduce the resident to other members of the camera club or accompany him to meetings, thus opening the opportunity for other relationships for the resident.

TYPE B - Residents from Osborne Centre would be encouraged to consider volunteering with individuals, groups, and organizations in the community. Selection of sites for voluntary activity would be determined by an assessment of the resident's interests and abilities. If a resident expresses an interest in working with children and possesses qualities and skills which are appropriate, then attempts would be made to link him with individuals, groups, and organizations who could benefit from his voluntary activity. Again, it was anticipated that the resident's performance in a volunteer role and his interaction with other volunteers would provide a mechanism for the development of, or expansion of, an informal support system.

TYPE C - Volunteers from the community with specialized skills or expertise would be recruited to conduct group seminars with residents on topics within their areas of expertise. The residents would participate in determining what topics would be addressed. This type of volunteer activity would provide the residents with learning opportunities as a direct benefit. Indirectly, there would be potential for the volunteer and one or more residents to form

stronger, more long-term relationships or for the volunteer to act as a bridge to link one or more residents to other individuals or groups.

#### Roles and Responsibilities of the Student

The student would function in a consultant capacity vis-à-vis staff and residents at Osborne Centre. The student would be responsible for the following:

- 1) Educating staff and residents with respect to social support concepts.
- 2) Developing and implementing procedures aimed at engaging residents in one or more aspects of the program, assessing resident needs, abilities and interests, and monitoring the progress of individual residents vis-à-vis the volunteer program.
- 3) Developing function descriptions (similar to job descriptions) for Type A volunteers and recruiting, screening, training, and supervising the volunteers.
- 4) Developing an inventory of groups and agencies willing to accept Osborne Centre residents as volunteers.
- 5) Developing referral and feedback mechanisms with

agencies and groups using residents as Type B volunteers.

6) Organizing Type C Seminars; identifying, recruiting, and assisting the volunteers.

7) Providing ongoing feedback to staff concerning the progress of individual residents on a case-by case basis.

8) Providing feedback and eliciting suggestions and concerns from staff, related to the overall operation of the intervention at scheduled bi-weekly staff meetings.

9) Collecting all data related to the operation of the intervention and completing any extra paper-work related to the program.

10) Publicizing the program among community agencies and related correctional agencies (ie. C.S.C.-Parole and federal institutions).

#### Context of the Intervention

During the initial stage of the Practicum activity, I was fortunate to be working as a caseworker at Osborne Centre. Discussions took place with the Superintendent of the Centre concerning the viability of completing my Practicum in that setting and the area of study (ie. utilizing

voluntary activity to develop informal sources of social support) was selected. Members of my Advisory Committee were selected, a review of the literature and existing volunteer programs was initiated, and three drafts of the Proposal were completed before the actual intervention received approval. A number of data-gathering instruments were developed and approved by the Committee.

While the above activities were occurring, a number of factors were identified which could potentially influence the direction and outcome of the intervention.

1) -Resident Turnover- A survey of Osborne Centre residents conducted in 1977 (Teitsma, 1977) found that residents could be divided into two distinct groups. Those that succeeded on day parole and were released from Osborne Centre on Full Parole stayed, on average, eight months. The average stay of those who violated the conditions of day parole or committed new offences and were returned to a closed institution was a little over two months. Over the six month time period preceeding the intervention the average number of new residents admitted to Osborne Centre per month had been four. Considering the maximum capacity for the Centre was 20 beds, this represented a monthly turnover rate of 20%.

In order to accommodate the rapid turnover, it was necessary to establish procedures to engage residents as

quickly as possible following their arrival. It did not appear to be practical to attempt any long-term, extensive, treatment-oriented activities.

2) - Organizational Structure and Staff Attitudes -

Osborne Centre was a relatively small agency staffed by a superintendent, an Office Manager, and five counsellors or caseworkers. The Superintendent's cooperation and approval proved relatively easy to obtain. He was included in the preliminary discussions leading to the development of the intervention and he acted as a member of the Practicum Advisory Committee. It was recognized that his priorities, in terms of managing the agency, might conflict with the priorities of the student and the other advisors. This issue was identified early and dealt with in several discussions during the planning and development phase.

The counsellors were a divided group. Two of them were classified in the Welfare Programs (W.P.) bargaining group and three of them were Living Unit (L.U.) officers. A prerequisite for the W.P. group was a university degree. There was no such requirement for the L.U. officers. The W.P. staff received slightly better pay. The L.U. officers worked previously as prison guards or living unit officers in larger, closed institutions before working at Osborne Centre. Their orientation toward inmates and the corrections system, generally, was shaped by past experience. They tended to

view issues with a narrower focus and responded best to clear and concise direction from above. This is consistent with most staff who have functioned, for some time, in a military or para-military setting (Brodsky, 1979). The W.P. staff, in comparison, tended to examine issues in a broader sense, considering more options and implications, and favored a participatory or teamwork style of management.

While the counsellors came from differing backgrounds and had differing job classifications, there was a definite "blurring" of roles. They worked together on shifts and shared most tasks. Their job descriptions were quite similar. All counsellors were assigned caseloads and were responsible for developing and following through on treatment plans with residents assigned to them. The sizes of caseloads of W.P. staff were higher than those of L.U. staff. Some tension existed because of the difference in caseload size, differences in pay, and other issues, and the implication of this in terms of perceptions or assumptions concerning their level of competence.

It was necessary, throughout the intervention, to be sensitive to the different backgrounds and orientations of the staff in addition to the organizational climate (Hershey and Blanchard, 1972; Litwin and Stringer, 1968; Wilson, 1976). In particular, it was considered necessary to be sensitive to staff expectations and attitudes in the following areas:

a) Their resistance to change and their expression of this resistance, both attitudinally and behaviourally.

b) Their attitudes towards criminal offenders. Their belief systems concerning inmates' abilities to change previous lifestyles and behaviour patterns. Their assumptions regarding what methods are most effective for producing change (ie. training, non-directive counselling, modelling, persuasion, coercion, etc.). How these attitudes would shape their acceptance of methods utilized in the intervention.

c) Their attitudes toward volunteers. Their past experience with volunteers and as volunteers. Their willingness to accept volunteers performing tasks at Osborne Centre and their willingness to accept the notion that residents could provide voluntary service in the community.

d) Their attitude toward the planned intervention. Would it result in more or less work for them? Would it result in a change in their priorities, the agency's priorities, or the way they structure their time or perform tasks?

e) Their knowledge of support system concepts and findings in the literature concerning the significance of social support in terms of coping with and adjusting to stressful life change.

f) Their attitudes toward me. Their assessment of my credibility, my knowledge in the fields of corrections, volunteerism, and support systems, and my skills as a practitioner.

Because I was working at the Osborne Centre at the time the plans for the intervention were being developed, I was able to participate in and observe the dynamics of the organization on a daily basis. Staff were approached individually and in group discussions at regular bi-weekly staff meetings throughout the planning stage for their input and reactions to the intervention being proposed. This was important in order to cultivate a feeling of "shared ownership" of the program being developed in order to reduce staff resistance.

During this time, two staff meetings were devoted to an examination of philosophy underlying the development and existence of Community Correctional Centres and what improvements could be made in policies, procedures, and practices to improve service delivery. These meetings provided an excellent opportunity to discuss support system concepts and argue that the basis of the intervention was consistent with the philosophy and goals of the agency.

3) - Case Management Procedures - In the late 1970's the Correctional Service of Canada adopted a standardized



method of case management called Individual Program Planning. Shortly after his admission to a Federal Institution, an inmate would be involved in developing a Needs Analysis Profile which identified his needs in a number of areas such as educational or vocational training, employment skills, psychological, social or medical needs, needs related to family relationships or community contact, etc. Based on this Needs Analysis Profile, an Individualized Program Plan (I.P.P.) would be developed which would identify goals to be reached and activities performed by the inmate or staff members designed to reach these goals. The I.P.P. became an informal contract, endorsed by the inmate and staff members, which became the frame of reference around which the inmate's progress was measured and decisions concerning the reduction of security level and his suitability for release were based. Whenever an inmate moved from one institution to another in the Federal system or was released on day parole, full parole, or mandatory supervision, the I.P.P. was amended to reflect changes in objectives or changes in resources available. The predominant roles of staff members were those of facilitators, in terms of assisting in the identification of needs and plans through which these needs could be met, and brokers, ensuring that inmates get connected with appropriate resources either within or outside the correctional institution.

Within one month of his arrival at the Osborne

Centre it was expected that the resident and his case worker would meet to revise his Individualized Program Plan. It seemed appropriate that I participate in this meeting, or series of meetings as the case might be, in order to identify how some of the resident's needs could be met through voluntary action.

The long-term goal was to have the program I was developing adopted as an integral part of the service delivery of Osborne Centre. Consequently, it was essential that the procedure developed could be incorporated easily into the existing case management procedures.

4) - Existing Volunteer Programs - Contact was made with people who were actively involved with volunteers for two reasons. First, I was able to learn how other volunteer programs were structured and I could benefit from their experience when developing my intervention. Second, it was necessary to discover the attitudes and opinions of these people about having volunteers with criminal records functioning in their settings. Volunteer coordinators working in private agencies and government departments were very open with regard to discussing their programs and methods. Staff at the Volunteer Centre of Winnipeg were willing to act as consultants with regard to assisting with the establishment of my intervention and offered the use of their resource library for reference material. I also discovered that the

recently instituted Community Service Order (C.S.O.) Program, based on the Saskatchewan Fine Option Program model (Heath, 1979), had exposed a number of agencies to the concept of using criminal offenders in a voluntary capacity. The feedback I received was that there appeared to be no difference in the way C.S.O. volunteers functioned in comparison with volunteers who were not referred through the C.S.O. program.

Volunteer coordinators in private and government programs expressed some apprehensions related to the fact that the criminal records of those individuals I was dealing with might be more serious and extensive than those of individuals participating in the C.S.O. program. The Volunteer Centre of Winnipeg acted as a screening and referral source for the C.S.O. Program. This agency was prepared to act in a similar capacity for the members of my target population. In addition, the residents would be pre-screened by myself and by case managers at Osborne Centre to ensure that inappropriate referrals would not occur.

5) - The Accreditation Process - As indicated previously, a major thrust of the Correctional Service of Canada at the time this practicum was being developed was toward accrediting all institutions, parole offices, and C.C.C.'s in the country. Osborne Centre staff were in the process of reviewing standards developed by the American Correctional Association and ensuring compliance with these

standards. A number of these standards required the existence of a volunteer program. While the necessity to develop a volunteer program to comply with the A.C.A. standards influenced the Superintendent's willingness to approve and cooperate with the Practicum intervention, it was necessary that procedures and policies created were in harmony with the A.C.A. standards.

### Implementation

Throughout the planning and development stage, staff and residents at Osborne Centre were kept aware of the fact that a volunteer program was being formulated. Discussions took place both with residents and staff to invite their input and feedback as the program was taking shape. Two events, however, marked the transition between the planning and development phase and its actual implementation.

First, my role at Osborne Centre changed from that of a caseworker to that of a consultant or project coordinator, responsible only for the creation and implementation of the volunteer program. In early January, 1981, I was transferred to the district office of the parole services and my caseload at Osborne Centre was re-distributed among the other caseworkers. My presence at Osborne Centre, two days per week, was strictly related to my involvement in the practicum

intervention. A number of my former activities, such as participating in general case discussions, offering advice regarding the form and content of reports, etc., were actively discouraged.

Secondly, meetings were held with both staff and residents to announce the commencement of the volunteer program. The philosophy and intent of the intervention was explained. The model, involving the three strategies of volunteer activity, was described. My role was explained and the procedures were described.

#### Procedures and Recording Methods

Within one month of the resident's arrival at Osborne Centre, it was expected that he would meet with his case worker to up-date and revise his Individualized Program Plan. In the case of all new arrivals I would participate in this meeting and use the opportunity to describe the volunteer program and identify how the resident could become involved in the volunteer program to develop new relationships in the community. During this meeting a Resident Application (see Appendix A) was completed. This form was used to gather basic background information about the resident. It was also used to identify any previous volunteer activity performed by the resident and to identify his plans

for involvement in one or more strategies of voluntary activity while at Osborne Centre.

In addition to completing the Resident Application, the resident was asked to sign a Declaration form (see Appendix A) which described the nature of the study, explained that the results of the study would be written up in a Practicum Report, and assured the resident that any written report would not reveal his identity. This procedure was followed in order to comply with the policies of the Faculty of Graduate Studies and to articulate the purpose of the intervention and assure the residents of anonymity.

For those residents who were already present at Osborne Centre when the program was implemented, joint meetings were scheduled with their case workers to describe the program and invite their participation. An arbitrary decision was made not to include those residents who the case managers predicted would be released from Osborne Centre within six weeks of the implementation date. It was estimated that not much could be accomplished, in terms of engaging them in voluntary activity outside Osborne Centre, or in terms of linking them with an outside volunteer, in a six week period.

Once the needs and interests of the resident were identified, I would begin to identify how, where, and with

whom the resident would become involved. Activities were then directed at connecting the resident with appropriate resources. It was anticipated that in some cases the student would be required to engage in advocacy activities on behalf of individual residents or on behalf of the resident group as a whole. It was expected that some agencies and groups would be apprehensive about having criminal offenders functioning in volunteer roles. In addition, it was expected that potential volunteers might be hesitant about performing voluntary tasks in a halfway house setting populated by criminal offenders.

A fundamental aspect of the intervention was its voluntary nature. Residents were not coerced into participating and were free to decline involvement. In those cases where residents refused involvement, a follow-up interview was conducted two weeks later to confirm whether they were prepared to reconsider their decision and to assure them that the opportunity to participate would be available to them at any future date if they changed their minds.

Files were kept on all residents approached about participation in the study. In the case of those who refused involvement, the only record kept consisted of a brief notes indicating when they were approached and their reasons (if given) for not participating. For those who did become involved in the study, copies of the Resident Application and

Declaration were kept, along with process notes describing my activities related to the case.

In addition to the above recording procedures, I kept a personal diary in which I kept records of any problems or achievements and my own personal reactions to meetings with residents, staff, representatives of community agencies or groups, and members of my Advisory Committee. This diary, by its very nature, was a very subjective account of my activities, thoughts, plans, and reactions.

In order to evaluate the intervention, it was considered necessary to obtain input from residents, staff, and outside volunteers. Consequently, feedback questionnaires were developed (see Appendix A, pp. 10 - 14) and distributed at the time of completion of the practicum.

#### Preparation For My Withdrawal

Throughout my involvement at Osborne Centre related to the Practicum, it was emphasized that my participation in developing and implementing the intervention was time-limited. From its inception, it was expected that the program would continue beyond my withdrawal. Consequently, staff were continually updated with respect to my activities and they were kept fully informed concerning the methods used and procedures followed. Staff observed and participated in



the intake interviews with the residents. Consequently, they were familiar with the manner in which the program was described to the residents. A certain amount of modelling occurred during these interviews and, following each interview, the content and process of the interview were reviewed with the case worker.

My involvement with the intervention at Osborne Centre was scheduled to terminate September 30, 1981. Approximately two months prior to that date, discussions commenced concerning how my role and tasks could be transferred to the Centre's staff. My involvement in performing tasks related to the program was diminished gradually over the next four weeks as the staff assumed more responsibility for the program's operation. At the beginning of September, all tasks related to the intervention were being assumed by the staff. Some adjustments were made in terms of re-clarifying roles and responsibilities prior to my final withdrawal at end of September.

### CHAPTER III

#### RESULTS

The nature and purpose of the Practicum intervention was, to the student's knowledge, without precedent in the field of corrections. It was formulated as a test case or pilot project. Various levels, sites, and methods of intervention were anticipated. Formative research, as described by Rutman (1976), was selected as the most appropriate form of evaluation. "To contribute toward a better understanding of a program, formative research collects data on program personnel, organizational structure and climate, policy and the context within which the program operates" (Rutman, 1976; pp 11). This form of evaluation was selected because of its capacity to assess the process of the intervention as well as its capacity to "identify the side-effects of a program, whether intended or unintended" (Rutman, 1976; pp.7).

The methods used in compiling and analyzing data for formative research do not need to be as rigorous as those used in experimental or quasi-experimental research designs. "Formative research relaxes these demands [to assure the highest practical degree of reliability and validity of the

measures] to some extent and places heavier reliance on "soft" approaches for data collection (eg., unstructured interviews and observation) and the measures used (eg., attitudes, felt needs, subjective estimates, personal opinions, and recollections)", (Rutman, 1976; pp 15). Wherever possible, attempts were made to standardize the format in which the information was collected. For example, feedback questionnaires were used in order to structure the type of information obtained from residents, staff, and volunteers operating at Osborne Centre (see Appendix A, pp. 10-14).

Outcome measures play only a small part in the overall evaluation using formative research methods. Implicit in the development of the Practicum intervention was the assumption that participation in the program would result in increased resources for informal social support available to the residents. The availability of informal social support would tend to increase the resident's ability to cope with stressful life change and reduce the likelihood of recidivism.

Hylton has observed that "studies of the effectiveness of community programs, using recidivism rates ....have failed to show that community programs are more effective than institutional ones" and that "programs may affect offenders in ways that don't show up in recidivism data...It is not clear whether programs don't work, or

whether the research is incapable of telling" (1981; pp 17). What he advocates is the use of impact studies which examine the effects of programs on various systems with which they relate. In effect, this is the form of research undertaken in the evaluation of the intervention. The evaluation goes one step beyond Hylton's methods in that it also examines what impact the various systems had on the program and how the program was adjusted and altered in response to the feedback that was received.

#### RESULTS OF THE INTAKE INTERVIEWS

At the commencement of the intervention, the student met with all residents living at Osborne Centre at the time to describe the intent and nature of the intervention. The residents welcomed the opportunity to become involved with or as volunteers during their stay at the Centre. However there was a virtually unanimous rejection of the strategy utilizing volunteers to conduct workshops or seminars with residents as a group. Their feedback was to the effect that they had just arrived from a prison setting where virtually all programs were oriented toward groups. They wished to be treated as individuals during their stay at Osborne Centre. They argued that whatever needs they expressed could best be met on a case-by-case basis using existing community resources or through the TYPE A strategy of volunteer utilization.

From this point, it was decided not to present the TYPE C strategy as an existing component of the program. Instead, during the intake interview with individual residents they were told there was a possibility that seminars could be developed if there was sufficient interest. They were invited to express an interest in participating in such sessions and to suggest suitable topics. Over the course of the study, only four residents indicated a willingness to attend such sessions if they were available. This appears to support the notion that, from the point of view of the residents, such group activities are undesirable in a setting such as Osborne Centre.

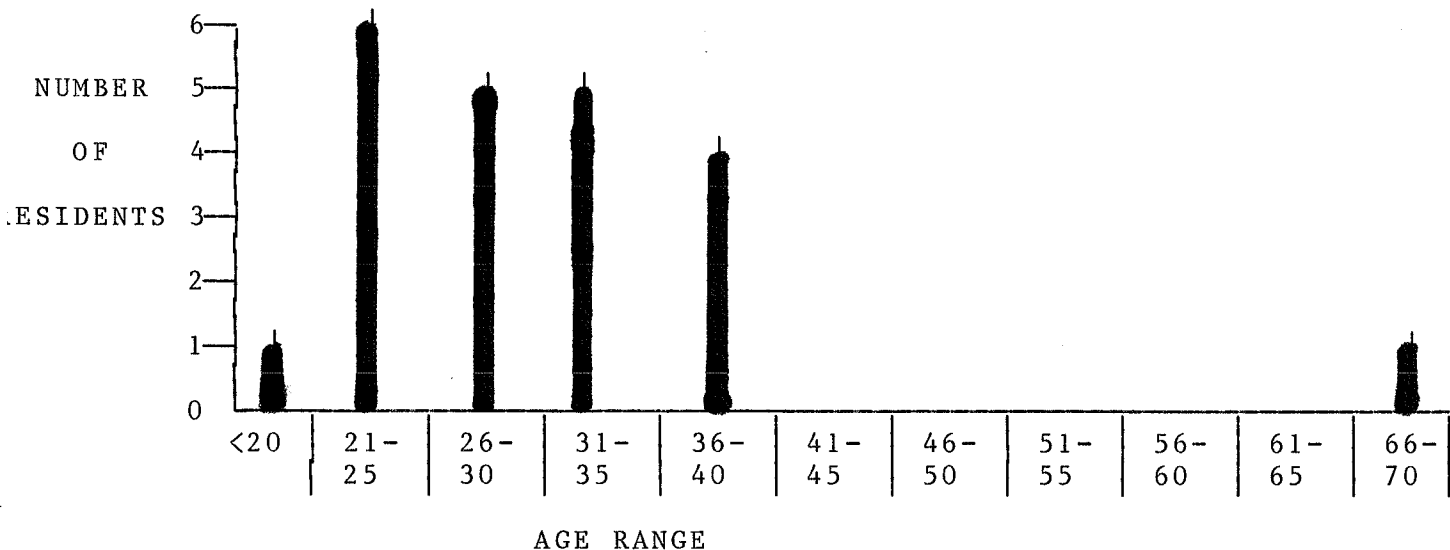
At the time of implementation, seventeen residents were living at Osborne Centre. An additional forty-four men were admitted to the Centre while the study was being conducted, resulting in a potential sample of sixty-one residents. Four of these were excluded because their case workers predicted their release from Osborne Centre within six weeks of the implementation date. Eleven residents either absconded from the Centre or were arrested for new criminal offences before an intake interview could be arranged (ie. within one month of their arrival). Another fourteen residents were not approached for a variety of reasons to be discussed later. Consequently, out of a potential sample of sixty-one residents, thirty-two were approached and were

offered the opportunity to participate in the study. Of these, twenty-two residents indicated a willingness to become involved in one or more strategies of volunteer utilization. This represents 36% of the potential sample but 69% of those actually provided the opportunity to participate.

The following descriptive data applies only to the residents who elected to participate in the study.

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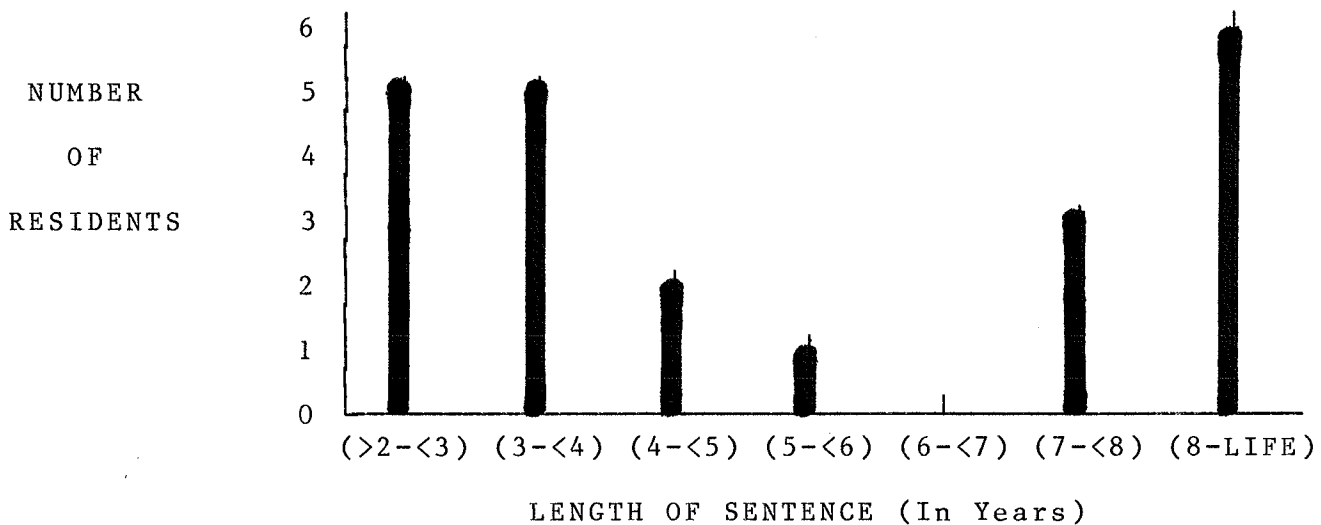
TABLE 1 - AGE DISTRIBUTION OF THE PARTICIPANTS



The ages of the residents ranged from 19 to 66, with the vast majority falling between the ages of 21 and 40. The mean age was 30.6 years. The mean was obviously affected by the presence of the eldest resident but the mean age was reduced only to 28.9 years when his age is removed from the calculations. The median age, that age above which and below which half the residents were grouped, was 29.

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TABLE 2 - LENGTH OF SENTENCE OF PARTICIPANTS




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Because they were serving Federal sentences, all residents were serving at least two year sentences. We are presented with a bimodal distribution with regard to the

length of sentence assessed by the Courts. Roughly half the residents were serving sentences less than 6 years in length. The other group was composed of residents serving sentences ranging from seven years to life imprisonment. Of the participants, all but three were serving fixed or determinate sentences.

#### Type of Offence

There was an equal distribution of residents charged with violent and non-violent offences. Eleven residents were convicted of offences where no violence was involved (eg. Break and Enter, Fraud, Drug Trafficking, etc.). Eleven residents were convicted of offences where violence did occur or could have occurred (eg. Robbery, Assault, Manslaughter, Murder).

#### Marital Status

The majority of the residents were single. Two were married and four were involved in what were considered stable common-law relationships; ones which existed prior to, and continued throughout their incarceration.

#### Employment Status

At the time of the intake interview, 10 of the

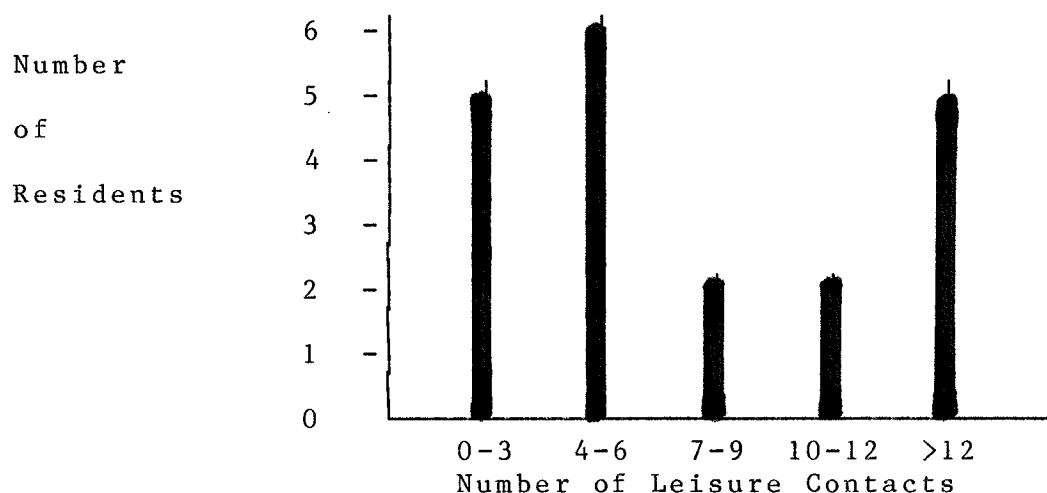


residents were unemployed. The remaining 12 were either working full time or enrolled in an educational program on a full time basis. One of these residents was taking evening courses two nights a week in addition to working full time.

The employment status of the residents was difficult to monitor accurately. Many of those listed as unemployed found work shortly after the interview. Others quit their jobs or were fired during the course of the study. Many residents went through a series of jobs while on day parole, leaving a job in favor of a more lucrative one, one which offered more security, or one which was more in keeping with the resident's skills or interests. Because of the amount of variance observed in the employment status of residents it was extremely difficult to draw inferences with respect to the relationship between employment status and their participation in the intervention.

#### Number of Leisure Contacts

During the intake interview, the residents were asked to estimate how many people they would see regularly during their leisure hours. They were encouraged to define "regularly" for themselves but if they had difficulty answering the question they were told to include those people who they visited or who visited them at least weekly now that they were on day parole.

TABLE 3 - NUMBER OF LEISURE CONTACTS LISTED AT INTAKE

\* NOTE No responses were obtained from two residents.

This question was intended to measure the extent of the resident's social support system. On closer examination, the question itself was vague and open to too many different interpretations. No distinction was made between actual and potential sources of social support for those residents who did not request clarification of the question. When examining the results on a case-by-case basis, there is a strong suggestion that those residents heavily involved in Alcoholics Anonymous included all the members of their A.A. groups. While this may represent a strong, supportive network, it

also represents a dense cluster of contacts with a restricted focus. It is possible the members have little in common beyond the shared membership in the A.A. Fellowship. If the resident would commence active drinking, many of these relationships could cease to exist.

The question also failed to measure the strength or intimacy of relationships or whether the relationships were reciprocal in nature. It also failed to identify whether the members of the support system expressed or reinforced socially accepted values, attitudes, and behaviours or whether they expressed or reinforced deviant or criminally-oriented values, attitudes and behaviours. It is also difficult to determine whether these relationships were stable, predictable, or satisfying or whether they contributed to conflict and strain for the resident. In short, the question used to measure the strength of the resident's informal social support system failed to take into account qualitative aspects of relationships.

An attempt was recently made to cross-check the residents' responses with the extent of the support systems listed on their applications for day parole. There is ample space provided on day parole applications for inmates to list the individuals or groups willing to assist them in the event they are released. Due to the passage of time not all files could be located, however the applications for ten of the

residents involved in the study were available for comparison. With the exception of two cases where the number of supportive relationships in the two measures matched, the day parole applications listed fewer sources of social support.

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TABLE 4 - COMPARISON OF INTAKE INTERVIEW RESULTS WITH  
DAY PAROLE APPLICATIONS

Case Number	Question Response	Day Parole Application
1	10	2
2	8	1
3	14	0
4	15	3
5	5	1
6	30	7
7	7	7
8	3	3
9	8	4
10	8	4

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There are a number of explanations for this discrepancy. It is possible that both measures of the extent of social support are accurate, but represent measures at two different points in time. At the time the participants completed their day parole applications they were confined in a closed institution. When the second measure was taken, they may have been on day parole a sufficient amount of time to expand their support systems. It is also possible that they tended to over-estimate the extent of their support systems during the latter measure to make a favourable impression on staff at Osborne Centre. Another possibility is that they either under-estimated the size of their support systems or only included individuals who they expected would make favourable impressions on parole officers when they filled out the day parole applications. It would have been expected that a parole officer would contact the people listed on the day parole application to confirm and assess the amount of community support the inmate possessed. This expectation was not present at the time of the intake interview. Without further research it would be difficult to say which factors contributed to the discrepancies, or to what extent they contributed.

In summary, then, the validity of the measure of social support used in the study is suspect. However, an interesting observation deserves mention. All those residents who were married or involved in a stable common-law

relationship (6 cases), identified four, or less than four, leisure time associates. One might speculate that most of their attention was focused on maintaining and strengthening their relationships with their immediate family members and that these relationships represented, to them, a significant source of social support.

### Volunteer Preference

All but two of the residents interested in participating in the study wished to perform some form of volunteer activity. Of the twenty residents interested in volunteering, five also wished to become involved with outside volunteers. Two residents only wished to have an outside volunteer matched with them. Out of 22 participants, then, 20 requested TYPE B involvement and 7 requested TYPE A involvement.

The overwhelming majority of residents (18), expressed an interest in becoming involved in volunteer activities with children and adolescents. Three of these residents were specifically interested in becoming Big Brothers. One was interested in becoming involved with an Alcoholics Anonymous group operating at the Manitoba Youth Centre. The others wished to focus on recreational or sporting activities with youths. Only one resident expressed an interest in working with elderly people as his primary focus, while four

residents who preferred to become involved with children and adolescents indicated a second choice of working with the elderly.

The volunteer preferences of the Osborne Centre residents are not necessarily different from the preferences expressed by males, generally. "Males appear to be most attracted to programs in youth service, and to a lesser extent, recreational and mental health services. They are least attracted to those agencies working in health or geriatric services" (Anderson and Moore, 1974; pp.58). However, when discussing their motivation to volunteer, the residents, as a group, may have been unique in some respects.

Many of the residents expressed a desire to make use of their own life experience to help direct younger people away from delinquent life styles. They also identified a lack of direction or control and a lack of positive adult role models as reasons why their own lives developed in the way they did. They felt they could make a contribution to the growth and development of young people in the direction of positive goals and values.

The value statements expressed by the residents, themselves, were of a positive nature. They felt that children should learn cooperation and sharing, that they should develop an awareness of and consideration for the

needs and wishes of others, and that they should learn to use their leisure time in productive ways (ie. becoming involved in organized sports and recreation programs as opposed to "hanging out" on street corners or at the local Seven-Eleven store or video arcade). The residents also viewed involvement in regular voluntary activity as a means to use their own leisure time productively.

The residents felt they could understand and communicate well with children and youths. Many expressed discomfort about interacting with adults or the elderly; particularly those with obvious physical or mental disabilities. One suspects that children and adolescents were considered safer risks in terms of forming relationships; that the residents expected them to be more open and less critical of criminal offenders because they had not yet developed strong pre-conceived notions of what criminal offenders were like. At this point, these are very tentative and subjective interpretations of the findings. Further study would be necessary to confirm them.

While the residents appeared quite enthusiastic about becoming engaged in voluntary activity, very few knew what resources existed in Winnipeg and how to go about getting linked up with these resources. Many initially expressed a vague interest in "working with kids" and it was necessary, during the intake interview, to narrow their focus on specific



age groups, settings, types of activity, etc. It was also necessary to help them articulate the skills and abilities they possessed which suited them for the type of involvement they selected. Most agencies with volunteer programs as components of their service delivery systems have volunteer coordinators who interview and screen applicants for volunteer work. If an individual approaches the agency representative without a clear understanding of the agency's function or without a clear understanding of his/her own interests, skills, and capacities, it is unlikely that the individual would be accepted by the agency as a volunteer. Consequently, the process involved in identifying specific interests and skills, while providing me with more specific direction about which resources in the community were most appropriate for the residents, also helped the residents to prepare for screening interviews at the agencies.

Of the seven residents who expressed an interest in being paired with a volunteer via the TYPE A strategy, two were wanting private tutoring, two were seeking assistance with budgeting and money management, two were interested in being matched to "friendly visitors" with whom they could socialize, and one wanted to learn skills to be more self-sufficient (ie. cooking, proper nutrition, alterations to clothes, etc.) in preparation for living on his own after leaving Osborne Centre.

The two residents requesting tutoring had achieved educational levels of Grade V and Grade VII respectively. They experienced difficulty filling out job applications, reading newspapers, or performing a number of tasks most adults do routinely and take for granted. The resident with the lower educational level claimed to be too "restless" to fit into a regular classroom routine. He was also extremely sensitive about his lack of education and expressed a fear of being labelled a "dummy" by other residents if he enrolled in a regular adult education program. He did not view involvement with a private tutor in the same light. The other resident was enrolled in an adult education upgrading program and wished to have private tutoring to supplement and accelerate his learning.

The two residents requesting assistance with money management and budgeting viewed their offences as financially motivated. They hoped to reduce the likelihood of committing future offences by learning to live within their means.

Both residents requesting social contact had spent a lengthy time in prison. One of them had completed almost 10 years of a life sentence. He did not originate from Winnipeg and had few friends and no relatives in the immediate vicinity. The other resident was a 66 year old man who had been in and out of prison for most of his adult life. Most of his friendships were established with other inmates

or with prison staff members. Few of his family members were living and he had alienated what family members who were potentially available through his repeated criminal involvement and incarcerations.

TABLE 5 - TIME COMMITMENTS OF RESIDENTS FOR VOLUNTEERING

CASE	TYPE		TIME COMMITMENT HOUR PER WEEK	WHEN AVAILABLE			
	A	B		Daytime Week	Evenings Week	Daytime Weekend	Evenings Weekends
1		X	4		X		
2		X	N O N E S P E C I F I E D				
3	X		3		X		
4		X	8		X	X	
5	X	X	5		X		
6		X	8 - 12		X	X	
7	X		3		X		
8		X	3 - 4		X		
9		X	12		X		
10		X	10		X	X	
11		X	3			X	
12		X	N O N E S P E C I F I E D				
13	X	X	30	X	X	X	X
14		X	N O N E S P E C I F I E D				
15		X	N O N E S P E C I F I E D				
16		X	N O N E S P E C I F I E D				
17	X	X	8		X		
18		X	N O N E S P E C I F I E D				
19		X	3		X		
20	X	X	8		X	X	
21		X	N O N E S P E C I F I E D				
22	X	X	9		X		

During the intake interview, residents were asked to specify how much time they could commit to involvement in either TYPE A or TYPE B volunteer activity. They were also asked what time was most convenient; either day time hours during the week or on weekends, or in the evening hours during the week or on weekends. Some residents were unable to specify when and for how long they could expect to become involved. This uncertainty usually resulted from the fact that they were unemployed at the time of the intake interview and wished to be sure of their hours of work before making any commitments.

The above table indicates the time commitments made by the residents involved in the study. The majority expected to be available to participate in volunteer activity one or two evenings during the week. Six residents were also prepared to become involved during the day time on weekends. Only one resident indicated he was free during the day time on weekdays and during the evenings on weekends. This happened to be the 66 year old resident described earlier who, because of his age, was receiving a pension and had no expectations concerning full time work.

The fact that the majority of the residents were, or expected to be, working full time during the week limited the resources available to some extent. It was not possible

to place them with agencies or groups which either required volunteers during day time hours during the week or screened and trained volunteers during those hours. The actual experience in connecting the residents with agencies and groups will be described later in this report. The residents' time commitments also placed limits on the recruitment of outside volunteers to work with the residents. One criteria for selecting TYPE A volunteers would be a willingness and ability to meet with residents during the week in the evenings.

The average number of hours committed to volunteer activities by married residents or those involved in stable common-law relationships was 4.8 hours per week. Single residents committed themselves to an average of 9.8 hours per week. This would add further support to the observation that the residents with partners living in the community seemed to be focusing a lot of their time and attention on maintaining and strengthening these relationships.

### The Non-Participants

Although the collection of data was not as complete concerning those who refused to participate in the study it would appear that such factors as age, offences, length of sentence, or employment status could not account for their refusal to participate. The student met with them jointly

with their case managers and explained the program and the opportunities available in the same way as was done with those who chose to participate. When they declined involvement, efforts were made to discover the reasons behind their decisions. When approached two weeks after the initial interview, none of them changed their minds.

The most common reason for not participating was that the residents did not believe the student's intervention was necessary. They were quite satisfied with the size and composition of their support systems. In six of the cases the resident's case worker shared this belief. These residents were active in A.A., religious groups, or other activities in the Winnipeg community. One, it was noted, was attempting to develop a youth drop-in centre in a rural community just outside Winnipeg and had developed support for this venture prior to his release on day parole. His efforts to establish this program were being supported by Osborne Centre staff and the student assisted by providing him with contacts with people operating similar programs in Winnipeg.

The case workers for four other residents did not agree that they were self-sufficient in terms of developing positive support systems. They viewed the resident's refusal to become involved as being consistent with a general attitude of non-cooperation or antagonism with regard to "the system". In a sense, staff perceived them to have been

firmly indoctrinated into the "inmate code" and they were considered to have transferred the negative attitudes toward institutional programs and staff to the setting at Osborne Centre. None of these residents completed his day parole at Osborne Centre. Three were returned to Stony Mountain Institution and one was transferred to Pines Camp, a "bush camp" facility located outside Kenora, Ontario.

A secondary reason for some residents was a desire to "slow things down" and concentrate on as few issues as necessary following day parole release. Some residents expressed a fear of being overwhelmed by the demands being placed on them and, wherever possible, wished to avoid new expectations and focus on essential tasks such as adjusting to day parole release, finding and maintaining employment, and preparing for full release from custody. When this was raised as a reason for reluctance to participate, no attempt was made to pressure the residents into participating. They were informed that the program was available at any time during their stay at the Centre. None of these residents approached the student or his case worker at a later date to express interest in becoming involved in volunteer activity. Perhaps the "too much, too soon" argument was a way for some residents who lacked assertiveness to say "no". Another possibility is that they might have been concerned about how their refusal to participate might be represented in reports to the Parole Board. This latter reason could have been valid



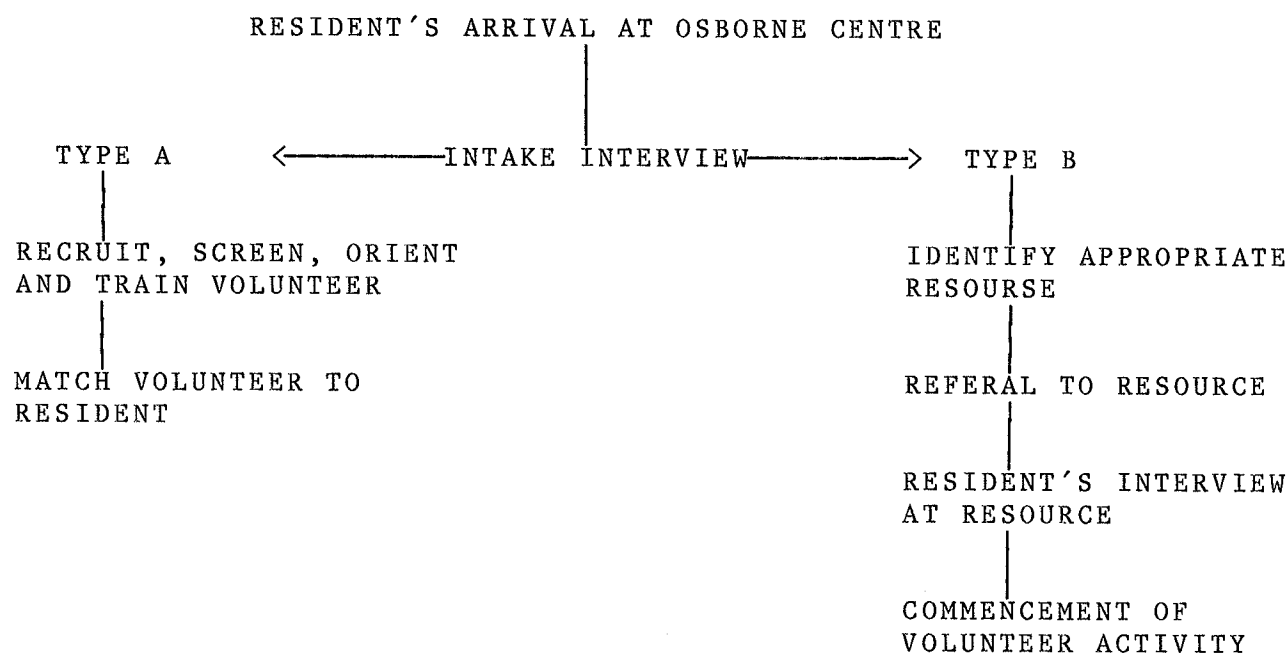
despite the fact that they reviewed and could add their own comments to reports to the Parole Board and despite assurances that refusal to participate would not result in negative consequences.

With the exception of two cases, the student was not faced with overt animosity or hostility from the residents. Most saw the intervention as a positive initiative and stated they supported the aims and methods of the intervention in spite of their decision not to participate.

#### PROCESS EVALUATION

The intervention can be visualized as a series of distinct steps along a continuum. The program's effectiveness could be determined by how long it took for the resident to move from one stage to the next. A second approach would be to determine where some of the roadblocks or delays occurred and examine what steps were taken to overcome or by-pass these obstacles. In evaluating the process of the intervention, both the efficiency and the adaptability of procedures employed will be examined.

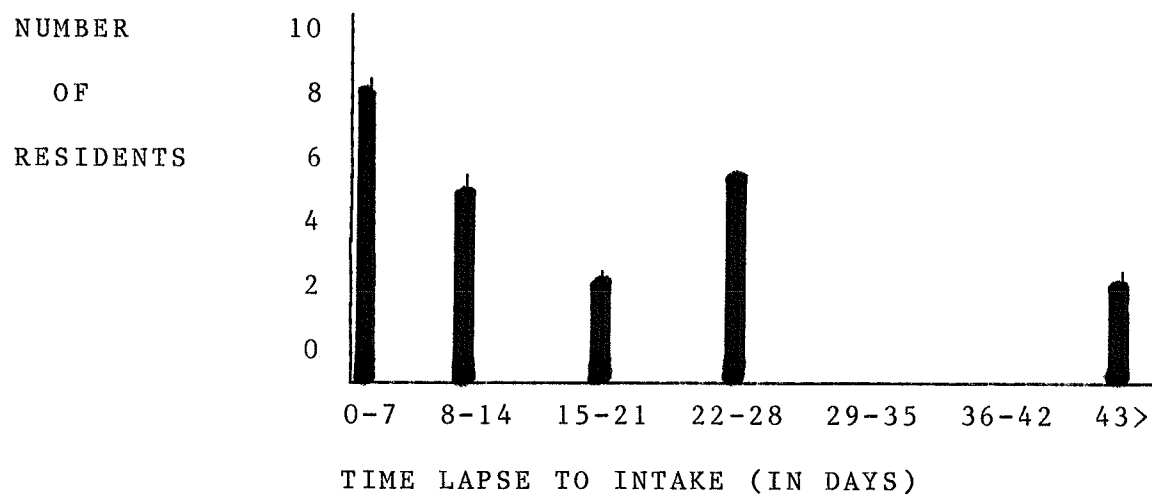
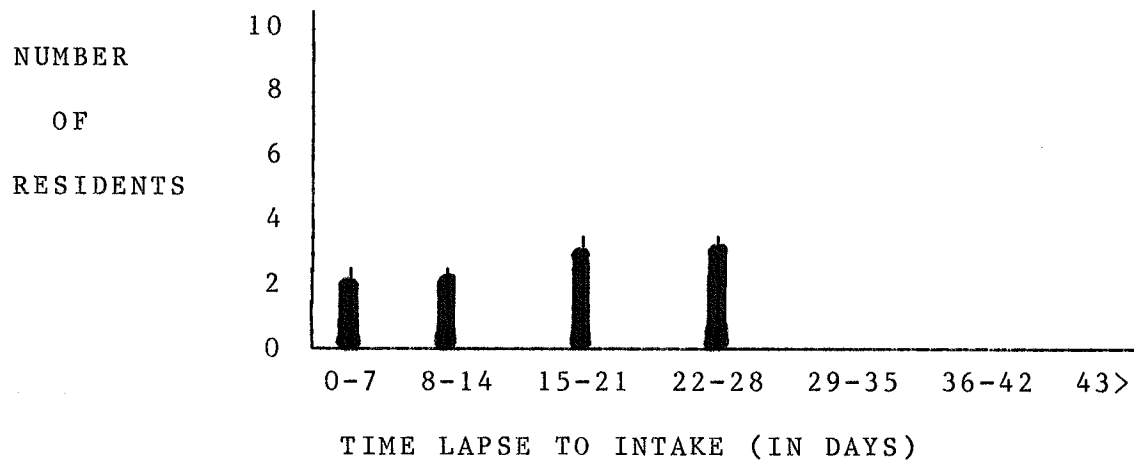
The program initiated at Osborne Centre was conceptualized according to the following flow chart:

FIGURE 1 - FLOW CHART DESCRIBING PROCESS

The time lapse between the resident's arrival and the intake interview was most critical. These men were arriving from a setting where their time was structured by the external routine of the prison. Their opportunities for involvement in leisure time pursuits were likewise limited by the routine and resources available in the prison. Upon arrival at Osborne Centre, a major task facing them, aside from securing employment, involved finding meaningful or enjoyable activities to fill their free time. Another major

task involved re-building and strengthening their social support systems. The intervention was intended to assist the residents with fulfilling both these tasks. Both experience and the literature concerning crisis and transition states (Leopold, 1968; Aguilera and Messick, 1978; Weiss, 1976; Bridges, 1980) indicate that people tend to develop fairly consistent routines (whether adaptive or maladaptive) within 4 to 6 weeks following a major upheaval in their lives. In the time period immediately following the upheaval, however, they are extremely receptive to suggestions and direction from people around them.

Records were kept concerning the length of time that passed between the resident's arrival at Osborne Centre and the date on which the intake interview took place. In the case of those residents already residing at Osborne Centre, the starting date used was the date on which the program was announced and explained to the residents. The results for both the participants and non-participants are depicted graphically below.

TABLE 6 - TIME LAPSE TO INTAKE - PARTICIPANTSTABLE 7 - TIME LAPSE TO INTAKE - NON-PARTICIPANTS

With the exception of two cases, all residents were interviewed within four weeks of their arrival at Osborne Centre. The time lapse for the two exceptions were 11 weeks and 13 weeks respectively. Both of these individuals had been residing at Osborne Centre when the program was initiated and delays resulted primarily because of the residents' work schedules and the shift schedules of the case workers.

All the residents who declined involvement in the program were interviewed within their first month at Osborne Centre, although the shape of the distribution suggests that the large proportion were seen in the latter portion of the first month. The distribution for the residents who chose to participate shows a higher proportion seen in the first half of the month. While it may suggest that the delay affected decisions not to participate, other findings would suggest the delay had a limited impact. Earlier it was noted that the non-participants expressed satisfaction with the strength and size of their existing support systems and six of the ten non-participants were active in established groups in the community in a voluntary or self-help/mutual aid milieu.

While the data gathered and listed would appear to suggest that the residents, in the majority of cases, were interviewed within one month of their arrival or the commencement date of the program, it does not tell the complete story. Previously, it was mentioned that fourteen residents

could have been, but were not, presented with the opportunity to participate in the program. In terms of examining the process of the intervention, it is important to examine what did not happen. The following factors were identified as contributors to this gap in service:

1. Staff Resistance- While efforts were directed at procuring the cooperation of the case workers, these efforts were not entirely successful. Some staff held very firm beliefs that inmates/residents, as a group, were basically unwilling to change. They were skeptical about the intervention's potential to have any impact because no meaningful sanctions could be imposed in response to their failure to participate or follow through on commitments. At the risk of over-simplifying, their view of sound correctional treatment involved guiding the residents toward desired actions by making alternative actions unpleasant in terms of their consequences. While one case worker, who for several years worked in a closed institution, was quite open with respect to these feelings, one must suspect that this attitude was present, to a lesser degree, among other staff who shared similar employment backgrounds.

Staff resistance also surfaced in more subtle forms. Some case workers had unrealistically high expectations of the intervention during the early stages. They did not take into account that it was a pilot project and a

new learning experience for the student and that a number of "bugs" would have to be worked out over the course of the study. When the results did not meet their unrealistic expectations, they began to express frustration with the limited results. At times it was difficult to arrange convenient times to conduct joint meetings with the residents. Staff questioned the need for them to participate in the intake interviews and suggested that the student conduct the intake interview separate and apart from the meeting to update and revise the Individualized Program Plan. They sometimes argued that other treatment issues had priority over participation in voluntary activities and that the intake interview be delayed until the other issues were resolved. Some scheduled intake interviews were cancelled in order to deal with more pressing issues with other residents on a case worker's caseloads. Some times the case worker forgot about having scheduled an intake interview and failed to set up the meeting with the resident. Case workers occasionally expressed frustration that the program's existence was creating more work for them and that the results did not justify the added effort expended.

In some cases the delays and frustrations had some justification. However, when in some cases it appeared the staff member was deliberately uncooperative, the matter was discussed with the Superintendent who was prepared to confront the staff concerning their attitudes and performance

and demand changes. This occurred very infrequently. The immediate results were favourable, in that the case worker became more cooperative but, in the long run, no significant behavioural and attitudinal change could be detected.

Some thought was given to conducting independent intake interviews in order to comply with the request of some staff members and in order to avoid the effects of staff resistance. This option was rejected. It was felt that the joint meetings provided staff with an opportunity to prepare for the time when the student would withdraw and staff would be expected to assume responsibility for the continuation of the volunteer program. It was also considered that the student's intervention would appear less meaningful and, perhaps, less of a priority in the perception of staff and residents if it was not closely identified with the normal case management procedures of Osborne Centre.

2. Resident Resistance- In rare instances (2) residents refused to discuss involvement in the study without being given the opportunity to hear what it was all about. In other cases, resistance from residents was presented in a more subtle manner. Some residents agreed to meet jointly with the student and the case manager but, shortly afterward, forgot about the scheduled interview and planned some other activity for the time when the interview was to occur. In some instances, the resident was not deliberately avoiding



the student but was attempting to avoid a meeting with his case manager to review and update his Individualized Program Plan. In a small number of cases, the residents wished to have as little contact as possible with their case workers and wished to avoid making commitments; Commitments to which they would be held accountable when it came time for staff to review their progress and make a recommendation to the National Parole Board about extending the duration of the day parole or granting full parole. In these cases, it was possible to "corner" the residents in order to complete the revised I.P.P. but, often, these meetings were scheduled at times not convenient to the student. Once the revised I.P.P. was completed, the intake interview for the student's program became less of a priority for both the staff member and the resident.

3. Conflicting Schedules - The residents were expected to be working or looking for work during the day time hours. The most convenient time, then, for the intake interviews to occur, was during the evenings. The student's hours at Osborne Centre were such that intake meetings could occur during the evening. The case workers worked alternating day and evening shifts. These shift schedules were sometimes altered due to illness or holidays of one of the staff members, but usually, there was an opportunity, approximately once every two weeks for both the student and the case worker to be available to conduct joint intake interviews. At

times, scheduling interviews when all parties were available was a problem but it should only have accounted for delays in scheduling the interview, rather than the absence of interviews.

It was the intent of the practicum that subsequent steps in the process of the intervention occur as quickly as possible after the intake interview in order to capitalize on the high level of motivation and enthusiasm expressed by the residents and to incorporate involvement in volunteer activities into the routines they established while on day parole. Because of changes which were made in the program procedures, it is difficult to chart the length of time subsequent steps in the process required. Two major process changes occurred. One resulted in a more streamlined approach and the other resulted in extra delays and obstacles for the residents.

#### Changes to the Type A Process

As the program was initially conceptualized, the student would not commence locating a suitable volunteer until after the intake interview was completed and the resident's needs were articulated. The delays involved in recruiting, screening, orienting, and training the volunteers threatened the likelihood that successful matches could occur. Consequently the decision was made to identify

appropriate volunteer roles by conducting a needs assessment exercise with the staff and residents. This exercise was based on an article titled "Need Overlap Analysis in the Helping Process: NOAH II". Unfortunately the source and author of this article are unknown. A copy is included as Appendix B for reference.

At a regularly scheduled staff meeting, Osborne Centre case workers were encouraged to brainstorm in order to list as many tasks as possible (either tasks they already performed or tasks they would like to see performed) which could be assumed by a volunteer. The only qualification was that the tasks identified must assist in meeting the needs of the residents in some way. This could be through direct involvement with residents or through assuming some of the routine, mundane tasks performed by staff which take time away from their interaction with the residents. The residents were guided through a similar exercise at a regularly scheduled resident meeting.

The staff members identified forty-four tasks which could potentially be assumed by volunteers. The residents identified fifteen. The student then compared these lists and identified six areas where the needs of the staff and the needs of the residents overlapped. This resulted in the development of the following volunteer roles or functions:

1. Job Search Facilitator - A major problem experienced by the residents, in terms of locating employment, was transportation. Residents predicted that their efforts to secure work would be eased if someone was available to take them to various job sites and industrial areas of the city. Staff did not feel they had the time available to provide this service. They also worked shift work and at times were not available to provide transportation during the hours when the residents were out looking for work.

2. Sports and Recreation Coordinator- A significant number of residents expressed an interest in becoming involved in organized sporting activities in Winnipeg but were uncertain how to become involved. They were not interested in forming a team which would be identified, in any way, with Osborne Centre or the correctional system.

It was felt that a volunteer who was knowledgeable with respect to the organized sports and recreational programs available could assist with connecting the residents with appropriate teams or leagues.

3. Budgeting and Money Management Counsellor- Both staff and residents recognized a problem in that the residents needed to learn to handle their money more wisely. Some seemed unable to make their earnings last from one pay cheque to the next, no matter how much they earned. There

was an additional concern on the part of staff members that residents, when released from Osborne Centre, had not accumulated enough savings to act as a cushion in the event they encountered unanticipated expenses.

4. Car Maintenance Instructor- Residents who owned vehicles recognized they could cut down on expenses if they were able to perform routine maintenance and minor repairs. They indicated they would be willing to utilize a volunteer who would assist and train them while they worked on their own cars. Staff saw this as a valid volunteer role because most residents could only afford to buy older cars which were prone to mechanical failure.

5. Tutor- Both staff and residents indicated that, on a case by case basis, a tutor working individually with residents would be a valuable resource.

6. A.A. Linkage - Staff expressed concern that there was a tendency for some residents who were active A.A. participants in prison to fail to follow-up with their involvement in the community. Residents expressed apprehension and discomfort about going to their first meetings in the community. Both staff and residents felt that a possible solution would be to recruit a volunteer who would assist the resident by accompanying him to one or more meetings in the community until the resident began to feel comfortable

enough to start attending on his own.

Following identification of the roles that could be filled by volunteers, the student developed function descriptions (see Appendix A, pp. 7) which outlined the tasks to be performed by the volunteers, characteristics of the volunteer considered essential or desirable for fulfilling these tasks, expectations in terms of time commitments, etc. The next step was to recruit, select and orient a pool of volunteers to fulfill the roles.

Alcoholics Anonymous linkage volunteers were obtained through the A.A. Institutional Committee. This is a group of A.A. members who have assumed responsibility for ensuring that the A.A. program is operating effectively in correctional institutions and hospitals throughout the province. No formal relationship existed between the A.A. Institutional Committee and the Osborne Centre. The student attended one of the Committee's monthly meetings and defined the needs as identified by Osborne Centre staff and residents. Despite some resistance (there was a very vocal minority of A.A. members who voiced the opinion that the residents knew when and where A.A. meetings took place and they did not need to be "led by the hand" to attend meetings if their commitment to the A.A. program and philosophy was sincere), I was able to secure the cooperation of the Committee. Four members volunteered their names, addresses, and

phone numbers and indicated a willingness to accompany residents to meetings on request. The A.A. members, as a group were all extremely apprehensive about being identified with "the system" and very protective of their autonomy. Consequently, some concessions were made in terms of dispensing with any formal orientation and training sessions for those who agreed to act as resources.

The relationship established with the A.A. Institutional Committee became a very valuable resource. During the time remaining in the practicum study, three Osborne Centre residents were paired with volunteers from A.A. Both staff and residents expressed satisfaction with the arrangement.

Two volunteers were recruited through informal channels. The person enlisted as a tutor was a former parolee who had recently retired from a teaching position at a post-secondary educational facility in Winnipeg. He had a wealth of experience in teaching and designing courses. An added benefit was that he had served a prison sentence and was able to understand the life experience of the residents. During the course of the practicum he was matched with two residents and met with them, on an individual basis, as much as three times per week. Again, positive feedback was obtained from both staff and residents concerning his contribution. The volunteer was very pleased by his experience

as a volunteer because it filled a void in his life which resulted from his retirement. He found his involvement to be both challenging and rewarding.

The other volunteer secured through informal channels was the individual who functioned as a Budgeting and Money Management Counsellor. He was working as a counsellor at the Main Street Project's Detoxification Centre in Winnipeg and, by coincidence, approached the Superintendent at Osborne Centre about employment opportunities in the corrections field shortly after the needs assessment exercise was conducted. We capitalized on his interest and his wealth of experience living on a limited or fixed income, and enlisted him in a voluntary capacity. Following his training and orientation, which consisted of reviewing the philosophy on purpose of community corrections, observing the operation of Osborne Centre, meeting with staff and residents, and defining the key issues to be addressed when assisting residents with money management, he was matched with two residents. He met with these residents together on one occasion. The feedback about this session conflicted. The residents both indicated that the volunteer was unable to understand and relate to their specific needs and that the advice and guidance he provided was of no value to them. The volunteer expressed the opinion that the residents were "out of touch with reality" in that they expressed no desire to approach money management in an orderly fashion and displayed no



interest in living within their means or planning for the future. The student intended to meet together with the residents and the volunteer in order to obtain more specific feedback and use of this to adapt or modify the methods or style of the volunteer so that the experience would not be repeated with other residents. Unfortunately, the volunteer left Winnipeg to accept a new job in another city before this could occur. A replacement volunteer was not located prior to the termination of the student's involvement.

Requests were sent to the Volunteer Centre of Winnipeg to advertise the other volunteer positions in their weekly newspaper advertisements. Only one position, that of budget counsellor, was listed in the newspaper. There was a delay of five weeks between the time the request was submitted and the ad appeared in the local newspapers. The advertisement resulted in one possible candidate being referred. He was a young, unemployed, Native Indian who had taken some post-secondary accounting courses and had experience administering funds for an Indian Band. He was interviewed jointly by the student and the Superintendent of Osborne Centre. While he demonstrated an understanding of general business accounting practices he did not impress us as having the same ability as the other budget counsellor to translate these into terms that the residents would be able to grasp and apply to their own personal lives. What we did discover, however, was that he was very active in organized

sports (specifically baseball and hockey) and that he might function better in the capacity of Sports and Recreation Coordinator. He was offered this position and accepted it.

The Sports and Recreation Coordinator went through a similar orientation process to the Budgeting and Money Management Counsellor. Following this, the residents were advised, at a regular resident meeting, that he was available to assist them with getting linked up with organized sporting activities in the community. Seven residents were willing to meet with him to discuss their needs and interests. The volunteer agreed to come to Osborne Centre one evening approximately one week after the resident meeting to become engaged with the interested residents. The residents were informed of the arrangements both verbally and in writing well in advance of the date scheduled. Yet none of the residents was present at Osborne Centre at the scheduled time.

The residents' failure to comply with their intentions became an issue at the next resident meeting as well as during individual sessions with their case workers. The case workers on duty that evening were admonished for allowing the residents to leave the Centre on recreational passes when they had appointments to keep at the Centre. It was discovered that only one of the residents had a prior commitment for that evening which could not be altered. As a conse-

quence of this experience, the Sports and Recreation Coordinator lost interest in volunteering at Osborne Centre. He refused to make another attempt at becoming engaged. The experience also affected the case workers' attitudes toward the residents vis a vis the residents' level of sincerity and commitment to the volunteer program. It contributed to and reinforced a belief, on the part of some of the staff, that residents were only "paying lip service" to the volunteer program and that it was a waste of their time and the student's time to explore and develop new methods of meeting their needs. The position was not re-filled prior to the termination of the practicum intervention.

In summary, then, it would appear that the modification of procedures to identify volunteer roles based on a needs overlap analysis was a more streamlined approach toward filling TYPE A volunteer roles at Osborne Centre. Based on the outcome it would appear that informal channels of recruitment produced better results. Using the Volunteer Centre as a resource for recruiting volunteers resulted in delays, limited choice, and, in the case of recruiting for a Job Search Facilitator and a Car Maintenance Instructor, no referrals. The results of the volunteer matches were mixed. The experiences with the A.A. linkage persons and the tutor were extremely positive. The experiences with the Budgeting and Money Management Counsellor and the Sports and Recreation Coordinator were unsatisfactory. Because the volunteers were

inaccessible following their negative experiences, it was impossible to identify the problems that occurred and take further steps to correct them. One can only speculate that one or more of the following factors contributed to the unsatisfactory outcomes:

- inadequate screening of volunteers (ie. the wrong person was selected for the role)

- insufficient training of the volunteers

- insincere commitments on the part of the residents

- insufficient communication of expectations to staff, residents, and volunteers

- staff sabotage (particularly with respect to what happened when the meetings were supposed to occur with the Sports and Recreation Coordinator).

In the cases where residents were successfully matched to volunteers, there is no evidence to suggest that the relationships developed beyond the terms of the voluntary relationship. In other words, these relationships did not take on new meaning for the residents. It is worthy of note, however, that one of the residents matched with the tutor continued to return to Osborne Centre regularly to meet with

the tutor for several months after his release from Osborne Centre. Only in the case of matches with the A.A. linkage persons did involvement with the volunteer lead to the potential for forming new relationships with the volunteer acting as a bridge. The potential for such bridging relationships to occur was available through the Sports and Recreation Coordinator but, unfortunately, this potential was not realized.

An unintended outcome, resulting from not being able to recruit a volunteer to provide transportation to assist residents with job searches, is that the Superintendent found a way to allocate funds for the purchase of bus passes which were made available to unemployed residents.

#### Changes to the TYPE B Process

One function of the student was to develop an inventory of groups or organizations willing to accept residents from Osborne Centre as volunteers. Such an inventory included such information as the purpose of the agency, what roles volunteers were fulfilling, who selected and supervised the volunteers, what qualities they were looking for in potential volunteers, expectations in terms of time commitments, etc. The development of a pool of resources was intended to serve a number of purposes:

1. It would save time and energy in the long term. It would simplify the process of locating resources appropriate to the interests and abilities of particular residents.

2. It eliminated the risk of a resident being rejected by the group or organization solely on the basis of his criminal record. The existence of the inventory also could be used to demonstrate to residents that the existence of a criminal record would not act as a barrier to volunteer activities.

3. The efforts extended to compile the inventory would advertise the availability of Osborne Centre residents for volunteer activity.

4. The information compiled about the agency or group could be shared with a resident prior to his referral to the agency. He would be better prepared for the intake interview in terms of knowing the agency's mission, the types of volunteer roles available, what qualities the agency representative would be looking for, etc.

5. The referral process could be interpreted to the resident in advance. He would know what delays, if any, to expect.

6. Having the name of a specific contact person would personalize the referral process. There is a vast difference, from the point of view of a resident or, for that matter, any consumer of services, between dealing with a faceless agency and approaching the agency already knowing something about a specific contact at the agency.

7. Through gathering information for the inventory, the student would establish communication links with representatives of the agencies which would be useful for obtaining feedback about the resident's performance.

A number of private agencies and government departments have formal volunteer programs managed by full time or part-time volunteer coordinators. The Volunteer Centre of Winnipeg keeps a list of these agencies and volunteer coordinators. A copy of this list was obtained from the Volunteer Centre and a letter describing the intervention and advertising the availability of Osborne Centre residents for volunteer activities was sent to each individual listed.

The response to the letter was almost immediate and not what was anticipated. A representative of the Volunteer Centre indicated that some complaints were registered concerning the letter. It was felt that the list of volunteer coordinators was used for a purpose for which it was not intended. It was also emphasized that the Volunteer Centre

acts as a resource for other agencies by interviewing, screening and referring potential volunteers.

A meeting took place at the Volunteer Centre in order to resolve the issues raised and develop a mutually acceptable arrangement. The procedures were amended as follows:

1. I would continue to conduct the intake interviews with the residents at Osborne Centre as before.

2. I would contact a representative of the Volunteer Centre of Winnipeg, provide a summary of the resident's abilities and interests, and arrange for an appointment for the resident with a Volunteer Centre placement worker.

3. The Volunteer Centre placement worker would re-interview the resident, re-assess his abilities and interests, and refer him to an agency.

4. If the resident does not arrive for the interview at the Volunteer Centre, Osborne Centre would be notified.

5. If the resident is referred to an agency, the Volunteer Centre would send Osborne Centre a letter which



would identify the agency, provide information concerning details of the volunteer activity, time commitments, etc. to Osborne Centre.

6. After approximately one month the Volunteer Centre would solicit written feedback from the agency concerning the resident's performance which would be relayed to Osborne Centre.

7. If the resident is unable to fulfill his voluntary commitments (ie. he absconds or reoffends), Osborne Centre would immediately notify the Volunteer Centre.

While the meeting with the Volunteer Centre representative resolved the conflict which had arisen and resulted in an orderly and rational referral process -- one which, it appeared, could be easily adopted by Osborne Centre staff when the student withdrew his services -- the procedures had negative implications for the intervention. It created a distance between the student and the agency or group employing the resident as a volunteer. It created the potential for residents to view themselves as "special cases" who were different from other volunteers in that two levels of screening were necessary. Most importantly, it introduced one more step in the referral process, resulting in delays connecting residents with the agencies or groups and increasing the risk that residents would not become engaged in voluntary

activities.

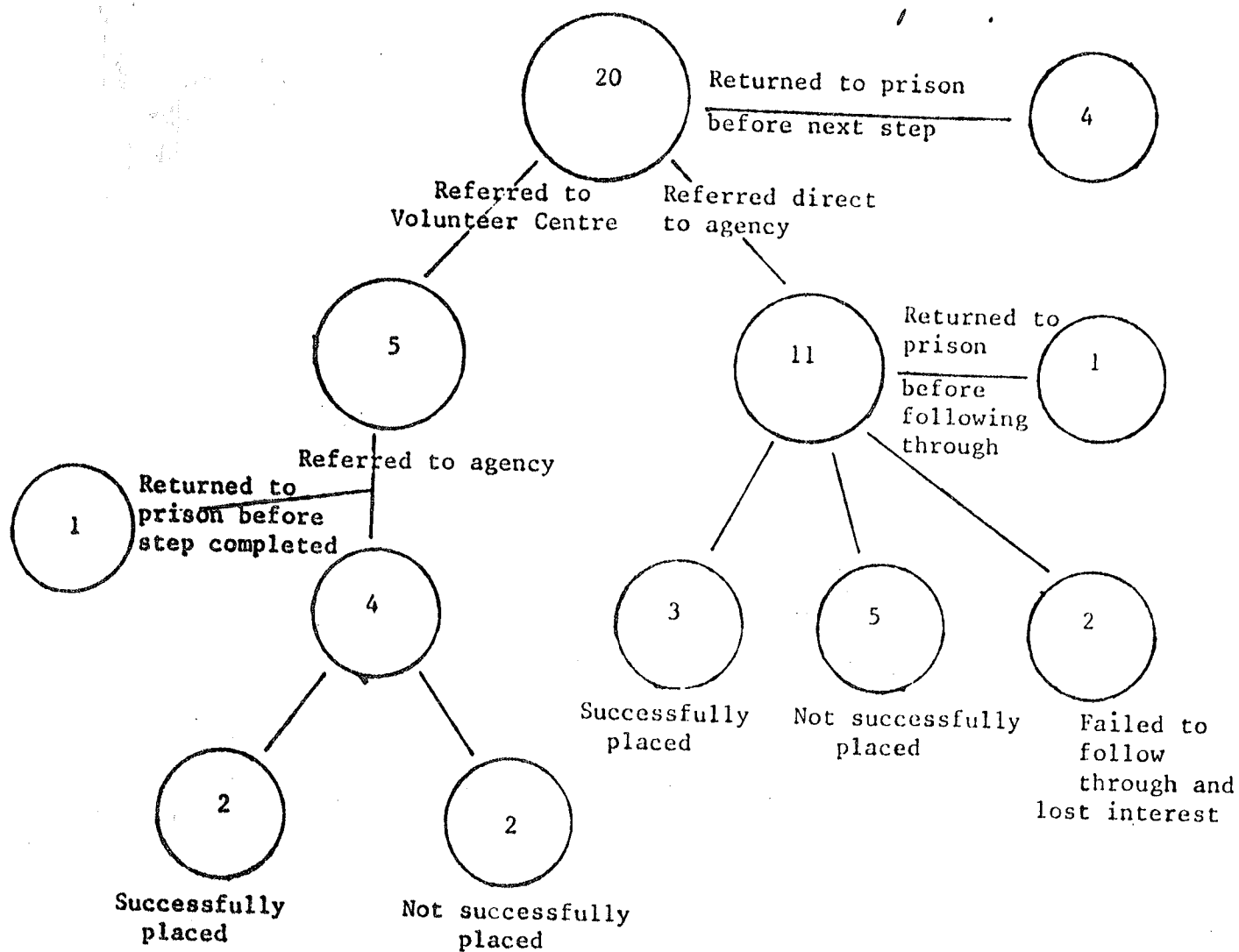
The Volunteer Centre's hours of operation presented a significant obstacle to the referral process. The agency usually closed at 4:30 p.m. On Thursdays they remained open until 5:00 p.m. in order to accommodate potential volunteers who worked full time.

On at least one occasion a resident was required to wait three weeks before he could see a representative of the Volunteer Centre because he could not attend an interview before 4:30 p.m. and they had a waiting list for the late appointments. In other instances it was necessary to by-pass the Volunteer Centre because it was impossible for the resident to take the time off work or arrange to get to the Volunteer Centre before 5:00 p.m.

In spite of the intervention of the Volunteer Centre, liaison was established with a number of agencies willing to employ Osborne Centre residents in volunteer roles. Of the twenty residents who were interested in becoming engaged in voluntary activity, eleven were referred directly to agencies and five were referred through the Volunteer Centre. The remaining four residents either absconded from Osborne Centre or were returned to a closed institution before any steps were taken to make a referral (ie. in a matter of days from the time of the intake inter-

view at Osborne Centre). The results of the process are described schematically below.

FIGURE 2 - SCHEMATIC REPRESENTATION OF PROCESS RESULTS



### Volunteer Centre Referrals

Five residents were referred through the Volunteer Centre of Winnipeg. All of them followed through on the referral to the Volunteer Centre, although one individual had to wait three weeks for an appointment time which was convenient with his work schedule. Two residents failed to attend their initial interviews. New appointments had to be scheduled and these residents needed to be encouraged to follow through with their commitments. One resident was returned to a more secure institution for violating the conditions of his day parole following his interview at the Volunteer Centre but before his interview with an agency which was set up by Volunteer Centre staff.

The two successful placements occurred with Freight House and the Winnipeg Boys and Girls Club. The residents spent one or two evenings per week supervising children participating in the programs. Feedback from the agencies indicated they were reliable and capable volunteers. They continued with their involvement until the student's withdrawal from Osborne Centre. By that time one was actively volunteering for approximately two months and the other one was involved approximately six weeks.

One resident referred through the Volunteer Centre was referred on to the Winnipeg Parks and Recreation depart-

ment. He attended an intake interview with a volunteer coordinator in the middle of May and was advised no openings would occur until July. By the middle of July he had received no response from Parks and Recreation staff and he indicated he had little available time to volunteer. He had no interest in following up on the referral on his own or having the student make enquiries on his behalf.

The second unsuccessful referral through the Volunteer Centre involved a resident who, we suspected, was not genuinely interested in performing voluntary activities but was primarily interested in creating a favourable impression for himself with Osborne Centre staff. He missed his initial interview at the Volunteer Centre but was very apologetic and contrite when his motivation and sincerity were called into question. He kept his second appointment at the Volunteer Centre but became engaged in an argument with the placement worker about the types of volunteer activity he was prepared to perform. Following this interview the student explored the nature of this argument with him and it appeared he was given the impression (or distorted what was said) that he would be asked to perform duties, on a voluntary basis, which would replace the need for paid employees who previously performed the work. After this misunderstanding was resolved, a third interview was established at the Volunteer Centre and the student arranged to accompany the resident (a) to ensure his attendance and (b) to mediate any misunder-

standing that might occur. This meeting did not occur because the resident absconded from Osborne Centre before it was to take place. He was apprehended outside the province. Consequently, the student was unable to get further information about his sincerity or motivation.

#### Direct Referrals

Three residents were successfully placed directly with agencies. One became involved one evening per week working with severely retarded children at the St. Amant Ward. He was attending university part-time and he had taken some courses in Behavioural Psychology. He was interested in gaining practical experience in the field and his placement at the St. Amant Ward seemed to be ideally suited to his needs. He continued with this placement for approximately two months while he was at Osborne Centre. The student was unable to find out whether he continued with this activity following his release on full parole.

Another resident, who was extremely active with Alcoholics Anonymous, was linked up with an individual who was leading an A.A. group at the Manitoba Youth Centre on a weekly basis. The resident assisted with preparing for and facilitating meetings with this group. His involvement lasted approximately three months while he was at Osborne Centre and continued beyond his release on full parole.

The experience of the third resident was extremely interesting in terms of identifying unintended side effects. He was referred to a private group home which operated a treatment program for juvenile offenders. Initially he was expected to assist staff in a voluntary capacity two evenings per week. The director of the group home was extremely impressed with his abilities and indicated he would hire the resident full time if he had an opening. The student and the resident's caseworker mobilized the resources of Canada Employment and Immigration and a training program was developed for the resident. The group home agency would train him to be a child care worker while C.E.I.C. supplemented his wages up to a level of 85% over a one year period. Unfortunately, for the resident, this training program came to a premature end after approximately two months because the group home closed. The exact reason for this was not known but rumours were circulating to the effect that the agency was in financial difficulty or had problems involving licensing with the Office of Residential Care.

Two residents referred directly to other agencies failed to follow through on the referrals. When questioned about this they both indicated that they did not feel ready to make long term commitments to provide voluntary services. The option to become involved was left open to them but neither resident took advantage of the opportunity at a later date.

Five residents who maintained an interest in becoming engaged in voluntary activity throughout their stay at Osborne Centre were not successfully placed. Three of these individuals were interested in becoming Big Brothers. In our estimation, they had the motivation and potential to fulfill such roles. Two of these residents went through a series of screening steps required by the Big Brothers Organization while the third resident decided to wait to see what happened with the other two residents before he made a formal application. The screening process was very thorough and time consuming. The residents who applied, both of whom were serving life sentences, were very candid with respect to their personal and criminal backgrounds. They received positive feedback concerning their personal suitability from various levels of the agency. Unfortunately, for them, the agency had recently experienced a great deal of negative publicity concerning recent reports of inappropriate behaviour of Big Brothers and agency staff were extremely cautious in their review of new applicants. The applications of the Osborne Centre residents were eventually referred to the Board of Directors of the agency and they were rejected at that level. In this instance, it appears the decision was influenced more by the sensitivity of the agency to negative public reaction and the fact that the residents had criminal records, than it was determined by the actual character and suitability of the applicants.



One resident, referred directly to a private adolescent group home, was considered, by the director of the agency, to lack personal suitability for the role. He was later referred to the Childrens Aid Society of Winnipeg to be considered for placement in one of their group homes and was again rejected. He was eventually returned to Stony Mountain Institution for violating the conditions of his day parole (he was sneaking out after curfew and committing Break and Enter offences). The rejection he experienced attempting to become engaged in voluntary activity may have been a factor contributing to the eventual outcome but the degree to which this influenced his subsequent behaviour cannot be determined. In a follow-up interview he did not attempt to rationalize his behaviour on the basis of his negative experience in the volunteer program.

The final resident presented rather unique problems, in terms of engaging him in volunteer activities. He had no ties in the Winnipeg area, nor did he wish to develop any. His eventual goal, which he did realize during the time the student was present at Osborne Centre, was to obtain full parole and relocate in a different city. Although he was interested in performing volunteer work in order to use his leisure time in a constructive manner, he was not in a position to make any long term commitments. Most agencies having formal volunteer programs invest a great deal of time and energy in orienting and training volunteers and, in

return, expect fairly long term commitments from potential volunteers. The student was unable to identify an agency or group willing to accept a volunteer who was able to make a commitment for one only or two months. In many cases it took this long for agencies to screen, orient, and place volunteers in roles within their agencies. He was granted full parole and left the city before an appropriate resource was located.

#### FEEDBACK AT TERMINATION

At the time of the withdrawal of the student's services, feedback was obtained from the staff, residents and external volunteers. Feedback forms (see Appendix A, pp. 10-14), were used in order to focus and standardize the information obtained.

#### Resident Feedback

Some difficulty was encountered locating residents who had participated in the program but left Osborne Centre during the program's existence. Of the 22 residents willing to become involved in the program, feedback was obtained from 12. Four of these were still residing at Osborne Centre, four were living on their own in the Winnipeg area, and four were located and interviewed at Stony Mountain Institution.

Seven of the participants described their involvement in the intervention as either important or very important in terms of assisting with their re-integration into the community following incarceration. The majority (9) described the program as responsive to their individual needs. The most frequently cited criticism of the program related to the delays encountered in the referrals to the Volunteer Centre and to agencies or groups. A small number (3) suggested that the student or Osborne Centre staff should take a more active role by accompanying them to interviews but the majority of participants expressed the opinion that the student and staff need not have acted differently.

There appeared to be a consensus that the program should continue because it offered a new avenue for residents to develop friendships, use their leisure time constructively, and receive acknowledgement, recognition, and self-satisfaction from helping others. There were no suggestions for changing the structure, process or priorities of the program.

#### External Volunteer Feedback

Feedback was obtained from three individuals who acted as volunteers at Osborne Centre. The tutor and recreation coordinator felt they had a clear understanding of their roles. The budget counsellor commented that he did not

understand his role clearly and he was not involved long enough for a clear role to develop. He and the recreation coordinator expressed dissatisfaction with the amount of orientation and training provided. Unfortunately, their involvement as volunteers was brief and there was little opportunity to correct this deficiency.

The volunteers expressed satisfaction with the way they were treated by staff and with their overall experience as volunteers. This finding is unusual in light of the fact that the budgeting counsellor expressed frustration concerning his sessions with the residents and the recreation coordinator withdrew his services after none of the residents showed at meetings scheduled with him. None of the volunteers suggested changes in the way the program functioned.

#### Staff Feedback

The casework staff completed a feedback questionnaire at the termination of the student's involvement (see Appendix A, pp. 13-14). The staff felt the objectives of the program were consistent with the goals and objectives of Osborne Centre. The program was responsive to the residents' needs and had a positive effect on their efforts to reintegrate. The student's activities did not conflict with or interfere with the staff members' goals or objectives for the residents.

One staff member indicated there was not adequate opportunity to influence the direction of the program. The others were satisfied with the amount of opportunity for input provided.

Staff were satisfied with the quality of the outside volunteers recruited through the program. They were also satisfied with the quality of training and supervision provided to the volunteers. Three staff indicated the presence of the program resulted in no change in terms of their work load. Two staff felt that the program's implementation had led to an increase in the amount of work they did. None of the staff felt that the existence of the program led to a reduction of their work loads.

The staff feedback did not suggest changes to the program's structure or the student's methods. The criticisms by the staff reflected a concern about the motivation of the residents and suggested that more effort should have been directed toward encouraging the residents to follow through on commitments. Their comments exposed an attitude that residents could not be self-motivated but needed to be encouraged, directed, and controlled by staff. In spite of having the opportunity to work with residents who became engaged in voluntary activity outside Osborne Centre, the staff still expressed the need to be extremely selective and cautious when providing such opportunities to the residents.

## CHAPTER IV

### CONCLUSIONS

What was accomplished over the course of the Practicum? The intervention intended to create new opportunities for the development and expansion of social support systems for penitentiary inmates was tested in a Community Corrections setting. The program's existence contributed to the agency's success in obtaining accreditation from an independent reviewing body. The program's philosophy and procedures were considered compatible with the goals and methods of the host agency and, over the course of the intervention, the program was approved for inclusion as a part of the organization's activities aimed at assisting offenders to re-integrate following incarceration. The extent of the program's acceptance is demonstrated by the special attention accorded to the program in Osborne Centre's current Resident Handbook (see Appendix C, pp. 6), which was published in the latter stages of the intervention.

It was demonstrated that the introduction of a new initiative within an agency had impact on the clients served by the agency, on the agency's staff and administrators, and on groups and organizations external to the agency. The way in which these systems responded to the intervention resulted

in modifications and adjustments to the program's procedures. This, in turn, made it more difficult to evaluate the program's effects.

The examination of the intervention points out the difficulty defining and measuring social support systems. A numerical estimation of the size of one's support system or personal network failed to account for qualitative aspects of these relationships. It also became apparent that the significance of interpersonal relationships differs between individuals and among individuals at different points in time. A multitude of other factors (e.g. financial security, self-image, values, perceptions of others, etc.) affect one's behaviour and it is difficult to isolate the effects of social support on one's performance. The intervention failed to confirm or discredit the notion that the increased availability of social support for criminal offenders would increase their success with re-integrating in the community. There is a need for an operational definition of social support which measures both quantitative and qualitative aspects of social support before studies can isolate the effects of social support on outcome measures such as recidivism.

Time seemed to be the most critical independent variable affecting the program's impact on individual residents. The enthusiasm and motivation of both residents and

staff waned considerably if delays occurred. Staff tended to generalize their frustration and blame the limited results on the residents' lack of motivation and ambition. A frequent criticism from staff was that the residents were only paying lip service to the notion of involvement in voluntary activities and their initial enthusiasm was not sincere. It is equally plausible that the decrease in motivation and enthusiasm was a function of the passage of time while the residents experienced a major transition in their lives. Immediately following their arrival at Osborne Centre they experienced a state of upset and uncertainty and they were more receptive to plans and ideas concerning involvement in new activities. As time passed, however, they became settled in certain patterns and routines and became more resistant to the introduction of new experiences.

Some of the delays were unavoidable due to the fact that the student wished to mesh the intervention's procedures with the Individualized Program Planning process practiced by the agency to increase the likelihood that the intervention would be incorporated into this practice and continue beyond the student's tenure with the agency. Other delays, particularly those which resulted from the Volunteer Centre's insistence that it become involved in the process, and the Volunteer Centre's inconvenient hours of operation, could have, and probably should have, been avoided.



The effect of the passage of time gave rise to a dilemma which was faced throughout the intervention. It appears that a strategy employing a limited choice of volunteer opportunities and straight forward, efficient referral mechanisms would be more effective in terms of achieving a higher percentage of actual placements. The major disadvantage would be that the individual needs and abilities of the residents would be secondary to the needs of the program. While in this particular example the student opted for an individualized approach, based on the outcome of the Needs Assessment exercise, it may be useful for subsequent studies to adopt a more streamlined approach and compare the findings with this study.

This Practicum demonstrated that a group of people, traditionally treated as recipients of social welfare programs and traditionally placed in dependent or subservient roles by social agencies, possess both the motivation and the ability to integrate more fully into pro-social roles and life styles through voluntary activity. It is recommended that similar initiatives be attempted in other agency settings. Clients/recipients/patients of other social agencies represent an untapped pool of talent, from which agencies could draw, to help service the needs of other groups or individuals needing assistance. Programs similar to the one implemented in this Practicum could create a number of opportunities for clients/recipients/patients of other

agencies including:

1) the opportunity for clients to practice existing skills or develop new ones in a setting where they do not feel wholly dependent or subservient.

2) the opportunity to use some of their leisure time (which in some instances, represents every waking hour) engaged in productive or rewarding pursuits.

3) the opportunity to engage in social interaction with others and, potentially, enlarge their informal support networks.

4) the opportunity to challenge and modify the assumptions held by workers about clients, the assumptions held by clients about themselves, and the assumptions held by other individuals or groups concerning a particular client or group of clients.

5) the opportunity, in some cases, for clients to transform volunteer roles into paid employment.

## APPENDIX A

### FORMS

- A-1 Declaration
- A-2 Resident Application
- A-4 Record of Contacts
- A-5 Community Volunteer Application
- A-7 Function Description
- A-8 Sports and Recreation Questionnaire
- A-9 Volunteer Resource Inventory
- A-10 Resident Feedback
- A-11 Community Volunteer Feedback
- A-13 Case Manager's Feedback

Osborne Centre, in cooperation with the School of Social Work at the University of Manitoba, is examining how voluntary activities can be used by residents at the Centre to establish or re-establish linkages in the community. We will be looking at the effectiveness of three types of voluntary activity:

- TYPE A - Volunteers from the community will be recruited and matched, on a 1-to-1 basis with residents related to specific needs or interests of the resident.
- TYPE B - Residents will be linked with individuals, groups, or organizations in the community to perform voluntary activities.
- TYPE C - Volunteers from the community with specialized skills or expertise will be recruited to conduct group seminars with residents on topics within their area of expertise.

In order to effectively evaluate the program we will be collecting personal information from participants and we will be requesting feedback about their experience in the program. Any reports written or published with respect to the program will not reveal the identities of the participants.

DECLARATION:

I understand that the information provided by me will be held in strictest confidence and that any reports written or published with respect to this program will not reveal my name or identity.

signed \_\_\_\_\_ date \_\_\_\_\_

Witnessed \_\_\_\_\_ date \_\_\_\_\_

NAME \_\_\_\_\_ CASE MANAGER \_\_\_\_\_

OB \_\_\_\_\_ AGE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ # OF DEPENDENTS \_\_\_\_\_

LENGTH OF SENTENCE \_\_\_\_\_yr\_\_\_\_\_mo\_\_\_\_\_days TIME SERVED TO DATE \_\_\_\_\_yr\_\_\_\_\_mo\_\_\_\_\_days

EDUCATIONAL STANDING \_\_\_\_\_ EMPLOYMENT STATUS \_\_\_\_\_

RELIGIOUS AFFILIATION \_\_\_\_\_ ETHNIC BACKGROUND \_\_\_\_\_

HOW MANY PEOPLE IN WINNIPEG WOULD YOU REGULARLY SEE IN YOUR LIESURE HOURS \_\_\_\_\_

VOLUNTEER EXPERIENCE-indicate present activity with an asterisk(\*)

from: to: frequency: place: description of duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VOLUNTARY INTERESTS

TYPE A: \_\_\_\_\_yes \_\_\_\_\_no If yes, what role would such a person play? \_\_\_\_\_

\_\_\_\_\_

TYPE B: \_\_\_\_\_yes \_\_\_\_\_no If yes, list what kinds of volunteer activities interest you.

RECREATIONAL: \_\_\_\_\_

\_\_\_\_\_

SOCIAL: \_\_\_\_\_

\_\_\_\_\_

SERVICE: \_\_\_\_\_

\_\_\_\_\_

TYPE C: \_\_\_\_\_yes \_\_\_\_\_no If yes, please provide suggestions for seminar topics.

\_\_\_\_\_

\_\_\_\_\_

## TIME COMMITMENTS

## TIMES AVAILABLE

TYPE A: \_\_\_\_\_hours/week \_\_\_\_\_hours/month \_\_\_\_\_ daytime during week

TYPE B: \_\_\_\_\_hours/week \_\_\_\_\_hours/month \_\_\_\_\_ evenings during week

TYPE C: \_\_\_\_\_hours/week \_\_\_\_\_hours/month \_\_\_\_\_ daytime during weekends

\_\_\_\_\_ evenings during weekends

WHAT SKILLS OR ABILITIES DO YOU POSSESS WHICH WILL CONTRIBUTE TO YOUR EFFECTIVENESS

AS A TYPE A VOLUNTEER? \_\_\_\_\_

\_\_\_\_\_

WHAT PERSONAL NEEDS CAN BE BEST MET THROUGH TYPE B OR TYPE C VOLUNTEERS? \_\_\_\_\_

\_\_\_\_\_

signed \_\_\_\_\_ date \_\_\_\_\_

OFFENCE(S)- \_\_\_\_\_

COMMENTS (priorities, preferences, action plans)- \_\_\_\_\_

REFERRALS-

type:    date:    person/place:                      outcome:

TYPE OF CONTACT

E

1

COMMENTS

ACTION REQUIRED

[illegible]

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
DOB \_\_\_\_\_ AGE \_\_\_\_\_ PHONE home \_\_\_\_\_ work \_\_\_\_\_  
MARITAL STATUS \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_ AGES \_\_\_\_\_  
EDUCATIONAL STANDING \_\_\_\_\_ RELIGIOUS AFFILIATION \_\_\_\_\_  
ETHNIC BACKGROUND \_\_\_\_\_ LANGUAGES SPOKEN(other than English) \_\_\_\_\_  
EMPLOYMENT HISTORY(list present job first)  
from: to: employer: address: phone: supervisor:

VOLUNTARY EXPERIENCE-indicate present activity with asterisk(\*)  
from: to: frequency: place: role:

PERSONAL REFERENCES- two people who are not employers or relatives  
name: address: phone:

LIST INTERESTS OR HOBBIES

LIST PROFESSIONAL OR TECHNICAL SKILLS

HOW DID YOU HEAR ABOUT VOLUNTEER OPPORTUNITIES AT THIS AGENCY?

WHAT TYPES OF VOLUNTEER ACTIVITIES ARE YOU INTERESTED IN?

WHY ARE YOU INTERESTED IN PROVIDING VOLUNTARY SERVICE AT THIS AGENCY?

LIST ANYONE ELSE YOU KNOW WHO MIGHT BE INTERESTED IN PERFORMING VOLUNTARY SERVICE

name	address	phone
name	address	phone

I hereby authorize Osborne Centre to contact the above references and conduct a cursory security check. signed \_\_\_\_\_ date \_\_\_\_\_



CPIC CHECK: date \_\_\_\_\_ results: \_\_\_\_\_

WAIVER SIGNED: date \_\_\_\_\_

DECLARATION SIGNED: date \_\_\_\_\_

REFERENCES CHECKED: date \_\_\_\_\_ results \_\_\_\_\_

INTERVIEWED BY: . \_\_\_\_\_ date \_\_\_\_\_

COMMENTS:(including how person was recruited)

ROLE: \_\_\_\_\_

ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESSENTIAL QUALIFICATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESIRED CHARACTERISTICS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRAINING REQUIREMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TERM OF SERVICE: \_\_\_\_\_

REPORTING RESPONSIBILITY: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSITION FILLED BY \_\_\_\_\_ DATE \_\_\_\_\_

SELECTED BECAUSE: \_\_\_\_\_

SIGNED \_\_\_\_\_

## SPORTS AND RECREATION QUESTIONNAIRE

NAME \_\_\_\_\_

Please indicate interests with a check mark in the appropriate space. This will help us plan individual and group sports and recreation programs.

Baseball \_\_\_\_\_  
Basketball \_\_\_\_\_  
Volleyball \_\_\_\_\_  
Hockey \_\_\_\_\_  
Cribbage \_\_\_\_\_  
Pool or snooker \_\_\_\_\_  
Broomball \_\_\_\_\_  
Floor hockey \_\_\_\_\_  
6-man football \_\_\_\_\_  
Swimming \_\_\_\_\_  
Weight-lifting \_\_\_\_\_  
Jogging \_\_\_\_\_  
Bridge \_\_\_\_\_  
Chess \_\_\_\_\_  
Soccer \_\_\_\_\_  
Other (list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to meet with the volunteer Sports and Recreation Coordinator about getting connected in sports and recreation activities in the community?

YES \_\_\_\_\_  
NO \_\_\_\_\_

NAME- \_\_\_\_\_

ADDRESS- \_\_\_\_\_

PHONE- \_\_\_\_\_

CONTACT PERSON- \_\_\_\_\_

REFERRAL PROCEEDURE- \_\_\_\_\_

VOLUNTEER ROLES- \_\_\_\_\_

ORIENTATION/TRAINING- \_\_\_\_\_

SUPERVISION- \_\_\_\_\_

TIME COMMITMENTS- \_\_\_\_\_

COMMENTS re: SPECIAL NEEDS/CONCERNS- \_\_\_\_\_

REFERRALS/PLACEMENTS- date- name- comments- \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Offence(s) \_\_\_\_\_  
Sentence \_\_\_\_\_

Length of sentence served prior to transfer to Osborne Centre- \_\_\_\_\_ years \_\_\_\_\_ months

Length of residence at Osborne Centre- \_\_\_\_\_ years \_\_\_\_\_ months

Length of involvement in the volunteer program- \_\_\_\_\_ months \_\_\_\_\_ days

Frequency of involvement- TYPE A- \_\_\_\_\_ hours/week \_\_\_\_\_ hours/month

TYPE B- \_\_\_\_\_ hours/week \_\_\_\_\_ hours/month

TYPE C- \_\_\_\_\_ sessions

Reason for termination- \_\_\_\_\_ return to prison  
\_\_\_\_\_ release on 6+1 or full parole  
\_\_\_\_\_ release on mandatory supervision

1. How important was your involvement in voluntary activities in terms of your reintegration into the community? \_\_\_\_\_ not important  
\_\_\_\_\_ important  
\_\_\_\_\_ very important

2. What aspect of voluntary involvement was most beneficial to you?

TYPE A \_\_\_\_\_ TYPE B \_\_\_\_\_ TYPE C \_\_\_\_\_

Comments: \_\_\_\_\_

3. Was the program responsive to your needs? \_\_\_\_\_ yes \_\_\_\_\_ no

Comments: \_\_\_\_\_

4. Were there things you felt your supervisor or the Coordinator of Volunteer Activities could/should have done differently? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please specify: \_\_\_\_\_

5. List three positive aspects of your involvement in voluntary activities:

6. List three negative aspects of your involvement in voluntary activities:

7. What changes would you like to see happen in Osborne Centre's volunteer program?

Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Educational Standing \_\_\_\_\_

Ethnic Background \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Employment Status- employed full-time \_\_\_\_\_  
employed part-time \_\_\_\_\_  
housewife \_\_\_\_\_  
retired \_\_\_\_\_  
student \_\_\_\_\_  
otherwise unemployed \_\_\_\_\_

Volunteer role- \_\_\_\_\_

Length of service at Osborne Centre- \_\_\_\_\_

Frequency of service- \_\_\_\_\_ hours/week \_\_\_\_\_ hours/month

1. Are you clear with respect to your role as a volunteer? yes   T   no   

Comments: \_\_\_\_\_

2. How satisfied are you with the orientation and training you received?

dissatisfied \_\_\_\_\_ satisfied \_\_\_\_\_ very satisfied \_\_\_\_\_

Comments: \_\_\_\_\_

3. Do you have a clear understanding about who you can contact concerning questions or problems you may have? yes \_\_\_\_\_ no \_\_\_\_\_

Comments: \_\_\_\_\_

4. How do you feel about your frequency of contact with staff?

too little \_\_\_\_\_ no problem \_\_\_\_\_ too much \_\_\_\_\_

Comments: \_\_\_\_\_

5. Are you satisfied with the way you are treated by staff at Osborne Centre?

dissatisfied \_\_\_\_\_ satisfied \_\_\_\_\_ very satisfied \_\_\_\_\_

Comments: \_\_\_\_\_

6. Overall, how would you rate your experience as a volunteer at Osborne Centre?

dissatisfying \_\_\_\_\_ satisfying \_\_\_\_\_ very satisfying \_\_\_\_\_

Comments: \_\_\_\_\_

7. List three positive aspects of your experience as a volunteer at Osborne Centre:

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8. List three negative aspects of your experience as a volunteer at Osborne Centre:

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9. What changes would you like to see happen in Osborne Centre's volunteer program?

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1. Approximately what percentage of your caseload is involved with the volunteer program? \_\_\_\_%
2. What effect has the volunteer involvement had on residents' successful (re)integration into the community?
- a) strong negative effect \_\_\_\_
  - b) weak negative effect \_\_\_\_
  - c) little or no effect \_\_\_\_
  - d) weak positive effect \_\_\_\_
  - e) strong positive effect \_\_\_\_
3. In your experience, which type of voluntary activity has been most effective in helping residents (re)integrate?
- Type A \_\_\_\_ Why? \_\_\_\_\_
- Type B \_\_\_\_ \_\_\_\_\_
- Type C \_\_\_\_ \_\_\_\_\_
4. How do you feel about the quality of volunteers recruited from the community?
- a) very poor \_\_\_\_
  - b) poor \_\_\_\_
  - c) O.K. \_\_\_\_
  - d) good \_\_\_\_
  - e) very good \_\_\_\_

Comments: \_\_\_\_\_

5. How do you feel about the quality of training provided to volunteers recruited from the community?
- a) very poor \_\_\_\_
  - b) poor \_\_\_\_
  - c) O.K. \_\_\_\_
  - d) good \_\_\_\_
  - e) very good \_\_\_\_

Comments: \_\_\_\_\_

6. How do you feel about the quality of supervision given to volunteers recruited from the community?
- a) very poor \_\_\_\_
  - b) poor \_\_\_\_
  - c) O.K. \_\_\_\_
  - d) good \_\_\_\_
  - e) very good \_\_\_\_

Comments: \_\_\_\_\_

7. How has the implementation of the volunteer program affected your work load?
- less work \_\_\_\_ no change \_\_\_\_ more work \_\_\_\_

How do you interpret this in terms of job satisfaction? \_\_\_\_\_



8. Do you feel the objectives of the volunteer program are consistent with the objectives of Osborne Centre? yes\_\_\_\_ no\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

9. Do you feel you have been given adequate opportunity to influence the direction of the volunteer program? yes\_\_\_\_ no\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

10. Do you feel the program is responsive to your case management needs (ie. does it not interfere with or conflict with your other objectives or plans for clients)?  
yes\_\_\_\_ no\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

11. Is the program responsive to residents' needs? yes\_\_\_\_ no\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

12. List three positive aspects of the volunteer program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List three criticisms of the program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What suggestions do you have for improving the program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. What are your views concerning inmates functioning as volunteers in the community now that you have had a chance to observe a few examples?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPENDIX B

NEED OVERLAP ANALYSIS IN THE HELPING PROCESS:

NOAH II

## CHAPTER II

## NEED OVERLAP ANALYSIS IN THE HELPING PROCESS. NOAH-II

## Introduction

Of all the People-Approach strategies, Need Overlap Analysis is most directly applicable to structured volunteer program development in agencies. Developed by NICOV three years ago, it is among the most widely field-applied of the strategies. Field feedback has substantially enriched understanding of its practical applications and variations--hence NOAH-II. Contributors to this enrichment include Timm Fautsko, Robert E. Fox, Bob Smith (Lafayette, Indiana), Keith Fairbanks, Bob Voorhees, Priscilla Reeve, Ruth Pitman, John H. Cauley, Jr., and Helene Lacatis. The first group to operate the entire process extensively in field settings was the Volunteer Programmes Branch, Ministry of Correctional Service, Ontario, Robert E. Fox, Coordinator. The author is particularly grateful for continuing input from this group, much of which has been usefully incorporated in NOAH-II.

Rationale, Purpose

Need Overlap Analysis begins by addressing two fundamental questions in volunteer programming:

1. What is the basic element fueling a volunteer program?  
Answer: A volunteer program is fueled by motivation, not money.
2. What is the basic constituency of a volunteer program from which this motivational fuel must come?  
Answer: The constituency is *threefold*: (potential) volunteers, consumers of services, and staff. No program

lacking primary relevance to any of these will be trouble-free. Therefore, all three must be People-Approached.

Need Overlap Analysis therefore approaches as people, not just volunteers, but all three types of people who must be pleased with an agency-related volunteer program: volunteers, staff, and clients. It is commonplace to say volunteers need a "motivational paycheck." It is less commonplace to include staff; yet, they must also need the volunteer program, actively and directly. Otherwise, staff apathy or resistance rears its frequent head. (Ordinarily, last and least in our minds, is the consumer client, patient, etc.) Yet, our good feelings about volunteer programs don't guarantee good impact on the client. He/she is an expert who should be consulted on whether his or her needs are being fulfilled by volunteer work. Was *your* volunteer program (job description) developed out of prior primary consultation with the intended consumer? Very few volunteer directors can give a firm "yes" to that question.

All three members of the volunteer program constituency must need the program; the volunteer to reduce attrition, the staff to reduce staff resistance or apathy, and the consumer whose needs must be met. Volunteer programs have no more right to lay helping trips on clients than paid professional programs do.

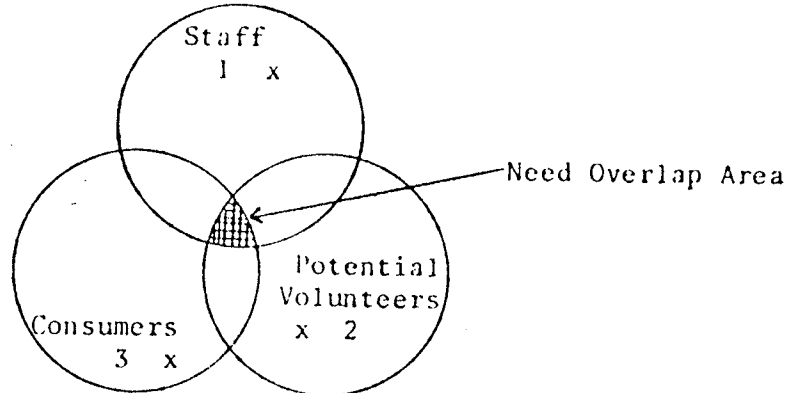
Need Overlap Analysis directly, seriously, and systematically consults volunteer program constituencies as follows: (1) staff on their needs for help with their work, and their willingness to accommodate volunteers in receiving that help from them; (2) consumers/clients on their primary needs for help in their lives; (3) volunteers on their willingness to contribute help which fits in the above two-fold matrix; also what they would like in return. In Need Overlap Analysis (NOAH-I) volunteers and staff both give and receive, but consumers only receive. The latter is a defect which is addressed partly in NOAH-II here, but more directly in later sections on Self-Help and Helping (SHAH) and

Group MINIMAX.\* Both of these processes have the potential to enhance the parity of the client in the need overlap process: his/her giving, receiving, and directing as well as being directed.

Need Overlap Analysis seeks to reconcile the three types of needs described above in a process which produces a volunteer job description. Ideally, this job description will be in a "need-overlap area," intrinsically needed and therefore motivationally supported by staff, clients, and volunteers.

Hitting this need overlap area requires a systematic strategy; because obviously the three sets of needs will not always naturally coincide. Need overlap analysis is a process which seeks the need consensus area as a motivational tripod on which to base a solid program. It searches out what staff wants volunteers to do, where it overlaps with what volunteers want to do and with what consumers need. This is the motivational matrix out of which volunteer jobs can be articulated.

First, a schema:



The non-overlap areas marked X are: (1) staff wishes for volunteer jobs which volunteers don't want to do (e.g., empty wastebaskets); (2) things volunteers want to do which staff won't

\*File for future reference: The ideal Need Overlap Analysis would probably be a need resource exchange process among the 3 constituencies. This is group MINIMAX or CO-MINIMAX (see that section).

accept (e.g., "we want to come in and critique the agency"); and (3) consumer needs that neither volunteers nor staff will accept. Thus, the first expressed need of prisoners is likely to be: "I want to get out of here." Without the reality-testing of NOAH, this suggestion might lead to a "volunteer escape artist" program. The warden might not like that.

Need Overlap Analysis does produce a percentage of consensus job material in the overlap area. Field experience confirms this. The process can produce scores and even hundreds of needed ideas from all three sectors of which up to 5-10% can "hit" the need overlap bull's-eye. The usual problem is boiling these down further to produce a few volunteer job descriptions for actual development.

Need overlap job material will differ for each unique local constellation of staff volunteer consumer negotiation. Thus, Need Overlap Analysis products are typically a direct challenge to transportation of identical volunteer program models from one locale to another. There are always surprises--need overlap jobs you never would have thought of beforehand or identified from reading books, yet they work.

Let's return now to the process. We used to present the need to escape example as humor illustrating the limits of need negotiability. We stopped using the example when we learned this client "escape need" was in fact productively addressed in the Ontario conventional system, and safely so, by developing a successful temporary absence program for less serious offenders. It wasn't quite what the consumers wanted perhaps, but their need wasn't totally rejected either.

Never discount what sensible horsetrading can do with an apparent absurd need. Horsetrading is exactly what Need Overlap Analysis requires and catalyzes. It is a process of communication, negotiation, and reality testing between volunteers, staff, and consumers. The process is healthy in itself, and it produces need overlap volunteer job definitions that are wanted by all three.

In real life situations no one expects this to be a perfectly balanced process. If volunteers are new to an agency, they'll be doing relatively more retreating than winning in the negotiations. Ditto for consumers, insofar as the agency isn't accustomed to consulting them on what's best for them, or they might be overwhelmed by the unaccustomed opportunity to input.

The communication or negotiation process, particularly when face-to-face, is another positive by-product of Need Overlap Analysis. We are of the opinion that it is the best kind of staff orientation to volunteers as real people, volunteer orientation to staff as real people, and in each case orientation to consumers as real people.

Clearly, Need Overlap Analysis is a multi-purpose strategy as described in the previous section. It concurrently involves a whole range of crucial volunteer program functions: planning for relevance to consumers, volunteer job development, volunteer recruiting, retention, motivation and incentive, volunteer-staff relations and both staff-volunteer orientation. In a sense, it is also a molecular re-examination of an agency's mission, purpose, and objectives: what needs to be done, what can be done, and by whom.

Another illustration of the strategy's holistic nature is that it assumes you cannot deal with a volunteer program in isolation from its total agency context. You cannot properly define the volunteers' roles without at the same time defining staff roles--and the consumers' roles. A volunteer program may be less healthy or coordinated than the agency of which it is part; it is hard to see how it can be more so. Therefore, it must work within and with the total agency context--positive as well as problematical.

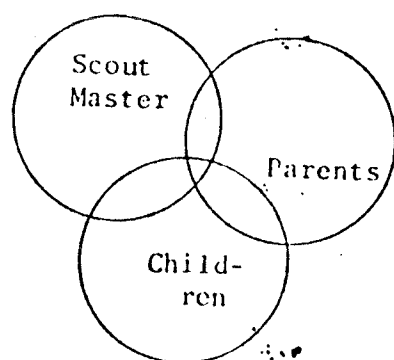
This is realistic, but sometimes challenging. Thus, if there are serious intra-staff conflicts in the agency, need analysis will bring them out and they will have to be dealt with before proceeding to develop a volunteer program. Need Overlap Analysis may also bring out vagueness about agency mission, or serious lack of communication

and conflict between the agency and its consumers. Once again, volunteer program development proceeds at its peril, until NOAA or similar processes resolve and clarify this.

In some cases the honest outcome of Need Overlap Analysis is maybe that the agency is not ready for a serious volunteer program at the time. That is a hard decision, an adult decision. Were it made more often, there would be far less volunteer program tokenism and tragedy, far less exploitation of volunteers.

Need Overlap Analysis ordinarily works well with the constituencies described above for an agency-related volunteer program, but there is nothing sacred about the three circles. You might decide the community-at-large would be an appropriate fourth circle surrounding the other three. Other fourth circles could be your board, the media, your funding sponsor, etc., all according to your perception of the program's important constituencies.

If your program has no paid staff, you might want to go with only two circles: volunteer and consumer. Or, you might feel it appropriate to place your board or your volunteer leaders where the staff circle ordinarily is. You might also see sense in changing the identification of the two, three, or four circles to fit your own situation. In a Scouting situation this might be:



In this, and the following description of method, we strongly urge a maximum of flexible adaptation to your own circumstances. Need Overlap Analysis is a framework, not a formula.



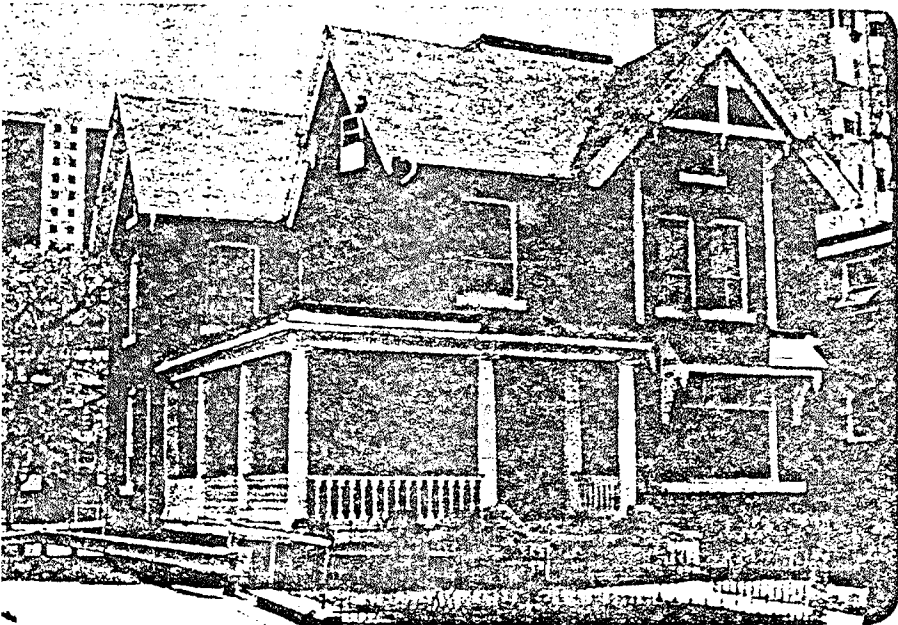
APPENDIX C

RESIDENT HANDBOOK - OSBORNE CENTRE

Correctional  
Service  
of  
Canada

# RESIDENT HANDBOOK

Osborne Community Correctional Centre  
45 Edmonton Street  
Winnipeg, Manitoba



Osborne Centre is both a penitentiary and a half-way house. It's staff are both helpers and controllers. How you see us depends largely on your own bias, and on your behavior after you arrive.

We see ourselves as one step in the process of gradual release. We know you have gone through a lot to get here. We also know that many offenders find us to be the hardest stage of release. So, we think you're probably going to go through some difficulties while you're here.

How you deal with those difficulties will decide, usually within a month, if you're going to stay or go back. You see, if you do not learn to deal with the frustrations of straight life, you start to cop-out. If you cop-out, you become a risk to the community that we must protect. You also become a risk to the continued existence of Osborne Centre.

So, what is my point? My point is that if you choose to work with us, you win. Your record of past decision making is probably not impressive, so if you go it alone, your chances of losing are higher. The choice is yours to make. We'll know which you have chosen within two or three weeks — and we'll know what role you want us to play.

J. D. Christian  
Superintendent

## WHAT IS OSBORNE CENTRE?

The Osborne Centre is a Community Correctional Centre operated by the Correctional Service of Canada. It is therefore a Federal Institution within the meaning of Section 2(1) of the Penitentiary Act.

## WHERE IS OSBORNE CENTRE?

The Centre is located in a three story red brick house at 45 Edmonton Street, close to downtown Winnipeg.

## WHAT PURPOSE DOES THE OSBORNE CENTRE SERVE?

The Osborne Centre provides residents with an opportunity for re-establishment in the community, through a commitment to positive responsibilities. Depending on your situation, Osborne Centre exists to do many things, such as:

- a) allow you to prove your readiness for full parole,
- b) provide you with a "home base" while you find work, meet new, more positive people, and save enough money for release,
- c) ensure that you are held accountable for the promises you made to the Parole Board i.e.: sobriety, school attendance, family responsibility, etc.

## WHAT IS THE OSBORNE CENTRE LIKE TO LIVE IN?

The Osborne Centre is organized in an attempt to provide residents with an opportunity to live and share the responsibilities of maintaining a home. The Osborne Centre operates in a manner that allows residents to share those duties necessary for any home to function. To that end all residents are expected to share normal household duties on a daily basis.

Osborne Centre is equipped with complete kitchen facilities for the use of all residents. There is also complete laundry facilities. The main floor is equipped with a resident lounge complete with color television. Downstairs has a large recreation room complete with a pool table, as well as a second television room.

## HOW MANY PEOPLE LIVE AT THE CENTRE?

The Osborne Centre has nine bedrooms with a capacity of twenty live-in residents. There is one four-bed room, one three-bed room, six two-bed rooms and a single room.

## TRANSFER PROCESS

All inmates in a Federal Institution are eligible for transfer to Osborne Centre, after they have been granted a Day Parole by the National Parole Board.

When we are advised that an inmate has been granted a Day Parole to the Osborne Centre, he will be placed on a waiting list for transfer when bedspace becomes available. This is a relatively simple process. All prospective residents of Osborne Centre are processed on the same criteria, "first on the list, first transferred to Osborne Centre."

## ORIENTATION

1. Normally of two weeks duration. Residents on orientation are required to remain on the premises until 1100 hours daily and may be asked to help with extra chores. Residents on orientation may leave the house for a maximum of one hour for breakfast prior to 1100 hours.

2. Normal evening curfew during orientation will be 2100 hours. Any exceptions to A and B must be done in consultation with Case Management Officer or Superintendent.

3. Curfew during the first weekend will also be 2100 hours.

4. Curfew during the second weekend of orientation shall be one night of 2300 hours and one night of 0100 hours.

5. Curfew during the third and subsequent weekend, depending on employment, shall be 0100 hours. Staff on duty may grant extensions in emergency situations. The Case Management Officer in consultation with the Superintendent may grant extensions.

6. During orientation, residents are to be out of bed by 0900 hours, Monday through Friday. Failure to do so may result in disciplinary action.

## UNEMPLOYED RESIDENTS

Unemployed residents will follow the same rules and regulations as those residents on orientation. In consultation with the Case Management Officer and Superintendent exceptions are possible. While employed a resident may be assigned additional household duties at the discretion of the Case Management Officer on duty.

#### ABSENCE FROM OSBORNE CENTRE

1. May be authorized by any staff member subject to any restrictions imposed because of orientation, unemployment or as a result of Case Management decisions.
2. Daily absence may be denied if the resident has not cleaned his room adequately or has not completed assigned household duties.
3. All absences must be authorized by staff on duty (Office Manager cannot authorize any type of absence). All information requested by the register shall be supplied. Failure to do so may result in disciplinary action.
4. No absence may be authorized by the private security person without written approval by a Case Management Officer.
5. Standard curfew hours shall be 2300 hours during the week, 0100 hours on weekends.
6. During the first four months in residence all residents shall report to the Osborne Centre between 1600 hours and 1800 hours, Monday to Friday. When hours of work make this impractical, hours of work will be confirmed by Case Management Officer, and alternate arrangements will be made.
7. After successful completion of four months of residence, the Case Management Officer in consultation with the Superintendent may waive the requirement to report to the Osborne Centre between the hours of 1600 and 1800 hours. The effected resident will be required to phone the Centre between the hours of 1600 and 1800 hours.
8. After successful completion of six months in residence, the Case Management Officer, in consultation with the Superintendent, may waive the requirements of 6 and 7 regarding a resident reporting.

#### OVERNIGHT AND WEEKEND ABSENCE FROM OSBORNE CENTRE

1. Each residents Case Management Officer shall determine a resident's eligibility for overnight and/or weekend passes, in accordance with National Parole Board Policy. Any pass request must be signed by the appropriate Case Management Officer indicating approval or disapproval of a request.
2. Pass requests are available in the duty office. All pass requests must be submitted by 1200 hours the Wednesday prior to the weekend requested.
3. The Superintendent is the only person who can authorize a pass or overnight absence. All decisions regarding passes are made in consultation with Case Management Officer.

#### VISITORS

1. Visitors are permitted only on the main floor and basement recreation room.
2. All visitors must be prepared to identify themselves when asked by staff (including the night security person). This will include identifying the resident being visited.
3. Visitors appearing intoxicated or under the influence of drugs will not be tolerated under any circumstances.
4. Visitors must leave the Centre if requested to do so at any time. Failure to leave when requested may result in the need for assistance by the Winnipeg City Police.

#### TRAVEL BY RESIDENTS

1. Residents may travel within a 25 mile radius of the City of Winnipeg without

a travel permit.

2. Any other travel requires a travel permit authorized by a Case Management Officer.

#### EMPLOYMENT VERIFICATION

1. All residents are required to submit pay stubs to the Case Management Officer on duty, the day they are paid. Failure to do so may result in disciplinary action at the discretion of the Case Management Officer.

#### OWNING/OPERATING A MOTOR VEHICLE

1. Residents must have authorization in writing to own or operate any motor vehicle. Such authorization is granted by the Superintendent in consultation with the Case Management Officer. Failure to obtain proper authorization may result in disciplinary action by the Case Management Officer.

#### CLEANING THE CENTRE

1. All residents are expected to keep their rooms clean, beds made and clothing put away. Failure to do so may result in disciplinary action such as curtailment of recreation passes.
2. Residents shall be assigned general cleaning duties on a seniority basis. The list of assignments shall be kept in the duty office. Failure to clean satisfactorily may result in curtailment of recreation passes at the discretion of the Case Management Officer on duty.

#### LINEN CHANGE

1. Soiled linen is to be placed at the foot of each residents bed every Thursday morning. Failure to do so will result in an 1800 hour curfew that evening. Exceptions may be granted by the Superintendent only.

#### RESIDENT MEETINGS

1. Resident meetings shall be held on the first and third Thursday of each month. All residents are expected to attend. Exemptions may be granted by the Superintendent. Failure to attend without prior authorization will result in disciplinary action.

#### RENT

1. Once a resident commences employment he will be required to pay rent at a rate determined by National Policy. A resident will only pay rent for actual days worked. He will be required to pay his rent in full at the end of each pay period.

#### DAY PAROLE ALLOWANCE

1. Residents who are on orientation and seeking full-time employment are eligible for a daily living allowance which is determined by National Policy.
2. In the event that a resident is layed off from regular employment, fired or quits employment on his own accord, the usual policy is to take his last cheque and divide by the current rate of allowance to determine when he would again be eligible

## DISCIPLINARY MEASURES

1. If you are charged and convicted in court for offences committed while on Day Parole and are given an additional sentence you will normally be returned to an institution of higher security and your Day Parole will be subject to termination or revocation by the National Parole Board.

2. If you seriously violate your Day Parole conditions and/or the house rules, the penalty may be suspension of day parole, and a return to a higher security institution.

3. In the event of transfer to higher security the National Parole Board will determine what action will be taken.

4. If you commit a minor offence such as returning late from a pass or fail to meet commitments to the program, the result is usually withdrawal of recreational or weekend passes. The extent of the withdrawal of privileges would depend on the nature and repetition of the offence and would be at the discretion of the Superintendent of the Centre. These sanctions are arrived at in case conferences with the Superintendent. However, a minor infraction can be dealt with by the Case Management Officer and subsequently reported to the Superintendent.

## COUNSELLING

There are five Case Management Officers at the Centre who are directly responsible for monitoring your behavior. Counselling is provided on a need basis. You do not need to put in a request to see a Case Management Officer. If you had a previous contact with a psychiatrist or psychologist it may be possible to continue seeing them. The Case Management Officers at the Centre will counsel you on acceptable social behavior, on individual finances, assist you in finding suitable employment, recommend you to specialized services, refer you to community agencies and help you in solving personal problems, as well as grant and withdraw privileges where appropriate. They act as a liaison between you, the Superintendent of the Centre and the National Parole Board. They ensure that the upkeep of the Centre is maintained and they supervise all your medical needs. Compulsory house meetings are held on Thursday evenings, beginning at 1800 hours with you, other residents and the staff. This meeting is the time to discuss any problem areas and/or complaints that you may have.

Staff at Osborne Centre also assist ex-residents where possible.

## RECREATION

There are two television rooms for residents and guests use at the Centre. A colour television is located in the main floor television room and a black and white set is in the basement area. Residents and their guests are permitted to utilize the television rooms during leisure hours. A regulation size Brunswick billiard table is located in the basement area and is available for use by residents and guests. If you are interested in physical education programs or other leisure activities, YMCA passes are available to residents. A public tennis court which is located approximately one block from the Centre is available for use at no charge.

Osborne Centre is located near Winnipeg's downtown area which allows for easy access to various recreational centres. Movie theatres are within walking distance from the Centre.

## VOLUNTEERS

Osborne Centre supports voluntary action as a means of meeting specialized needs of residents that cannot be met by staff and as a means of providing residents the opportunity to develop new and, usually, different social contacts in the community.

Through Individualized Program Planning your Case Management Officer may identify needs expressed that can be best met by a volunteer from the community. If the Centre does not already have a qualified volunteer to fulfill that function every effort will be made to recruit one.

If a resident has an interest in acting as a volunteer in volunteer programs in the community, Osborne Centre has contacts with agencies in the community, including the Volunteer Centre of Winnipeg, and your Case Management Officer can assist with linking you with appropriate volunteer programs.

Because this is a volunteer program, residents are not compelled to participate but if they request involvement they are expected to make a commitment to our staff, volunteers and community programs to follow through on their plans. Such a commitment may extend beyond the resident's expected release from Osborne Centre.

# MEDICAL, DENTAL, OPTICAL AND PRESCRIPTION SERVICES

The following policy applies to all day parolees on the normal role of Osborne Centre. Please note that Osborne Centre is not responsible for any unauthorized expenditures.

## 1. EMERGENCY PROCEDURES:

- a) Proceed directly to any emergency department of any hospital in the city,
- b) Advise the staff on duty at the hospital to contact Osborne Centre for billing instructions.

## 2. NON-EMERGENCY MEDICAL PROCEDURES:

- a) Contact Osborne Centre, request an appointment,
- b) Osborne Centre staff will make the appointment and issue an authorization form stating address, time, etc.,
- c) Obtain the authorization form and give it to the clerk at the Manitoba Clinic, Dr. Tony Vivian's Office on your arrival.

## 3. PRESCRIPTION SERVICES:

- a) Contact Osborne Centre and request authorization to have the prescription filled,
- b) Obtain authorization form,
- c) Proceed to any one of the Nieman Pharmacies and leave the authorization form with the Pharmacist.

Addresses: 905 Corydon Ave. (to 11:30 p.m.)  
1695 Corydon Ave.  
233 Kennedy St.

## 4. DENTAL SERVICES:

- a) Advise Osborne Centre staff that dental work is required.
- b) Osborne Centre staff will make appointment and issue authorization form stating the specific treatment authorized (i.e. emergency filling).

- c) Other than emergency work, all dental work authorized will be preceded by an estimate of the cost of work to be done.
- d) No work shall be performed without proper authorization.

## 5. OPTICAL SERVICES:

- a) Advise Osborne Centre staff of desire to have eyes examined. Provide name of desired doctor (if you have one).
- b) Osborne Centre staff will make appointment and issue authorization form stating that an examination only has been authorized.
- c) If glasses are required, present verification to Osborne Centre staff (i.e. prescription). Once verified, identify the store where you wish to purchase your glasses. Advise of price.
- d) Osborne Centre staff will issue authority to purchase the glasses, stating the specific price.
- e) Expenditure limit for lenses and frames is \$ 70.00. (\$ 40.00 for frames alone.)

## 6. SPECIAL SERVICES:

There is often a need to refer day parolees to various agencies in the community. There are a great number of varied services available to day parolees such as psychological and psychiatric treatment, family and marital counselling, budget counselling, etc.

As there is often a fee for such services, it is a requirement that advance approval be received from the Superintendent before participating in any type of extended service from an outside agency. Consult your Case Management Officer or another staff member for further details.



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