

AN EXAMINATION OF THE FUNCTIONAL
AND DYSFUNCTIONAL ASPECTS OF THE
INTERDISCIPLINARY CONCEPT WITHIN A
MULTI-SERVICE SETTING

Report of a Practicum

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of the University of Manitoba in partial fulfillment of the
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TABLE OF CONTENTS

Chapter		<u>Page</u>
1	<u>Introduction</u>	5
2	<u>Literature Review</u>	12
	- Interdisciplinary Teamwork	13
	- Leadership	18
	- Communication	20
	- Organizational Structure	24
	- Problem Solving & Organizational Change. .	27
	- Resistance to Change	31
	- Definitions	33
3	<u>The Practicum</u>	37
	- Overview	37
	- Organization of Programs/Service Groups. .	40
	- Home Care	40
	- Mental Retardation	41
	- Mental Health	42
	- Child & Family Services	42
	- Home Economics	42
	- Support Services	43
	- Vocational Rehabilitation	43
	- Volunteer	43
	- Clerical	44
	- Supervisors Functions	44
	- Communication	46
	- Intake	47
	- Summary	48
	- Evaluation Design	49

TABLE OF CONTENTS

Chapter		<u>Page</u>
4	<u>Data Collection</u> - Interviews with staff members on their perception of the structure and processes and related problems	51
	- Observations & Ongoing Evaluation	51
	- Data - Goals	54
	- Leadership	54
	- Roles	55
	- Decision Making	57
	- Team	58
	- Communication	58
	- Linkages	60
	- Resources	61
	- Problems	62
	- Data Analysis	62
	- Outcome	64
	- Strategies for Change	65
5	<u>Core Group</u>	69
	- Formation and Rationale	69
	- Mandate	75
	- Central District Office - Core Group Mandate	75
	- Objectives	75
	- Functions	76
	- Time Factor	77
	- Membership	77
	- Evaluation	78
	<u>Conclusions and Recommendations</u>	80
6	- Appendices	
	- Bibliography	

CHAPTER 1

INTRODUCTION

This report is based on a Master of Social Work practicum which focused on the delivery of services in an interdisciplinary multi-service setting. An assessment of a provincial government office delivering social services to a particular catchment area was completed, which involved an examination of structure and process dimensions. A number of structure and process variables were discussed with the staff of the office in order to assess these variables within this setting.

Central District office is the specific setting referred to above. It is one of six district offices of the Departments of Health and Community Services, Winnipeg Region. Within each District office, several Programs are organized to deliver services to various target groups eg., the elderly, mentally ill, mentally handicapped, physically and emotionally disabled and families in need of counselling. The Programs/Service Groups at Central District Office are Mental Health, Home Care, Mental Retardation, Vocational Rehabilitation, Support Services, Home Economics, Child and Family Services and the Volunteer Services.

Central District office, like the other five offices, is based on the interdisciplinary concept which is defined in Chapter 2. Many of the staff members relate to a Program Coordinator and/or Program Specialist in addition to an Area Director (see Appendix 3).

A number of areas need to be addressed which determine the primary reasons for this practicum at Central District Office. I will first deal with the Social Services Audit (explained below), then the history of Central District Office, the need for ongoing examination of structures which are put in place to deliver services to clientele and lastly, the goals of this practicum.

Firstly, the Social Services Audit (1965) was sponsored by the Winnipeg Foundation, The Province of Manitoba, The United Way of Greater Winnipeg and The City Welfare Planning Council. It was an investigation into a number of social services agencies in Winnipeg. The services of these agencies were assessed. Recommendations were made to amalgamate some agencies especially where duplication and fragmentation existed. The Audit recommended that the centers of the then Department of Health and Social Development utilize the team approach assuring that the most skillful specialists combine their knowledge and work together with the client from the beginning of service to the end and provide the best possible resolution of the problem and prevention of recurrence (pg. 63).

The establishment of Winnipeg Region and subsequently Central District Office, resulted from the recommendation that specialists of various disciplines pool their knowledge and work together in an interdisciplinary fashion. The history of Central District Office however, has been one of many changes.

In the mid 70's, Central district itself was serviced by two different teams. One was located at 442 William Avenue, while the other was at 114 Garry Street. They later became administered by one instead of two Team Leaders. In 1979, due to environmental circumstances, both offices were relocated and combined into one office at 189 Evanson Street. This increased the size of the team. No evaluation was conducted during these changes to determine the impact. The structure changed to one which had to accommodate more professionals, more services and a greater clientele under one instead of two teams.

Another important fact is that the Central District of Winnipeg had already been recognized by the Social Services Audit Committee as the area of highest social disorganization. It was indicated that Central Winnipeg needed a greater concentration of resources (Pg. 15-16). It follows that need for coordination of the input of staff members would be desirable. In addition, due to the multi-problem nature of the clientele, processes such as communication, co-operation, collaboration would be very important in order to effectively deliver services to individuals in the district at large. Interdisciplinary team work was acclaimed to be the best approach to service delivery. It was assumed that the processes of working together and communicating would occur without any emphasis on how this could be achieved and how they were to be evaluated.

In the following illustration (Figure 1-1) shows that valued structural processes such as collaboration, communication etc. can be interrupted in the pursuit of the outcome of quality services by obstacles such as

lack of resources, input into decision making etc. Organizations must not overlook or rationalize these obstacles but acknowledge them and work toward their resolution.

<u>Structural Processes</u>	<u>Obstacles/Interference</u>	<u>Outcome</u>
Collaboration	- unmanageable workload - lack of resources	
Communication	- lack of planning - lack of structured information sharing	Quality of
Co-operation		Service
Interdependence	- lack of purpose/goals - lack of leadership	
Co-ordination	- role ambiguity - lack of input into decision making	

Figure 1-1

However, strategies were not developed to deal with problems within this interdisciplinary approach. Central District Office (C.D.O.) was experiencing serious difficulties in the team approach to service delivery. The addition of the Fort Rouge area to the amalgamated 114 Garry and 442 William office in 1983 substantially aggravated the problem. It introduced a more heterogeneous staffing, a larger span of

control and a greater requirement for coordination of staff and resources. With the entire office size continuously expanding, opportunities for structured inter-program communication became less available. This became a concern of the writer and the Area Director as it was felt that some form of intervention needed to take place.

Out of this concern grew the following goals of this Practicum:

- 1) To examine whether the benefits espoused by the interdisciplinary approach to service delivery exist at Central District Office.
- 2) To examine the current structure and process dimensions of the above approach as it affects service delivery and workers' satisfaction.
- 3) To propose administrative alternatives based on the outcome of the results of the examination.

It is my contention that social services need to be examined periodically to determine how the processes are operating, what needs to stay the same and what needs to be changed. Assumptions by Management should not be made about what is dysfunctional and what needs to be changed without first assessing the actual service delivery system in operation. In addition, an internal examiner like myself who is accountable to a committee outside of the actual office operation is definitely a good way to pursue an assessment. As a co-worker, I have

already established rapport and trust with my fellow workers which I view as an advantage in this practicum. I am also more aware of the informal network than an external agent would be.

The following is a literature review related to the Practicum, a list of definitions, content of the Practicum itself, followed by conclusions and recommendations.

Organizational theory is presented in the literature review. Some of the specific areas are teams as a method of service delivery, decision making, communication and leadership. These areas all comprise the inputs of an organization. Used effectively, they can have a positive affect on the outcome of quality services.

In addition, organizational change is discussed with emphasis on how organizations can utilize the input of staff members to bring about changes with less resistance and with greater committment to the change.

Chapter 3, is a description of the Practicum setting. Descriptions of how each program/service group structured within the Central District Office. The functions of the Program Coordinator and the Area Director are described. Formal and informal processes are also discussed in this chapter. In addition, the evaluation design of the practicum intervention is presented.

In Chapter 4, the data collected by the writer in interviews with staff members are summarized under the topics of goals, roles, decision making, communication, linkages, leadership, problems and resources. This represents the outcome of the practicum intervention.

Chapter 5 deals with the process the writer went through in considering alternative courses of action based on the outcome of the study and establishment of a Core Group which would address the outcome of the practicum intervention.

The Core Group represents all of the programs and service groups of Central District Office. Following an evaluation of the practicum intervention is provided which focuses on the goals of the practicum.

Lastly, conclusions and recommendations are made based on the outcome of the practicum.

CHAPTER 2

LITERATURE REVIEW

In this literature review, I have focussed on material which pertains to the actual practicum intervention. I will begin with the functions of the interdisciplinary concept utilizing excerpts from the Westman report (1977) and contributions by Bennett (1982).

The goal of the interdisciplinary concept is quality services. However, one must examine how the concept is applied in practice since its application in practice may prevent the goal of quality services from being realized. Here the Johari Window will be used to illustrate how we can be blind to reality. Generally, the Johari Window is used to illustrate relationships in terms of awareness. Communication is a way of being more aware of resources, problems etc. and developing the organization based on sound information based on reality not assumptions.

Skidmore (1983) adds to the area of communication by emphasizing its importance in administration and its impact on service delivery.

Some other authors discussed will be Hasenfeld (1983), Mott (1972) and Pennor (1967) who provide analyses of structure of service delivery systems in relation to the environment. The structure needs to be flexible in an unstable environment. There also needs to be ways of balancing flexibility with rigidity to reduce the problems of lack of coordination, control, communication etc.

The following section will deal with the problem solving process and with organizational change. Rossi & Freeman (1970) and Gibson et al (1982) will be featured. They all support the view that staff members should participate in the problem solving process. Measures can be taken in any organization to assist the staff members adaptation to change since it is certain that changes occur within organizations on an ongoing basis. The contributions of Schon (1973), Gibson et al (1982) and Gibson et al's utilization of Judson (1966) will be presented.

INTERDISCIPLINARY TEAMWORK

The rationale given for the team concept by district workers in the Westman Report (1977) were improvement in communication, worker's knowledge of available resources, improvement of services to clients, elimination of competition, the encouragement of greater specialization and a reduction in overlapping service. (p. 160)

The report added that the functions of the team are: 1. To provide an effective and integrated personal service with a minimum of duplication and a maximum of availability to families or individuals requiring multi-program services. 2. To be responsive to the community by helping to identify and meet community needs through the maximum utilization of resources. (p. 81)

Teams as in the above case, can be made up of people with various expertise and can therefore be interdisciplinary. Bennett (1982) defines interdisciplinary as:

"a process in which professionals from different but related disciplines, work together by participating in mutual sharing of information and in mutual decision making. The key hypothesis behind this process is that the group, functioning together, is greater than the sum of it's individual parts, i.e., assessment and management can be optimized by working together rather than working separately." (p. 306)

Davis (1977) discusses three types of teams. The process team which "has a variety of skills and skill levels working concurrently in an interwoven pattern by which initiative moves back and forth among members", (pg. 450) Davis uses the surgical team as an example of a process team. The process team is the type referred to in the Westman report. It involves different specialists as represented by a, b, c, d, e, f, Fig. 2-1 working towards a common goal.

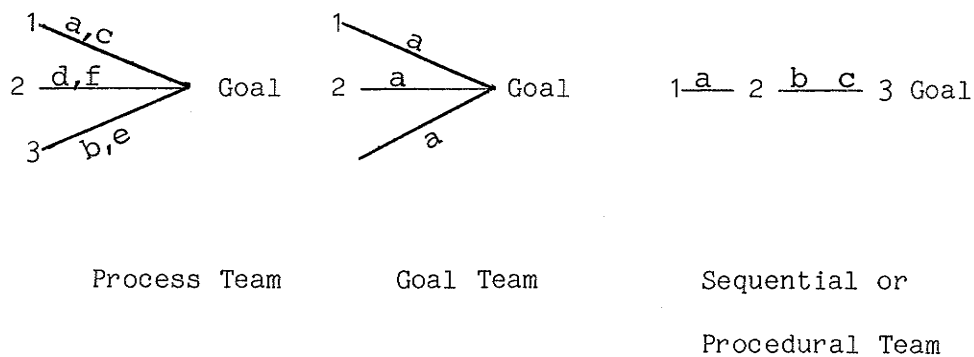


Figure 2-1

Secondly, the goal team which is comprised of which the same discipline eg. all nurses or all social workers, working together toward a common goal. The third type is the Sequential or Procedural team where different specialists/workers etc. have different expertise and where each must complete their task before the other one begins. (pg. 450) Obviously in social service delivery systems where multi-problems often exist, many specialists may be required to integrate their knowledge and skill to deal with these problems. Working with people is unlike working in an assembly line putting a product together. Hence, collaboration and communication among various specialists are important processes in working toward the desired goals.

Rubin and Beckhard (1972) contributed a great deal to the area of delivery of multiple services through the introduction of the interdisciplinary concept. They contend that effectiveness of any group is related to both its capabilities to do the work and its ability to manage itself as an independent group of people. (p. 317)

The variables dealt with by the authors which affect service and apply to all groups are:

1. Goals or mission - a reason for formation of the group
2. (i) Role expectations - Internal
 - a) role ambiguity - the extent to which roles are defined and communicated
 - b) role conflict - the extent to which such expectations are compatible or in conflict
 - c) role overload - the extent to which an individual is capable of meeting these multiple expectations

- (ii) Role Expectations - External - multiple memberships in groups can create ambiguity, conflict or overload.
3. Decision Making - a group is a problem solving, decision making mechanism. Decisions can be made by:
- 1) Lack of group response - Decision by default
 - 2) Authority rule - Unilateral decision
 - 3) Majority vote
 - 4) Consensus
 - 5) Unanimity
4. Communication - effective flow of communication is central to group functioning. It will be affected by the design of the meeting place, the people's feelings of freedom to participate to challenge, to express opinions.
5. Leadership - the formal leader is not the only leader, many leaders are needed in a group.
6. Norms - they are unwritten rules governing the behaviour of people in groups. Groups develop norms governing the areas listed above. The issue for the authors is whether the norms hinder or help the groups ability to work. (p. 317-322)

The authors then relate those six variables to the health care team.

The issues become more complex as:

- 1) Goals are more global and vague - management of short vs. long run considerations
- 2) Membership in a group is often new and uncertain to professionals - finding out capabilities of members and matching them with the demands of the situation is often necessary

- 3) Cultural background of professionals differ
- 4) Decision Making it should be distinguished -
 - a) who has the information necessary to make a decision
 - b) who needs to be consulted before certain decisions are made
 - c) who needs to be informed of a decision after it is made.

A majority vote may be all that is required. The authors indicate that the team approach to delivery of health care puts great stress on the need for numerous and various inputs to many decisions. When the decision-making process is inappropriate less information is shared, commitment is lowered and anxiety and frustration are increased. (p. 326)

- 5) Communication Patterns and Leadership - openness and a person-to-person relationship with the leader is a necessary influence structure. The nature of the problem to be solved should determine the communication frequency, influence and leadership and not hierarchial position, educational background or social status.
- 6) Norms - should not be rigid since the complexity of the environment and the task to be done demand flexibility (P. 318 - 328).

Rubin and Beckhard (1972) met with team members and asked questions related to the process variables ie., goals, roles, decision-making, communication and norms. Sharing of concerns occurred and a picture or image of the team members in their present state emerged based on

information they themselves presented. The authors saw the staff as the most valid source of information. A heightened desire and commitment on the part of the participants to solve their problems was created by shared ownership of the information and the image of their present state. (p. 329)

Rubin and Beckhard (1972) also indicate that what a team does (its task) is uniquely connected to how it goes about doing it (its internal group processes). (p.328) This relates to systems theory which will be discussed later. Contrary to some who view personality problems to underlie problems in groups, Rubin and Beckhard see ambiguous goal orientations, unclear role expectations, dysfunctional decision-making procedures and other such process issues as a cause of difficulty in people functioning together as a group. (p. 328)

LEADERSHIP

Beckhard (1972) relates the above problems to leadership. Beckhard (1972) views the major organizational problems confronting community based service delivery settings as how organizational leadership can:

1. Assist teams in integration of their diagnosis and treatment of the complex problems of their patient population.
2. Ensure that the organization structure reflects current work requirements.
3. Deal with human problems created by a variety of roles having to work collaboratively.

4. Locate authority and develop competence so that decisions are made by those with the best information and by those closest to the problem.
5. Build an information system and communication pattern that ensure that all staff have the best available information.
6. Build linkages between practitioners.
7. Develop education and training programs that are adequate (p. 290-191).

Managers therefore, need insight into what is actual. They need to get at the real issues/problems since they affect work relationships and can hamper fostering of an atmosphere which is conducive to necessary and valued work processes such as communication, coordination and collaboration.

The above clearly supports the need for continuous examination of the organization and its development by leaders, based on relevant and useful developmental plans for the organization. This is relevant within the interdisciplinary setting since staff do not all have the same knowledge base. Sharing of their knowledge and skills is important and the leader must set up mechanisms to facilitate that sharing and confront the special problems which arise from multiple services and disciplines working toward mutual goals.

Should staff members share information, however, bring forward issues, and not have them dealt with, staff members will likely feel devalued and may be reluctant to bring them forward again. Avoidance of problems versus facing and discussing them and working on problem solving might also affect processes which are important to the organization. Leaders must therefore encourage lateral and vertical upward and downward communication. The onus is on the leader to foster communication.

COMMUNICATION

Some authors, for example, Hage et al (1971), have contributed in the area of the effect of structure on communication. The authors have found that the greater the frequency of committee meetings, the greater the horizontal unscheduled communications between departments. Therefore, scheduled horizontal communication tends to be associated with unscheduled horizontal communication. (p. 866) This means that team meetings being structured and scheduled will increase the amount of communication between programs/groups on other occasions.

In a setting of various specialists, communication is important. A function of staff members in multi-service settings is that they must be knowledgeable about each others discipline/program. (Koop, 1977) This knowledge can only be shared when staff members are in communication with each other. New developments in knowledge base need to be communicated in order to maximize the resources within the organization.

Communication is therefore very important. What occurs when improving communication in the organization is an expansion of Quadrant #1 of the Johari Window. Luft (1970) presents a good explanation of the Johari Window. (p. 11-20)

	*Known to Program	Not Known to Program
Known To Others	1 Open	2 Blind
Not Known To Others	3 Hidden	4 Unknown

Figure 2-2

	Known to Leaders	Not Known To Leaders
Known To Staff Members	1 Open	2 Blind
Not Known To Staff Members	3 Hidden	4 Unknown

Figure 2-3

*Program eg. Mental Health
Mental Retardation, Home Care

Luft (1970) indicates that Luft and Ingham first presented the Johari Window in 1955 to illustrate relationships in terms of awareness. (p.

12) The four quadrants of the model are:

"Quadrant 1, the area of free activity, or open area, refers to behavior and motivation known to self and known to others.

Quadrant 2, the blind area, is where others can see things in ourselves of which we are unaware.

Quadrant 3, the avoided or hidden area, represents things we know but do not reveal to others (e.g., a hidden agenda or matters about which we have sensitive feelings).

Quadrant 4, the area of unknown activity, points to the area where neither the individual nor others are aware of certain behaviors on motives. Yet we can assume their existence because eventually some of these things become known, and we then realize that these unknown behaviors and motives were influencing relationships all along." (p. 12)

In the Johari Window, the interactions can be between programs, between individuals, between the organization and the individual etc. An example could be a situation where a program e.g. Mental Retardation has a very small open area or Quadrant 1 where information sharing is very limited with the rest of the organization (Figure 2-2).

Another example could be where the variables discussed earlier; goals, roles, leadership, decision-making, and communication are in need of clarification and or improvement but the leaders are blind to this need but the staff members are fully aware i.e., it is known to staff members but not to the leaders as in Quadrant #2 (Figure 2-3). There will always be hidden, blind and unknown areas but with intervention these can perhaps be reduced since critical information pertaining to service delivery should be shared in organizations in order to enhance its development. Luft explains that in opening up communication, enlarging on Quadrant #1, the other Quadrants are reduced in size and less energy is expended in keeping information hidden. In addition, more of the resources and skills in the membership can be applied to the task. (p. 15)

The value of opening up hidden, blind and unknown areas cannot be overstated. Skidmore (1983) contributes to the area of communication in social work administration by stating that communication is "extremely important for three main reasons: (1) effectiveness (2) efficiency (3) moral. For effective delivery of services in an agency, it is imperative for staff members to be able to communicate one with another . . . Effectiveness of any agency depends on sharing thoughts and feelings among staff members, particularly between leaders and their team members. Two-way communication is part of the democratic process and is essential for making sound decisions and determining effective policies.

Efficiency is enhanced as staff members communicate openly with one another . . . share with one another what they think and feel about procedures, methods, cases, policies, goals, and even aspirations. A staff member who has learned an efficient technique for expediting or improving social services can strengthen the agency by sharing it ...

... Moral is dependent, in part, at least, on leaders and staff sharing with one another what they think and feel, and why ... Agency morale is built upon the understanding of administrators and other staff members, who communicate and help one another in the delivery of social services." (p. 173)

Skidmore (1983) cited Carlisle who "suggests four primary reasons why communication is considered central to the entire management process.

- 1) Communication is one of the two linking processes of management. It is the basis for social interaction that is fundamental to all human activity in an organization. "Interaction is to the organization what the cell is to the human body."
- 2) Communication is the "primary means for people to obtain and exchange information. Making decisions and functioning as a manager is dependent on the quality and quantity of information received."
- 3) Communication is the most time-consuming activity of a manager; the average manager spends about 70 to 90 percent of his time in communicating. A study by John Hinridis indicated that first-line supervisors spend 74 percent of their time communicating, second-level supervisors 81 percent, and third-level administrators 87 percent.
- 4) Information and communication "represent power in organization ... Those who have the information relative to company goals, plans and operations become centers of power in an organization." (p. 174)

ORGANIZATIONAL STRUCTURE

Some authors, for example, Perrow (1967), Thompson (1967) and Lawrence and Lorch (1967) have stated that where the environment is heterogeneous, and the technology to complete tasks is non-routine a more differentiated, diversified, and specialized structure is required where coordination is achieved through feedback or mutual adjustment. In congruence with these authors is Pfeffer (1978) who indicates that in areas where interdependence is required for completion of tasks, that "managing and coordinating this interdependence is achieved through the organization's structural arrangements." (p. 31) Within these structures, rigid control over staff member's decisions could hamper their ability to respond to new situations in the environment as they arise.

Service delivery systems within social services need to be organized in a way to be sensitive to changes in the environment. Following is Hasenfeld (1983) description of tightly coupled systems and loosely coupled systems, two types found in human service organizations.

He defines human service organizations as the "set of organizations whose principal function is to protect, maintain, or enhance the personal well-being of individuals by defining, shaping, or altering their personal attributes." (p. 1) Later Hasenfeld adds that some facets of a human service organization activities may be tightly coupled - "that is subject to an explicitly defined technology, operative monitoring and evaluation mechanisms, and effective authority. For example, the service delivery process of basic welfare grants is more tightly coupled than the provision of social services". (p. 151) The author cited studies which indicated that in tightly coupled systems the quality of care was correlated with overall coordination and patient discharge with effective supervision. (p. 151)

Human service organizations are often loosely coupled however. Loosely coupled systems are described as having weak connections, weak coordination, weak system of control over staff activities, a multiple system of authority, ill defined operational technology, different technologies to be accommodated, individual discretion and the promotion of professional autonomy. (p. 150) These are best in an unstable environment where staff can be more innovative and free to respond to needs and/or situations not contained in an unchanging list and/or

guidelines. The author continues by explaining however, that loosely coupled systems can be fraught with problems of fragmentation and a disjointed service delivery system which is contradictory and uncoordinated. (p. 150) This is where leadership should address problems to increase coordination but maintain staff members' autonomy. In a multi-service interdisciplinary setting a loose structure is necessary given the instability of the environment. However, given the consequences of such a structure, mechanisms need to be put in place to address them. Such mechanisms may include working groups and linking of services within the system to problem solve.

Mott (1972) gives an analysis of open and closed systems which is comparable to Hasenfeld's (1983) loosely and tightly coupled systems. According to Mott, open system advocates prefer to do away with concepts such as control, coordination, roles, job descriptions and graded authority and replace them with self esteem, group problem solving and pooled or shared authority. He added that due to the unpredictable nature of the environment and the individuals in multiservice, a reliance is made on improvisation as necessary in adjusting to new opportunities. (p. 3)

PROBLEM SOLVING AND ORGANIZATIONAL CHANGE

With regard to problem solving and organizational change, Gibson et al (1982) presents three strategies for introducing major and or minor changes. They are:

1. The Unilateral Approach
2. The Delegated Approach
3. The Shared Approach

The shared approach is supported by Rubin and Beckhard (1972) and by Likert (1967). Gibson et al (1982) indicated that the shared "approach is employed in two slightly different formats:

1. Group decision making. The problem is defined by management and communicated to the subordinates. The subordinates are then free to develop solutions and to select what they believe is the best method to be implemented. It is assumed that the subordinates will feel a greater committment to the solution because they participated in selecting a course of action.

2. Group problem solving. This form stresses both the definition of the problem and the selection of a possible solution. Here authority is shared throughout the process from problem identification to problem solution. It is assumed that the group, because it is involved in the entire decision process, will have increased insight into understanding the development program that is finally implemented" (p. 540).

The authors cited Greiner (1967) as providing a report which surveyed published cases on organizational change which noted that the shared approach was relatively more successful than the unilateral or delegated approaches (p. 540).

The preconditions to the shared approach, which Gibson borrowed from Judson (1966) are:

1. The employee's desire to become involved. If the climate is one of mistrust, an invitation may be perceived as a ploy to manipulate the employee into an already predetermined solution.
2. The employees must be able and willing to articulate their ideas and to analyze.
3. The managers must be secure people whose personalities and leadership style are compatible with shared authority. Such managers must be able to give credit to good ideas and to give explanations for those ideas of questionable merit.
4. Managers must be open-minded to employee's suggestions. They should establish the latitude of employees before hand. They may define objectives, establish constraints making clear what the expectations are of the participants (p. 541).

Therefore, the path to organizational development rests within the leaders willingness to share their decision making with subordinates.

Once a manager decides that an assessment of the organization is required and that changes may be necessary, he/she would choose from a number of change agents.

1. The "external change agent is one who is asked to intervene and provide recommendation for bringing changes." (p. 542)

2. The internal change agent is one "who is working for the organization and knows something about its problems". (p. 542)

3. The external-internal change agent approach is one which "attempts to use the resources and knowledge base of the external and internal change agents". (p. 542) It is the "rarest but seems to have an excellent chance for success. In this type of intervention the outsider's objectivity and professional knowledge are blended with the insider's knowledge of the organization and its human resources. This blending of knowledge often results in increased trust and confidence among the parties involved. The ability to communicate and develop a more positive rapport is communicated throughout the organization and can reduce the resistance to any change that is forth coming". (p. 542)

Gibson et al (1982) outline four models under which an internal or external change agent can relate to an organization. They are:

1. The Medical Model: The organization consults with the change agent in clarification of problems, diagnosing the causes and suggestions regarding course of action.

2. The Doctor-Patient Model: The organization on suspicion of something wrong seeks diagnosis and prescription from the change agent whose recommendations are usually adopted.

3. The Engineering Model: Management diagnosis the problem and decides upon a solution, then the experts aid in the implementation.

4. The Process Model: There is actual collaboration between the change agent and the organization where management is encouraged to see and understand the problems of the organization. Management is taught how to diagnose rather than the change agent doing it for management. (p. 542-543)

Gibson et al (1982) suggests that instead of a "canned" approach i.e. the problem diagnosis and method is the same for different companies, a "tailored" approach is best, ie. interventions fit the problems of an organization. Gibson quotes from Mann (1976) who stated that "change processes organized around objective new social facts about one's own organizational situation have more force for change than those organized around general principles about human behavior." (p. 545)

RESISTANCE TO CHANGE

Management in considering changes should think carefully about introducing drastic measures. Schon (1973) indicates that the least disruptive change is met with the least resistance (p. 38). These are factors for change agents to be aware of when considering alternatives at the stage before action takes place. If the choice of action is

based on sound information collected through the major actors, records, documentation, etc., he/she is then in a better position to support a proposed change.

Resistance to change as Schon (1973) explains, is a function of the system itself. It is not from stupidity or venality of individuals in the system (p. 48). The manager must try to maintain the positive changes that can occur out of organizational development, so that staff members do not easily slip back into problems which have been resolved. Managers must provide the opportunity for decision making by staff members by establishing mechanisms which will foster communication, collaboration, problem solving and other functional activities. This would therefore entail meaningful planning for change rather than haphazard plans which do not produce stability.

Social service organizations would benefit since staff members would be more committed to the changes that are based on a sound analysis. The staff members would experience more of a sense of contributing to the organization at large. Again the output of the organization would be reflected by the input of the staff members.

In conclusion, the contributions of several authors suggest various interventions to be applied in organizations. The goals and purposes of the organization, what is to be examined, the rationale for uncovering and opening up information, the procedure for the examination of the organization, and determination of the major actors are all components which should be addressed in organizations seeking improvement.

Following is a list of definitions which should clarify some terms for the reader. Note that the definition of multi-disciplinary, a term often used in social services is not descriptive of the integrated approach.

DEFINITIONS

Process - "In systems theory, the process element consists of technical and administrative activities which are brought to bear on inputs in order to transform them into outputs" (Gibson et al 1982, p. 639).

Structure - "Consists of those formal relatively stable arrangements that prescribe how the functions and duties of an organization are to be divided and then coordinated, how authority is to be distributed, and how work responsibilities are to be carried out.... Organizational structure is less a description of what is, than a blue print for how activities should be orchestrated to achieve desired objectives." (Patti, 1983, p. 127).

Goal - "This is a specific target that an individual is trying to achieve; it is the target (object) of an action." (Gibson et al 1980, p. 633).

Leadership - The state of directing, guiding others.

Role - "Relates to the expected behaviour patterns attributed to a particular status position." (Gibson et al, 1982, p. 639).

Role Ambiguity - "A person's lack of understanding about the rights, privileges, and obligations of a job." (Gibson et al, 1982, p. 639).

Role

Conflict - "Because of the multiplicity of roles and role sets, it is possible for an individual to face a situation of the simultaneous occurrence of two or more role requirements for which the performance of one precludes the performance of the other. This situation is described as role conflict." (Gibson et al, 1982, p. 639).

Decision

Making - Used synonymously with problem solving, by Stevens (1978).
"An effective method of solving problems involves the following steps:

- A. State the problem situation
- B. Get the facts
- C. Analyze the facts
- D. Develop several solutions
- E. Evaluate the choices
- F. Choose the best solution" (p. 90)

Decisions - "Are the organizational mechanisms through which an attempt is made to achieve a desired state. They are organizational responses to a problem." (Gibson et al, 1982, p. 631)

Communication - Act or instance of transmitting, a process by which information is exchanged between individuals through a common system of symbols. (Webster's New Collegiate Dictionary).

Linkages - Cross function working relationships either individually or in groups.

Resources - May be human or material which are a means of achieving organizational goals.

Cooperation- The act of working together toward a common end or purpose.
(The American Heritage Dictionary of the English Language)

Service

Delivery - "Procedures and organizational arrangements actually employed to deliver services to appropriate targets."
(Rossi, 19 , p. 124)

Multidisciplinary - "A term frequently used to describe an assessment and management process in which numerous individual consultations from different disciplines are obtained, but in which these various evaluations are carried out independently of each other without opportunity for professional interaction, comparison, debate, or integrated planning. While this mode of functioning may appear efficient it sacrifices the potential benefit of group synthesis." (Bennett, 1982, p. 307-308)

Multi-Service Setting - Several services operating out of one location as part of the same agency.

CHAPTER 3

THE PRACTICUM

OVERVIEW

In the early 1970's there were eight regions in Manitoba. Later on, Winnipeg, one of the eight regions was sub-divided into districts. These were St. Vital, St. Boniface, Charleswood, East Kildonan, West Kildonan, Central (2 locations), Fort Rouge, Transcona, St. James-Assiniboia.

Central District Office, the location of this practicum, has undergone a number of structural changes. In 1979, two separate district offices at 442 William and 114 Garry were combined into one office at 189 Evanson. This was due primarily to environmental influences, i.e., the closing of one building and the expansion of another service in the other building. Therefore, prior to 1979, there were two separate teams which eventually became administered by one instead of two team managers. In 1983, the Fort Rouge area of Winnipeg was added to the area served by Central District Office. Meanwhile, the staffing complement of Central District Office grew to fifty-six. In addition, the Team Manager position in Winnipeg Region was reclassified to an Area Director. Therefore, since 1979 the original team composition at Central District Office has increased, the classification and title of the manager changed, one department, Health and Social Development was divided into two, i.e., Health and Community Services and the geographical boundary was expanded to include the Fort Rouge area. The changes meant that the Area Director had a wider span of control. The staff members were then in a larger

group eroding the team concept due to the large number of specialists.

Appendix 1 is a map of the city which shows the six district offices i.e., West District, North West, North East, South East, South Central and Central which now make up Winnipeg Region. In addition, Appendix 2 is a 1984 overview of the programs which are represented in each District Office of Winnipeg Region. The operational structure is also presented which shows the programs as they relate to each District Office (Appendix 3). The Manitoba Community Services Mission Statement can be found in Appendix 4.

Central District Office is comprised of staff from various disciplines providing services in specialized areas. Each specialized area or program is organized somewhat differently from the other. The programs are Home Care, Home Economics, Mental Health, Mental Retardation, Child & Family Services, Vocational Rehabilitation and Volunteer Services. Staff members are comprised of Clerical, Homemaker Coordinators, Licenced Practical Nurses, Behavioural Counsellor, Social workers, Nurses, Support Services Workers, an Intake Worker, an Intake and Support Services Coordinator and lastly, the Area Director who is responsible for the administration of the office. The functions of the Area Director are presented later in this chapter.

The Central District of Winnipeg itself was recognized in 1965 in the Social Services Audit Committee report as the area of highest social disorganization. Social disorganization was measured by the total number of social allowance recipients, inadequate housing, single parent families, alcoholism, etc. It was indicated in the audit that Central Winnipeg would need a greater concentration of resources. (p. 15-16). Judging from subsequent experience, these findings of the Committee have not changed substantially since 1965.

Central Winnipeg receives services out of this District Office through a number of professionals and paraprofessionals who are hired through standardized selection processes. Each position requires a job description which gives the employee an indication of what his or her functions are and what supervision will be given to him/her in the process of his/her work. Positions are related to the respective program and take into account membership in an interdisciplinary setting.

ORGANIZATION OF PROGRAMS/SERVICE GROUPS

HOME CARE

The Home Care Program is comprised of six dyads, each of which is composed of a Nurse (B.N.) and a Social Worker (B.S.W. or M.S.W.) who jointly assess each referral and then coordinate the input of services through the discipline that is most appropriate given the situation. The supervision of nurses and social workers is assigned to a Nursing Specialist and a Social Worker Specialist, who are available to the Home Care staff in Winnipeg Region, to provide direct consultation regarding situations related to the program. Individual staff members determine whether or not they require the input of a specialist on a case by case basis. A Program Coordinator is the primary program supervisor for the entire Home Care Staff Members in the region. Caseloads number over one hundred per staff member at Central District Office (C.D.O.). There are numerous forms to complete in each case situation. In addition to case workers, Licenced Practical Nurses work with the Home Care clientele in the Central District and use the office as their base of operation.

The Homemaker Coordinators receive requests for placement of Homemakers by the Home Care Social Workers and nurses at Central District Office on a daily basis. Their training is varied and program supervision is through a regional office which covers all of Winnipeg Region's Homemaker Coordinators and Homemakers.

MENTAL RETARDATION

The Mental Retardation program, consist of three staff members with training either in Psychology, Nursing or Social Work. Each staff member carries a separate caseload which ranges from fifty to eighty-five cases. Assessments and follow up are completed by individual caseworkers. The staff members consult with the Program Coordinator on technological considerations related to Mental Retardation. The volume of forms required in each case is considerably less than in the Home Care Program and are related primarily to residential care facilities, respite care and support services. In addition, long term cases are a norm in this program. The program provides services to mentally retarded children and adults. Decision making regarding casework, as is the case for all programs in the office, is left entirely to the caseworkers. Unless they seek consultation from Program Supervisors or the Area Director.

A Behavioral Counsellor is located at Central District Office. Although he may provide consultation to other programs, priority is given to the Mental Retardation program throughout Winnipeg Region. Program supervision is provided by the Mental Retardation Program Coordinator, the same position available to the Mental Retardation workers.

MENTAL HEALTH

The Mental Health program At C.D.O. consists of seven staff members, of Psychiatric Nursing or Social Work training. Caseloads are not shared. Assessments and follow ups are provided by individual caseworkers. A senior Mental Health Worker is responsible for consultation to staff members of the other programs at the office. In addition, he assists in the assignment of the cases to the other Mental Health Workers following the initial intake process. Program supervision across Winnipeg region is provided by a Program Coordinator and a Program Specialist. Caseloads average in the seventies and comprise adult clientele needing and desiring Mental Health Services. This program, like the others, has its own system of coverage for intake and of assignment of newly referred cases. eg., expertise of the staff versus location of address or random assignment.

CHILD AND FAMILY SERVICES

Child and Family Services consist of four staff members trained primarily in Social Work related areas. The degree of training varies. Caseloads are individual and average in the seventies. A Program Specialist is available to all staff in this program in Winnipeg.

HOME ECONOMICS

The two Home Economics staff relate programatically to their Directorate. There is an absence of the position of a Coordinator or Specialist. The Area Director is therefore the sole supervisor.

SUPPORT SERVICES

Support Services workers have varied training and are coordinated by the Coordinator of Support Services who is assigned to Central District Office on a part time basis. The Support Services Workers are available to all programs but worked primarily with Mental Retardation, Mental Health and Child and Family Services programs.

VOCATIONAL REHABILITATION

The Vocational Rehabilitation program consist of three staff members of social work and social work related training, with a Program Specialist providing consultation on a regional basis. The clientele are of various disabilities. Caseloads are not shared and average in the seventy-eighty range.

VOLUNTEER

A Coordinator of Volunteers joined the office in 1984, through a grant from the Federal government. Mental Retardation, Mental Health, Child and Family Services, and Clerical call upon this program for volunteers to work with individuals, groups or in clerical capacities.

CLERICAL

There are seven clerical staff, one of whom is a senior clerk and another a receptionist. The secretaries are each assigned groups of staff members from the above programs, for whom they performed clerical duties. These staff groupings are consistent, ordered and well established.

SUPERVISORS FUNCTIONS

The functions of the Area Director are administrative in nature. They are primarily to facilitate service delivery, manage staff, administer and organize the office, serve as an administrative link between the Departments and the office, evaluate staff performance, identify needs in the specific geographical area, plan for the development of new resources, provide liaison to community groups and other agencies in the area and ensure efficiency and effectiveness of services.

The Program Coordinator's responsibility is to supervise each specialized program across Winnipeg Region. Therefore, there is Regional and District supervision through the Program Coordinator and the Area Director respectively. The Program Coordinator's functions are to serve as a link between the program staff and upper level administration, plan services, determine standards, prepare program goals and objectives, explain, interpret and convey the wishes of upper levels to staff, consult to field staff and evaluate their work, and maintain conditions conducive to efficiency and effectiveness.

In the previous paragraphs, a description of the resources available, how they are organized and a brief overview of the workload of Central District Office was presented. There are traditional lines of authority, division of Winnipeg into districts and an attempt at the establishment of an office setting representative of various disciplines. The Department of Health is represented by Home Care, Mental Health and Home Economics, while the Department of Community Services is represented by Mental Retardation, Child and Family Services, Clerical, Support Services and Vocational Rehabilitation.

What is occurring at Central District Office is an increase in the number of professionals creating a larger number of people interdependent on each other. There is increasing complexity and heterogeneity of the staff. Not only are there increasing numbers of individuals who differ in and of themselves but different programs, often with two different supervisors per program and two different governmental departments.

The increasing complexity brings with it lack of clarity in roles, inadequate communication across programs, lack of structured communication etc. The span of management being what it is, makes face-to-face interaction with the Area Director through staff meetings difficult to orchestrate. The benefit of meeting regularly to discuss issues, goals, and plans particular to Central District is difficult. Lastly, with the large span of control, accessibility of the Director could be a problem due to demands which may be placed on him on a daily basis.

COMMUNICATION

A further description of the setting includes some formal and informal communication patterns which exist within the office as well as the operation of intake. From there we will lead into the beginning of the data collection on perceptions of staff regarding the structure and processes of Central District Office.

Occasionally, at Central District Office, each program would be asked by the Area Director to choose its own representative to serve on committees. This representative was not always the same one serving on each committee. The committees would usually meet at the request of the Area Director to discuss an issue from the perspective of each program, to respond to a departmental proposal or to respond to a situation which was external to the office. Some examples were: discussion of an issue regarding inadequate parking space at the office and a requested response to a questionnaire on the establishment of a government newsletter. Hence, some informational exchange, among staff was occurring on a sporadic basis.

In addition to some cross-program information exchange, staff members from some programs meet with each other to discuss caseloads and share information within their own program. Some groups meet on an ad hoc basis while others meet regularly. The Area Director is occasionally included in these meetings. His presence may be requested by staff members or himself. Basically, there is lack of a requirement of structured communication within programs. It occurs where individual

workers decide that it is necessary, functional and useful.

INTAKE

Another area deserving of attention is the Intake process. Referrals to Central District Office are from a variety of sources. e.g., private agencies, hospitals, community members, family, etc. They can be made by telephone or in writing. The former is handled by a full-time Intake worker while the latter was handled by the part-time Coordinator of Intake and Support Services. All staff are available for back up to the Intake Worker during her absence. There have been problems with the Intake process which include: involving the Area Director in settling disputes regarding internal referrals across programs, a delay or total absence of feedback on who the assigned worker is within the "team", and a lack of one full-time Intake worker to coordinate the entire volume, ie., written and telephone requests. The end result is a system of intake where each program negotiates their own rotation of new referrals and consultation within the office. This has some advantages since programs differ in volume and urgency of intake. However, it increases the complexity of the operation when a number of systems are in use.

Assignment of cases is based on the problem identified, the service requested, the appropriateness of the referral given the services available through Central District Office the address of the client and the nature of the arrangement made between the Intake Coordinator and the program. For example, a staff person might be exempt from being assigned new

referrals for reason of caseload numbers and/or intensity of cases and/or other duties assigned to him/her. After the case is assigned, follow up is the responsibility of the staff who is/are assigned. In addition, all transfer of cases within and across programs are to be registered with the Intake Coordinator since the aim is equilization of the workload and the Intake Coordinator needs to be kept informed of these changes.

SUMMARY

In summary, the practicum deals with professionals and paraprofessionals who have autonomy in direct services. Beyond direct services they have some opportunities to be involved in the organization. However, their involvement in such matters do not seem to be significant. Interest and an increasing awareness of the departure from teamwork by the writer was coupled with a desire on the part of the Area Director to intervene in a developmental way to examine what staff members perceived and experienced as deficiencies in the organization of their work.

This awareness of the need to intervene, however, was insufficient. In consultation with the Practicum Advisor and based on the literature, the obvious route was to find out what was dysfunctional in carrying out their responsibilities. Thus, assumptions of the problems were not to be made but rather discussions with staff members to determine what the problems were which could hamper the achievement of their desired goals.

In order to achieve the above, the method needed to be established and approved by the Winnipeg Regional Director. Meetings were held in the planning stages with the Area Director, and the Regional Director. The Program Coordinators were informed of the study that was to be undertaken and their reactions solicited (Appendix 5). There was no opposition on the part of the staff members and supervisors to the practicum, rather they were quite supportive.

During the period of May to September, 1984, there was a revamping of the original questionnaire which was then to be aimed at the structure and process variables such as communication, decision making, goals and leadership. Given time constraints, a consumer survey was not pursued. It was deemed necessary to focus on the internal processes of the office.

EVALUATION DESIGN

The procedures for evaluation of the practicum intervention consist of soliciting feedback from staff members and supervisors regarding it's usefulness and impact. In addition, the writer could determine whether the objectives of the practicum were achieved based on the outcome of the interventions.

A formal questionnaire would not be used. The writer's plan involved approaching staff members individually, and making note of their comments. Likewise, the writer would be receptive to approaches made by

staff members and make note of their comments. Any useful information, that could be incorporated into the practicum while it is in progress would be acknowledged and action taken.

Another way in which the writer will evaluate the practicum will be in the amount of cooperation the writer achieves from staff members in attending interviews, sharing information and so forth. Their cooperation will be an indication of how they perceive the usefulness of the practicum, their own readiness for an assessment and the credibility of the writer.

The writer's own personal and professional growth will be an indication of whether the practicum was a suitable and valuable source of learning and development for the writer.

Once again, the objectives of the Practicum will be reviewed and the question raised as to whether they have been achieved. If they are not achieved, the possible reasons for the outcome will be explored.

CHAPTER 4

DATA COLLECTION - Interviews with staff members on their perception of the Structure and Processes at Central District Office.

The process began with a letter to the staff from the writer and practicum advisor, dated September 26th, 1984 (Appendix 6). Following this letter it was decided that individual interviews would be done unless staff requested otherwise. This would allow for more privacy and assurance of confidentiality. In addition, staff members would be free to respond openly with the writer or any other person they felt could be trusted to hear their viewpoints.

A structured interview format (Appendix 7) was drawn up by the writer which covered Goals, Leadership, Roles, Decision making, Team existence, Communication, Linkages, Resources, and Problems. These variables were chosen based on the writings of authors who were earlier discussed. This method allowed for some consistency from one interview to the next and assisted the interviewer in focusing the interview. Given that staff were already feeling pressured for time, this approach was considered to be appropriate in this situation.

OBSERVATIONS AND ONGOING EVALUATION

After the first interview, it was suggested by the interviewee that it would be useful for the staff members to have the interview format before the interview. Therefore, the writer took up the suggestion and

made the format available to staff about a week before each interview. Some staff members were able to puruse the format before the interviews, while others were not able to do so.

All staff members approached by the writer accepted the interviews. There were twenty-six staff members interviewed, most of whom carried caseloads, and all of whom represented the programs and service groups. Some staff members were interviewed jointly with other staff members, e.g., the Home Care Team of Social Worker and Nurse were interviewed jointly. The length of each interview varied from one-half hour to two hours, at the convenience of the staff, unobtrusively and voluntarily.

During the interviews, the general feedback to the writer by staff members regarding the process was positive. This was the first time that they had had the opportunity to contribute their views in these areas. Some individuals wanted to know whether the practicum would have an impact on the office processes. The writer was, of course, unable to give guarantees, but pointed out that the School of Social Work would be interested in the Practicum given that the location is a practice site for students of Social Work. In addition, it was pointed out to staff that the Area Director was also interested in the practicum.

Generally, the staff appeared to be genuine in their responses. The writer did not feel that they were holding back information. Confidentiality was stressed both in correspondence from the writer and the Advisor and verbally as well. The location of the interviews was primarily in the staff's own offices where they felt most comfortable

and where interruptions could be controlled. The time of the interview was negotiable as the interviewer did not impose fixed times on staff. They were free to continue the interview on another date if the first session proved to be longer than anticipated.

The writer took notes during each interview, reviewed the notes and summarized the information collected according to the majority and minority of responses collected. Following, I will present a summary of the data collected on the areas covered.

DATA

GOALS

Question A: What end results are Central District Office trying to achieve?

Answer: This area showed a great variety in responses. Some staff indicated that they did not know what the goals of Central District Office itself were.

Question B: Do you think it is possible to achieve them?

Answer: Some staff did not respond given that they could not identify district goals. Others gave some negative responses which they attributed mainly to the multiproblem nature of the clientele and/or the lack of staffing and other resources to achieve the goals.

LEADERSHIP

Question A: Where do you get the most direction?

Answer: Most staff felt that they were self directed in carrying out their duties and some others indicated that the Area Director and then the Program Co-ordinator or Specialist were sources of direction.

LEADERSHIP (Cont'd)

Question B: In what areas would you like to receive more direction?

Answer: Most staff desired provision of clearer guidelines from their programs, more information sharing across programs and with the Area Director. Some people did not want more direction and some wanted more information regarding expectations of staff around community needs. Some staff members expressed a need for clarification regarding the supervisors expectation of staff members in addition to their method of determining the quality of work.

Question C: How could more direction be achieved?

Answer: Most staff members wanted supervisors to know what field staff were doing in carrying out their responsibilities. In addition, they added that they needed more clarification on what they could expect of leadership.

ROLES

Question A: What role do you see yourself playing in relation to the other staff at Central District Office?

Answer: The majority of staff members saw consultation and provision of a specialized service as their roles. Some people said they were involved in coordination, collaboration, and cooperation but they were not in the majority.

ROLES (Cont'd)

Question B: Where do co-workers seem to have an unclear picture of your role?

Answer: The majority of staff felt that co-workers (other staff) have an unclear picture of their role. Each staff could cite areas of lack of clarity.

Question C: Do you feel that you could clarify any areas? Which ones?

Answer: The majority felt that clarification was possible. A minority felt concerned that clarification was either not enough or if clarification was made they might be unable to meet the increase in demand for service.

Question D: What would likely happen if clarification isn't made?

Answer: A majority saw lack of clarification as having a negative effect on service delivery, causing a continuation of the present state, lack of a team concept and programs remaining separate.

Question E: What concerns you in relation to the roles of the Program Co-ordinator, Program Specialist, and Area Director? How can these concerns be dealt with?

Answer: Area Director, Program Co-ordinator, and Program Specialist roles were clear. When there was lack of accessibility, lack of program direction, decisiveness, overlap in areas of responsibility between the Area Director, and Program Specialist, or lack of management skills, the staff were

most dissatisfied. The lack of guidelines for managers was also cited here.

DECISION MAKING

Question A: To what extent are you involved in decision making?

Answer: The majority of staff members were involved in decision making regarding casework. No one indicated significant input into policy or decision making outside of casework.

Question B: Where could you like to have more decision making powers?

Answer: A majority of staff wanted more input into policy and other decisions outside of casework. They didn't want the power but input and felt quite left out of the same.

Question C: How do you evaluate the decision making process?

Answer: Staff members gave varied answers to this question and had difficulty answering. Staff members rated the quality of decision making process as good or not good on the basis of:

- 1) how the decision affected casework/service delivery,
- 2) the extent of their own participation in the decision making process,
- 3) their prior experience in similar decision making in other settings.

Question D: Are there currently any areas where you were excluded but where you felt you should have been included? Give an example.

Answer: The majority of staff could cite examples of where they were excluded from decision making. Staff felt they were more often excluded from program decisions than office decisions. Some staff were unable to cite examples or areas where they were excluded.

TEAM

Question: Do you consider Central District Office a team? Explain.

Answer: Some people answered "yes", but in name only, while others said, "no" given the size, lack of communication, collaboration, etc. There was a minority who answered "yes" without qualification and some who did not comment.

COMMUNICATION

Question A: Do you consider communication an important part of your interaction with others at the office?

Answer: Everyone indicated communication was important.

Question B: In what areas does communication seem most important?

Answer: The most important areas identified were in case sharing situations, policy changes, and understanding of other programs.

Question C: Do you feel that there is adequate communication between you and co-workers?

Answer: Most staff felt that communication was inadequate and a minority felt it was adequate.

Question D: Do you feel that there is adequate communication between you and the Area Director?

Answer: Most staff felt that communication was adequate and a minority felt it could be improved through more structured means. Staff often mentioned that they had good accessibility to the Area Director.

Question E: Do you feel that there is adequate communication between you and the Program Co-ordinator/Specialist?

Answer: The positive and negative comments were about equal regarding Program Co-ordinator and Program Specialist. Lack of accessibility and personality factors were cited as factors contributing to inadequate communication when it occurred.

Question F: How do you go about evaluating communications with others whom you work with?

Answer: This question on evaluation seemed to be the most difficult to answer. Satisfaction level after communication, the results of the communication, openness, experience and knowledge of the other individual were factors on which evaluations were based. Satisfaction level was the most frequent criterion specified by staff when evaluating communication.

Question G: In what areas could communication be improved?

Answer: Majority responses included a desire for greater feedback from supervisors regarding individual performance and greater information sharing between co-workers regarding casework. A minority of staff did not feel there was need for improvement, or responded non specifically "all areas".

Question H: How would you go about improving it?

Answer: Discussion, specification regarding roles, more expectations for supervision, and team meetings for educational and orientation purposes were predominantly indicated. The lack of a solution, no areas needing improvement and no comment were also expressed.

LINKAGES

Question A: How is work with co-workers outside of your program organized?

Answer: Most responses indicated a negative response, represented by poor orientation and poor information sharing. Some people were positive or were neutral about linkages.

Question B: In what areas could there be more organization between co-workers?

Answer: A number of improvements were suggested. The predominant one was to form subgroups for linkages between programs. Others included greater information sharing, expansion of existing services, and clearer defining of program jurisdictions. A small number indicated no comment, they didn't know, or none.

RESOURCES

Question A: What is the situation now with respect to resources?

Answer: The majority of staff members responded negatively to this question, indicating a lack of resources. No comment or a positive response existed in a minority of cases.

Question B: Do you feel you have control over resources? Would you like to have more control over resources? Do you think it is possible to do so? How is it possible?

Answer: The majority of staff indicated negative responses under this set of questions. They did not want control but input into resources and thought it possible to do so by management including them in the process.

PROBLEMS

Question: In your own evaluation of this office, what do you see as the primary problem(s) in order of priority?

Answer: The majority of staff identified two primary problems. These were: 1) the size of the "team" which was viewed as being too large, and 2) communication - no staff meetings, lack of information on other programs. Other areas identified by staff to a limited extent were:

- Insufficient staff - high workload.
- Administration - split input/dual supervision
 - conflict between service delivery and program
 - authority too centralized
- Low morale.
- A need for clarification of standards and procedures
- Physical plant - poor interviewing rooms
 - lack of adequate parking
 - insufficient office space
- Lack of linkages across programs
- Accountability of staff, staff signing out, and calling into the office as per procedure.

DATA ANALYSIS

The data indicated that there was a lack of structured communication regarding policy and program changes across programs and a lack of general information sharing, especially face-to-face, regarding Central District goals and overall operation.

Input into decision making outside of routine casework was desired by staff. They appeared to be wanting more feedback when their input was requested, and their suggestions not implemented. Power was indicated as undesirable, but input desirable.

Role ambiguity was sometimes evident across programs and in some cases within programs where the staff were required to relate to a Program Coordinator or Specialist as well as the Area Director.

More clarification was desired from leadership regarding what the expectations were of staff and how Central District Office related to the community at large. The staff did not want control but greater input into decisions about resources (which consisted of services such as workshops, day cares, etc.).

Linkages between co-workers (which was clarified to mean staff in another program) were desired by the staff. This reflected data related to earlier identified problems of communication and role clarity in that it is difficult not to have these problems when mechanisms do not exist to link programs on an ongoing basis.

What the data pointed out was that the staff were dissatisfied with the state of the office. They provided information which showed a loose structure, lacking mechanisms for coordination, communication and collaboration across programs. The information also showed a more centralized decision making structure where the staff felt that decision

making outside the realm of direct services were insufficiently shared with staff.

The data and the impressions which the writer obtained from the interviews were that the staff was ready for and desired changes in the current state of affairs.

The collection of information directly from staff members was important. Assumptions were not made about what was dysfunctional in the structure. The process allowed staff members the opportunity to openly express their opinions and perceptions without fear of rebuttal or reprimand. They could therefore ventilate and open up some areas which were not previously discussed. They were able to articulate problem areas without difficulty. As authors previously mentioned have indicated, this process of obtaining information from the people directly involved is important. It gives them an opportunity to arrive at what their present state is and to discover how others view the situation. Their contributions shaped the rest of the practicum.

OUTCOME

In examining the outcome of the interviews there were two problem areas which were fed back by the writer to the staff as areas which were primary. These were:

- 1) The size of the "team".
- 2) Communication.

These areas were viewed as primary since they were identified as such by staff members.

With regard to communication the following specific problems were identified.

- (A) Information sharing regarding shared cases.
- (B) Information sharing regarding resources, policies, and program changes across programs.
- (C) Information related to the overall office operation.

The data on roles suggested that there were problems regarding clarification of functions of each worker across programs which lead to role ambiguity and conflict.

STRATEGIES FOR CHANGE

The findings were conveyed to the staff members and the Area Director by the writer. Following data collection and problem identification, a number of alternatives for problem solving and improvement were considered by the writer.

Choosing the best alternative given the situation was not an easy task. Some alternatives considered were the splitting of the office into smaller groups covering specific geographical areas comprising staff from each program. This was the old model of the seventies. This structure would mean a smaller span of control for the Area Director since there would be three areas of eighteen staff each with their separate Area Directors. This alternative would be more disruptive as more changes would be required of staff. eg., changes in caseload allocation and a smaller support base for staff used to a larger program component. This option would also be more costly to the Departments as space and salaries for the extra Area Directors would be required.

Another alternative consisted of the establishment of a manual on procedures and roles across Winnipeg where unclear areas would be spelled out. This would include expectations of field staff and management and methods for assessment of service delivery. This option would involve creation of more structure in the system and an attempt at uniformity across Winnipeg.

The third alternative considered by the writer was the establishment of a working group consisting of representatives of each of the program and service groups at Central District Office. This work group model was already an ongoing pattern at Central District Office except that it functioned on a sporadic basis, it's membership varied from one meeting to the other and there was no developmental activities ongoing. A Core Group, as it is called, would be able to address communication and roles. Therefore, the Core Group would have as its main purpose to

improve the dysfunctional factors interfering with work tasks. It would be accountable to the Area Director who would be a member of the group. There would be a chairperson of the group who initially could be the writer since the writer would be requesting the assembly of the group to work on specific tasks with the goal of improving communication and clarifying roles. This alternative would provide staff members with the opportunity to meet on an ongoing basis, linking them in addressing common issues and in the development of the organization.

The chosen alternative was to focus on two areas, communication and roles through a Core Group. Given the time constraints of the practicum and the concerns regarding the feasibility of the alternatives at this point in time, and, regardless of whether there was a grand scale change in the staff groupings or the establishment of a procedures manual, these two areas of communication and roles would require attention.

Close communication of the writer with the Area Director and the practicum committee was important and was maintained. The Area Director responded to the information which was readily available to him and approved the establishment of a Core Group to deal with the issues. The Area Director sent a memo dated December 17th, 1984 (Appendix 8), to each program via a staff representative in which he introduced the second phase (implementation or action) of the practicum and attached the writer's synopsis of her findings of the first phase, the data collection. The staff members who received this memo were expected by the Area Director to share the information and to find out from their co-workers in their respective programs/service groups, who would be

willing and interested in being a Core Group representative. The names were to be forwarded to the Area Director who would provide the writer with the list of representatives of the service groups/programs.

After the representatives were determined they would meet with the writer, review the findings of the writer, discuss and prioritize issues and make suggestions and plans for dealing with the issues. The writer provided the group with some suggestions for further action e.g., organizing workshops on programs and policies. In addition she provided an opportunity for other suggestions to be considered. Further discussion on the activities of the Core Group will be provided in Chapter 5. The involvement in and support of the practicum by the Area Director had a positive effect on the staff's continued cooperation.

CHAPTER 5

CORE GROUP

The Core Group concept originated and was implemented at another district office some years prior to its establishment at Central District Office.

FORMATION & RATIONAL

The Core Group at Central District Office consist of representatives from each program/service group and the Area Director. Attached to the memo dated December 17th, 1984 (Appendix 8), was a plan outlined by the writer for addressing the data collected to date. It would address the two areas listed in Chapter 4, namely, communication and roles.

The writer provided staff members with some suggestions for action by the Core Group. Therefore initially, the tasks of the Core Group consisted of:

- 1) Organizing informational workshops/seminars on each program. This involved deciding on the format and content of the seminars.
- 2) Discussing how ongoing communication mechanisms could be organized and how problems and issues could be dealt with.

At the outset, the Core Group was expected to:

- 1) Provide feedback to the staff they represented.
- 2) Keep minutes of Core Group meetings and share with staff in their respective programs.
- 3) Keep its membership the same throughout this phase of the practicum.
- 4) Be representative of the junior and senior staff.

The tasks and expectations were a way of providing some beginning activities and structure for the Core Group but with the goal of improving the two areas of role clarity and communication.

The mechanism of the Core Group was chosen given the size of the staff complement, the nature of the problems and the need for some ongoing examination of the structure and processes. Because of the large number of staff which was over fifty, indepth discussions of issues did not occur. Hence, the size of the office required a smaller group to do more ongoing indepth discussions, assessments and planning.

Staff members have worthwhile information to provide to management and should have a mechanism by which to communicate their common concerns regarding service delivery to management. It can advise management of deficiencies in the system to alert the managers to changes that are needed. It can be a source of generating solutions which will be met with a broader base of support by field staff. In addition, it would facilitate interprogram communication.

Hence, establishing a Core Group enables an ongoing examination of the organization. The perceptions of the field staff can be documented and passed on to management for deliberation. It is a more coordinated approach to problem solving than a disjointed one, which is not progressive in nature. It can address some of the negative consequences of a loosely coupled system such as weak coordination.

Another reason for the Core Group relates to the nature of the problems identified. If the Core Group functioned as a coordinating and communication mechanism across programs, then some of the lack of clarity in roles could be addressed. The Core Group itself could facilitate interprogram communication since there would be scheduled communication. The Core Group actually formed in January, 1985, only one month following the request of the Area Director. This showed that staff were ready and willing to share concerns and address problem areas as best they could. As stated earlier, the Area Director, asked that one member from each program facilitate the choosing of a representative from their respective program. The Core Group was accountable to the Area Director and would not proceed with any action unless the Area Director had been consulted. His presence at the Core Group meetings would vary depending on the agenda of the meeting. The chairperson of

the meeting was the writer. This evolved due to the fact that the writer had initiated the group. Later a mandate was drawn up which indicated that the chairmanship could rotate at least every 6 months in order to give people the opportunity to acquire experience in chairing a group.

The representatives asked that in addition to the Core Group tasks, general staff meetings would be held on a regular basis to share information with all staff members face to face. This suggestion was made by the Core Group as they felt that it would foster communication generally, and give all staff members an opportunity to participate. (See Appendix 9, Core Group Minutes)

There was sharing of information among the staff during this first meeting at which time it became evident to the representatives from each program that they all had similar concerns. The realization of not being able to deal with all concerns, e.g., inadequate parking and the physical plant became evident. However, the representatives suggested that general team meetings be held with suggestions for the agenda coming from staff members. They were free to disagree with the proposal of the writer that the Core Group organize seminars on each program and discussions on communications mechanisms and/or add any suggestions which they felt would be useful.

An advantage was that the tasks for the Core Group were laid out. Initially, the length of time for the existence of the Core Group was indefinite. However, as the practicum progressed it became quite obvious to some representatives of the need for an ongoing mechanism to facilitate the desired processes of communication, participation in decision making, and linking of programs.

The second Core Group meeting took place on January 28th, 1985. It was well attended by the representatives. The purpose of the meeting, the concerns of staff members, and the Core Group plans were discussed by all present in relation to the upcoming staff meeting and the informational seminars on each program which were to be co-ordinated by the Core Group (See Minutes in Appendix 10). This meeting was different from previous ad hoc meetings since it was focused on Central District Office. It was more developmental involving planning for the group as a whole.

The next set of general team meetings saw sharing of general information and choosing of staff for Health and Safety Committees, etc. while Core Group meetings involved planning of the informational seminars (Appendices 8-24).

As evidenced by the meetings, face-to-face structured interactions/communication increased substantially. Authors previously mentioned (Hage et al) found a positive correlation between structured and unstructured communication. Structured communication was increased with the start of team and Core Group meetings. Staff members from different programs who rarely need to communicate, except in cases where they are both delivering service to the same client, now have more opportunities to develop rapport with each other. The result is that the client is sure to benefit. Staff members need to develop rapport which will enhance integration of their knowledge and skills when they undertake to provide services to the same client. They also have to be equipped with the best available information on other programs in order to be effective in delivering services. The client needs to be made

aware of what resources and knowledge are available to meet his/her needs.

The commitment of staff members to the Core Group was discussed among program representatives with the writer acting as Core Group chairperson. Some representatives raised questions when team meetings were also ongoing about the usefulness of the Core Group. Generally, the staff expressed commitment to the function of a Core Group to meet over issues but did not support monthly meetings for the sake of having a meeting. It was felt that the Core Group should be kept alive for those situations which would warrant meeting (see Appendix 22). Here staff members feared that a group might evolve which would be inefficient (waste of time), exist for the sake of existing and be useless. However, the Area Director indicated that receiving feedback from staff members had been helpful and encouraged the representatives to meet when necessary with their representative groups to discuss and bring forward issues to the Core Group.

Despite concerns, the writer and some of the staff members could see the need for establishing working relationships among representatives within the Core Group which would enhance ongoing problem solving and development. The Core group agreed to reconvene after the planned program informational sessions were completed in July to recap the exercise and plan future activities of the Core Group.

MANDATE

A Core Group Mandate was prepared by the writer and reviewed with the Area Director and then the representatives in the Core Group. It consisted of a list of objectives related to communication, roles, and increasing the available information regarding the geographical area served. It also listed functions related to discussion of issues, information sharing, input into program and policy, planning of inservices and evaluation. The roles of the Chairperson, The Area Director, and the Program representatives, the length of time for input by each representative and the relationship of the Core Group to the rest of the staff were all contained in the Mandate following. An illustration of the office structure including the Core Group is shown in Appendix 25.

CENTRAL DISTRICT OFFICE - CORE GROUP MANDATE

OBJECTIVES:

1. To increase communication, collaboration and co-operation between programs/service groups at Central District Office, especially in the areas of shared cases, program and policy changes.

2. To ensure that staff and students in each program/service group receive orientation to other programs/service groups in order to gain clear understanding of the roles of staff in each program/service group.

3. To encourage flexibility rather than rigidity in the above roles (#2).
4. To facilitate the establishment of a community profile for the geographical area this office serves.

FUNCTIONS:

1. To discuss and prioritize issues which affect all staff e.g., space, parking, workload, community resources, etc.
2. To provide information regarding the staff's opinion on issues to management. Suggestions for their resolution may be included. Before being passed on, the information will be presented to the entire staff at team meetings.
3. To respond on behalf of all staff members to a new or existing policy, program and/or procedure if a response is required. The Core Group reps will meet with their respective groups to collect their opinions. The Core Group will provide ongoing feedback to all staff members.
4. To plan in-services for the office with the Area Director by identifying potential guest speakers, films, topics and workshops etc. which are of interest and usefulness to staff e.g., community leaders, group dynamics, stress management, etc. Input from staff would be obtained prior to each in-service.

5. To ensure that ongoing evaluation of Core Group activities, in-services, team meetings occurs.

6. To review the objectives of the Core Group on a yearly basis and making any changes as required.

TIME FACTOR:

1. Meetings will be called by the chair with a specific purpose in mind e.g., to discuss an issue, planning.

MEMBERSHIP:

1. The Chairperson will be responsible for setting the agenda, time and place of each meeting and distribution of minutes following same. Taking of minutes will be rotated among the Core Group members.

2. The Chairperson could rotate every 6 months unless the Core Group agrees to a longer term for an individual.

3. The Chairperson should be contacted by the current rep with the name of the new rep when reps change.

4. The Area Director will be vice-chair to fill in for chairperson when he/she is away on holidays.

5. Input into the Core Group agenda by the rest of staff is welcomed.

6. Any other line staff wanting to sit in and observe a meeting has that option.

7. This is not a power group, but intended to adequately represent all staff. Representatives should be chosen by the group they represent. A system of rotation or voting may prove useful in ensuring each group is represented.

8. The minimum length of term on the Core Group is a 6 month time period for each rep, to ensure continuity and to maintain the Core Group as an effective working group.

Following the agreement to the Core Group Mandate there was a May 2nd, 1985 team meeting (Appendix 24) which preceded the informational seminars on each of the programs and served as a termination point of the practicum. Staff members were encouraged by the writer to give feedback regarding the practicum.

EVALUATION

Evaluation was ongoing throughout as the writer had to refine questions, clarify or adopt suggestions from staff members. The comments received from staff about the practicum as a whole were favourable. Staff members seemed to prefer to give feedback privately. Participation in the process by staff members was important and contributed to the successful establishment of a Core Group. It was suggested by some that the team meetings be evaluated, and this was done by the Area Director.

The general response was favourable and requests were made for guest speakers. There was also a suggestion by some that the team meetings be shorter. Later, a questionnaire was to be developed to be used as part of the evaluation of the Core Group. It would be given to all staff members in the fall of 1985.

In terms of whether the goals of the practicum were achieved, the writer would say that they were. Firstly, it is certain that in a multiproblem area such as Central District many services and professionals are needed in order to provide for the complex needs of the clientele. However, the benefits of the interdisciplinary concept which are ultimately quality services will not be realized unless communication and other processes are improved. The programs of Central District Office were separate and mechanisms had not been put in place to draw the programs together and to improve the interactions of the field workers.

Secondly, the practicum examined the structure and process dimensions of the interdisciplinary approach as it affected service delivery and workers' satisfaction. It found a loose structure and processes needing improvements along with a staff that was dissatisfied with the physical plant, the processes and the size of the staff complement. The assessment was not done in isolation of the staff but with their participation and cooperation. Hence, it is not based on assumptions.

Thirdly, the administrative alternatives considered were important but the writer was limited in her capacity to change some factors. The writer however went beyond proposing alternatives to establish a mechanism aimed at improvements for the staff in most areas. Therefore, the writer used analytical, interpersonal and communication skills in achieving the objectives of the practicum.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

Communication and the size of the staff complement were viewed as major problems. The Core Group addressed both problems. The problems must be addressed since the client is affected by service delivery. In a setting of many services and disciplines, one must rely on staff informing each other of new policies, program changes and resources. They must be able to see each others expertise for the benefit of the clientele since they are affected by how the staff function.

The Core Group provided more opportunity for staff to be involved in decision making within the Central District Office, and is likely to increase the amount of information sharing between programs and individuals to a more satisfactory level. Linking of staff around common issues has been indicated as an important strategy for managers. Collective action through the Core Group is therefore more likely to produce more of a coordinated service delivery system than one where each individual/program goes about common issues in an ad hoc manner or not at all, essentially fragmented and disjointed.

The findings indicated low morale since staff were apt to feel unimportant when their input was not requested or when issues they brought forward were not satisfactorily dealt with. Supervisors can improve conditions considerably if they indicate to staff members in what types of decisions they will be included. Where they are excluded from the decision making process it should be indicated to field staff why this is so. Field staff are the professionals who work closest with the clients and therefore, decisions affecting the delivery of services should not exclude them. Reasonable explanations of why a decision is

made should be given. In addition, the roles of supervisory and field staff should be clear across program lines. Staff members become confused when there are overlapping duties among supervisors.

Throughout the practicum, evaluations were introduced to Central District Office where they did not exist before. Structured communication patterns and objectives now exist where they were absent. During these new developments, the writer increased her organizational skills and knowledge of service delivery systems. Her interpersonal skills were also sharpened due to the involvement with staff in interviews and chairmanship of Core Group meetings. The roles of worker and change agent did not conflict but blended well and were in asset in this situation.

The setting was one in which the writer had many factors to deal with, some of which were the administration by two government departments, the presence of more than one program and a heterogeneous staff organized within a structure with a large span of control on the part of the Area Director.

There were many other important things which helped to shape this practicum. The involvement of staff was voluntary. Despite demanding caseloads, they took the time to review variables related to service delivery. They cooperated with the writer in the collection of the data with no resistance at all. The writer kept them informed and was able to maintain momentum throughout. There must have been trust in the writer by the staff given their cooperative response. The practicum

was a means to ventilate concerns, a means that was unavailable until then. Unfortunately, some of the problems required solutions beyond the control of the writer, such as participation in decisions related to policy and program, and improvements in the physical surroundings and parking availability.

These latter concerns however are very important to staff. Physical surroundings and parking availability are indicative of material resources which people attribute to their worth. They are sources of security and when problems are present in these areas, they affect staff morale. It is necessary for all staff members to feel valued for their contributions to the organization. They are unlikely to feel valued when even basic concerns are not addressed.

A summary of the entire steps in the practicum as outlined in this report are presented in Appendix 26. Throughout, communication with the practicum committee and with the Area Director had been maintained by the writer. A number of meetings were arranged to review the writer's work and to review plans for upcoming activities of the writer.

RECOMMENDATIONS

1. Continued evaluation of communication, decision making, roles, goals, and leadership of Central District Office.
2. Decision making should be more decentralized, closer to the people who are delivering the service. Where staff are not involved in

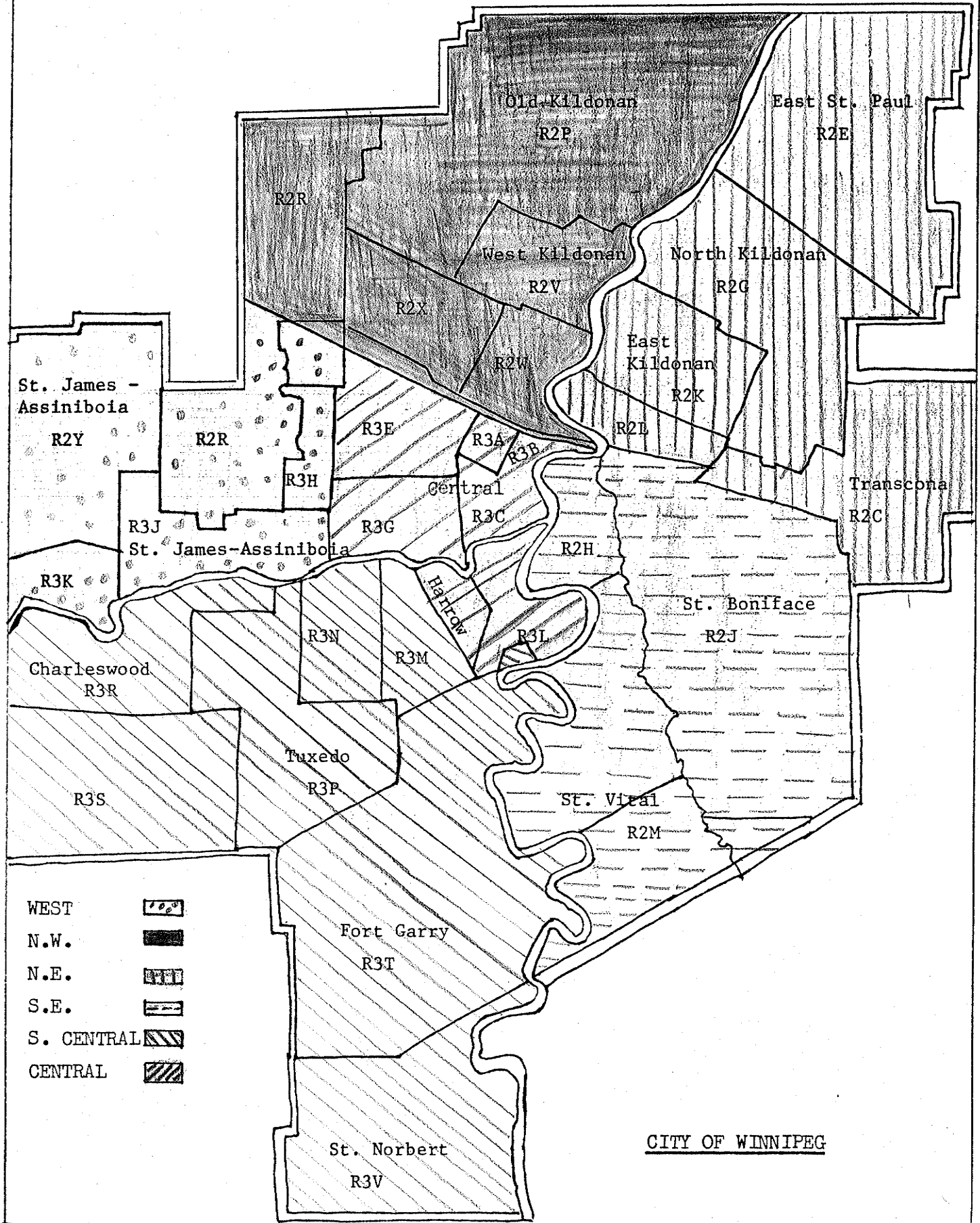
decision making or where their proposed solutions to problems are not accepted they should be informed and given reasonable explanations for why this is so. Otherwise, staff will be dissatisfied and unknowingly opt for withholding valuable information which could contribute to the improvement in the service delivery system.

3. The physical surroundings should be improved to offer more improved interviewing and office equipment for staff members and clients. An improvement should be made in the parking availability. These changes would have a positive affect on morale and improve service delivery to clients.
4. Areas of role overlap between supervisors should be addressed along with provision of clearer program guidelines where applicable.
5. Staff members should give their input into making the Core Group an active body that can work to continuously improve the system for the benefit of themselves and the clientele.

APPENDICES

1. Map of Winnipeg Region illustrating district boundaries by postal codes.
2. Winnipeg Region - Programs represented on teams.
3. Winnipeg Region - Operational structure.
4. Manitoba Community Services Mission Statement.
5. Memo to Health and Community Services Coordinators dated August 1, 1984 from student.
6. Letter to Central District staff dated September 26, 1984 from the Advisor and student.
7. Interview format.
8. Memo to staff dated December 17, 1984 with a practicum report and plans for the second phase from the Area Director and student.
9. Core Group meeting minutes dated January 15, 1985.
10. Core Group meeting minutes dated January 28, 1985.
11. Memo to Central District staff from the Area Director dated January 21, 1985.
12. Memo to Central District staff from the Area Director dated February 4, 1985.
13. Central District Team Meeting minutes dated February 7, 1985 with attachments on staff development, administrative procedures, job functions, activities, and smoking and non-smoking in the workplace.
14. Core Group meeting minutes dated February 18, 1985.
15. Memo to Core Group dated March 4, 1985 from the Area Director.
16. Memo to staff members dated March 4, 1985 regarding program information seminars from the Area Director with suggestions by the Core Group of the format and content attached.
17. Memo to staff members dated March 21, 1985 from the Area Director.
18. Minutes of the Core Group meeting dated March 12, 1985.
19. An evaluation of Informational Sessions form.
20. Memo to staff members dated March 5, 1985 from the Area Director.
21. Central District Team Meeting minutes dated March 8, 1985.
22. Core Group meeting minutes dated April 22, 1985.
23. Memo to staff from Area Director dated May 1, 1985, with administrative information attached.
24. Central District Team meeting minutes dated May 2, 1985.
25. Illustration of the structural change at Central District Office with the establishment of a Core Group.
26. Flowchart on the practicum-steps in the process & factors to consider.

*The names of staff members have been removed from the appendices with exception of the Area Director and the writer.



MANIT^{BA}

DEPARTMENT OF HEALTH
AND COMMUNITY SERVICES

WINNIPEG REGION, 1991

In the early 1970's the Province of Manitoba was divided into eight regions for the purposes of organizing the delivery of health and social services. A Regional Director was appointed for each region and the development of the multidisciplinary service teams was given priority status.

Winnipeg Region which has over half the population of the province residing within its boundaries, is divided into six districts. Each district health and community services team is headed by an Area Director and has ready access to Program Coordinators of the various programs comprising team memberships.

The following programs are represented on teams:

CHILD & FAMILY SERVICES

The goals of which is to ensure that children have the opportunity for a safe and healthy childhood in a family.

PUBLIC HEALTH NURSING

The goals of which are the prevention of disease and the promotion of health.

HOME ECONOMICS

The goal of which is to improve nutrition, financial resources of the individuals/families in receipt of Health & Social Services in the Region.

VOCATIONAL REHABILITATION SERVICES

The goal of which is to train and/or educate individuals who are physically handicapped, post-mentally ill, and mentally retarded so that they may secure gainful and meaningful employment.

HOME CARE/CONTINUING CARE

The goal of which is the maintaining of people in their own home rather than in hospital/Personal Care Home; and to assist in appropriate Personal Care Home placement when required.

COMMUNITY MENTAL HEALTH PROGRAM

The goal of which is to maintain mental health clients in "normal" community living and work settings and to reduce the number of people in institutions.

COMMUNITY MENTAL RETARDATION PROGRAM

The goal of which is to maintain mentally retarded individuals in "normal" community living and work settings and to reduce the number of people in institutions.

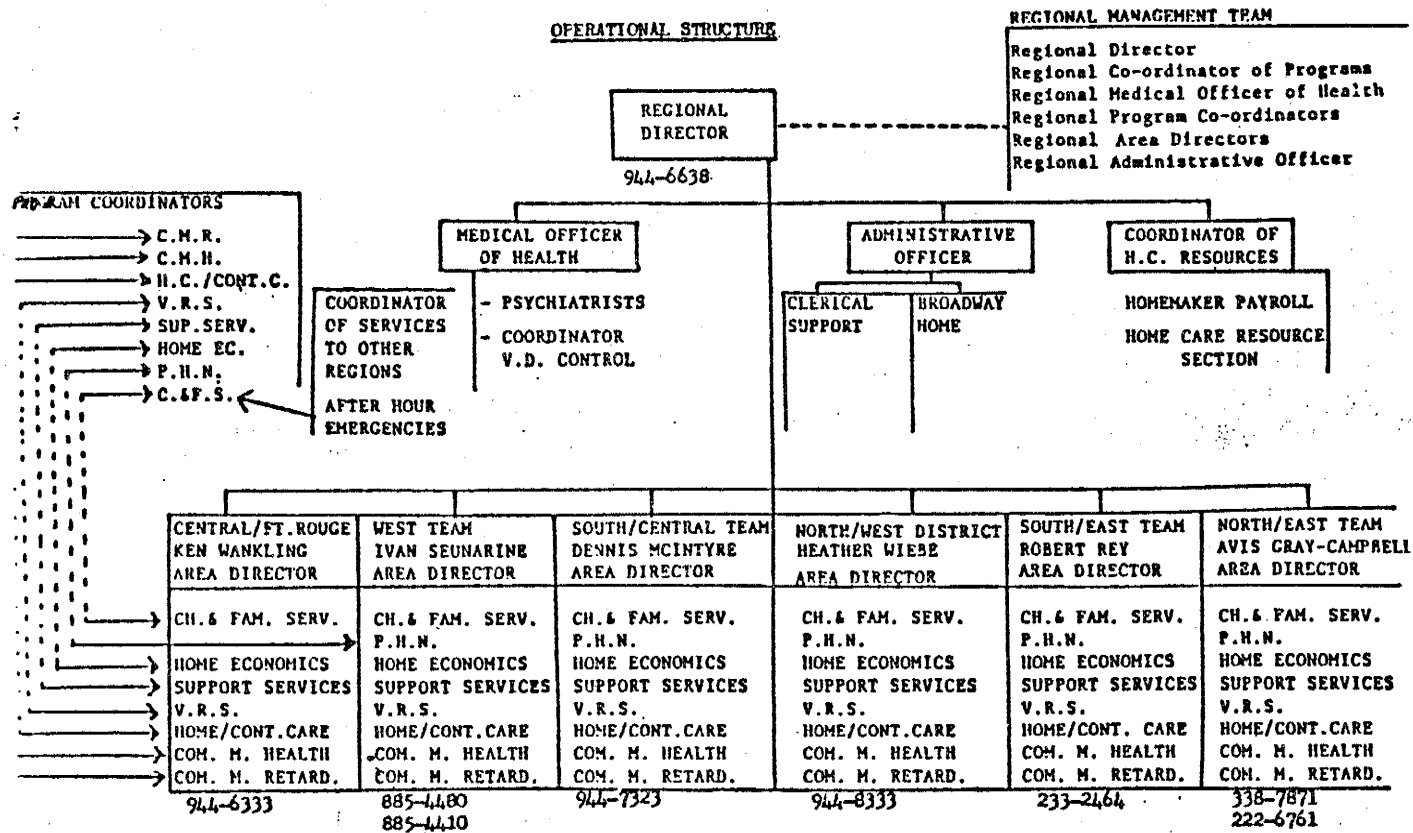
These programs work together via the district teams to provide integrated and coordinated service to clients. District teams attempt to prevent gaps in service delivery and assist in making services readily accessible to the public.

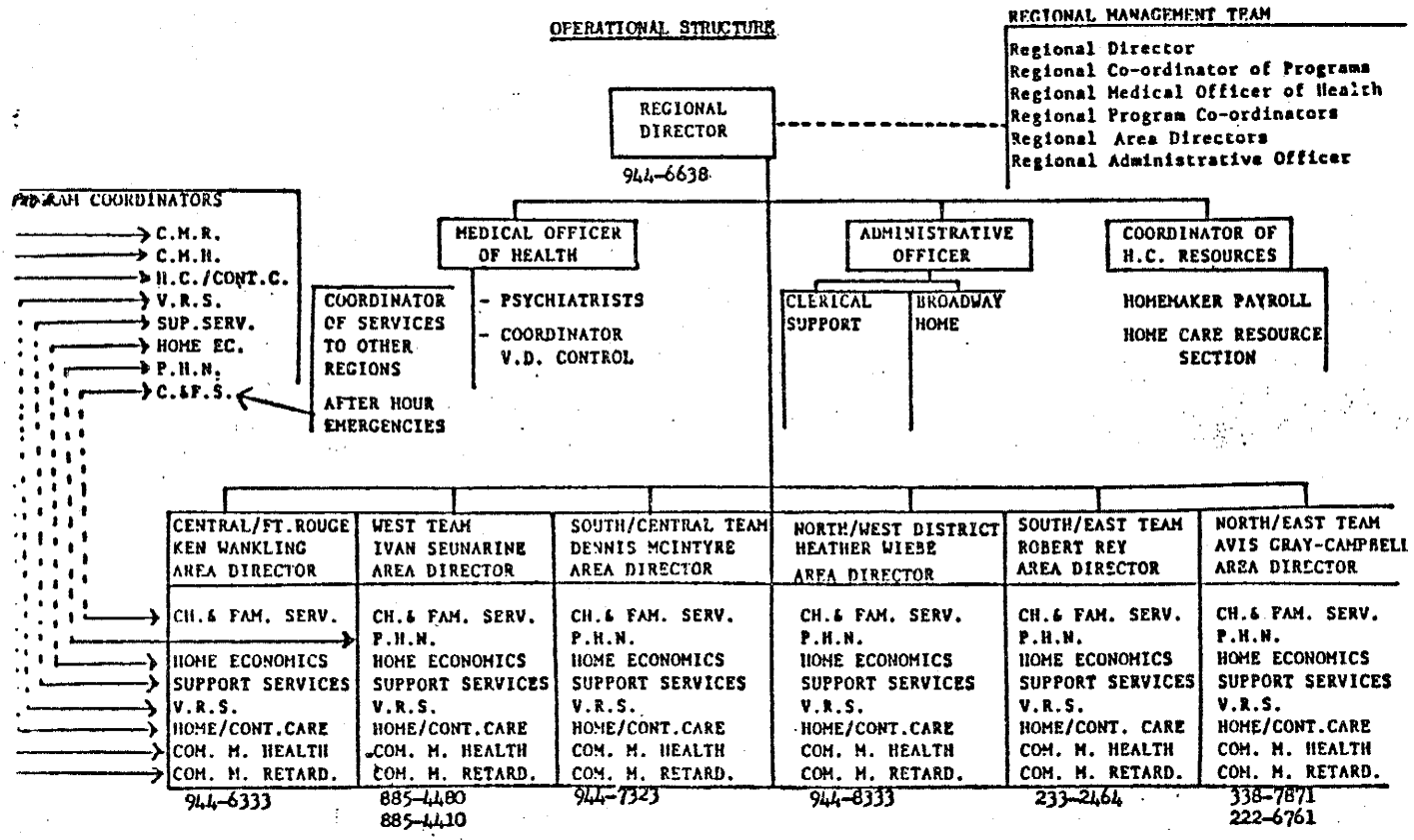
The Public Health Inspector/Environment Officer - practices in the field of public and environmental health. His duty is to protect the community through the identification, education, and elimination of health concerns.

Routine inspections and monitoring of food service establishments, public swimming pools, care institutions, housing, etc., are undertaken to ensure standards are maintained.

Complaints and epidemiological studies are frequently investigated. Response activities include chemical spills, air pollution, water contamination and nuisance complaints.

The Public Health Inspector is an educator and enforcer of regulations, both municipal and provincial, concerning health and the environment.





MANITOBA COMMUNITY SERVICES
(MISSION STATEMENT)

Manitoba Community Services is responsible for ensuring high quality social and correctional services are available to Manitobans.

Service Goals

Services should encourage independence and increase human potential by working with communities, families and individuals in a supportive and enabling manner. Highest priority should be early intervention and prevention. Social services should reflect the human rights and diverse cultures of Manitobans. Services should be as equally accessible as possible to all Manitobans.

The "Community Option"

Community involvement and responsibility should be emphasized. Where appropriate, services should become more accountable to the community through recognized mechanisms, such as election of boards by broadly based community membership. The Province should remain responsible for the overall design of the social service system, appropriate resource allocation, public safety, service standards, and protection of rights; and should also remain directly accountable in all cases where services must restrict rights of citizens, such as in correctional institutions. Social services should be organizationally integrated to the extent consistent with the community option.

The "Generic" Approach

Social services are not intended to provide for all the needs of particular categories of people (such as the handicapped); rather, they provide supportive, treatment and residential services as may be required by any Manitoban. Individual needs should be accommodated within regular services available to all members of society, be they social, health, education, transportation or other services - public or private.

Inter-Departmental Memo

Date Aug. 1, 1984

To

All Health and Community Services
and Corrections Co-ordinators
189 Evanson St.

From Toni Simmons
Community Services Worker
189 Evanson St.

Telephone 945 6333

Subject

M.S.W. Practicum

Enclosed are copies of my Master of Social Work Practicum Proposal along with a staff questionnaire.

I am providing these to you, since you are the co-ordinators of the Programs at Central District Office. I have already shared the proposal with Ken Wankling, Marge Watts and Ken Maskiw.

Permission to conduct the practicum has been acquired on the basis that time spent during office hours, an estimate of eighty-six will be paid back to the Department in overtime.

I welcome your comments or suggestions and would appreciate your support in attempting to complete my graduate studies and at the same time, provide worthwhile data on Central District Office.

Please be advised that my Committee consists of Mr. B. VanderKrabben (Advisor), Mr. Don Fuchs (Social Work Instructor) and Mr. Neil Koop (Family Counsellor). A more extensive literature review has been submitted to the Committee, and all questionnaires and activities must first meet with their approval. Starting date for the practicum will be September, 1984 since Committee members are on holidays.

Please contact me with a response, at your earliest convenience and I will be happy to meet with you if you wish.

Toni Simmons

Toni Simmons
Community Services Worker

TS/bb

cc: Mr. Maskiw
Mr. Wankling
Ms. Watts



THE UNIVERSITY OF MANITOBA

SCHOOL OF SOCIAL WORK

Winnipeg, Manitoba
Canada R3T 2N2

September 26, 1984

Dear Staff,

As most of you know, Toni Simmons is completing her Masters of Social Work degree at the University of Manitoba and has chosen Central District Office as the location of her practicum.

The goals of the practicum are:

1. To examine whether the benefits espoused by the inter-disciplinary approach to service delivery exist at Central District Office.
2. To examine the current structure and process dimensions of the above approach as it affects service delivery and workers' satisfaction.
3. To propose administrative alternatives based on the outcome of the results of the examination.

In the near future, Toni will be arranging group discussions with programs and/or individual interviews.

The approach to implementing the above goals will be to involve as many of you as possible to hear your views, opinions, solicit your suggestions etc.

The practicum committee, consisting of Family Counsellor, Mr. N. Koop and Professors Dr. D. Fuchs and Dr. J. van der Krabben will continue to supervise and evaluate the practicum for its duration which we hope will be completed by Spring, 1985.

The result of the study will be written up in a practicum report which will be a public document and the property of the University of Manitoba.

All rules of confidentiality will of course be observed and assured by university ethics standards.

Thank you for your anticipated cooperation.

Sincerely,

Toni Simmons

Dr. J. van der Krabben

TS/JvdK/ac

1984-85 - Practicum

Toni Simmons

Goals

What end results are Central District office trying to achieve?

Do you think it is possible to achieve them?

Leadership

Where do you get the most direction?

In what areas would you like to receive more direction?

How could more direction be achieved?

Roles

What role do you see yourself playing in relation to the other staff at Central District office?

Where do co-workers seem to have an unclear picture of your role?

Do you feel that you could clarify any areas? Which ones?

What would likely happen if clarification isn't made?

What concerns you in relation to the roles of the Program Co-ordinator, Program Specialist and Area Director?

How can these concerns be dealt with?

Decision Making

To what extent are you involved in decision making?

Where would you like to have more decision making powers?

How do you evaluate the decision making process?

Are there currently any areas where you were excluded but where you felt you should have been included?

Give an example:

Team

Do you consider Central District office a team? Explain:

Communication

Do you consider communication an important part of your interaction with others at the office?

What areas does communication seem most important?

Do you feel that there is adequate communication between you and co-workers?

Do you feel that there is adequate communication between you and the Area Director?

Do you feel that there is adequate communication between you and the Program Co-ordinator/Specialist?

How do you go about evaluating communication with others whom you work with?

In what areas could communication be improved?

How would you go about improving it?

Linkages

How is work with co-workers organized?

In what areas could there be more organization between co-workers?

Resources

What is the situation now with respect to resources?

Do you feel you have control over resources? Would you like to have more control over resources? Do you think it is possible to do so? How is it possible?

Problems

In your own evaluation of this office, what do you see as the primary problem(s) in order of priority?

Inter-Departmental Memo

To

Date December 17, 1984

From K.J. Wankling
Area Director
Central District
1-189 Evanson St.

Telephone 6203

Subject TONI SIMMONS'S SOCIAL WORK PRACTICUM

Toni has completed the first phase of her practicum, namely conducting representative interviews and both she and I would like to express appreciation for your cooperativeness.

She is now ready to undertake the second phase. This would entail examining the various areas that have been identified as needing attention, prioritizing these and mobilizing efforts to address them. A synopsis of her findings is attached with a proposal which would involve establishing a Core Group made up of a representative from each of the service units in the Central District Office.

Would you kindly share this information and identify a representative from each unit who would be prepared to participate in this group by December 21, 1984.

Toni will work with this Core Group in dealing with the issues as outlined in her synopsis.

I see this as making a very valuable contribution to our service delivery system.


K.J. Wankling
Area Director

Attach.

KJW/jk

TONI SIMMONS
December 6, 1984

PRACTICUM REPORT AND PLANS
FOR THE SECOND PHASE

Interviews have been conducted at Central District office beginning October 5, 1984, with a cross section of the staff, by Toni Simmons.

A format for the interview was provided prior to each interview, which dealt with goals, leadership, roles, decision making, team, communication, linkages, resources and problem identification.

Individuals interviewed were from Home Care, Home Economics, Mental Health, Support Services, Mental Retardation, Clerical, Child and Family Services, Vocational Rehabilitation, Homemaker Coordination and Intake. They were very cooperative and interested in the Practicum.

The following is a synopsis of the data collected and a proposal for the second phase of the practicum. The results in their full form are quite extensive and will be available through the Core Group in that form should it be decided that it is necessary.

Goals

There was a lack of consistency in goal identification or lack of goal statements for Central District Office itself.

Leadership

Areas needing improvement were more clarity regarding expectations of staff, more information sharing across programs, clearer program guidelines and more involvement by leadership in knowing what field staff are doing in their work.

Roles

Lack of clarity regarding each others roles at the field level was an area of great concern.

Factors regarded as positive when referring to management were where, managers were accessible, decisive, possessed management training and skill, provided program direction and support and where areas of responsibility did not overlap between the Program Coordinator, Program Specialist and Area Director.

Decision Making

Input and not power is desired in those decisions affecting service delivery.

Team

Central District office is not a team in the true sense of a team.

Communication

Communication is inadequate. The most important areas of communication are in case sharing situations (includes referrals and requests for service support), information on other programs and policy and program changes.

Linkages

Linkages for information sharing and orientation to other programs were viewed as deficient.

Resources

Input and not control was generally desired.

Primary Problems Identified

- 1) Size of the "team
- 2) Communication

The main areas which the Core Group will focus on during this upcoming phase are:

1) Communication

- A) Information sharing regarding shared cases.
- B) Information sharing regarding resources, policy, program changes across programs
- C) Information related to the overall office operation.

2) Role

- A) Clarification on functions of each worker across programs.
- B) Identification of areas of role ambiguity, conflict and or diffusion.

Plan

The Core group will meet with Toni Simmons in January 1985 to address the two areas listed above through:

- 1) Organizing informational workshops/seminars on each program. This involves deciding on the format and content for the seminars.
- 2) Discussions on how ongoing communication mechanisms can be organized and how problems and issues can be dealt with.

The Core group members will be expected to:

- 1) Provide feedback to the staff they represent.
- 2) Keep minutes of Core Group meetings and share with other staff.
- 3) Be constant throughout this phase but should it continue, rotate membership periodically as requested by the staff they represent.
- 4) Be a representative of the junior and senior staff.

Thanks for your cooperation and interest.

Toni Simmons

Next Meeting: Jan. 28
1:30 P.M.
Room 101

CENTRAL DISTRICT OFFICE

APPENDIX #9
Jan. 15, 1985

The first Core Group Meeting was held January 15, 1985 189 Evanson Street.
Present: (M.R.), (H. Co.), (Intake
and Support Services) (M.H.), (H.C.),
(C.&F.S.) and (Student).
Absent due to illness was (Clerical), due to other commitments;
(V.R.S.) and (H.Ecs.).

and had an opportunity to meet with Toni prior to this meeting. The purpose of the meeting was outlined prior to getting together which was basically to decide on the format and content of informational workshops/seminars and discussion on how on going communication mechanism could be organized and how problems and issues could be dealt with.

The Concerns Expressed Were:

- (1) The physical space at Evanson - poor lighting, poor interviewing rooms, inadequate parking etc.
- (2) The lack of replies to the above concerns by management and lack of improvements despite requests.
- (3) Lack of Team Meetings: Central is the only office which does not have meetings, memos are not meeting the need for obtaining information, Central has a poor reputation in the Region.
- (4) Intake quality needs improvement but is separate from information sharing across programs.
- (5) Although #4 is important, it could be worked into the on going Team Meetings, rather than beginning with workshops/seminars.
- (6) Although reps from each program is needed for the Core Group, other staff members should have an opportunity to participate in staff meetings.

Suggestions Were Strongly Made That:

- (1) Team Meetings should occur once per month.
- (2) Team Meetings should be mandatory (seat belt orientation was).
- (3) Prior to each meeting staff members should be asked for suggestions for the agenda. Agenda would be available to staff before team meeting.
- (4) Smaller groups could be organized to deal with specific issues, these groups would not be representative of specific programs but would have a team focus or focus on the office. The Core Group members would be dispersed throughout these smaller groups and thereby represent them in the Core Group.

Suggestions Were Strongly Made That: Cont'd

(5) A clerical person should be assigned to record the meeting.

(6) Ken Maskiw should be invited for the first half hour to meet the workers.

Plan:

1. Toni discuss the above with Ken Wankling and if in agreement with the suggestions:

(1) Send a memo for agenda suggestions to the team members (one week to send in same).

(2) Set up the time and the place for the team meeting (one week following (1)).

(3) Before the team meeting the Core Group will assist the Area Director in setting up the agenda.

(4) Next Core Group meeting will be set up.

Toni Simmons

CORE GROUP MEETING - MINUTES

APPENDIX # 10

JANUARY 28, 1985

PRESENT:

Absent:

PURPOSE:

1. To hear agenda submissions of staff.
2. To prepare an agenda with the Area Director.

CONCERNS:

1. There is an apparent reluctance on the part of some persons regarding attendance at team meetings. It was discussed by all Core Group Members who felt that attendance should be mandatory except when there is an emergency situations, holidays or sick leave.
2. Intake needs improvement - a more thorough set of guidelines are needed when doing intake.

THE ITEMS:

The general areas which items fall into were:

- (1) Administrative/clerical.
- (2) Workplace health and safety.
- (3) Staff development and orientation to each program (including intake).
- (4) Program issues/information.

PLAN:

- (1) The Area Director will submit an agenda to staff for the Feb. 7th meeting.
- (2) Staff meetings will be once monthly - the first Thursday of each month.
- (3) The Core Group will meet on Feb. 18th at 1:30;
 - (a) to review outcome of the staff meeting
 - (b) to set up a format and content for informational seminars/workshops on each program as it was decided that this is best kept separate from the team meetings (time)
 - (c) plan the next agenda of the staff meeting with the Area Director

Ideas for (b) and (c) should be given to representatives.

Inter-Departmental Memo

To

CENTRAL DISTRICT STAFF

Date January 21, 1985

From K.J. Wankling
Area Director
Central District
112-189 Evanson St.

Telephone 203

Subject

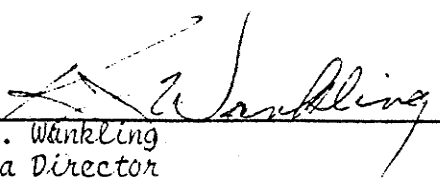
RE: REVIEW, REVISION AND CLARIFICATION OF ADMINISTRATIVE
POLICIES, PROCEDURES AND PRACTICES

Within the next four months I wish to complete the a/n tasks with respect to such items as:

- Staff Development, Conferences, Seminars, etc.
- Performance Appraisals, Team Activities/Standards
- Intra-team referrals, role of Case Manager
- Orders of Supervision
- Social Committee
- Hours of work, coffee breaks etc.
- In/Out Board, Calling in for messages, holding calls etc.
- Overtime
- Medical/Dental appointments
- Smoking/non-smoking areas
- plus any others staff may identify

In this endeavor I would request consultation and feedback from staff through the mechanisms of the Core Group, now in place, and team meetings, the next one to be held:

DATE: Thurs., February 7, 1985
 TIME: 8:45
 PLACE: Boardroom, 5th Floor, 189 Evanson St.
 AGENDA: To follow
 (Please submit Agenda items to Core Rep by Tues., Jan. 29th)


 K.J. Wankling
 Area Director

Core Group Reps.

- | | |
|----------------|---------------------|
| M.R..... | V.R.S..... |
| Home Ec..... | Clerical... |
| M.H..... | Homemaker Co-ord... |
| Home Care..... | Intake & S.S..... |
| C & F S..... | |

KJW/jk

MANITBA

Inter-Departmental Memo

To
CENTRAL DISTRICT STAFF

Date February 4, 1985
From K.J. Wankling
Area Director
Central District
1-189 Evanson St.

Subject TEAM MEETING - REMINDER

Telephone 6203

DATE: Thursday, Feb. 7, 1985
TIME: 8:45
PLACE: Boardroom, 5th flr., 189 Evanson St.

AGENDA:

- 1) Administrative
 - In/Out Board
 - Response to Phone Messages
 - Calling in sick
 - Medical/Dental Appointments
 - Use of clerical room
 - Reception - Clients waiting; escorted in unauthorized areas
 - Consent for release of information
- 2) Workplace Safety and Health
 - Establish a committee to look at:
 - i Workers working alone
 - ii Lighting
 - iii Policy re Dangerous/Violent clients
 - iv Smoking/non-smoking areas
 - v Washroom space
 - vi Identification of other issues
- 3) Staff Development
 - Regional Policy
 - Review of Current Performance Appraisal form
- 4) Program Information/Issues
 - Welcome Home Program M.R./V.R.S.

The a/n agenda items were identified and prioritized by the Core Group, representing the various service components on the team, for this meeting. Items for further meetings which will be held the first Thursday of each month should be submitted to your rep at least a week prior.

Core Group Reps

M.R.....
Home Ec.....
M.H.....
Home Care.....
C & F S.....

V.R.S.....
Clerical.....
Homemaker Coord.....
Intake & S.S.....
Coord. of Vol.....

MANITBA

Inter-Departmental Memo

Date

To

From

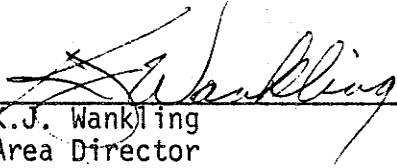
Telephone

Subject

-2-

As well as material on the agenda items I am including a copy of the Team Activities and Standards (plus addendum). Please note that attendance at Team Meetings is an expectation unless excused. Kindly advise in writing if you are unable to attend and include the reason.

See you all there!



K.J. Wankling
Area Director

KJW/jk

first fold

CENTRAL DISTRICT TEAM MEETINGMINUTESFebruary 7, 1985PRESENT:Regrets:Excused:

A brief summary of Toni Simmon's practicum was given by Ken Wankling. Interviews with staff members were held as well as questionnaires filled out. From the interviews a Core Group was established with each program being represented by a member, to look at concerns of the Central District team. Members of this committee will be on a rotation basis giving each program member an opportunity to sit on the committee.

Administrative:

K. Wankling discussed the administrative procedures which accompanied his memo of Feb. 4/85. Staff were reminded of office procedures such as using the In/Out Board, phone messages, calling in sick, etc. It was suggested the journal not be used to record home visits, using it only if away from the office first thing in the morning, or leaving a phone number if expecting a call. Some staff felt it was better to use the journal at all times, in case of emergencies. Ken suggested a memo pad be left at the counter for staff to leave a note with _____ or that each clerical have a journal at their desk for field staff to record in. Both ideas will be looked at.

One of the issues on the agenda was the use of the clerical room. Due to material going missing field staff were requested not to use clerical desks for signatures. _____ requested a table be put in the clerical room for signing of correspondence. Ken agreed to look into this. Staff were also requested not to use the clerical room as a meeting place.

Workplace Safety and Health

Each district office has been requested to establish a committee of team members to review various minor issues of the office. After Hours Emergency Unit will be included in our committee as they are located on the first floor and also because of their policy of staff working alone. It was mentioned that Leslie Orlikow was on the Steering Committee on Workplace Safety and Health.

Volunteering for this committee were:

K. Wankling representing management. The committee was instructed to approach the Core Group with _____ for any material on issues already looked at by them.

poor lighting in each of the offices is a concern for the committee raised by the staff.

Some views on dangerous/violent clients were expressed. views were:
Prior to the declaration of policy on Violent and dangerous clients there was
no input from Mental Health Staff that he knew about.
Health & Safety Committee were being set up after the fact (The Policy was already
established). was not sure if this was consistent with the requirements of the
Health & Safety regulations (Provincial legislation).

In response to a request from the Regional Director to designate someone to represent
Central District in terms of monitoring the Smoking/Non Smoking guidelines
agreed to act in this capacity. It was felt that should also sit on the Workplace
Safety and Health committee. This will be determined at a later date. Guidelines from
the Minister are to be looked at. Shifting of office space to accomodate smoking &
nonsmoking staff has already begun. Any unresolved issues can be brought to Donna's
attention.

Another issue raised by was the washing of the hallway floors. This
leaves them slippery and wet and a hazzard to staff. It was decided this was another
issue to be examined by the committee.

Staff Development

A copy of the Staff Development proposal was attached with the memo of Feb. 4/85.
Regional Policy on Staff Development was reviewed with staff by Ken Wankling.
felt there was not sufficient distinction made in terms of Staff
Development and Career Development Policies. emphasized the problems in terms of
dispersing information (communication systems) to staff chiefly in that he had not
seen the comprehensive package on "Performance Appraisals" until he directly obtained
this from Mr. Wankling.

had indicated that during her interviews it was expressed by various staff
members that a workshop by each program would be beneficial for the team. said
this could be arranged.

Health Educator has developed an orientation package on different programs
to be used by new staff and student.

suggested that attend the next Core Group meeting.

A review of current performance appraisal forms has been undertaken. Minutes from the
meeting of the Performance Appraisal Resource Group will be posted on the bulletin board.
Ken encourages input, involvement and suggestions from staff. More info is available from Ken

Program Information/Issues

(Welcome Home Program - M.R./V.R.S.)

Welcome Home newsletter was the program information topic for this months meeting. A
copy had been distributed with the Feb. 4 memo. Ken Wankling gave a presentation on
the Welcome Home Program.

Programs were invited to submit info or issues to be put on the agenda under this heading.

Meeting was adjourned at 10:30 a.m.

P.S.: will be meeting with Wpg. Region - Services Coordinator
on Feb. 14/85 to discuss the Practicum - specifically problems which are a concern to the
team as a whole.

STAFF DEVELOPMENT PROPOSAL

It has been agreed upon by the Committee that we would relate to two Terms of Reference 1) program maintenance - this area is seen as being the responsibility of the region and 2) professional development skills - this area is being seen as the responsibility of the employee.

Definitions

The program maintenance - there are two functions required in order to support program maintenance.

- 1) program meetings which reflect updates or new changes and direction. Further interpretations or expansions of existing program both in terms of operation, policies and procedures, information about resources, utilization of resources, etc.
- 2) skill sessions that are required either as the program assumes more or different responsibilities or for new staff coming into the program who may have their professional process intact but may not be aware of program process.

Staff Development

Courses where staff request attendance to further enhance and enrich their professional skills.

These courses are generally initiated by external agencies or associations and the region will consider approval if the need for the enhancement/enrichment has been identified through performance appraisals and if the courses are job related.

Professional Association Business:

Requests from staff for time to attend professional association business activities are to be considered the responsibility of staff unless attendance is requested by the region. Unless requested by the region, staff will be responsible for any costs and will use accumulated overtime or vacation time to attend.

District meetings (called by district managers) will be kept at a maximum of a half-day per month.

District team inservices will be limited to two days per year.

Up to 12 days per year may be allocated for program maintenance activities in the region.

Two days per staff per year shall be allocated for staff development activities as defined.

It is additionally recommended that time off for attendance shall be given by the region in relation to staff development activity that is job related.

Dollar costs related to staff development shall be the responsibility of the employee.

Staff attendance at training programs involved or required for reclassification processes, shall be individually negotiated by the region with the employee.

1. ADMINISTRATIVE

In-Out Board

Appropriate use of the Board cannot be stressed too highly.

Everyone will be marked out subsequent to 4:30 each day so that each morning you should mark in upon your arrival. If you will be going directly to another office, seminar etc. kindly record this in the daily journal provided, prior to this date, and the receptionist will mark your attendance plus note the time of your return on the Board.

For those who have been recording dutifully in the journal each time they go out kindly discontinue this practice. Use the journal only for the aforementioned purpose or at your discretion e.g.: when you are expecting a call and leave a phone number where you can be reached. Otherwise if you are detained or away from the office the better part of a morning or afternoon please phone in for messages. (When phoning for messages please call clerical support person at their extension).

Also if detained please give the revised expected time of return. The In/Out Board should also be used to advise the switchboard operator when you are on a coffee or lunch break or attending a meeting etc. within the building.

Response to Phone Messages

Kindly check for messages after having been away from your desk (home visits, coffee & lunch breaks etc.) and at regular intervals (Other callers may have left a message while you were on the phone). Also please respond promptly. An example of recurring concern is where a worker marked out till noon, comes back during lunch hour and then leaves for an afternoon appointment without returning calls. The switchboard operator then takes the brunt of the callers wrath when they inform that the worker won't be back till 4.

Calling in Sick

Please be reminded to report illness as per the prescribed time as set out in the agreement namely "not more than thirty (30) minutes after the normal hour of beginning work". Also indicate the anticipated time of absence and confirm eg do not operate on the principle that if you report in sick one day that we can assume if you're not in by 9 a.m. the following day you won't be in.

Medical/Dental Appointments

While there is no provision in the Agreement re the a/n appointments the practice of our employer is to accommodate such requests with the understanding that the time is repaid. Where possible such appointments should be made with a view to the least disruption in service.

Kindly advise in writing of such appointments and how you propose to repay the time ie from accumulated overtime, working through lunch, after 4:30 etc.

Use of Clerical Room

This is understandably a heavy traffic area which can be very distracting to those working there. In order to reduce this we would ask that you refrain from:

- a) discussing cases with other workers when picking up mail, dropping off typing etc.

- b) using clerical phones

- c) using clerical desks to sign correspondence, files, etc.

Reception

We encounter a lot of drop-ins who do not have appointments and insist on waiting for long periods. To alleviate congestion it is therefore important that if you have a scheduled office appointment that workers do not leave the clients in the reception area longer than necessary.

Also please have them report to the Receptionist when they come in who will then advise you of their arrival.

Section A - Job Functions and Activities

FUNCTION I

ACTIVITIES I

- 1 Intake - participates in duty roster &/or intake process - accepts and makes referrals.
- 2
- 3 Service Plan - attends and participates at all team meetings and case management meetings.
- 4 - acts as case manager when delegated.
- 5 Through team identify community needs and gaps in services

FUNCTION II

ACTIVITIES II

- 1 Establish and maintain a working knowledge and relationship within the community and with
- 2 other agencies providing service to the community.
- 3 Represents his/her service at team level.
- 4
- 5

FUNCTION III

ACTIVITIES III

- 1
- 2
- 3
- 4
- 5

FUNCTION IV

ACTIVITIES IV

- 1
- 2
- 3
- 4
- 5

FUNCTION V

ACTIVITIES V

- 1
- 2
- 3
- 4
- 5

FUNCTION VI

ACTIVITIES VI

- 1
- 2
- 3
- 4
- 5

Section B - Job Standards

1 At all times intake interviews are documented and files and records are accessible;
 2 referrals are appropriate to identified problems.
 3 All meetings are attended unless excused by team manager and contracts from service plan
 4 fulfilled.
 5 Identified, discussed and shared with management.

1 Staff member is aware of community needs and resources and agencies are aware of services
 2 offered.
 3 Consult and educate other team members re respective service.
 4
 5

1
 2
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1
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1
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 3
 4
 5

(Sign below on completion of Sections A and B)

Appraiser No. 1 Employee.....

Appraiser No. 2 Date.....

FUNCTION:

To be an effective member of the team
Expectations relative to Central District team.

1. INTAKE

- a) To provide back-up coverage to the full time Intake worker during that worker's absence due to illness, vacation etc. a schedule, including all the team members, is prepared monthly. Workers are expected to avoid making firm commitments for their scheduled time in the event the Intake worker is off sick that day. Once they have confirmed that the Intake is present they may pursue their normal course of duties.

When the Intake worker is on vacation advance notice is given and the scheduled worker fulfills that function for the designated time.

Prior to being included in the schedule a brief orientation to the Intake form and the nature of the most frequent inquiries, and how to handle them will be given.

Intake provides an opportunity to become familiar with other services on the team.

- b) On receipt of a referral contact should be made with the person being referred within a two week period. Contact should be made even if a visit is not feasible because of work pressure, if only to make an appointment at a later date.

Upon occasion a worker may be called upon to undertake an assessment where the person does not appear to fall within the parameters of their particular program.

2. SERVICE PLAN

Informal consultation is encouraged between the various service components on the team to take advantage of the various disciplines represented. Where a joint assessment, or the resources of another program are requested an intra-team referral in the form of a memo should be initiated. In such cases the worker making the request will assume the responsibility of a Case Manager and will retain this until such time as mutual agreement decides otherwise, even though the other worker may have the primary input over a period of time.

A case should not be closed to a program without consideration being given to the relevancy of other resources on the team.

3. IDENTIFICATION OF COMMUNITY NEEDS AND GAPS IN SERVICES

In the performance of their regular duties workers should be alert to gaps in services or community resources which would enhance a clients quality of life. These should be identified and shared with management.

4. WORKING KNOWLEDGE AND RELATIONSHIP WITHIN THE COMMUNITY

Workers will consciously and systematically develop a working knowledge of those community resources which have immediate relevance to their client group but will also seek to become aware of other resources eg: Church, Service and voluntary services which in some cases may even be unique to that community.

The worker will also seek to establish and maintain an effective working relationship with service providers in these sectors.

5. REPRESENTATION OF SERVICE AT TEAM LEVEL

The worker will attempt to gain the respect of other team members in relation to their competency within their program and discipline and as being approachable and willing to collaborate in joint service provision.

GUIDELINES ON SMOKING AND NON-SMOKING IN THE WORKPLACE

INTRODUCTION:

Smoking in the workplace is a problem that can be solved through the goodwill and cooperation of smokers and non-smokers alike.

The keys to success are flexibility and confidence in the goodwill and cooperation of everyone concerned. Open discussion by all occupants of workplaces can lead to the resolution of the question of smoking and non-smoking. It is in this spirit that these guidelines regarding smoking and non-smoking in the workplace are recommended.

THESE GUIDELINES WILL APPLY TO ALL PROVINCIAL HEALTH OFFICES THROUGHOUT THE PROVINCE, THE MANITOBA HEALTH SERVICES COMMISSION, THE CADHAM PROVINCIAL LABORATORY, THE ALCOHOLISM FOUNDATION OF MANITOBA OFFICES, THE SPORT DIRECTORATE AND THE MANITOBA LOTTERIES FOUNDATION, EFFECTIVE January 1, 1985.

1) NON-SMOKING AREAS:

Smokers are asked to refrain from smoking in areas designated as non-smoking.

A) THE FOLLOWING LOCATIONS WILL BE DESIGNATED NON-SMOKING AREAS

- meeting rooms
- reception areas/waiting rooms
- elevators/escalators
- stairwells
- service counters
- computer rooms
- clinic rooms
- laboratories

B) CAFETERIAS/LUNCH ROOMS

In cafeterias and lunch rooms, a non-smoking area will be designated.

2) SMOKING AREAS: - SINGLE OCCUPANCY ENCLOSED OFFICES

Such offices may be designated as non-smoking or smoking areas according to the wishes of the occupant.

3) IMPLEMENTATION OF SMOKING/NON-SMOKING GUIDELINES

A senior administrator will be responsible for the effective implementation of these guidelines. This includes ensuring that staff are informed of these guidelines, that areas are designated non-

February 18, 1985

MINUTES CORE GROUP MEETING

1 - 3 P.M.

PRESENT:

- H.C.	- H. Coord.
- V.R.S.	- Student
- M.R.	- Intake & S.S.
M.H.	
- Clerical	-C.&.F.S.
- S. - H. Ec.	- Coord. of Volunteers

PURPOSE:

1. To review outcome of the staff meeting.
2. To set up format and content of informational seminars/workshops on each program.
3. Consult with _____ after Core Group was sure of #2.
4. Plan the next agenda of the Team Meeting with the Area Director.

DISCUSSION:

1. Further to Team Meeting.
 - A. A submission to Core Group was read by _____ in which _____ indicated that the daily recording in the journal should be done. Staff members whereabouts should be recorded in event of an emergency etc. This was discussed along with having every clerical have a journal. The end result was that the Core Group recommended that there be one journal where workers would use their discretion and record their whereabouts during the day if going on home visits etc.

- B. _____ indicated later that people are still not marking out for coffee and lunch breaks and some are still marking out till 12:00 returning at 12:00 and then marking out for lunch until 1:30.

2. Informational seminars were discussed and it was decided that:

- A. They should be one hour length - weekly or bi-weekly (every two weeks) and this would be the Area Director's decision.

- B. The Area Director would choose the staff persons who would present their group (10 groups) and attendance would be voluntary - where staff persons would sign up ahead of time.

Format and Content would be:

1. What is the purpose of your program/service group.
2. What is your role and responsibilities (what do you do).
3. What resources exist in the Central -Fort Rouge areas which you use (Area Specific -List).
4. Intake (A) What is your initial assessment process (what procedure do you follow when you get a referral).
(B) When taking intake, what questions should be asked.
5. What are the common areas of misunderstandings about what you do. (limit to 4).
6. Question and Answer period.

Consultation with _____ proved helpful. He suggested that:

- (1) 1,2 and 3 should be a handout for following the seminar.
- (2) Limit each presentation to 20 minutes or less. Question and answer should be interesting as well as common misunderstandings.
- (3) Video tape of each presentation could be done if _____ equipment ordered arrives and he would use some parts in his video tape for students.
- (4) Make sessions interesting but limit enrollment to 12 and repeat sessions if necessary.
- (5) He will meet with staff who will present, prior to sessions, for further consultation.
- (6) Regarding size of board room which some staff are concerned about - _____ can be contacted re: booking a room at 880 Portage - comfortable for 30 people for team meetings.
- (7) He will be able to set up brown bag sessions for staff if he receives requests.
- (8) An evaluation of each session can be built in.

- PLAN:
1. Toni S. discuss outcome of this meeting with Ken W. and plan first session for mid-end of March (It was indicated that some programs/groups already have a presentation and that material could be obtained from _____ at North West Office, some of which could be used). Ken W. should choose/appoint staff persons unless he decides other wise.
 2. Ask that _____ attend as a guest -the next team meeting.
 3. Due to uncertainty by some staff re: staff meetings; guest speakers, films and film strips were suggestions for increasing interest.

Thanks to Ken Wankling for the coffee and donuts at February 7th meeting from the Core Group on behalf of all staff members.



Inter-Departmental Memo

Date March 4, 1985

To
Core Group Reps

From
K.J. Wankling
Area Director
Central District
1-189 Evanson St.

Telephone 6203

Subject CORE GROUP MEETING - FEBRUARY 18, 1985

Thank you for the feedback from the Team Meeting and the extensive planning done around the informational Program/Service Seminars.

The following dates are scheduled for the following dates (see attached):

- March 11 - May 1
- March 18 - May 8
- April 4 - May 15
- April 11 - May 22


K.J. Wankling
Area Director

I will be continuing our efforts to provide a presentation and will be following through with the following items: (see attached)

Attendance will be following...
In attempting to obtain video equipment as fast as we can, the...
sessions for subsequent meetings as well.

Also in the meeting together a package for presentation for...
of the day then we will. This could be used for that purpose as well.

I will be continuing our efforts to provide as much as possible.



Inter-Departmental Memo

Date March 4, 1985
 From K.J. Wankling
 Area Director
 Central District
 1-189 Evanson St.

Telephone 6203

INFORMATIONAL PROGRAM SEMINARS

In response to requests from staff members for more information on other programs/services provided by Central District the Core Group has proposed a series of informational seminars. The Preview Room, 3rd flr. - 880 Portage has been booked from 8:30 to 10 a.m. on the following dates for this purpose:

March 27	May 9
March 28	May 16
April 4	May 23
April 18	May 30
April 25	June 13


Each program/service will be allocated one date and I am requesting that you represent your particular component and prepare a presentation consistent with the following format: (see Core minutes)

Attendance will be voluntary.

is attempting to obtain Video equipment so that we may tape the sessions for subsequent showings as well.

Also he is putting together a package re: orientation for students etc., so if they turn out well, they could be used for that purpose as well.

I will be contacting you further re specific dates.


 K.J. Wankling
 Area Director

KJW/jk

Format and Content would be:

1. What is the purpose of your program/service group.
2. What is your role and responsibilities (what do you do).
3. What resources exist in the Central -Fort Rouge areas which you use (Area Specific -List).
4. Intake (A) What is your initial assessment process (what procedure do you follow when you get a referral).
(B) When taking intake, what questions should be asked.
5. What are the common areas of misunderstandings about what you do. (limit to 4).
6. Question and Answer period.

Inter-Departmental Memo

To

CENTRAL DISTRICT STAFF

Date March 21, 1985

From K.J. Wankling
Area Director
Central District
1-189 Evanson St.

Telephone 6203

subject TEAM MEETINGS



Because of the two short weeks in April and the introduction of the Information Sessions an April Meeting has been cancelled. Subsequent meetings however have been scheduled for May 2nd and June 6th.

Prior to the May meeting I would encourage Core Reps to meet with their groups and elicit suggestions for future agendas.

Thank you.



K.J. Wankling
Area Director

KJW/jk

MANITOWBA DISTRICT STAFF MEETING, APRIL 11, 1985

The following minutes were prepared by staff during the last in area meeting. There were some misunderstandings about the date being used for the meeting being 2-3 weeks. Therefore due to confusion and uncertainty and the attention to date of progress the following was recorded:

March 12, 1985

MINUTES TO THE CORE GROUP MEETING

3-3:45 P.M.

APPENDIX #18

PRESENT:

- H. Ec.	- C. & F.S.
- Clerical	- H. Co.
M.H.	
- M.R.	- Student
- H.C.	- Co of V.
- V.R.S.	

I. INFORMATION SESSIONS

A number of concerns were raised in the following areas.

(1) Videotaping

Staff gave feedback regarding taping. The majority was opposed to it due to a need for more informality in the sessions to promote rapport etc. It was suggested that it could be done at a later date for orientations of new staff etc. at which time it would be a more formalized taping conducted by Brian Burnett possibly.

- (2) Rather than having separate sessions for the Clerical and Homemaker Coordinators:
- (A) The Clerical would join the sessions of their respective programs.
 - (B) The Homemaker Coordinators would join the Home Care Program session.

(3) Signing Up

Some dates have been posted with the programs who have chosen times. -don't forget to sign up and remind others in your programs as well.

(4) Evaluation of Sessions

This was discussed and due to a concern by some some staff regarding the volume of paper work they already do, it was decided that _____ would review and reduce the Workshop Evaluation form to one page and it would be made available to participants at the end of each session to indicate whether the session met their expectation, needs etc.

II. CORE GROUP

Membership and Resource People in Sessions, Chairing and Meetings

The discussion centered on concerns regarding staff sharing the load in each program. There were some understandings that the Core Group would rotate it's membership every 2-3 months. Therefore, due to concerns re: continuity and the difference in size of programs the following was decided:

II. CORE GROUP Con't

- (1) Membership would be six months minimum January - June being the first six months.
- (2) Each program would have to choose a representative.
- (3) If a staff person wants to stay on and the rest of the staff in the program agrees, then it is their choice but it should be open at least every six months in case others are interested.
- (4) Since Home Care has a larger number of staff, their minimum can be less to allow people the chance to be on the Core Group.
- (5) The Chairperson should be chosen by the Core Group every six months - January and July approximately. ~~Two~~ Simmons was asked to continue chairing beyond the completion of the practicum (end of April) until end of June at which time a new chairperson would be chosen.
- (6) Meetings would be called by the chair as needed with the purpose of the meeting indicated, unless the Area Director requests a meeting.

III. SUBSTITUTING FOR THE AREA DIRECTOR

The question was raised as to why Home Care Staff never fills in for the Area Director. Mental Health, Mental Retardation and Home Economics have been filling in. Home Care staff and (maybe others of other programs) are interested. This request is being referred by the Area Director. Staff are wanting experience in this area.

EVALUATION OF INFORMATIONAL SESSIONS

APPENDIX #19

PROGRAM:

DATE:

1. What expectations did you have of this session ?

a)

b)

c)

2. Were your expectations met ? Yes _____ No _____

If no, give reasons

a)

b)

c)

3. Would you like to spend some more time with a staff person of this program ?

If so, please state name.

4. Comments:

MANITOWBA

Inter-Departmental Memo

Date March 5, 1985

From K.J. Wankling
Area Director
Central District
1-189 Evanson St.

CENTRAL DISTRICT STAFF

Telephone 6203

CENTRAL DISTRICT TEAM MEETING

DATE: Friday, March 8, 1985

TIME: 8:45 a.m.

PLACE: Boardroom, 5th flr., 189 Evanson St.

- AGENDA: 1. Business Arising out of Minutes of last meeting.
- a. Workplace Safety and Health -
 - b. Information Program/Service Seminars - Toni S.
2. Staff Development
1. Performance Appraisal Review -
 2. Community Services Organizational Structure
3. Program/Service Information/Issues
- Volunteer Program - Frances


 K.J. Wankling
 Area Director
KJW/jk
Attach.

P.S.: Please advise in writing if unable to attend.

CENTRAL DISTRICT TEAM MEETINGMINUTESMarch 8, 1985PRESENT:REGRETS:VACATION:EXCUSED:GUEST SPEAKER:

Executive Director, Operation

As there were no questions or objections to minutes of last meeting (Feb. 7/85) minutes were adopted. K. Wankling introduced and

ADMINISTRATION:

K. Wankling commented on how staff was making better use of Journal at Reception Area, but also suggested that staff mark appointments on their desk calendars. A quick reminder to use In/Out board at Reception Area for coffee/lunches, etc. It was mentioned again that staff were to call their secretary's directly for messages and not call receptionist and ask for secretaries.

A procedural clarification on medical appointments. K. Wankling asks that you advise in writing of appointments prior to the event.

WORK PLACE SAFETY & HEALTH:

gave a brief run-down as per memo dated March 7/85. There will be an election Friday, March 15/85. Interested staff should submit names by March 13/85. There will be two staff members elected by secret ballot, one from Dept. of Health and one from Community Services. S.T.D. is also included with Central District staff.

K. Wankling also asked for suggestions on staff working alone in office between the hours of 4:30 - 6:00 p.m. - after 6:00 p.m. the After Hours Emergency is staffed.

CORE GROUP:

Toni Simmons was called upon to give a run-down of the Seminars. It would be appreciated if staff giving seminars could sign up as soon as possible. The schedule will be posted on the bulletin board, main floor.

Tuesday, March 12/85 there will be a meeting of the Core Group to discuss the Seminar and rotation of Core Group members. Anyone wanting something discussed at this meeting is advised to let their staff reps. know by Tuesday a.m.

STAFF DEVELOPMENT:

reviewed the Organizational Chart for Community Services, updating Department and names. indicated he will be making another visit to the offices in 6 - 8 months.

He also discussed in some detail, the development of a new Performance Appraisal system for Community Services, which will be implemented in the near future, starting with Senior Management this summer and reaching the field level within a year.

A question and answer period followed.

VOLUNTEER CO-ORDINATOR:

gave us a run-down of how well the Volunteer Program is doing. She stated that we had 38 volunteers active now and over the past year and a half we have had 96.

The week of April 15th is Volunteer Recognition Week with a Volunteer Luncheon being held April 17th. There is also a Premiers Reception April 24th at the Legislative Building.

asked that if any staff members knows of a volunteer that deserves special recognition please submit their name to her.

CORE GROUP MEETING MINUTES

5th Floor Boardroom
April 22nd, 1985

Present:

- H. Ec.	- A.D.
- C. & F.S.	- I. & S.S.
M.H.	- Student & Chair
- V.R.S.	- H. Co.
H. C.	
- Volunteer	- Clerical
- M.R. (absent)	

Commitment to the Core Group

The discussion centered on the usefulness of the Core Group. It was expressed that now that team meetings are occurring, what is the usefulness of the Core Group. In addition, issues have been referred on to others. Generally, people are committed to meeting over issues but do not feel it necessary to have monthly meetings for the sake of meeting. It was felt that the Core Group should be kept alive for situations that would warrant meeting.

The Area Director indicated that the idea of getting feedback from staff has been helpful and encouraged representatives to meet with their respective groups when necessary to discuss issues and bring forward to the Core Group.

In summary, the commitment is there but meetings should occur with specific purposes attached to them.

Draft of the Core Group Mandate

(Feedback obtained from . . . prior to meeting).

Objectives, functions, timing of meetings, and membership are the areas contained and reviewed in the mandate. The areas that received much attention were:

1. The Core Group assisting the Area Director with Agenda Planning.
2. Team in-services.
3. Staff involvement in giving input into establishment of policies and procedures.

The Core Group recommended that staff should give suggestions re: the agenda directly to the Area Director and not via the representative. Also, an interest in setting up team in-services in the fall, following the informational sessions was expressed, especially around the topic of stress management. It was expressed that staff are often not consulted prior to establishing a new policy. However, #3 under Functions will remain.

There were other revisions/additions to the draft as well - see final copy (attached).

Evaluation:

All agreed that this is necessary for the Core Group and team meetings. The Area Director agreed to solicit written feedback by means of two or three questions from staff at the May 2nd team meeting.

Student indicated that individuals would be approached re: feedback on the Practicum. It was also open to comments at the team meeting if desired by staff. Termination of the Practicum is official as of the end of April.

Clerical Assistance:

It was decided that Core Group representatives should take turns taking minutes. Discussion was centered on whether a clerical staff could be assigned minute taking, given difficulty in chairing and taking minutes at the same time. suggested a format that staff could use for the purpose of minute taking.

Suggestions for Agenda for Team Meeting

suggested that choosing coverage of the office in the Area Director's absence and coffee should be on the Agenda.

agreed to recruit a volunteer who could collect information for the community profile.

Toni S. thanked the Core Group members for their co-operation since its formation in January of 1985.

Next meeting will be following the informational seminars, unless another is needed before then (in June).



Inter-Departmental Memo

Date May 1, 1985
 From K.J. Wankling
 Area Director
 Central District
 1-189 Evanson St.

To
 Central District Staff
 189 Evanson St.

Telephone 6203

Subject CENTRAL DISTRICT TEAM MEETING REMINDER

DATE: Thursday, May 2, 1985
 TIME: 8:45 a.m.
 PLACE: Boardroom 5th Flr. - 189 Evanson St.

AGENDA:

1. Business arising out of Minutes of last meeting
 - a) Workplace Safety and Health:
 - i. Election - Leslie
 - ii. Guidelines for workers working alone - Ken
2. Report on Core Group - Toni
3. Administration Items
 - a) Coffee
 - b) Vacation
 - c) Overtime
 - d) Vacation back-up for Area Director
 - e) Staffing additions
 - f) Social Work Students
 - g) Informational sessions
4. Report on Practicum - Toni


 K.J. Wankling
 Area Director

KJW/jk

ADMINISTRATIVE

b) Vacation

Provisions contained in the Master Agreement Article 25 Sections 1 - 13.

Sections around which clarification most frequently sought:

25:02 This section relates to the basis upon which vacation credits are earned and when increased credits are due.

The wording of this section is very technical and anyone approaching the change years 10, 20 or 30 who have questions should request clarification on an individual basis.

25:07 a) b) e) Officially vacation may not be taken in advance of when it is earned (March 31) except an employee in his first twelve months of service may be granted five working days, with the approval of the employing authority (Regional Director).

25:07 c) "Where operational requirements permit, vacation leave may be taken subject to the approval of the employing authority".

This provides for the fact that service demands at any particular time may result in the denial of a vacation request during that period.

25:07 d) "Vacation leave shall normally commence on a Monday unless otherwise agreed to by the employing authority".

25:07 f) This sub-section states that the employing authority may authorize vacation to be carried over.

This provides for special circumstances.

c) Overtime/Compensatory Leave

Provisions contained in the Social Sciences Component Sub Agreement.

I. Overtime

3:01 Those eligible for overtime compensation as opposed to Compensatory are those in H & S D classification 1, 2 & 3 and clerical.

3:02 Employees may be required to work overtime. Area Director may authorize.

3:03 Category B employees who are eligible for Overtime shall be compensated at straight time rates between 7 1/4 and 8 hrs (ie between 4:30 and 5:15 in a normal working day) then time and a half for subsequent time. (Category B includes all field staff - see Appendix A).

3:07 The employee has the option of receiving pay or time off.

II. Compensatory Leave

4:01 Compensatory Leave applies to those not eligible for premium overtime and is accumulated at the rate of one hour for each hour worked. Overtime is "designated by an authorized supervisory official". Prior approval, except in emergency situations, must be obtained from the Area Director.

4:02 "By mutual agreement between the employee and the employing authority, accumulated compensatory leave shall be granted on the basis of either:

- a) equivalent time off without loss of pay or
- b) payment at straight time hourly rates.

** The employing authority has opted for equivalent time off.

4:03 "Time off under 4:02 (a) shall be at a time mutually agreeable to the employee and the authorized supervised official".

** This should be within the same month or 30 days of the overtime being incurred.

Overtime should be recorded on the standard form and compensation requested by memo.

CENTRAL DISTRICT TEAM MEETINGMINUTESMay 2, 1985PRESENT:REGRETS:ABSENT:EXCUSED:WORKPLACE SAFETY & HEALTH:

reported that an election of Committee members was not held, as only one person from Health () and one person from Community Services () were interested in sitting on the Committee.

Ken Wankling reported on the recommendations submitted by the Committee re workers working alone. The recommendations are:

- 1) a) The After Hours Emergency Unit (AHEU) have a "peep hole" installed in the door,
- b) be provided with a list of emergency phone numbers,
- c) maintenance staff check AHEU worker prior to 8:00 a.m.,
- d) be informed of any meetings taking place in the building after hours.
- 2) Staff working after 6:00 or returning to the building after 6:00 should check in with AHEU.
- 3) Staff working between 4:30 - 6:00 should let someone know they are in the building.
- 4) Workers in the field should keep someone informed of their whereabouts and/or estimated time of return, whenever possible.

Any additional suggestions should be submitted to your respective Committee rep (or)

CORE GROUP

Toni Simmons, Chairperson of the Core Group, stated that a draft of a Mandate for the Core Group has been drawn up, including the objectives, functions, and membership of the Group.

She suggested each program meet to decide on a process for appointing a new Core Group rep, as the six month term of the current membership will be complete at the end of June. The Chair will also be vacant as of July 1st; anyone interested in filling the position should consult the Group.

ADMINISTRATION

Coffee

gave an update on the new coffee system - at present we are making a profit of \$2.00 - \$2.25 per day, but must pay \$50.00 per month for rental of the machine. Measures must be taken to ensure we make enough profit during the summer to pay the lease. The options presented were:

- 1) increase cost to 35¢ per cup
- 2) purchase a less expensive brand of coffee
- 3) set the machine to pour a smaller cup
- 4) the supplier will agree to reduce rental to \$45.00 for the summer months.

suggested that to simplify matters, everyone pay \$1.00 per month towards the machine rental for the next four months. A vote was taken and the suggestion adopted. will be collecting \$4.00 from each team member.

Vacation, Overtime

Ken Wankling reviewed vacation, overtime, compensatory leave provisions, which were distributed as an attachment to the Agenda. Ken will be attending a meeting re new M.G.E.A. agreement next week.

suggested we have a standard form to use when requesting Compensatory Leave, similar to the one used for requesting vacation time.

Vacation Back-Up

Ken Wankling agreed to support anyone interested in the opportunity of vacation back-up for Area Director. He suggested a meeting of all interested parties.

Staffing Additions

Plans include five additional Mental Health positions for Winnipeg, including one for Central District, as well as one additional Home Care position.

is now permanent staff. term has been extended for another month. term presently expires June 21st.

Social Work Students

There are fewer students for placement this year; therefore due to our space limitations, Central District will not be getting any students. One student will be working on the Welcome Home Program.

Information Sessions

Seminars completed thus far are Home Economics, Vocational Rehabilitation Services, and Child & Family Services. Toni Simmons advised that the Clerical Seminar has been changed. Each clerical worker will meet with the staff they do work for, to get more benefit and understanding from the seminar.

Toni also suggested that people attending a seminar should give some feedback to the presenter(s) after the seminar (in writing), and that the presenter(s) should provide as much written material as possible for use as future reference.

PRACTICUM

Toni has officially completed her practicum and thanked everyone for their co-operation. Because Toni is a member of the team, she became more involved in setting up the Core Group than was required by the practicum's goals.

The two areas the Core Group focused on were Communications and Roles. One of the Group's recommendations was an evaluation of the team meeting. A brief questionnaire was distributed and completed.

CONCLUSION:

Ken Wankling informed us that Regional Services Co-ordinator, and Supervisor Field Support Services, have been invited to be guest speakers at the team meeting on June 6th.

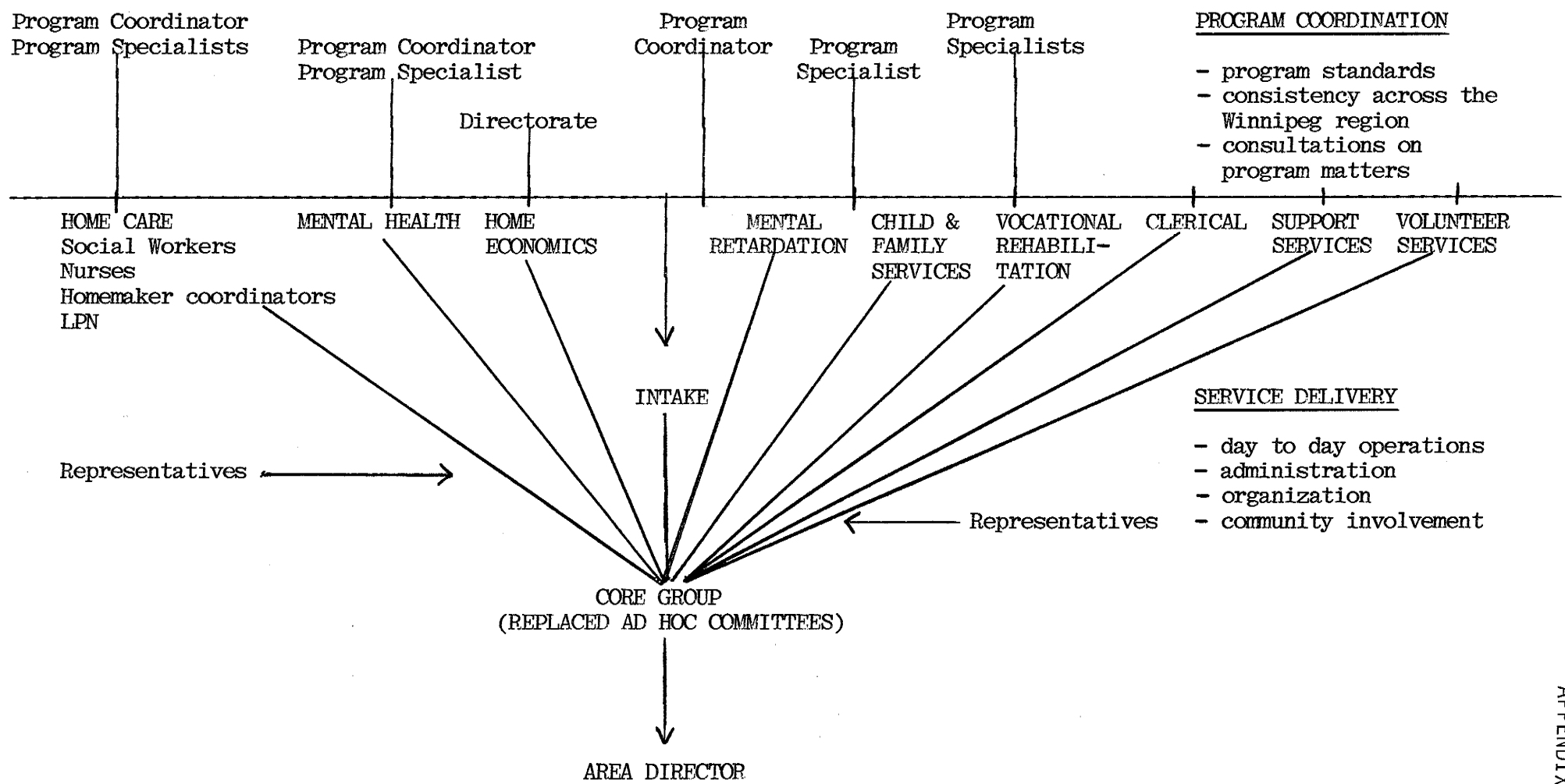
The meeting was adjourned.

Illustration shows the structural change introduced at Central District Office with the establishment of a Core Group.

REGIONAL/CITY WIDE
CENTRAL DISTRICT OFFICE

DEPARTMENT OF HEALTH

DEPARTMENT OF COMMUNITY SERVICES



APPENDIX #26

<u>STEPS IN THE PROCESS</u>	<u>SOME FACTORS TO CONSIDER</u>
DESIRE/MOTIVATION	—————> interest in continuing education
TESTING	—————> possibility of a workplace practicum —————> receptivity of administrator & staff members to students
EXPLORATION/SEARCH	—————> areas of interest to student administration —————> area of need problem situation
PROPOSAL	—————> internal & external change agents, objectives, method —————> intentions of the organization —————> staff input
SEEKING SUPPORT/LIGITIMACY	—————> community and university representation
DATA COLLECTION	—————> lowering of resistance to possible change through input & insight by/of staff members
DATA ANALYSIS	—————> meaning of the data, summary —————> relevance to organization
PROBLEM IDENTIFICATION	—————> relative to situation versus assumption
FEED BACK	—————> communication with group —————> picture of total group, can compare with what individual knows
EVALUATION OF ALTERNATIVES	—————> remember resistance to change —————> least disruptive alternative met with least resistance
CHOOSE BEST ALTERNATIVE	—————> current situation —————> time factor —————> viability —————> costs
ACTION	—————> implementing change e.g., core group representing the whole group in problem solving/development —————> whole group sharing general information —————> establishing a core group mandate & evaluations
EVALUATIONS	—————> continuous process —————> direct responses from staff members —————> achieving of objectives

BIBLIOGRAPHY:

- Beckhard, Richard, Organization Development: Strategies and Models, Addison, Wesley Publishing Co., Inc., Reading, Mass., 1969.
- Beckhard, Richard, "Organizational Issues in the Team Delivery of Comprehensive Health", Milbank Memorial Fund Quarterly, V. 50 (3), July, 1972, Part 1.
- Bennet, Forrest C., "The Pediatrician and the Interdisciplinary Process", Exceptional Children, Volume 48, Number 4, 1982, The Council for Exceptional Children.
- Carlisle, Howard M., Management Essentials: Concepts and Applications (Chicago: Science Research Associates, Inc., 1979), p. 316. Copyright © 1979 Science Research Associates, Inc. Reproduced by permission of the publisher.
- Clark, Peter A., Organizational Design: Theory and Practice, Barnes and Noble, Inc., U.S.A.
- Davis, Keith, Ph. D., Human Behaviour at Work: Organizational Behaviour, McGraw-Hill Book Co., Toronto, 1977.
- Gibbs, Barrie, "A Systems Model of Human Services" Queen's School of Business Working Paper 84-7, April, 1984, Kingston, Ontario, Canada.

BIBLIOGRAPHY:

- Gibson, James L., Ivancevich, John M., Donnelly, James, Organizations, Business Publications Inc., Texas 1982.
- Given, Barbara and Simmons, Sandra, "The Interdisciplinary Health Care Team: Fact or Fiction?", Nursing Forum, Volume XVI, No. 2, 1977.
- Greiner, Larry E., "Patterns of Organization Change", Harvard Business Review, May - June, 1967, pp. 119-130.
- Hage, Jerald, Communication and Organizational Control: Cybernetics in Health and Welfare Settings, John Wiley and Sons, Toronto, 1974.
- Hage, Jerald, Aiken, Michael, Marret, Cora, "Organization Structure and Communications", American Sociological Review, Vol. 36 (5), 860-871, October, 1971.
- Hasenfeld, Yescheskel, Human Service Organizations, Prentice-Hall Inc., Englewood Cliffs, N.J., 1983.
- Hutton, Miriam, Using the Concept of Network to Rethink Education and Manpower Planning for the Social Services, with Special Reference to Canada, University of Toronto, 1977.

BIBLIOGRAPHY:

- Judson, Arnold S., A Manager's Guide to Making Changes (New York: John Wiley and Sons, 1966), pp. 109-113.
- Koop, Neil, Multi-Service Delivery Systems in the Human Services, 1977, Winnipeg, Manitoba.
- Lawrence, Paul and Lorsch, "Differentiation and Integration in Complex Organizations", Administrative Science Quarterly 12, (September): 1-47.
- Lewis, Jerry M., M.D., "The Organizational Structure of the Therapeutic Team", Hospital and Community Psychiatry, July, 1969.
- Likert, Rensis, The Human Organization: Its Management and Value, McGraw-Hill Book Co., Toronto, 1967.
- Luft, Joseph, Group Processes - An Introduction to Group Dynamics, 1970, National Press Books, California.
- Mann, Floyd, "Studying and Creating Change", in The Planning of Change, ed, W. Bennis, K. Benne, and R. Chin (New York: Holt, Rinehart, and Winston, 1961), pp. 605-613.

BIBLIOGRAPHY

- Meary, Wu and Allerhand, Melvin E., Developing Teams and Organizations - A Practical Handbook for Managers and Consultants, Addison-Wesley Publishing Company, Massachusetts, 1977.
- Mott, Paul E., The Characteristics of Effective Organizations, Harper and Row, Publishers Inc., New York, 1972.
- New, Peter Kong-Ming, Ph. D., "An Analysis of the Concept of Teamwork", Community Mental Health Journal, Vol. 4(4), 1968.
- Patti, Rino J., Social Welfare Administration, Prentice-Hall, New Jersey, 1983.
- Perrow, Charles, "A Framework for the Comparative Analysis of Organizations", American Sociological Review, 32 (April): 194-208.
- Perrow, Charles, Organizational Analysis: A Sociological Review, Woodsworth Publishing Corp., Col. 1970.
- Pfeffer, Jeffrey, Organizational Design, AHN Publishing Corporation, Illinois, 1978.

BIBLIOGRAPHY

Pringle, Bob, Interprofessional Teamwork in the Human Services, 1978,
Winnipeg, Manitoba.

Province of Manitoba, A Review of Multidisciplinary Team Delivery of
Health and Social Services in Westman Region, 1977.

Rossi, Peter H., and Freeman Howard E., Evaluation, A Systematic
Approach, Second Edition, Sage Publishing Inc., California,
1982.

Rubin, Irwin H. and Beckhard, Richard, "Factors Influencing the
Effectiveness of Health Teams", *Milbank Memorial Fund
Quarterly*, V. 50 (3), July, 1972, Part I.

Sauber, Richard, (ed), The Human Services Delivery System, Columbia
University Press, New York, 1983.

Schon, Donald A., Beyond the Stable State w.w. Norton and Company,
Inc., 1973.

Skidmore, Rex A. Social Work Administration Englewood Cliffs,
Prentice-Hall (1983).

Steiner, Richard, Managing the Human Service Organization: From
Survival to Achievement, California: Sage Publications, Inc.,
1977.

BIBLIOGRAPHY

Stevens, T. J., The Business of Government, McGraw-Hill Ryerson Limited, Toronto, 1978.

The Social Services Audit Inc., 1965, Final Report. Sponsored by the Winnipeg Foundation, The Province of Manitoba, The United Way of Greater Winnipeg, The City Welfare Planning Council.

Thompson, James, Organization in Action, McGraw-Hill, New York, 1967.

Thompson, James D., and Vroom, Victor H. (ed), Organizational Design and Research, University of Pittsburgh Press, 1971.

Vernon, Donald E., "Integrating Social Services in Manitoba, Public Welfare, 31 (3), Summer, 1973.

Websters New Collegiate Dictionary

The American Heritage Dictionary of the English Language.