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THE UNIVERSITY OF ALBERTA
PREVENTIVE SOCIAL SERVICES AS COMMUNITY DEVELOPMENT

by

KILDY WING-HAN YUEN



A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE
OF MASTER OF ARTS IN COMMUNITY DEVELOPMENT

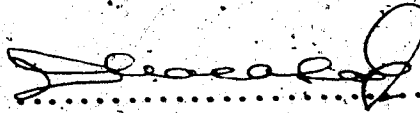
DIVISION OF COMMUNITY DEVELOPMENT

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SPRING, 1976

THE UNIVERSITY OF ALBERTA
FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and
recommend to the Faculty of Graduate Studies and Research, for
acceptance, a thesis entitled Preventive Social Services
as Community Development
.....
submitted by Kildy Wing-Han Yuen
in partial fulfilment of the requirements for the degree of
Master of Arts in Community Development.....


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Date October 2, 1975.....

ABSTRACT

The broad purpose of this study is to provide an understanding of the nature of the Preventive Social Services Program. More specifically, the Preventive Social Service projects in Edmonton are analyzed and examined in terms of principles and methods of community development.

The population for the study includes the twenty Preventive Social Services projects funded in the City of Edmonton in the Spring of 1975. Data for the study were collected through personal interviews with the key personnel of respective projects, and through a review of accessible documents and reports. General information with regard to the Preventive Social Services Program were obtained through interviews with the staff members of the Provincial Department of Health and Social Development and the Social Service Department of the City.

The major concepts of the Preventive Social Service Program are described. The historical background, sponsorship, objectives, clientele, methods of work, and organizational structure of these twenty projects are then studied in this thesis.

An analytical framework, developed from a review of community development literature, has been used to study the various aspects of the projects. The initiation of the projects is examined in terms of the extent of the local participation on the part of the community. Furthermore, the needs inherent in the objectives, the preventative orientation

versus rehabilitative orientation of the objectives and the development of the objectives has been analyzed. The types of clientele served by respective projects is studied in terms of geographic and functional communities. With regard to the methods of work, the process-orientation versus task-orientation of the strategy, the scope of the project, the recruitment of volunteers as a means of mobilization of human resources form the focus of analysis. Finally, the form of citizen participation in the organizational structure has been examined.

The findings from the analysis of the various aspects of the projects revealed that: eighteen percent of the projects have been identified as community development activities; thirty-five percent of the projects have been employing some of the principles and methods of community development to a large extent; fifteen percent of the projects have shown the general characteristics of a community development activity; and the other thirty-two percent have not been identified as community development.

The findings also reveal that the objectives of most of the projects are preventative in nature and are basically social objectives. With regard to citizen participation at the policy decision-making level, most of the projects have chosen the form of Directive Boards or Advisory Committees.

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CHAPTER I

INTRODUCTION

The Nature and Significance of the Problem

In most parts of the world today powerful forces--social, economic, and technological--are at work within and upon societies. Population growth, industrialization, urbanization, and technological developments all give rise to needs and problems in and around individual lives and human community.

Bregha, in his broad analysis of contemporary social change in Canada, outlines the following trends:

Firstly, an irreversible change process proceeding at an accelerating rate increases social economic and political inequalities within and between countries.

Secondly, the transition from industrialism to post-industrialism will be accompanied by increasing social turbulence, created by the complexity and the size of the total environment as well as by the impact of communications. While the interdependence of the parts will be more readily recognized, the unpredictability of connections between them will also increase, widening thus the area of relevant uncertainty for individuals and organizations . . .

Thirdly, whereas evidence for the above described change is already available, what has not yet occurred is a corresponding transformation in our cultural values, organizational philosophies and ecological strategies. Growing alienation and social disintegration are the inevitable results.

Finally, under these conditions welfare and development are becoming increasingly interrelated, one impossible without the other.¹

Another trend identified by Bregha is the growing number of dependents and 'problem-groups'. No longer do these terms apply only to groups such as the aged, the Native people, the mentally and the physically-handicapped. Large numbers of the middle class are also forced out of the so-called mainstream of Canadian life.²

It is evident that the stresses of the enormous adaptation of human life to the conditions of a modern industrial society are among the major sources of contemporary social disorders. The increase in mental illness, family breakdown, alienation, and so on are not in themselves the diseases, but are the symptoms arising from rapid and only partially assimilated changes by humans in new conditions. As the personal problems and stresses of living affect everyone, social services* are increasingly needed for the well-being of all people--rich or poor alike. In modern times, people have to look to their society to provide services that will enable them to function adequately and satisfactorily at all ages.

Under these conditions, it is not surprising to witness the emergence of a new look in social services delivery. Recently, J.S. Morgan detected seven major trends in the changing demands for social services in North America and throughout the world. They are as follows:

*"Social Service is a broad term used to indicate the provision of services, other than income support. Thus adoption, day care, protection, probation, are all social services." Source: Andrew Armitage, Social Welfare in Canada Ideals and Realities, Toronto, McClelland and Stewart Ltd., 1975, p. 210.

- 1) From curative to preventive services.
- 2) From individualized to universalized services; and, in this connection, from small-scale to large-scale operations.
- 3) From private to public responsibility for the social services.
- 4) From services providing income only to services that provide income with additional service benefits.
- 5) From the criteria of poverty to the criterion of need as a test of eligibility for social services.
- 6) From a treatment orientation of services to the social administration of a large-scale services.
- 7) From a limited view of welfare as a palliative based on current assumptions about the distribution of wealth or about personal responsibility for well-being to a broader view of welfare as encompassing the human condition.³

In response to changes in the nature of social problems and diversified social needs, the functions of social services are undergoing substantial alteration. Traditionally, Statutory Social Services (e.g. Child Welfare, Correction, etc.) performed a residual function, attending to emergencies and crisis situations, withdrawing when regular social structures (e.g. family) began to meet human needs. As band-aid approaches usually have no long-term effect--socially and economically--the wealth of experience acquired in remedial action dealing with the adverse effects of rapid change may be put to good use in planning for various social programs with primarily preventive purposes. Hence, social services are facing the need to employ new concepts and new approaches which encourage flexibility, and which also embody a more sophisticated knowledge of the workings of modern society and of the social problems attending urbanization and industrialization.

The recent introduction of the Preventive Social Services Program in Alberta is an intent to employ a new concept and a new approach to providing social services for the community at large. The 'prevention' concept represents a departure from the traditional

4

role of meeting needs only after some forms of crisis situations occurred.

As will be clear from the material presented in the following chapter, the Preventive Social Services Program is designed to develop community awareness and resources, to strengthen and preserve human initiative and to prevent individual and family breakdown.⁴

Purpose of the Study

As a student in the Program of Community Development, the author is interested in analyzing the Preventive Social Services in the light of her own field of study.

The purpose of this thesis is to study the various aspects of the Preventive Social Services projects in Edmonton as to what extent these projects have been employing the principles and methods of community development.

In sum, the specific objectives of this study are:

1. To provide an understanding of the nature of the Preventive Social Services projects in Edmonton through a study of the historical background, objectives, clientele, methods of work, and organizational structure.
2. To examine the level of participation on the part of the community in the initiation of the projects.
3. To analyze and examine the Preventive Social Services projects in terms of principles and methods of community development.

Rationale for the Study

A preliminary examination of the available documents on the Preventive Social Services Program revealed that the basic tenets of the Program--such as encouraging local planning and decision-making and training of local leadership--are related to the principles of community development. But no attempt has been made to examine how well Preventive Social Services utilize community development principles and methods. Therefore, this thesis is designed to study the Preventive Social Services in the light of community development concepts, which would provide an understanding of the nature of the Program.

On the other hand, Alberta is the only province to commit the concept of prevention into legislation within the broad application of social development. As Alberta's Preventive Social Services Program is unique to Canada, a study of the Program would be of interest to many students, community workers etc. Therefore, this thesis is also an effort to provide information about the Preventive Social Services Program in Alberta and, more specifically, the Preventive Social Services projects in Edmonton at the time of the study.

Methods of Data Collection and Analysis

The Study Population

Since the basic objective of this thesis is to study the Preventive Social Services in the light of community development concepts,

information regarding the various aspects of the Preventive Social Services projects in Edmonton is required. A list of all the Preventive Social Services projects funded in the City of Edmonton was obtained in the fall of 1974. This list of projects was updated at the time of the study (i.e. in the spring of 1975).

Part of the rationale for choosing all the Preventive Social Services projects in Edmonton is that those projects include different types of preventive social services. Also, because the author lives in Edmonton, it was possible for her to explore more extensively the projects in that area.

Data Collection and Analysis

Several methods of data collection were employed to obtain information for the study.

The material for Chapter IV, which is a description of the Preventive Social Services Program, was obtained through interviews with various staff members of the Preventive Social Services Branch, Provincial Department of Health and Social Development; through interviews with the staff of Social Service Department of the City of Edmonton; and through a review of pamphlets and reports that were available from these two departments.

The major portion of information for the study, which includes the descriptions of twenty Preventive Social Services projects, was collected through personal interviews with the executive directors or other key persons in the respective projects. A list of questions

7"

pertinent to the various aspects of the projects (Appendix A) was used as the guidelines for obtaining information from respondents in order to develop a descriptive case study of each project. Interviews were requested and arranged by telephone. The interviews, ranging in length from approximately one to three hours, were tape-recorded. Available literature--annual reports, legislation and committee reports, evaluation reports--were also collected and utilized.

Since the identification of a project as community development is based on the objectives, the issues involved, the types of clientele, the methods employed and so on, an analytical framework by which to examine the above aspects of the project was formulated from the review of literature on community development. The initiation of the projects was examined in terms of the extent of local participation on the part of the community. For the objectives of the projects, the needs inherent in the objectives, the preventative orientation versus rehabilitative orientation of the objectives, and the development of the objectives were analyzed. The types of clientele served by respective projects were studied in terms of geographic and functional communities. With regard to the methods of work, the process-orientation versus task-orientation of the strategy, the scope of the project, the recruitment of volunteers as a means of mobilization of human resources were analyzed. Finally, the form of citizen participation in the organization structure was studied.

Some of the elements of analysis, which are considered as polar-types or gradient-types, were constructed into continua for the purpose

of analysis. One advantage of using a continuum for the analysis was that the relative positions of the projects can be illustrated in one diagram.

Limitations of the Study

First, while the purpose of this thesis is to study Preventive Social Services as community development, the study does not seek to provide a comprehensive description of all Preventive Social Services activities throughout the Province of Alberta. Such a compendium would be undoubtedly useful, but to describe and analyze all existing Preventive Social Services projects would be beyond the scope of a Master's thesis. (At present, there are 200-plus funded projects and 400-plus non-funded projects). Instead, Preventive Social Services projects in Edmonton, which represent different approaches in providing preventive social services, have been chosen for the study. Therefore, the study cannot represent the total Preventive Social Services Program.

Second, with regard to the subjective nature of the data as information obtained through personal interviews with the directors of the projects, the information does not necessarily represent the consensus of all the relevant employees and board members.

Third, the author has supplemented the findings from a limited number of other sources, e.g. brochures, pamphlets, reports, etc.; a complete review of all the literature regarding each project was not undertaken.

Finally, no attempt has been made to evaluate the projects studied

for such an evaluation was not appropriate in the absence of first-hand field observations.

Outline of the Thesis

This thesis consists of seven chapters. Chapter I includes the nature of the problem, the purpose of the study, rationale for the study, methods of data collection and analysis, limitations of the study, and the outline of the thesis.

Chapter II provides a descriptive account of the rural origins of community development and further, examines the application of community development to an industrial society. This Chapter attempts to lay the foundation for the discussion of the study's conceptual framework in the following chapter.

Chapter III presents the review of literature on 1) the definitions of community development, 2) the concepts of community, 3) the principles of community development, 4) the strategy of community development, and 5) citizen involvement. At the end of this chapter, the analytical framework developed from the review of literature is described.

Chapter IV presents the major concepts and organization of the Preventive Social Services Program.

Chapter V describes the historical background, sponsorship, objectives, clientele, methods of work and organizational structures of six Preventive Social Services projects in Edmonton. (The description of the other fourteen projects is presented in Appendix B.) No attempt

is made to evaluate their worth or success.

Chapter VI describes the analytical framework and presents the analysis of the twenty Preventive Social Services projects. Analyses of the projects include: the level of participation on the community (people and groups) in the initiation of the projects, the needs inherent in the objectives, the preventative orientation versus rehabilitative orientation of the objectives, the development of the objectives, types of clientele, process-orientation versus task-orientation of the methods of work, the scope of the project, mobilization of human resources, and finally, citizen participation in the organization structure.

Chapter VII contains the summary, conclusions, and implications of the study.

Footnotes

¹Francis J. Bregha, "Community Development in Canada: Problems and Strategies", Community Development Journal, Vol. V, No. 1, Jan., 1970, p. 31.

²Ibid., p. 32.

³John S. Morgan, "The Changing Demands for Changing Clients", Changing Services for Changing Clients, NASW, New York, Columbia University Press, 1969, p. 3.

⁴Preventive Social Services, Administrative and Policy Outline, Department of Health and Social Development, Alberta, Edmonton, 1970, p. 1.

CHAPTER II

COMMUNITY DEVELOPMENT: ITS RURAL ORIGINS, AND APPLICATIONS IN AN INDUSTRIAL SOCIETY

Community Development is not a new concept. It has many precursors who have contributed to the evolution of the practice and also a wide range of definitions. In fact, it was variously labeled as 'mass education', 'rural reconstruction', 'agricultural extension', and so on. In attempting to clarify the subject, most people begin their discussion on community development by stating a definition. However, in this study, the author will briefly look at the emergence of community development as a method of development in the rural-developing areas before proceeding to the discussion of its definitions, principles and strategy. The reason is that community development has its roots in earlier attempts to improve the rural life and bring about social change in the less-developed countries characterized by mass illiteracy, low levels of health and standards of living, etc. Most of the concepts of community development are formulated from those earlier experiences in the rural areas of the less-developed countries. An examination of the origins of the concept of community development will help to explain the basic difference between community development in the various settings--rural and urban, less industrial or highly industrial. Also, it will provide a partial explanation as to why only some of the elements of community development are considered as relevant for the analysis of

the study.

In the first part of this chapter, the origins of community development will be examined. The second section will include a general description of the context of community development. This will be followed by a discussion on the relevance of community development in highly developed countries. The basic purpose of this chapter is to lay the foundation for the discussion of the conceptual framework in the following chapter.

A Historical Perspective on Community Development

The emergence of community development practice is no accident in history. It has been a continuous process in various forms for many decades. Those early attempts, of course, were not called community development, but in essence, their aim was more or less the same. As most of the literature dealing with community development traced its history from a report released by the government of the United Kingdom in 1944, entitled Mass Education in African Society, and took into account only the governmental program the author decided to mention briefly also some other identifiable non-governmental beginnings elsewhere. The following examples, however, are not exhaustive and cannot be regarded as the only origins of community development. The selected cases, in fact, are earlier experiments which were notable and have made outstanding contributions to the practice of community development.

The origins of the idea of community development can be traced to the initiative of Christian Missions in India who endeavoured to

bring about the village uplift; to Rabindranath Tagore who tried to build a spirit of self-help in his experiments in Bengal; to Mahatma Gandhi who tried to prepare a blueprint for national reconstruction in India; to James Yen, a graduate of Yale University, who returned to China in 1920's to organize a mass education campaign; and to the British officials who suggested the Mass Education policy in African society.

Early Experiments in India

One of the earliest attempts at improving the rural economic conditions was made in 1830, by a Native Philanthropic Society under the leadership of Rev. C.T.E. Rhenius of the Church Missionary Society, London. The aim of the Society was "... to settle Christian converts on purchased land, to erect schools and chapels and to help them in their temporal concerns."¹ This Society consisted mainly of native Christians and was managed in a democratic manner by a committee of which all the members except the Treasurer were Indians.

In 1850's, the Society had built many churches, schools, houses and had contributed funds for native ministers. This movement, in fact, can be considered as a prototype of community development and a powerful means of uplifting the underprivileged although, in some instances, the Christian peasant settlements failed to establish a healthy self-reliant community.² As

... the Christian peasant settlements were primarily meant for giving refuge to upper caste, and ameliorating the condition of lower caste converts, and it was only gradually that the various services providing for educational, social and physical development were taken up. Thus they moved slowly and unconsciously towards a community development type programme.³

"Like the community development programme, the Christian peasant settlements aimed at helping the people to help themselves."⁴

Another identifiable forerunner of community development, who had some influence on the acceptance of community development on a national scale in India later, was Radindranath Tagore. Tagore, the originator of village level worker idea, believed that people must learn to stand on their own feet. He said, "serve them by all means, but take care that as a result of your service, they learn to stand on their own legs."⁵ To achieve this he believed in educating the people instead of giving charity.⁶ As in early 1907, when feelings were running high against the Government, Tagore was advising young people to take up village reconstruction.

Tagore started his first experiment in 1908 at Silaidaha (East Bengal). He sent a group of young workers to live in the villages and establish contact with the people. For economic development, efforts were made to start a few cottage industries, introduce new commercial crops, and give demonstrations in the use of manures. A hospital was also started for the general public. "But this work came to an end abruptly in 1919 when the Tagore Estate was partitioned and the Silaidaha property was allotted to other members of the family."⁷

Another experiment of his was at Patisar Estate where a "Welfare Fund" was set up by contributions from the tenants and the landlord of the estate, and for public works. "Voluntary Contributions" were in the form of free labour from the poor and money from the rich. "It has been claimed that this provided the first example of carrying out public works by

voluntary labour in Bengal."⁸ There was also a provision of credit at reasonable rates through the Agricultural Bank of the Estate.⁹ Unfortunately, these works did not last long.

Tagore was not satisfied with his earlier attempts and recognized the need for a more intensive and comprehensive experiment. Therefore, in 1922, he started his most ambitious project--an Institute of Rural Reconstruction at Sriniketan whose purpose was

To bring back life in all its completeness, making the villagers self-reliant and self respectful, acquainted with the cultural tradition of their own country and competent to make an efficient use of modern resources for the fullest development of their physical, social, economic and intellectual conditions.¹⁰

This Institute aimed at an all-round development of the villages by the efforts of villagers themselves had four main departments:

Village Welfare, Agriculture, Industries and Education. The work of

rural reconstruction was achieved through the promotion of agricultural and dairy farm. A new scheme for primary education which was an experiment combining work with play and play with knowledge was introduced; a village Boy Scout Association was formed; local industries were revived as encouraged by industrial workshops and the establishment of cottage industries; village cooperatives were formed as part of a health union that provided health care facilities. There was also a department of socio-economic research besides its Village Welfare department. This experiment, undoubtedly, had some achievements, but

It also seems that Sriniketan, with its limited resources in men and money, extended its activities in too many directions and made too many experiments in rapid succession. Due to this the whole programme became unmanageable and many of the schemes never crossed the experiment stage. In short, the whole work was extensive without being intensive.¹¹

In the author's opinion, though some of these earlier experiments were not considered as completely successful, still, they have shown a basis on which the present structure of community development was being built. Tagore thus was very influential in sowing the seeds of what was later to become community development.

Another influential experiment attempted to stimulate a form of community development that was then termed 'rural reconstruction' was M.K. Gandhi's 'Constructive Programme'.¹² The objective of the Program was to reconstruct the villages of India and make them self-sufficient units.

For economic development the program stressed "1) the production and popularization of Khadi (cloth); 2) the development of village industries; 3) the improvement of cattle and 4) the socio-economic equality."¹³ For social development it aimed at "5) communal unity; 6) the removal of untouchability; 7) prohibition; 8) equal status for women and 9) the welfare of Adivasis (tribal population)."¹⁴ On the educational side it stressed "10) the adoption of Basic Education; 11) the working for Adult Education; 12) the development of provincial languages and 13) the adoption of Hindustani as the national language."¹⁵ To improve the general health of the villages, it realized the importance of "14) improving village sanitation and 15) imparting health education and 16) taking care of the lepers."¹⁶ On the political front it stressed the necessity of organizing "17) peasants and labourers for securing their just rights and 18) students for doing work."¹⁷

Gandhi's concept of development was a balanced one, and included

moral, material and social development of the people. One of his many achievements was the creation of the 'constructive workers'--village workers--who were notable for their identification with villagers; their selflessness; and the most important, their stresses on the moral quality of the work and the educational and spiritual awakening of the people.

'Mass Education' in China

Another precursor of community development that is praiseworthy was James Yen's Mass Education Campaign in China in 1920's. The main objective of the campaign was to fight the Four Fundamental Weaknesses of Chinese life (ignorance, poverty, disease, and social disintegration).¹⁸

The purpose of the Chinese Mass Education Movement organized as a National Association in 1923 was to explore the potentialities of the masses and find a way of educating them not merely for life but to remake life Experience in the field resulted in a shift--in emphasis, beginning in 1929 from extensive promotion of literacy to intensive study of life in rural districts.¹⁹

His literacy campaign was reported to have reached millions of peasants in the sprawling region of China through 'people schools' and 'mass education association'.²⁰ Unfortunately, his work seemed to suffer from inadequate support at higher political levels and "with the communist revolution his reforms evaporated."²¹

The British Experience in Africa

Another identifiable origin of community development which is considered as a landmark of the evolution of the practice was the education policy in former British African countries where

The concept of community development originated in the search for a program to compensate for the limitations of the conventional school system, and to enable education to provide for the progressive evolution of the people.²²

In earlier colonial times, education in the United Kingdom dependent territories had largely been left in the hands of the Christian missionaries; however, both missionaries and colonial governments felt that the system was inadequate.²³ In 1925, a White Paper entitled Education Policy in British Tropical Africa was released by the British government. The White Paper suggested three guiding principles for educational policy:

1. that education should be related to all other efforts, whether of Government or of citizens, for the welfare of the community.
2. that material prosperity without corresponding growth in the moral capacity to turn it to good use constituted a danger, and
3. that the real difficulty lay in imparting any kind of education which would not have a disintegrating and unsettling effect upon the people of the country.²⁴

It also stated the need for, in addition to an improved system of schools, the improvement of agriculture, local industries, health and the training of the indigenous people.

In 1935, the Memorandum on the Education of African Communities was issued with a deeper appreciation of a centralized planning approach and methods of coordinating departmental spheres of action. Unfortunately, there was no immediate effect of the memoranda until the Second World War experience had revealed the disadvantages of illiteracy.

There was a sudden increase in the demand for raw materials from these areas; large numbers of tribesmen were recruited for the armed forces; and local communities were stimulated

through 'grow more food' campaigns, increased production targets, organization of civil defence services and other war time measures, to work for the defeat of a distant enemy of whom many of them had previously never heard. It was necessary to explain the essence and purpose of the struggle in vivid and arresting terms; and to do this such instructional media as films, newspaper articles, public address equipment, pamphlets, photographs, and wireless broadcasting were introduced which, although commonplace in the United Kingdom, had been little used in the dependent territories before the outbreak of the war.²⁵

The British officials therefore appointed a committee to consider the best approach to the problem of mass education. Their report Mass Education in African Society, which was released in 1944, stated that "the realism of citizenship begins in a small unit where common loyalty and common interests are expressed in daily activities,"²⁶ and,

~~in focussing attention in the community as a unit to be educated,~~
we are aiming at getting people everywhere to be aware of, to understand and take part in, and ultimately to control the economic and social changes which are taking place among them.²⁷

Thus 'mass education' did introduce a rather all encompassing and new governmental approach to development. "The publication of this report in 1944 can be taken as a starting point in the evolution of community development as an area of Government policy."²⁸

In 1948, the Cambridge Summer Conference on African Administration recommended that a new term, 'Community development', should be adopted and defined this process as,

A movement designed to promote better living for the whole community with the active participation and initiative, on the initiative of the community, but if the initiative is not forthcoming spontaneously, by the use of techniques for arousing and stimulating it in order to secure its active and enthusiastic response. (Community development) embraces all forms of betterment. It includes the whole range

of development activities in the district, whether these are undertaken by securing the adoption of better methods of soil conservation, better methods of farming and better care of livestock; in the field of health by promoting better hygiene, infant and maternity welfare; in the field of education by spreading literacy and adult education as well as by the extension and improvement of schools for children. Community development must make use of the cooperative movement and must be put into effect in the closest association with local government bodies.²⁹

Concurrent with the emergence of community development, the United Kingdom was going through periods of crisis. The depression of the 1930's and then the Second World War left Britain with financial strains and a huge task of rebuilding. Britain, therefore, tried to develop a policy of self-government and support for independence in the colonies. To achieve this goal, community development was a good vehicle to prepare for the people. The definition of community development as mentioned was, therefore, a product of its times. "It represents partly the evolution of a concept shaped by the colonial environment", and "finally articulated at the moment when the coming struggle for the political independence of African colonial territories had begun in Gold Coast,"³⁰

In concluding this brief history of the evolution of community development in British experience, it is worthy to note that the British experience, unlike the experience of other countries, was not developed by practice at home, but acquired and tested predominantly in Africa.

Community Development as a United Nations-supported Program

From the above brief histories, community development can be considered as an outgrowth of earlier experiments and concepts in mass

education' and 'rural reconstruction'. Then after the Second World War, the concept of community development was introduced within the framework of economic aid in low-income countries when the conditions of chronic poverty, illiteracy and disease in the Third World began to press forward for international attention. This technical and economic aid was given in rural areas in particular. After approximately twenty years as a United Nations-supported program, community development has gained recognition as a method for inducing social and economic change in developing countries.³¹ In 1953, the United Nations published the well-known study 'Social Progress Through Community Development' which was the first of a series of conferences, seminars and publications devoted to community development.

Towards an Understanding of Community Development in Developed Countries

The use of community development method, however, has not been restricted to rural situations in developing countries. It spread rapidly throughout the Third World and finally to the more developed parts of the world. The essential elements of community development, such as popular participation, self-help and the building of local leadership, which were generally associated with the efforts of modernization in developing nations, are being adapted in rural and urban areas in the United States, Canada and European countries.

A. The Context of Community Development
- a Generalization

For community development, the aspirations for a better life and efforts to change unfavorable conditions are present in all communities but in different degrees. Although communities may be regarded as similar everywhere from the standpoint that they represent an aggregation of people, there are differences, for instance, in the standard of living, the characteristics of the population, the socio-economic structure, the machinery of government at various levels etc.

In considering the context of community development, this section attempts to keep the analysis, insofar as possible, at a level that is more generally applicable.

The less-developed context. In examining rural areas in developing countries, which are mostly part of traditional or transitional societies, the economic structure is simple and is based on a very simple division of labour and simple technology. These result in low productivity. On the other hand, the literacy rate is low, health conditions are poor, life expectancy is low, infant mortality is high, and social and welfare services are nominal. People living in these communities are also characterized by strong kinship which form the basic framework of their social organization. Community development efforts are directed largely at raising the standard of living, the level of literacy and so on. Community development is usually applied as a means to bring about social and economic change in the communities.

The more-developed context. In highly developed countries, the situations are different. The economic structure of the developed countries, or say, the technological societies, is more complex than the developing countries. The rapid technological progress has resulted in greater economic prosperity, an increasingly complex division of labour, and a considerable movement of the labour force from the primary sector of production to the secondary and tertiary sectors.³² Certain basic needs become more articulated and new kinds of needs appear-- intellectual, aesthetic etc. In addition, the technical progress entails two more important consequences. First, there is an increase in leisure time, and second, the expansion of the provision of formal education and the importance accorded to it. Changes in the social and economic structure have also taken place in the course of time.

Technological developments, on the other hand, have brought about an improvement of communications. This has contributed to a widening of the spheres of life and the promotion of the process of urbanization. As a result, the pace of urban change is so great that "today societies are becoming urbanized faster than urban institutions have been able to adjust."³³

There is a need to provide employment opportunities for all, and along with that there are problems such as the slum of the city, the traffic congestion, inadequate housing etc. On the personal level, there are problems of unemployment, disabilities, mental illness, family conflict, alienation, juvenile delinquency and more.

B. Community Development in the Context of Developed Countries

The felt needs of a community are the product of its culture, social and economic structure and environmental conditions. This explains why the work of the earlier community development projects in the rural areas of developing societies was directed largely toward raising the standard of living, the level of literacy, and the promotion of economic and social change.

In the developed or highly developed countries, characterized by technological progress, economic prosperity, urbanization, specialization, community development is confronted with a different kind of context.

In the developed context,

The great change has disrupted the older patterns of social relations, and that disruption in turn has brought about adaptive behavior that is experienced as the structural and personal stresses of urban industrial life.³⁴

Community development efforts are directed largely at taking effective action to mitigate the stresses of urban industrial life. In response to the needs of the urban areas, the method has been applied extensively to the creation of conditions leading to a better solution of social problems, and the prevention of new social problems.

Community development, although evolved as a method of development in a different type of society, has been used by Western nations for the industrial and agricultural development of their rural areas, and their urban renewal and rehabilitation. The method has also been used for the coordination of the functioning of the large numbers of organizations in the highly developed countries, and the

improvement of the living conditions for some disadvantaged groups-- such as Indians and Eskimos in Canada, and so on.

The urban environment of the highly developed countries, on the other hand, affects the application of community development methods. One of the problems of urban community development, as identified by Brokensha and Hodge, is the complex nature of the urban community.

It is difficult to initiate community development where there is little sense of community. The sheer size of the rapidly growing cities and heterogeneous mass of the urban population are but two of the factors of this complexity.³⁵

In other words, in the urban areas, it will be less simple to achieve an identification of the population concerned, or of the total problem-group partly due to the less manifest sense of belonging to a certain community.

On the other hand, as a result of the quickening pace of industrialization and urbanization in the past decades, there is a widening of scope for the application of community development in urban areas. But du Sautoy suggests that urban community development is likely to be effective "in the educational and social field, rather than in that of construction", for in the cities "insecurity, loneliness, and the disadvantages of ignorance are likely to be most keenly felt."³⁶

In fact, community development in urban areas has not placed the same emphasis on improving local economic conditions as did its forerunners in developing countries.

. Summary

This chapter briefly describes some of the origins of the concept of community development. It is based on the assumption that by examining the objectives of the historical forerunners of community development and the settings in which the activities were undertaken, the current formulation of community development will better be understood. It further examines the context of community development and explains why community development is as pertinent to developed countries as it is to developing countries.

In the next chapter, the conceptual framework of community development will be reviewed.

Footnotes

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²Ibid., p. 56.

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⁶V.P. Pande, op. cit., p. 89.

⁷Ibid., p. 90.

⁸Ibid., p. 91.

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¹⁰S. Dasgupta, A Poet and a Plan, Calcutta, Thacker Spink, 1963, p. 28.

¹¹V.P. Pande, op. cit., p. 109.

¹²M.K. Gandhi, Constructive Programme - Its Meaning and Place, Ahmedabad, Navjivan Publishing House, Reprint, 1948, March, pp. 8-30.

¹³V.P. Pande, op. cit., p. 119.

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¹⁶Ibid.

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¹⁸H. Tinker, Ballot Box and Bayonets, London, Oxford University Press, 1964, pp. 105-106.

¹⁹J.V. Abueva, Focus on the Barrio, Manila, Institute of Public Administration, University of the Philippines, 1959, pp. 128-129.

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²¹H. Tinker, op. cit., p. 106.

²²Social Conditions in Non-Self-Governing Territories, New York, 1956, p. 13.

²³Great Britain, Reference Division, Central Office of Information, Community Development in the United Kingdom and Dependencies, London, Overseas Information Services, 1958, p. 3.

²⁴Ibid.

²⁵Ibid.

²⁶Great Britain, Colonial Office, Community Development: A Handbook, London, Her Majesty's Stationery Office, 1958, p. 1 (cited from Mass Education in African Society, 1944).

²⁷Ibid.

²⁸Ibid.

²⁹Ibid.

³⁰David Brokensha and Peter Hodge, Community Development: An Interpretation, San Francisco, Chandler Publishing Co., 1969, pp. 34.

³¹Julia J. Henderson, "The Evolution of Community Development", Urban and Rural Community Development, Proceedings of the XIth International Conference of Social Work, 1962, pp. 65-73.

³²Colin Clark, The Conditions of Economic Progress, London, MacMillan, 1957.

³³Marshall, B. Clinard, Slums and Community Development: experiments in self-help, New York, The Free Press, 1966, p. 116.

³⁴Roland J. Warren, "The Context of Community Development," in Lee J. Cary (Ed.), Community Development as a Process, Columbia, University of Missouri Press, 1970, p. 43.

³⁵David Brokensha and Peter Hodge, op. cit., pp. 122-123.

³⁶Peter du Sautoy, The Organization of a Community Development Programme, London, Oxford University Press, 1962, p. 36.

CHAPTER III

COMMUNITY DEVELOPMENT: THE CONCEPTUAL FRAMEWORK

The purpose of this chapter is to review related literature on the definitions of community development, the concept of community, the principles and the strategy of community development, and the concept of citizen participation. On the basis of the discussion, an analytical framework by which to examine the various aspects of the Preventive Social Services projects will be developed.

Defining Community Development

The concept of community development, as mentioned earlier, has sprung from many sources. It earned its recognition through much trial and error by a large number of workers in the field.¹ Since community development has been used to solve various kinds of problems, there are countless attempts to define community development. In different parts of the world today community development activities, ranging from integrated national programs to individual local projects, varying in form and approach, define community development in many ways. There is no complete agreement on a basic definition or what is precisely meant by the term 'community development'. Some confusion has arisen from the fact that community development is sometimes referred to as a 'process', sometimes as a 'method', sometimes as a 'program', and at others as a 'movement'. The word 'process' is usually used to designate

a progression of changes, e.g. from state of minimum to one of maximum cooperation, from state where few participate to one where many participate, etc. Emphasis is on what happens to people socially and psychologically. When community development is referred to as a 'method', it is a means of problem-solving. Emphasis is on achieving certain objectives. When the word 'program' is used, it is referred to the objectives, procedures, activities and administrative structure. As a 'movement', community development becomes something more than a mere program. It is an emotional dynamics, as a philosophic and not a scientific concept.²

On the other hand, some writers limit the definition of community development to the educational aspect of the process, which others stress the importance of social action. C.A.S. Hynam, in his paper "Community Development, An Example of Conceptual Confusion," has illustrated the recent state of affairs in community development with the following definitions:

- 1) By community development I mean the movement of a population toward higher material levels of living and toward the institutional patterns associated with urban-industrial society, whether of the capitalist or the communist variation.³
- 2) Community Development is an educational-motivational process designed to create conditions favorable to economic and social change, if possible on the initiative of the community, but if this initiative is not forthcoming spontaneously, then techniques for arousing and stimulating it in order to secure fullest participation of the community must be utilized.⁴

He says, "Definition 1 is referring to community development in the sense of total resources while definition 2 is referring to it as a human relationship process. They are two widely different concepts."⁵

It must be admitted that some confusion is due to the fact that community development is practised by different professions, such as Social work, Adult education, Agricultural extensions and so on. It is not surprising therefore that the many definitions of community development are varied.

One way to clarify such a conceptual confusion and to understand the term 'community development' is to look at some of the common characteristics. From an analysis of literature in the field and observations of programs by A.F. Wileden there are about five characteristics commonly accepted as describing the community development process. These include the following:

- 1) A philosophy, in accordance with our democratic philosophy, that local people, working in their local group situations, have not only the right but also the responsibility to choose their own objectives and to make their own decisions
- 2) A concern for changing the local situation with a view to improving conditions in the so-called community
- 3) A belief that lasting progress can be achieved only through the development of local understanding, local initiative, and local self-help, with as broad local participation as possible,
- 4) An emphasis on the balanced development of all the resources, physical and human, in the community or area under consideration
- 5) An assumption that outside resources, including counsel and technical assistance, must be available to local community situations⁶

On the basis of the above common characteristics and the earlier discussion on community development in developed countries, the following definitions are selected as the frame of reference for this

study.

The first definition is from Biddle and Biddle who feel community development must deal with the effects of change:

Community development is a social process by which human beings can become more competent to live with and gain some control over local aspects of a frustrating and changing world.⁷

The second definition is from Arthur Dunham who regards community development

... as organized efforts of people to improve the conditions of community life and the capacity of the people for participation, self-direction, and integrated effort in community affairs. Community development is accomplished by people. It seeks to work through self-help, voluntary participation, and cooperation of people in the community, but usually with technical assistance from government or voluntary organizations.⁸

Thirdly, the Canadian Welfare Council defined community development as

A process aimed at promoting citizen participation in social affairs, developing people's awareness of problems, enabling them to define their needs in relation to the total environment, making possible that enlightened choice among various options and channelling their results into effective action for social change.⁹

There are some common elements in these definitions: community development must deal with social change; the focus is on the common needs of the community; must work through self-help, voluntary participation, and cooperation of people in the community; usually with assistance of some sort from the government or voluntary organizations. These definitions also embody both the task-goal and process-goal of community development. The task-goal is concerned with attempts to meet specific needs or solve particular problems. The process-goal refers to the learning process of the community in working towards

self-help, cooperation, and participation.

It must be stressed that both the task and process goals are important because community development is not just an end in itself, but also a means to an end. As a strategy of social change, the goal of community development is to determine "the least cost approach to change."¹⁰ Given the context of the developing societies, it is unbelievable that the governments of these nations will stress the process goal to the exclusion of the task goal.

The Concept of Community

The term community development gives us the basic unit of the action, namely, the community which also means different things to different people. Community may refer to "a) geographical area; b) to social, economic, cultural conditions of the people; and c) to the people themselves--the group of persons more or less related one to another in the achievement of a common endeavour or sharing their common hopes, desires, etc."¹¹ However, based on Hillery's analysis of ninety-four definitions of community there are three elements enter into most sociological definitions of community including (1) geographic area, (2) social interactions, and (3) common tie or ties.¹²

With this as a background, community, in this study, is to be understood in terms of Ross's two categories--one defined by reference to common location and the other by common interest.

- 1) Community may refer to all the people in a specific geographic area i.e. in a village, a town, a city, a neighbourhood or a district in the city . . . the geographic community.

- 2) Community is used here also to include groups of people who share some common interest and function such as welfare, agriculture, education, religion--the functional community.¹³

In early community development practices, the unit of action was basically the local community--the rural village--where face-to-face interaction was most possible. In modern urban areas, characterized by high mobility and corresponding decline in community cohesion and autonomy, the geographic definition of community is not always useful. The focus of action in community development is then based upon the local community--the neighbourhood, the city, the town etc.--as well as the community of common interest.

Using Ross's definitions, it appears that community development can take place in at least three kinds of community situations in the city: a functional community drawing from the whole city or several areas in the city; a small geographic community that would allow face-to-face interaction which characterizes the rural village; or a larger geographic community within which community development would be carried on with the participation of members from functional communities. These functional communities may or may not unite to deal with problems they perceive to have in common.

The Principles of Community Development

Community development, as an approach or process, is conceived in terms of certain principles and concepts for working with the community. In the literature, several different lists of principles have been compiled as guidelines for effective community development.

practice. From the several lists available, there are three widely accepted lists: Arthur Dunham's eighteen suggested principles which are based on 142 statements, DiFranco's collection of principles and guides, and the principles outlined in the United Nations Report. All the principles from these three sources are listed in Table 1.

As most of the principles associated with community development were formulated largely by practitioners from their experiences in rural areas of developing societies, a few of them are not particularly related to the urban context of developed countries. In other words, the principles underlying the community development process may differ in accordance with the kind of society in which the process is being carried on. The above comments, however, do not suggest that the principles being applied in the rural areas cannot be useful as the guidelines for effective community development practices in urban communities of developed countries. In fact, most of the principles are found applicable to the context of industrialized society. Only a few principles must be modified. The author therefore will use some core principles which are relevant to the urban setting and on the other hand, are considered as necessary for community development in action. These principles include:

1. Community development should be based upon the economic and social needs of the community.
2. Community development should encourage citizen participation at all levels of operation.
3. Community development should encourage cooperation between individuals

Table 1
Principles of Community Development

A. Dunham ¹⁴	Di-Franco ¹⁵	United Nations ¹⁶
1. based upon economic and social needs of community	1. should be based on conditions that exist (local, regional, national)	1. improve the level of living
2. Concerned with total population	2. involve people in actions which promote their welfare	2. self-help
3. Should start with felt needs	3. develop programs gradually	3. local communities basic units, also groups with special interests
4. should be democratic	4. aim basically at people's interests and needs	4. within the framework of a national plan
5. local community the basic unit	5. use democratic methods	5. an educational and organizational process
6. voluntary cooperation	6. use local leaders	6. reorientation of existing institutions or the creation of new types of institutions
7. self-help	7. use existing agencies	7. changing attitudes
8. development of attitudes	8. utilized trained specialists	8. respond to the felt-needs
9. an educational process	9. work with all family members	9. use integrated approach
10. understanding of culture	10. evaluate continually	10. require technical assistance

- | | | |
|---|--|--|
| 11. program should be well organized, integrated, practical, realistic flexible | 11. use community approach | 11. efforts of people united with government |
| 12. part of a national program of economic and social development | 12. keep in with federal and provincial policies | 12. utilize local organizations |
| 13. leadership and the role of the employed worker is to provide professional assistance and indirect rather than official leadership | 13. help people recognize their needs | 13. encourage participation |
| 14. training of personnel required | 14. should encourage program flexibility and overall policy should be fixed, but implementation should be flexible | |
| 15. importance of local voluntary leadership | 15. work through understanding culture | |
| 16. democratic government and participation on all levels | 16. working with all classes of the society | |
| 17. utilization of government and voluntary agencies | | |
| 18. the community should have a large degree of freedom and autonomy within the framework of the nation | | |
-

and groups, and the government.

4. Community development should aim at the development of local leadership and training of volunteers.
5. Local communities are basic units of action, also groups with special interests.

As principles of community development were formulated from many experiences in the field, the core principles are presumed to be indicators of successful community development.

The Strategy of Community Development

It is very difficult to define a community development strategy. An effective strategy depends in large part on a number of factors related particularly to the point of development of a community. Of course, there are many strategy-models of community development such as power-conflict model, information model, social action model, problem-solving model etc. but most of the times, especially in urban communities, the mode of intervention involves a mixed strategy.

Regardless of the model or a combination of models used in any situation, a community-development strategy is people oriented. The community-development strategy, on the other hand, is very different from the service-oriented strategy. As Francis J. Bregha comments,

This is what distinguishes community-development strategies from more service-oriented strategies. The provision for and the delivery of services is only and perhaps the least important aspect of community development. Its main thrust and principle *raison d'être* as a method of intervention is to transform the causes and conditions shaping the quality of life in a society so that as few people as possible would depend on any kind of service.¹⁷

He further suggested that a new type of planning of less crisis-oriented, much more directed towards prevention and towards comprehensive programs is required. And,

Such planning would also represent an on-going process, with high levels of citizen participation, which would facilitate the fast feedback needed for constant readjustment and up-dating of policies and plans of action.¹⁸

The above comments indicate that community development is not only a question of planning for social or economic well-being, it is also a question of how the planning takes place. Recently, newer concepts in connection with the five issues which any planning must confront have arisen. These concepts have to do with:

- 1) Consensus and dissensus as to the course of action appropriate for the community.
- 2) Directiveness or nondirectiveness of the role of the change agent. The strategy used may be that of helping citizen determine their own goals or of persuading groups to accept the proposed goals.
- 3) Process orientation or task orientation in community development.
- 4) Inclusiveness of scope of program concerns which may be a wide spectrum of community problems or relatively narrow substance areas.
- 5) Inclusiveness of participation that efforts may be made at securing participation by the total community, or be confined to interested groups and those with decision-making prerogative.¹⁹

Using the above concepts as the basis of analysis, the traditional approach to community development was oriented towards (1) seeking consensus, (2) a nondirective stance on the part of the change agent, (3) emphasizing the process of decision-making and change, (4) the inclusiveness in scope, with the total community and its well-being as the focus of concern, and (5) the broadest possible participation in planning and implementation by the entire population.²⁰

The newer concepts, however, have moved away from this conventional position. Among these concepts, the author finds Warren's discussion of changes in the five aspects of community development most interesting. Warren argues that acting only on consensus means no action. He points out that

... there is no single set of community goals, but that various individuals and organizations have different goals, which often conflict with each other; and that it is precisely the most important and pressing issues about people are divided, rather than united. To act only in consensus is to immobilize oneself.²¹

Likewise, he contends that training for community competence itself is at least partially beside the point, and that an organization dealing with community development should limit its activities to a few subject areas. Since the various concerns of the community are so comprehensive, an organization must most likely limit itself to one or a few subject areas rather than spreading itself thinly over a number of areas in which much stronger groups are likely to be involved, with higher stakes in the outcome.²² Finally, he feels that total citizen participation is impossible. He says,

... the idea of trying to approach total citizen participation on all important issues is mathematically impossible in all but the smallest communities. The problem of participation is not so simple as one of "involving the whole community" or "letting the people decide." Hence, choices must be made as to who is to participate and in what capacities.²³

The author agrees, to some extent, with Warren's concepts. It is time that changes in the nature of today's communities, especially the complexity of urban areas in developed countries, affect the effective application of the 'puristic' approach to community development. For

example, in the city, the population is more heterogeneous with various interests, to act only on consensus of the total population of all groups is difficult. In early community development projects, of community development work in underdeveloped countries today, the basic unit of action was the rural village which was small enough to allow face-to-face interaction, and the main concern of the people was in the satisfaction of basic needs. The urgency to find solutions to the various problems was so great that the population were quick to appreciate the importance of the issues. It was much easier to act on consensus of the total population of the community.

On the other hand, because of the size and the differentiated social structure of the urban population, total citizen participation on all important issues is much more difficult to achieve. Some other forms of citizen participation are likely to take place.

With reference to Warren's emphasis on the task orientation, the author of this study has a different point of view. Although the importance of the task-goal must be recognized, equal emphasis should also be placed on the process-goal by which people can become more competent to gain some control over local aspects of a changing world. Such a process may foster favourable conditions for effective community development in the future.

Citizen Participation

In the definitions of community-development, the promotion of citizen participation in social affairs, or in the efforts to change

their situation is stressed by most authors. Despite the current popularity of citizen participation, there are conflicting viewpoints of the value of citizen involvement. Some people criticize that citizen participation will require more time and thus money to arrive at a decision. Another argument is that consumers who are unable to control their own lives have neither the energy nor capacity to take part in the process of problem-solving.

On the other hand, there are many social scientists who are in favour of citizen participation. S. Edgar and J.C. Cahn said that citizen participation is costly, time-consuming, and frustrating, but it cannot be dispensed for the three following reasons:

1. The value of its acknowledgement and promotion of dignity and self-sufficiency;
2. The value of its by-product in the utilization of untapped manpower resources;
3. The value of the knowledge it affords: the criticism, corrective insight, and continuing validation of efforts which are best informed hunches on how best to give content to broad national goals which can be attained only through the perilous process of trial and error, experimentation and assessment.²⁴

In a society with a dynamic nature, the importance of citizen participation becomes even clearer. In a dynamic society, the needs change fairly rapidly. If the general public participates in the work, the needs can be identified and formulated much more positively. As welfare is so closely tied up with everyday life, it requires citizens to be closely involved in the various stages of planning and action.

Dunham, in discussing "How to involve citizens in 'target areas' in programs concerned with social change and social welfare," suggests the following ways of working toward citizen involvement in

the planning process:

1. Substantial representation of residents of target areas on directive boards or committees with real decision-making power is one of the most vital approaches.
2. Another possibility is the use of advisory bodies drawn wholly or largely from the target areas. These of course lack the authority to make binding decisions.
3. Town meetings, neighbourhood meetings, and hearings, are ad hoc occasions when representatives of the planning body and residents of the target area may meet and engage in at least a limited dialogue.
4. . . . may use mass media . . . to help keep citizen informed of developments. They may go beyond this and solicit suggestions from target areas through various channels of communications.
5. Leadership training may have an indirect effect in promoting citizen participation.
6. Volunteers may be recruited from target areas to assist with many types of programs.
7. Certain residents from target areas may be employed as indigenous nonprofessional aides.
8. Special efforts may be made to see that target areas are adequately represented in community-wide events.
9. Neighbourhood service centers, . . . , may service to make agency services more accessible and less remote.²⁵

Some of these suggested approaches to citizen involvement, however, are considered as 'token' representation rather than 'substantial' representation. As previously noted, citizen participation in the community development sense implies a process of decision-making, as opposed to token representation. In fact, most of the time, citizen participation is viewed as a categorical term for citizen power. Arnstein, based on three different programs, has attempted to cut across the euphemisms and the rhetoric of citizen participation and has proposed

an eight-rung typology of citizen participation²⁶ which is illustrated in Figure 1.

Figure 1

The Eight-Rung Ladder of Citizen Participation

1. Citizen Control	}	levels of Citizen Power
2. Delegated Power		
3. Partnership		
4. Placation	}	degree of Tokenism
5. Consultation		
6. Informing		
7. Therapy	}	Non-Participation
8. Manipulation		

In Figure 1, the bottom rungs of the ladder, are considered as non-participation because the real objective is to 'educate' and 'cure' the participants rather than involving citizens in planning or conducting programs. These two rungs signify the distortion of participation. Information and Consultation are considered as forms of tokenism because emphasis is placed on the one-way flow of communication. There is no assurance that citizens' views are considered. At the level of Placation, some degree of influence begins but it is still considered as tokenism. Some citizens are allowed to advice but the decision-making power is retained by others. Levels of Citizen Power with increasing influence and decision-making power are found further up the ladder. In terms of Partnership, planning and decision-making responsibilities are shared. Delegated Power, which is one level above, assures citizen with balance of power. Finally, citizens are given the full charge of the program in the highest level--Citizen Control.

The Analytical Framework

For the purpose of the study, an analytical framework will be developed from the review of literature in the preceding sections. Due to the fact that many elements of community development are reviewed in this chapter, only some of the more prominent ones will be included for the purpose of analysis. These elements are briefly described within the following dimensions of the analytical framework:

A. Initiation of the Projects

As the concept of local involvement is emphasized in the principles of community development, the initiation of the projects will be analyzed in terms of the extent of local participation on the part of the community (people and groups).

B. Operationalization of the Projects

The operationalization of the projects will be studied under four categories: 1) objectives, 2) clientele, 3) methods of work, and 4) organizational structure.

1. Objectives. First of all, the needs inherent in the objectives of the Preventive Social Services projects in this study will be analyzed. Then the preventive versus rehabilitative orientation of the objectives of the projects will be analyzed. In the discussion on the strategy of community development, Francis J. Bregha has suggested that a new type of planning, much directed towards prevention is required for community development. Finally, the extent to which the objectives of the projects

are developed by the people of the community based on their interests and needs will be examined. The reason is that one of the crucial elements of community development is the concept of felt-needs indicating the desirability for the objectives to be determined by the local people.

2. Clientele. The target population of the projects will be analyzed in terms of Ross's two categories--the geographic community and the functional community. Community development, according to its principles, works with groups and local communities rather than with individuals.

3. Methods of work. In studying the methods of work of the projects, the process-orientation versus task-orientation of the planning strategy will be analyzed. Furthermore, the scope of the projects will be examined. Both elements of analysis are selected on the basis of the discussion on the planning strategy of community development. Then the level of volunteer involvement in the delivery of services will be studied because the concept of developing and training of volunteers is stressed in the principles of community development.

4. Organizational structure. According to the principles of community development, it is imperative that citizen involvement at all levels of operation be encouraged and local leadership be developed. Citizen involvement at the level of policy decision-making will then be examined in terms of Arnstein's eight-rung typology of citizen participation.

Summary

This chapter provides a review of literature on various major concepts of community development. It also briefly describes the analytical framework which is formulated from the review of literature. Each component of the analytical framework will be explicated later in Chapter VI in which all the Preventive Social Services projects in this study will be analyzed.

The next chapter will focus on the description of the Preventive Social Services Program in Alberta.

Footnotes

¹C.A.S. Hynam, "Community Development, An Example of Conceptual Confusion," B.Y. Card (Ed.) Perspectives on Regions and Regionalism, Western Association of Sociology and Anthropology Proceedings, 1968, p. 193.

²Irwin R. Sanders, "Theories of Community Development," Rural Sociology, Vol. 23, no. 1-4, 1958, p. 5.

³Arthur K. Davis, "Rejoinder," Human Organization, Vol. 27, no. 1, Spring, 1968, p. 89.

⁴Community Development in Alberta, Ottawa, Special Planning Secretariat, Privy Council Office, 1965, p. 2.

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⁶Arthur F. Wileden, Community Development, The Dynamics of Planned Change, N.J., Totowa, The Bedminster Press, 1970, pp. 79-80.

⁷W.W. Biddle and L.J. Biddle, The Community Development Process, New York, Holt Rinehart & Winston, Inc., 1965, p. 28.

⁸Arthur Dunham, The New Community Organization, New York, Thomas Y. Crowell Co., 1970, p. 140.

⁹Freeman H. Compton, "Community Development Theory and Practice," in James A. Draper (Ed.) Citizen Participation: Canada, Toronto, New Press, 1971, p. 383.

¹⁰Jim Lotz, "Thoughts on Community Development," Adult Leadership 1973, September, p. 79.

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¹⁶ United Nations, Popular Participation in Development: Emerging Trends in Community Development, New York, United Nations, 1971, pp. 6-7.

¹⁷ Francis J. Bregha, "Community Development in Canada: Problems and Strategies," in James A. Draper (Ed.), Citizen Participation: Canada, A Book of Readings, Toronto, New Press, 1971, p. 79.

¹⁸ Ibid.

¹⁹ Roland L. Warren, "The Theory and Practice in Community Development," American Journal of Agricultural Economics, 50, 5, Dec., 1968, pp. 1234-1235.

²⁰ Ibid., p. 1235.

²¹ Ibid.

²² Ibid., p. 1236.

²³ Ibid.

²⁴ S. Edgar and Jean C. Cahn, "Citizen Participation," in Hans B.C. Spiegel (Ed.), Citizen Participation in Urban Development, Volume I - Concept and Issues, Washington, D.C., NTL Institute for Applied Behavioral Science, 1968, p. 221.

²⁵ Arthur Dunham, The New Community Organization, op. cit., pp. 330-331.

²⁶ E.S. Cahn, and B.A. Bassett (Eds.), Citizen Participation: Effecting Community Change, New York, Praeger Publishers, 1971, pp. 61-91.

CHAPTER IV

PREVENTIVE SOCIAL SERVICES: CONCEPT AND ORGANIZATION

The basic objective of this chapter is to provide some general information on the Preventive Social Services Program in Alberta before proceeding to the descriptions and analyses of the Preventive Social Services at the project level in the following chapters. ('Program' designates the entire Preventive Social Services Program. 'Project' designates the individual projects within the overall Preventive Social Services Program.) In this Chapter, the objectives, the organization and administration, and other major concepts of the Preventive Social Services Program in Alberta will be described.

Preventive Social Services (PSS) is an innovative concept, which attempts to introduce new service objectives into social services and a new approach to improve the social welfare of the community. It embodies a new way of thinking about the causes of social problems and new approaches to meeting social needs. The idea of Preventive Social Services was initiated by the Department of Public Welfare (now, Department of Health and Social Development) of the Government of Alberta in the early sixties. On July 1st, 1966, the Preventive Social Service Act became effective in Alberta.

The Principles

There were three fundamental principles built into the original plan of the program. They are as follows:

- 1) Local planning and decision-making:
A salient premise based on the knowledge that communities are unique--not only in terms of the perception of need, but also of resources and their interaction, it challenged municipal governments to accept the responsibility of social concern, coupled with their traditional roles tied to physical and economic commitments.
- 2) The provision of funds to establish appropriate programs:
Without a realistic input of money, many municipalities could scarcely afford to contemplate the new dimension of service. A formula of up to 80 per cent provincial subsidy was agreed on by cabinet, with municipal government to provide 20 per cent. The public funding was to be applied to deficit costs of any program or project; that is, after alternate sources of revenue had been fully explored and applied. Provision was made for essential capital costs in select cases.
- 3) Orientation training and liaison services to be provided by the province:
In view of prevention's elusiveness a concept related to social service, municipal staff were offered assistance in realizing the potential of the new program. Pertinent formal training available was conceivably related to community development and community organization.

The Objectives

The objectives of Preventive Social Services are not clearly stated in the documents, but they are contained in the following concept which is outlined in the Administrative and Policy Outline:

Preventive Social Services is designed to develop community awareness and resources, to strengthen and preserve human initiative and to preclude individual and family breakdown. It is any activity of which all members of a community can avail themselves for the enrichment of their physical, mental and social well-being.

The emphasis on the local community's responsibility rests on the belief that most communities, like individuals, have the desire, energy and resources for self-improvement. Many services dedicated to this task now exist. It is the aim of the Preventive Social Service Program to assist communities in innovative planning to meet social needs and where necessary to aid financially.

To bridge the gap between community resources and problems, opportunities must be found for group-sharing of experience and the development of a sense of contribution by everyone. Positive services designed to involve the community as a whole are able to strengthen and presume human initiative and independence for individuals and families in our modern society.²

In brief, the objectives of Preventive Social Services are: to develop community awareness and resources to work toward more useful and satisfying lives; and to preclude the emergence of social problems and social breakdown by assisting communities in innovative planning to meet their social needs.

The Organization and Administration

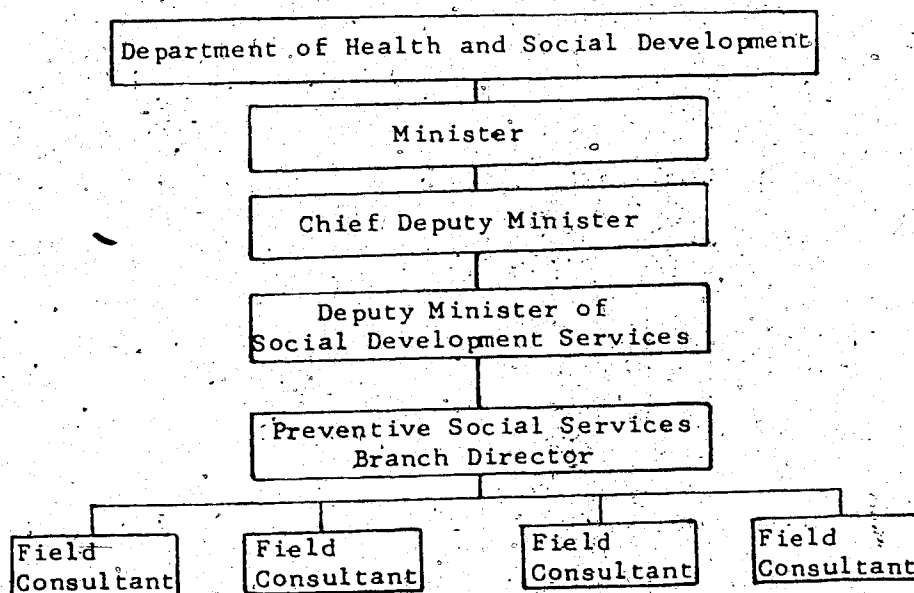
Under the terms of the Preventive Social Service Act the Minister of Health and Social Development is empowered to enter into an agreement with a municipality to establish, administer, and operate preventive social services projects. In rural areas, county and municipal district boundaries are used in determining the geographical size of a particular administrative area. In other words, in this program, there are three levels of administration: the Department of Health and Social Development of the Government of Alberta, the municipal level of government, and the project. The latter may be either a function of the municipal government, a voluntary citizen group, or a private

agency. In this chapter, only the organizational structure at the provincial and municipal level will be presented. The organizational structure of individual projects will be described respectively in the following chapter.

On the provincial level, the administrative structure of Preventive Social Services is shown in the following chart:

Figure 2

The Administrative Structure of Preventive Social Services--Provincial



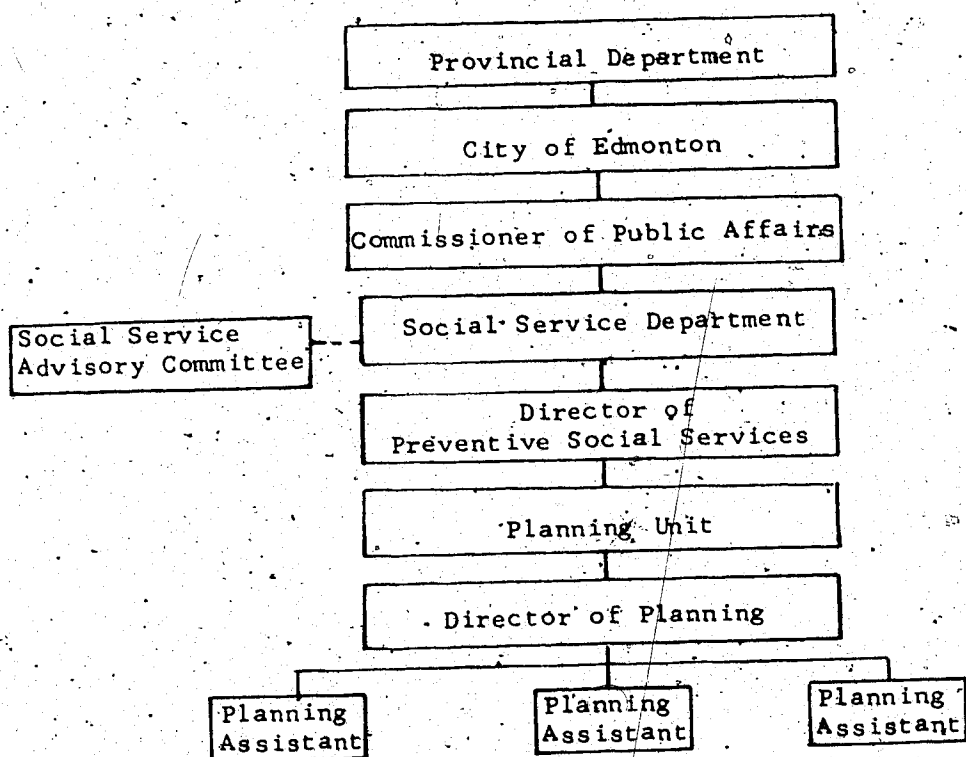
(Adapted from the organizational chart of the Preventive Social Services Branch, Department of Health and Social Development, 1975).

On the municipal or local level, the organizational structure varies in different municipalities or rural communities. As an example, the organizational structure of Preventive Social Services in the City of

Edmonton is illustrated in the following diagram:

Figure 3

The Administrative Structure of Preventive Social Services--Municipal



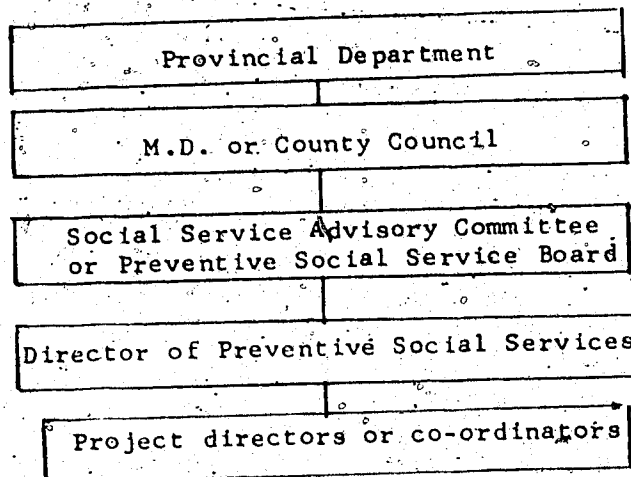
(Adapted from the organizational chart of the Social Service Department, Alberta, Edmonton, 1975).

In figure 3, the Social Services Advisory Committee is composed of one alderman appointed by the City Council, one representative from the Social Planning Council of Edmonton, one representative from the United Way, four persons with expertise in the areas of health, education, recreation, and housing, three citizens-at-large, and the superintendent of the Social Service Department.

In rural areas, the administrative structure is usually organized in the following form:

Figure 4

The Generalized Administrative Structure of Preventive Social Services--Rural



(Adapted from Administrative and Policy Guide to the Preventive Social Service Program, Government of the Province of Alberta, Department of Public Service, Social Planning and Development Branch, 1966, p. 9.)

A. The Role of Province

The role of the Province is to provide orientation, training, and consultation of an on-going nature to municipalities and local communities to assist directors, boards or advisory committees in the establishment, development and implementation of the program; and to maintain liaison with other government departments. The province will only consider those project applications approved by the local authority.

In carrying out the on-going role of the Province, the Preventive Social Services Branch of the Department of Health and Social Development

is responsible for:

- a) Assisting the Municipality with the assessment and selection of a Director.
- b) Continuing consultation and liaison with the Director and Committee or Board.
- c) Receiving from the municipality project applications with support material and budgets, and recommending to the Minister approval, rejection or deferment with a view to further discussion with the Municipality.
- d) Continuing evaluation of projects.
- e) Reporting on the total program and making recommendations to the Minister.
- f) Stimulating new, imaginative and alternative ways to achieve the objectives of prevention.
- g) Drafting an annual departmental budget of expenditures for the Preventive Social Service Program and developing an annual report.³

B. The Role of the Municipality

The Preventive Social Services Act reads:

3. A Municipality

- a) May provide for the establishment, administration and operation of preventive social service programs within the municipality.
- b) May enter into agreements with other municipalities to provide for the establishment, administration and operation of joint preventive social service programs, and
- c) May appropriate money for the establishment, administration and operations of preventive social service programs.

(R.S.A. 1970, C. 282, s. 3)⁴

In addition, under the terms of the Preventive Social Services Act, the responsibilities of the municipalities are: to initiate, develop and administer social services of preventive nature, and to provide consultation to groups and organizations in establishing approved services within the area; b) to report to the Province annually, or upon request, regarding the progress of selected projects; c) to consider the proposals and applications for the expansion or

development of specific projects. Projects approved at the local level will be forwarded to the Province for consideration.

C. The Role of the Local Director

When a municipality decides to make an agreement with the province to establish Preventive Social Services, the municipality must hire a full-time local director for organizing local projects. The local director is not an employee of the Provincial Government. He or she works and is responsible to the community which can be a municipality, or an amalgamation of municipalities depending on the boundary of the particular administrative area. The role of the local director will be one of community organization and planning rather than one of case-work service to individuals and families. Specific responsibilities of the local director as defined in the Preventive Social Services Administrative and Policy Outline, include the

following:

- 1) To make an initial survey of the social resources and problems in his area.
- 2) To work with the Preventive Social Services Advisory Committee or Board in reviewing community needs, problems, aspirations, and resources.
- 3) To inform and motivate the community to action on specific matters of social concern.
- 4) To assist the community in selecting preventive projects for attention and interest appropriate persons in implementing them.
- 5) To involve resource persons, agencies, departments and concerned citizens in the planning and development of the Preventive Social Services Program.
- 6) To review with the Committee or Board project applications received and to recommend approval, deferment, rejection, or planning alternatives.
- 7) To be involved in a continuing evaluation of all approved projects.

- 8) To assume responsibility of liaison, cooperation, and co-ordination of activities with related fields such as health, recreation, education, welfare, and commerce.
- 9) To understand his own role in terms of functions and approach, consistent with the purpose and philosophy of the program.
- 10) To understand the relationship which should exist between his role and that of specific project directors and agency heads.
- 11) To be responsible for using the consultative services of the Provincial departments in the best interest of the community, the taxpayer and the fulfilment of his own role.
- 12) To read and study constantly for the utmost benefit of himself in his Director's role and of the community he serves.⁵

In other words, his job is one of innovating, developing and assessing community services in conjunction with the local citizens.

It should be stressed that the responsibility both for initiating preventive social services and for carrying out the projects rests with the local community.

Cost-sharing

In major cities, having the highest density of population, the municipal government becomes the appropriate local authority for administering the funds for local projects. In rural areas, an amalgamation of municipalities, including towns and villages, may share cost and services as one unit. One authority only will be selected to represent the amalgamated area for administering the funds for local projects.

As the Preventive Social Service Act provides the municipalities may claim re-imbursment from the Province relating to approved project budgets, the Province undertakes to cost-share with the municipality or local authority on any approved project on an 80 per cent - 20 per cent basis. In other words, a municipality or a local authority shall

contribute at least twenty per cent of the cost of each funded project. The Province will share the cost with the Municipality only up to an amount of eighty per cent. This cost-sharing includes the Preventive Social Service director and administrative staff salaries and travel expenses.⁶

Program Development and Selection

During its first year of operation, seven municipalities and local authorities composed of amalgamated units have completed the ministerial agreement required for participation in the program. In 1974, over thirty agreements existed, with numerous new areas demonstrating positive interest in participation. In the last few years that the program has been operative participating communities have established the following types of projects:

- Family Life Education
- Parent-child development
- Day Care Service
- Drop-in centre for youth and senior citizens
- Family planning clinic aimed at all segments of the population
- Counselling service
- Homemaker service of both an emergency and educational kind
- Multi-service centre
- Community information service
- Volunteer bureau
- Community development resource

- Information and referral service
- Club for senior citizens
- etc.

As one looks at the list of projects which are currently funded in Alberta, one probably would notice that a number of projects are repeated from one community to another. The staff members of the Preventive Social Services Branch, Department of Health and Social Development explained that "this is because several communities have become convinced of their value rather than because the Provincial Government has set these as 'priority programs'". In fact, the criteria of project selection are flexible, depending on local imagination and needs. The Preventive Social Services Act does not attempt to enforce precise definition, but provides support for those projects judged to be preventive in nature.⁷

Funding may be available to groups in the community who wish to develop new services or expand existing services which are preventive in nature. According to A Guide to Application, "priority will be given to programs which are primarily preventive in nature."⁸ Moreover,

Programs must be equally available to all persons in the community. Programs sponsored by ethnic or Sectarian groups are therefore not within the terms of reference of the Preventive Social Services Program. Projects which duplicate existing services will usually not be supported.⁹

Experimentation and innovative approaches to social development are also encouraged. However, it is difficult to determine the priorities in selecting and funding projects due to the absence of measures which define the relative importance of various social services, e.g. which

decide between the merits of a community mental health centre as opposed to a family life education program. The result seems to be frequently a reliance on subjective judgements, or on relative cost, as a criterion.

What Is Prevention?

It has been customary to think of prevention in terms of three points of intervention. Primary prevention is oriented toward education in an effort to improve the ability of individuals, families, and society in general to satisfy human needs before the emergence of problems. Secondary prevention attempts to intervene as soon as possible after the emergence of signs of stress, breakdown and so on, to forestall further deterioration of the situation. Tertiary prevention aims at rehabilitation or re-establishing conditions of capability. The above concepts are parallel to the medical model, e.g. Leavell and Clark talking about preventive medicine define a continuum of problem severity with five gradients under primary prevention, secondary prevention and tertiary prevention.

Primary Prevention

- 1) Health promotion--enhancing the health, strengths and growth tendencies in individuals.
- 2) Specific Protection--preventing a particular condition from arising similar to medical immunization. This emphasizes environmental alternation.

Secondary Prevention

- 3) Early diagnosis and prompt treatment--incipient pathology is implied, and treatment set out with the goal of deterring or precluding serious later pathology.

Tertiary Prevention

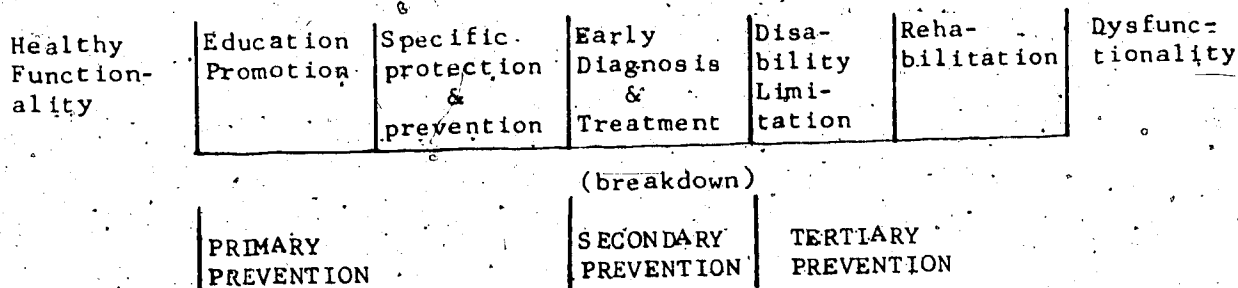
- 4) Disability limitation--limitation of the extent or intensity of the pathology.
- 5) Rehabilitation--maximization of residual capacities.¹⁰

Putting these five gradients of problem severity into a diagram,

one will find, at the start of the continuum, healthy individuals, families, communities and social institutions. This end of the continuum represents healthy functionality where stress or the cause of breakdown is not visible as a symptom. As one moves along the continuum one encounters the various stages towards total breakdown and dysfunctionality.

Figure 5

The Prevention Continuum



In the light of the prevention continuum as shown in figure 5, the emphasis of the Preventive Social Service Program in Alberta is aimed at the primary and secondary prevention. It is mentioned in the Preventive Social Services, Administrative and Policy Outline that

Primary prevention is emphasized as being most effective and economic in long term planning. It is concerned as creating personal, family and community enhancement to offer more opportunity for a wholesome and satisfying life. This may be related to such topics as education toward more meaningful personal self-worth, a better understanding of inter-personal relationship, family life education and so on.¹¹

Secondary prevention may be thought of in terms of early diagnosis or identifying and treating the first symptoms of personal need. Examples are found in the use of home-helpers and in lay counselling projects where a minimum of early help precludes the need for crisis intervention at a later date.¹²

A distinction is also made in the policy outline between the preventive program and other areas of social services:

- Preventive, designed to enhance individual and family life, and to preclude breakdown or dependency upon public funds.
- Rehabilitative, designed for those who are social casualties, but who have potential to gain or regain their independence.
- Financial, designed for those who are deemed to require continuing financial support.¹³

The rehabilitative and financial services are considered as the functions of other agencies.

Summary

This chapter describes the principles, the objectives, the administration, the cost-sharing, and the development of the Preventive Social Services Program in Alberta. The concepts of prevention are also discussed. The intent of the next chapter is to provide some background information on various Preventive Social Services projects in Edmonton.

Footnotes

¹Contact, Department of Health and Social Development, Alberta, 1973, June, p. 1.

²Preventive Social Services, Administrative and Policy Outline, Department of Health and Social Development, Alberta, Edmonton, 1970, pp. 1-2.

³Ibid., p. 14.

⁴Government of Alberta, "The Preventive Social Services Act," in Revised Statutes of Alberta, Government of Alberta, 1970, Chapter 282, sec. 3.

⁵Preventive Social Services, Administration and Policy Outline, op. cit., pp. 10-11.

⁶Ibid., pp. 7-9.

⁷Refer to People Need People, a pamphlet from Preventive Social Services, Department of Health and Social Development.

⁸"A Guide to Application", Edmonton, Social Service Department, p. 1.

⁹Ibid.

¹⁰Leavell, H.R. and Clark, E.C., Preventive Medicine for the Doctor in His Community, New York, McGraw-Hill, 1965.

¹¹Preventive Social Services, Administration and Policy Outline, op. cit., pp. 16-17.

¹²Ibid., p. 17.

¹³Ibid., pp. 3-4.

CHAPTER V

PREVENTIVE SOCIAL SERVICES PROJECTS IN EDMONTON: A DESCRIPTION

The purpose of this chapter is to describe different types of Preventive Social Services projects funded in the City of Edmonton. The descriptions of the projects will be based entirely on the information obtained through personal interviews with the key workers of respective projects and an examination of accessible documents; neither time nor funds were available for field studies. Some of the information, however, was given on the basis of the respondents' (or the key workers') personal knowledge and does not necessarily represent the consensus of all the relevant employees and board members. There will be a good deal of variation in the depth of the descriptions of the projects, and this variation corresponds to the quality and quantity of information received by the author regarding each project.

At the time of the study (i.e. in the Spring of 1975), there were twenty funded Preventive Social Services projects: sixteen non-governmental, and four governmental operated under the auspices of the Edmonton Social Service Department. These funded projects, according to the various pamphlets put out by the Edmonton Social Service Department can roughly be classified into the following types:

A. Family Services

1. Edmonton Family Planning Service (E.F.P.S.)
2. Emergency Homemakers' Service (E.H.S.)
(Family Service Association of Edmonton)
3. Family Aide (F.A.)
(Edmonton Social Service Department)
4. Family Life Education Council of Edmonton (F.L.E.C.E.)
5. Urban Life Skills and Child Care Program (U.L.S. & C.C.)
(Canative Housing Corporation)

B. Services to Youth

6. Edmonton Big Sisters (E.B.S.)
7. St. Francis Youth Club (S.F.Y.C.)
(Boys Club of Edmonton)
8. Teen Time

C. Services to Children

9. Bissell Child Care Centre (B.C.C.C.)
10. Day Care (D.C.)
(Edmonton Social Service Department)

D. Services to Senior Citizens

11. Operation Friendship (O.F.)
12. Strathcona Place Society (S.P.S.)
13. Society for the Retired and Semi-Retired (S.R.S.R.)

E. Neighborhood Services

14. Dickensfield We Care Centre (D.W.C.C.)
15. Norwood Community Service Centre (N.C.S.C.)
16. Open Door (O.D.)

F. Support Services

17. Aid Service of Edmonton (A.I.D.)

18. Community Social Services (C.S.S.)
(Edmonton Social Service Department)
19. Home Care (H.C.)
(Edmonton Social Service Department)
20. Meals-on-Wheels (M.O.W.)
(Victorian Order of Nurses)

As the description of all the twenty projects is of considerable length, only some cases will be presented in this chapter. The descriptions of the other projects will be put in Appendix B for reference. In selecting the cases for this chapter, two criteria will be used. First, the cases should include one from each of the six different types (Family Services, Services to Youth, Services to Children, Services to Senior Citizens, Neighborhood Services, and Support Services). Second, the selected cases should include governmental as well as non-governmental. As a result, six projects will be presented in this chapter. They are as follows:

1. Family Life Education Council of Edmonton (non-governmental)
2. Edmonton Big Sisters (non-governmental)
3. Day Care (governmental)
4. Society for the Retired and Semi-Retired (non-governmental)
5. Norwood Community Service Centre (non-governmental)
6. Home Care (governmental)

For the purpose of analysis, the framework for the description of the projects will be based on the analytical one developed from a review of literature in Chapter III. The projects will thus be described under the following headings:

- a. Historical background
- b. Sponsorship

- c. Objectives
- d. Clientele
- e. Methods of work
- f. Organization and administration*

The Description of Six Preventive Social Services
Projects in Edmonton

1. Family Life Education Council of Edmonton
(F.L.E.C.E.)¹

Historical background. In 1961 some citizens in Edmonton and some volunteers in the field of mental health had expressed the needs for more day care facilities for the pre-school children. Then, between 1961 and 1963, Edmonton Welfare Council, now the Social Planning Council set up a committee to study day care in the City of Edmonton. The study revealed many cases of inadequate care arrangements which were potentially harmful to children left in these situations. In 1963 a committee was formed with representatives from many community organizations to explore the best methods and forms of implementing a program of parent training. In the summer, a report was prepared by collecting a great deal of materials on family life programs and interviewing key persons of various organizations. The results of the survey had indicated that there was a real need for a Family Life Program in the city. A workshop on Family Life Education was therefore held in 1964 with approximately seventy participants representing numerous city agencies and organizations. The committee which acted as the steering committee was later enlarged by representatives from other agencies. The enlarged committee met in

*In the organizational structure charts, those paid staff will be indicated by an *.

September of 1964 and arrived at a definition of family life education as follows:

- Family Life Education attempts to assist people to develop
- insights into themselves as individuals
 - an understanding of the needs and feelings of others
 - satisfying family and community relationships.

The committee also recommended that the program be offered under the auspices of the Edmonton Welfare Council. But the proposal was turned down on the grounds that this was a direct service and thus outside the scope of the Council's activity. Instead, it was proposed that a separate unit be established with help from the Council. Some committee members accepted this challenge. During the summer months of 1965 the committee prepared lists of speakers, films, and other resources that would be useful for family life education programs.

With the advent of the Preventive Social Services Program in 1966, the committee incorporated the Family Life Education Council and made a successful application for Preventive Social Services funding. The project was initiated on a formal basis in January of 1967.

b. Sponsorship. The Council is funded primarily by Preventive Social Services.

c. Objectives. The primary objective of the Council, as stated in the Constitution which was drafted by the committee in 1966, is to:

. . . promote, create and foster a program of activity for members of families to engage in with the aim of assisting people to develop insights into themselves as members of a family; an understanding of needs and feelings of others; increased confidence in themselves as people and as parents; satisfying family and community relationships.

The intent of this statement is reinforced in a later statement developed by the Board of Directors of the Council. It says,

The basic purpose of our programs is to provide more awareness of one's self as a person and also an awareness of others in order to develop sufficient understanding of one's own behavior and the impact of that behavior upon other people what the more genuine interpersonal communications be brought about with positive results in individual growth and responsibility.

d. Clientele. The program is open to any interested citizens or agencies in the City of Edmonton.

e. Methods of work. There are two methods through which the Council attempts to achieve its objectives. The first method is to provide direct services in two patterns. In the first pattern, programs are provided under the auspices of another organization, such as the Edmonton Public School Board, a church, or a community organization request the Council to have a series run for its members. In the second pattern, the Council develops a series under its own auspices, and through general advertising opens the program to any interested individuals.

Another method that the Council has used is to involve a large number of volunteers and train them as group discussion leaders or program leaders. At present, the emphasis of their strategy is on training volunteers and working with organizations or groups than with schools.

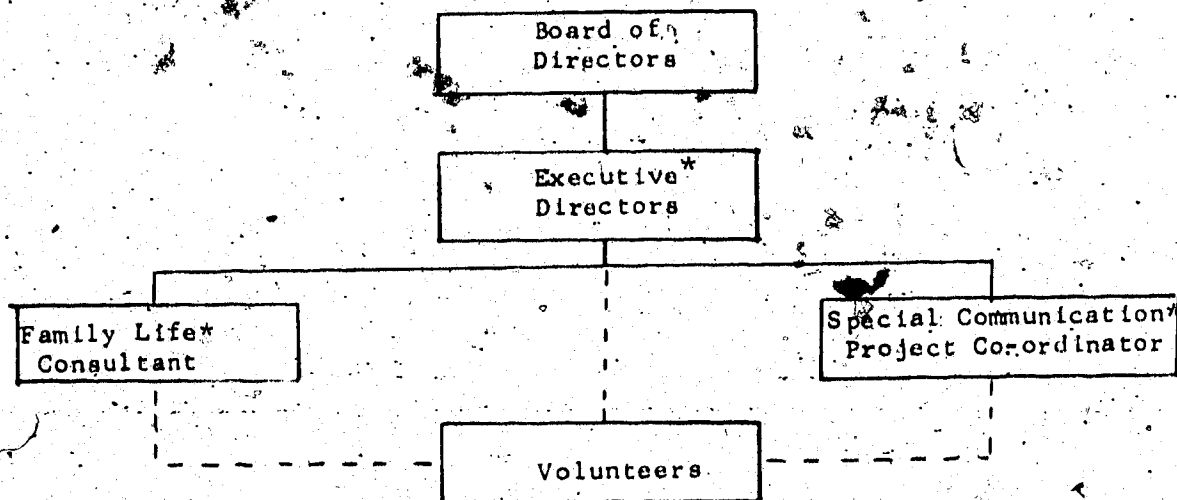
The method that they use to design a program is to structure the content with the group requesting the service. In other words, the program leaders and the coordinator will involve the clients or

groups in the planning and operation of the program content. Typical content areas include marriage preparation, better parenting programs, marriage enrichment, human relation skills, communication skills etc. The educational techniques used for the courses are mostly small group discussion, short presentation, role playing, video-type etc. Questionnaires are usually used to assess the effectiveness of the methods.

f. Organization and administration.

Figure 6

The Organizational Structure of the Family Life Education Council of Edmonton



The Board of Directors is the policy-making body composed of representatives of agencies and associations which are related to the Council through its activity and interested citizens from the City.

The role of the Executive Director is to carry out policies, to plan programs, to supervise the operation etc. The Family Life

Consultant and Special Communication Project Co-ordinator are responsible for programming and some co-ordination. At present, there are approximately eighty volunteers and most of them are involved as discussion leaders or program leaders.

2. Edmonton Big Sisters (B.S.)²

a. History and Background The Edmonton Big Sister Society began as a fully voluntary autonomous organization at the beginning of October 1971 on the initiative of two community workers. One of the community workers had operated a similar organization in Waterloo, Ontario.

During October and November of the same year, the groundwork was done for the Edmonton project. Personal contact was made with various agencies and interested individuals in the community to assess the need for such a program and to enlist support. At the end of November and early December, the first referrals were received and the first matchings were done, i.e. one Big Sister for each Little Sister. Since then the program has grown steadily. The funding for Big Sisters has been a succession of short-term grants from the Local Initiatives Program, and from the Opportunities for Youth. There was a period in 1972, when the staff members worked on a voluntary basis. In September 1974, the Society received a Preventive Social Services grant and a \$5000 developmental allocation from United Way.

b. Sponsorship. At present, the Edmonton Big Sisters Society is funded by Preventive Social Services. The house which the Edmonton Big Sisters Society uses is provided by the City without charge.

c. Objectives. The objectives as stated in the constitution of the Society are:

- a) To provide a climate for girls 8-18 years of age, to enrich their social, recreational, and emotional experience.
- b) To develop in girls personal strength, character, self-determination and self-evaluation,
 - 1) by fostering close, interpersonal (one-to-one) relationships
 - 2) by demonstrating how one may communicate and relate effectively within one's environment
 - 3) by promoting general social interaction and peer relationships
 - 4) by holding events and activities conducive to companionship.

The specific objectives of Edmonton Big Sisters are developed by the Board of Directors of the Society.

d. Clientele. The program is open to girls from 8-18 years of age in all areas of Edmonton. But most of the girls are referred by School counsellors and social service agencies in the Beverly and Jasper Place areas.

e. Methods of work. The basic method of work of the Edmonton Big Sisters is based upon the concept of one-to-one relationship, i.e. to match a Little Sister with a Big Sister who is a volunteer from the community. The first procedure is to recruit volunteers through mass media or other agencies to act as Big Sisters. Having been interviewed, the Big Sisters are expected to come out to some of the weekly activities

and the orientation program. The orientation is designed to inform the volunteer of the various aspects of volunteering and of what is required of a Big Sister.

On the other hand, the Little Sisters are referred by parents, friends, or social and educational agencies in the city, including the Department of Health and Social Development, City Social Services, schools, etc. The girls are contacted and invited to join.

In order to facilitate the matching process, activities are organized on a weekly basis. The activities are also designed to facilitate positive growth for the individual in relationship to their personal needs. The Little Sisters are divided into two groups, according to age, which allow for more individual attention. For the girls eight to twelve years of age, the emphasis of the program is placed upon recreation, socialization, and group participation.

For girls thirteen to eighteen years of age, the activities are designed to provide educational experience for them and relate to their social and emotional needs. Activities may include group sessions on alcohol and drug abuse, or self-identity and development, etc. In planning the activities, the Little Sisters are encouraged to express their interests on certain topics. Most of activities are planned by the staff members, Big Sisters and Little Sisters from the group.

All the activities are designed to assist both the Little and Big Sisters in friendship development and spontaneous expression of feelings. Only after a friendship has formed through several activities

is a formal matching considered. Once the matching has taken place, the Little Sister is encouraged to contact her Big Sister rather than the staff, when a problem arises in her life. The staff keeps in contact with the Big Sister through evaluations of the relationship which are carried out every month. The evaluation permits an exchange of information between staff and Big Sisters, give support and encouragement to Big Sisters and ensures that a positive relationship is developed between the Big Sister and Little Sister. If the relationship is not developing along positive or constructive lines, a re-matching takes place.

With the help from the Department of Culture, Youth, and Recreation, the Society is in the process of setting up an overall evaluation of the Edmonton Big Sisters project.

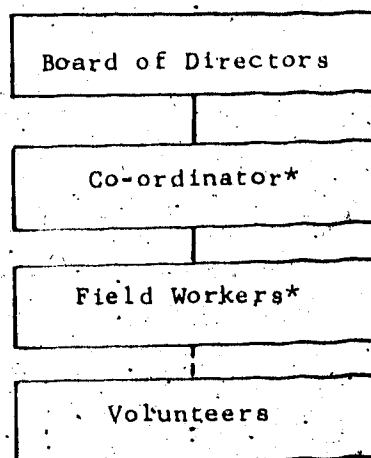
f. Organization and administration. The Board of Directors is made up of citizens-at-large, a social worker, probation officer, and a few Big Sisters. The Board is responsible for recruiting volunteers, raising funds, policy making etc.

The coordinator is responsible to the Board for the program and the program staff; planning and organizing the entire program with the cooperation of the Field worker and the Committee of the Board; presenting any new innovations to the Board; assisting the Board in management, and in recruiting new Board members, and so on.

The Field workers are responsible for the screening and evaluation of volunteers, the matching of Big Sisters and Little Sisters, the referral of Little Sisters who would gain more from

Figure 7

The Organizational Structure of the Edmonton
Big Sisters Society



another agency, evaluation etc.

Volunteers are from various walks of life. They provide guidance and friendship for the Little Sisters, assist in developing the programs and supervise group activities.

3. Day Care (D.C.)³

a. Historical background. The City's involvement in subsidized day care can be traced back to 1966 after the submission to City Council of two major position papers, outlining the need for subsidized day care, by the Edmonton Welfare Council and the Family Service Association. At that time, there was only one Community Day Nursery which was jointly funded by the United Way and Edmonton Social Services. In response to the growing awareness and concern for more and better day care, the City Social Service Department hired the first director of Day Care

In 1967. The Director working in conjunction with an Advisory Committee on Day Care attached to the Social Service Department began to formulate the basic policy for the program. Important elements in this policy included the following:

- (1) extension of service would be sought through the purchase of service from non-profit community based organizations;
- (2) public subsidy would be available primarily to families with special needs, for example - single parent families, and low income families, and;
- (3) public funds would only be available to programs of good quality, providing for all aspects of the child's developmental needs.

Based on these guidelines the City again in conjunction with the United Way funded the Primrose Place Day Care Centre in 1967 and Downtown Day Care Centre in 1968.

During this period, the City was considering the development of a high quality day care program under direct City auspices. Since there was a shortage of trained staff in the area, the City felt that the initiation of such a program could serve as a training centre. On the other hand, the centre could be used to test out a number of approaches to provide day care service. As a result, the City proposed the development of Glengarry Day Care Centre as a teaching and demonstration centre, and applied for funding from the Provincial Government. But the application for funding was turned down. Following a strong reaction from the public, the application was finally approved. Glengarry was opened in 1969.

Due to the need for extended day care services for children, the City, at present, has subsidized eleven centers. While group

care for pre-school children is the major component in the day care service system, the City has involved itself in two other programs. They are the Family Day Care and After School Care. The Family Day Care is a service which utilizes private homes in the community which have been screened and assessed. Subsidization is available to families on the same basis as in the case of the centres. The After School Care Program, which is the third component of the subsidized day care services, serves dependent school age children in a group setting. At present, three types of day care services provide a total of 821 day care space for the families.

b. Sponsorship. The subsidization of the 821 day care space provided by the three types of services as described above is funded entirely by Preventive Social Services.

c. Objectives. The goals for the Day Care project have remained the same over the years. The goals as stated in the policy statement are:

- 1) It is the principal goal of the City to make available quality day care services to those families and children who have the greatest need for care depending on social and financial circumstances.
- 2) It is also the goal of the City to support a quality day care service in order to create citizen awareness and understanding of the importance of good standards to ensure that such services contribute to child development.

d. Clientele. The program serves families within the City limits. Generally, families will receive priority in the following order:

- 1) families with low income
- 2) one parent families
- 3) families with special needs, i.e. having problems which justify providing special care for the child.

e. Methods of work. Instead of providing funds directly to the centers, the program purchases services on behalf of families selected by the centers. The basic approach is to go to various community groups and encourage them to develop day care services in keeping with the guidelines that have been set for the program. Basically, the program subsidizes three types of services; the Group Care of Pre-school children, Family Day Care, and After School Care. Assessment for fee payments and admission into the day care program, which are based upon the priority system, are done by social workers in the City Social Services Department or in the centers. A common sliding fee scale is used to determine the amount of fees for each family. Since the program has guaranteed a certain amount for each child approved, the subsidy per child is payable to the centre on behalf of the family on a monthly basis. In addition the program may provide 'building cost' for some of the centers.

At present, the program also encourages the centers to provide 10 per cent of their space to full fee families, which are not on low income or single parent families.

In this program, there is no extensive or well-developed use of volunteers. In terms of evaluation, the director has stressed the difficulty in assessing the quality of the services because longitudinal studies of the children are often needed. However, resources are not available for such research.

f. Organization and administration. Since Day Care is a project operated under the auspices of the City Social Services Department, its organizational structure will not be shown in this section. (For reference, refer to figure 3 in Chapter 4).

At the present time the City Social Services is involved in a network of day care services through the funding and/or administration of the three types of services:

1) Group Care of Pre-school Children

- City operated:
Glengarry Day Care Center
- Community Board Operated:
Beverly Day Care Center
Downtown Day Care Center
Community Day Nursery
Jasper Place Day Care Center
Primrose Place Day Care Center
South Edmonton Child Care Center
Student's Union & Community Day Care Center
West End Day Care Center
- Parent Co-operative:
Center D'Experience Pre-Scolaire

2) Family Day Care

- City operated

3) After School Care

- City operated:
Glengarry Day Care Center
- Community Board Operated:
Primrose Place Day Care Center

Fulton Child Care Center
 Edmonton After School Care
 Garneau After School Care

With the exception of Glengarry Day Care Center which is operated by the City Social Services, the other subsidized Day Care centers are managed by their own Board of Directors, and staff.

For the program as a whole, there is a director of Day Care who carries responsibility in a number of areas including:

- a) Consultation and coordination relating to developing Day Care programs
- b) Liaison with existing subsidized Day Care Services
- c) Supervision of the Glengarry Day Care Centre
- d) Supervision of the Family Day Care Unit
- e) Coordination of Day Services vis-a-vis other community services
- f) Public education, public relations, and provision of resource information.

4. Society for the Retired and Semi-Retired
 (S.R.S.R.)⁴

a. Historical background. The Society was developed by groups of people working in nursing homes and senior citizens in the community who felt that certain social, economic, and housing needs were not being adequately met. The Edmonton Social Planning Council then involved senior citizens at large with the help of resource people in setting up the objectives of the project. It was incorporated under the Societies Act in October, 1970 and then funded by the United Way and Preventive Social Services in the same year. The Society is a non-profit organization.

b. Sponsorship. At present the Society is primarily funded by Preventive Social Services.

c. Objectives. The objectives of the Society are clearly defined in the Annual Report, 1974. They are as follows:

The Society will do whatever may be necessary to help the aging person achieve the highest possible quality of living through:

- 1) Improving the quality of life for older persons by providing fellowship and aiding in their physical, social, and emotional well-being.
- 2) Providing co-ordination of existing services for older persons and initiating action towards meeting unmet needs.
- 3) Presenting opportunities for the resources and abilities of retired persons to help themselves and the community.
- 4) Enabling the integration of senior citizens with all facets of the community.
- 5) The provision of services to meet the special needs of the older adult.

The major emphasis of the objectives of the Society has remained the same over the years, only the original objectives were expanded in response to the needs of the rapidly growing population of senior citizens.

d. Clientele. The program is open to retired and semi-retired citizens in the City of Edmonton. Membership fee is one dollar a year, and members are entitled to vote in the Society. But it is not necessary to be a member to participate in any of the activities of the Society.

e. Methods of work. The first method of work is to provide direct services such as counselling, information and referral service for older people and their families. These types of services are basically

provided by staff members of the Society. One of the vital programs of the Society is the volunteer hostesses. It is through the hostesses and staff that the Society as a drop-in centre provides a friendly and supportive atmosphere. Other volunteer services include volunteer visiting, telephone reassurance for elderly senior citizens, clerical services at the centre etc.

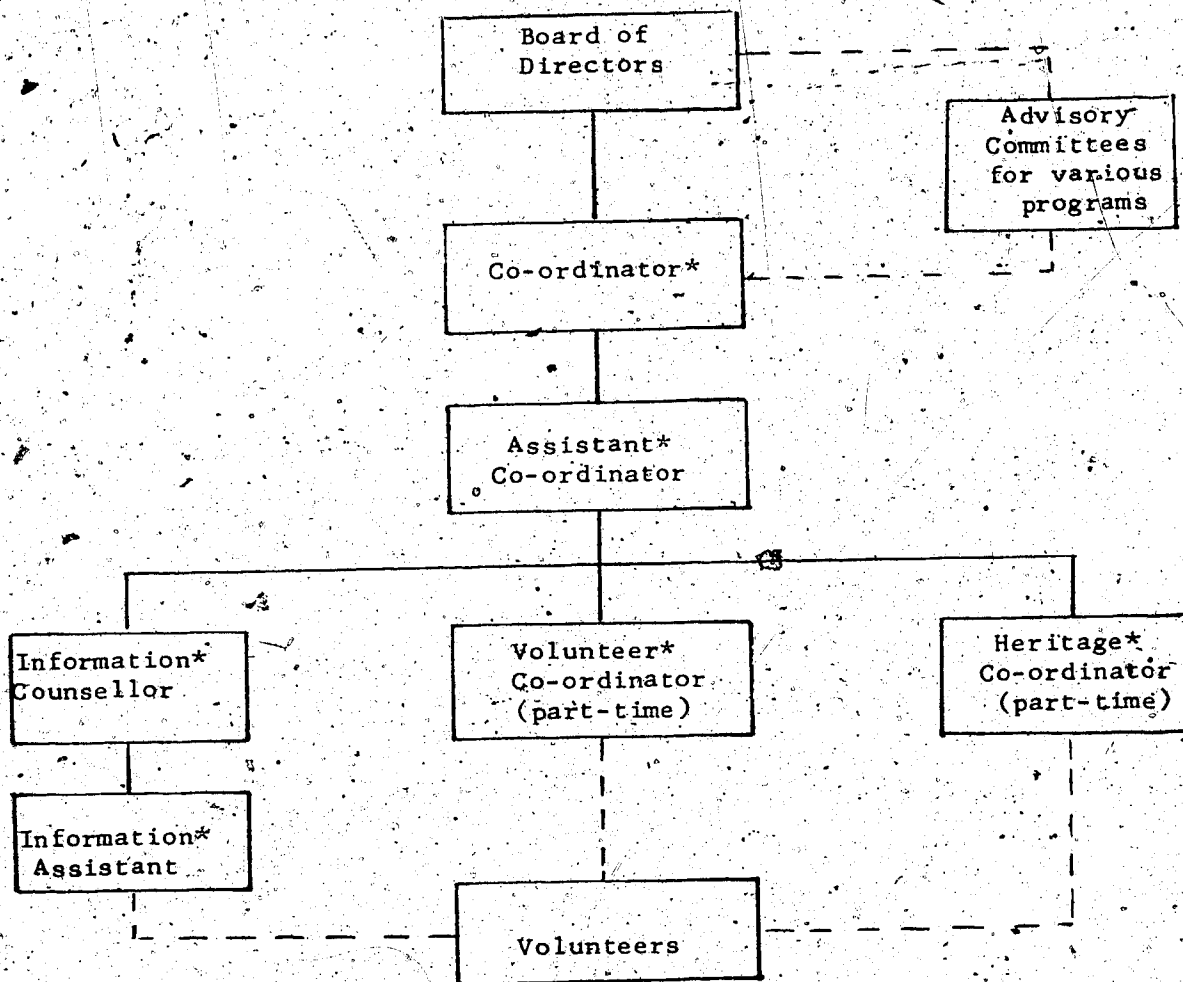
The third method of work is to involve senior citizens in planning and organizing various activities at the centre. Social activities are generally planned by the Activities Committee which is a group of retired volunteers. Education forums which are held every week are planned and organized by the Education Committee which is also composed of senior citizens.

In the community, older members of the society have participated in the Heritage Program and talked to school classes about pioneer days. The Society has also been active in informing various city departments and community organizations about the needs of senior citizens in regard to transportation, housing and health.

f. Organization and administration. Policy decision is made through the Board whose members are elected by general membership every year. At present, board members are mostly professional people. The Co-ordinator is responsible for the overall administration, program planning with staff and committees, community education, and co-ordination. The Assistant Co-ordinator shares in the responsibility of the Co-ordinator with particular emphasis on counselling, and supervision of direct

Figure 8

The Organizational Structure of the Society for the Retired and Semi-Retired



service. Information Counsellor is responsible for individual information and referral with older people as recorded under direct service. Primary responsibility of the Information Assistant is assisting the Information Counsellor in direct service. Volunteer Co-ordinator is responsible for co-ordinating the visiting program and volunteer workers, recruiting,

selecting, training and providing supportive help to volunteers and co-ordinating volunteer activities in co-operation with staff. The Heritage Co-ordinator is responsible for arranging with schools for presentations by elderly people on pioneer days. The Advisory Committees which are made up of at least one board member plus some other senior citizens are responsible for planning various social and educational activities. Other volunteers are mainly involved in the provision of services.

5. Norwood Community Service Centre
(N.C.S.C.)

a. Historical background. Norwood Community Service Centre was started in 1966 as a headstart program for five year old children. At that time head-start programs were so popular in U.S.A. that the National Council of Jewish Women was stimulated to take action in Edmonton. The Norwood area was chosen for a pilot project. It was more of pressure laid on from outside in its formation. All the initial volunteers were members of the National Council of Jewish Women and the Edmonton Junior League. They concentrated at first on children, but evaluation of certain programs in the U.S.A. indicated gains made by children were lost after two or three years if the family was not involved. The Norwood program was, therefore, expanded to include mothers and youth.

From its inception as a limited pilot project, the centre has developed to its present multi-service status.

b. Sponsorship. The National Council of Jewish Women and Junior League gradually withdrew their control and funding in the past two years. At present, the center is funded primarily by Preventive Social Services with some community support.

c. Objectives. The Norwood Community Service Center is a neighbourhood center which strives to provide opportunities for individuals and families in the Norwood Community to develop to their fullest potential. More specially, the aims as determined by the Norwood Community Service Center Policy Board at their 'Process Planning' in 1974 are:

- 1) To develop children's potential for learning
- 2) To provide a meeting place and to develop programs for various interests and activities in the Norwood Community
- 3) To provide an initiating and co-ordinating resource centre for the Norwood Community
- 4) To be aware of what other groups in the community are doing and support those projects that the Board feels are improving the quality of life in the Norwood Community.

Since the inception of the Center, the scope of the objectives has been broadened. The Center has developed from a pre-school program to a multi-service center trying to respond to various kinds of social, educational and recreational needs in the community.

d. Clientele. The Center basically serves residents in the Norwood area, but any interested citizens from outside are welcomed. Except for the pre-school program, they have set up a service boundary from 90 Street to 103 Street and 111 Avenue to 118 Avenue because there is an increasing demand for the programs in the area and priority has to be given to local residents.

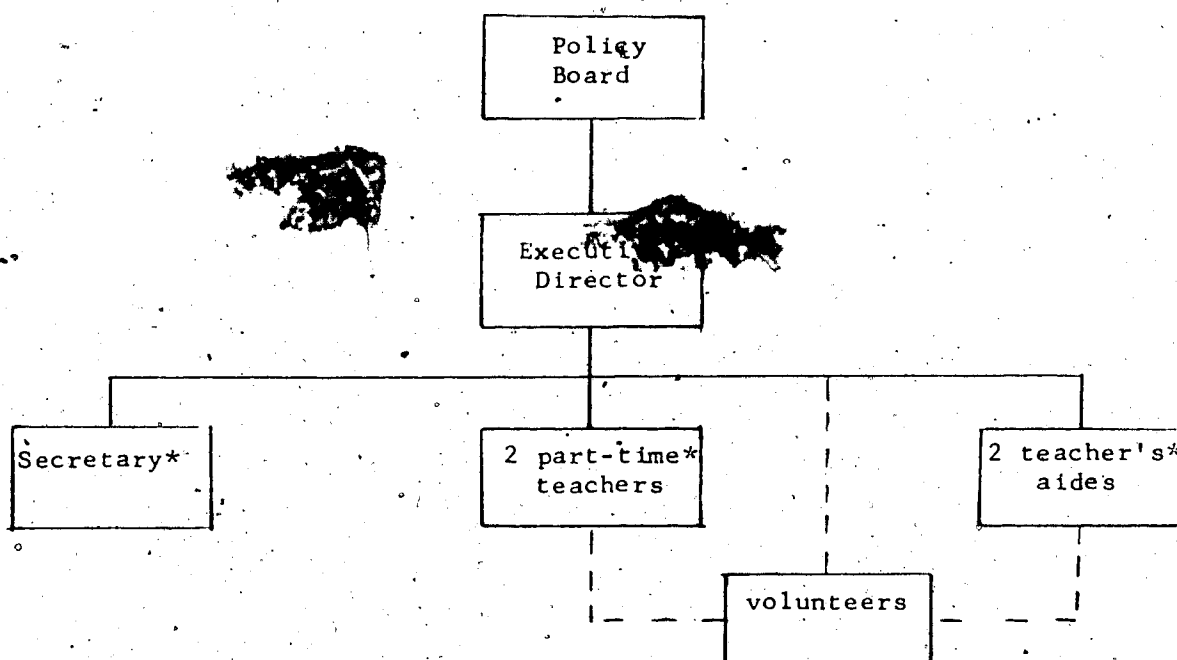
e. Methods of work. The school programs which are designed for pre-school children in the areas are conducted by well-experienced teachers, teacher's aides, and volunteers. In these programs some parent volunteers are recruited to assist in classroom activities. Similarly, nursery volunteers are recruited to assist in the nursery services provided by the Centre. For the group activities, many other volunteers are involved as group leaders who are responsible for planning and conducting various programs, including craft groups, social activities for senior citizens or for housewives in the area, speakers from various local departments, field trips, fund raising, and so on. In addition, the Center has organized a summer youth program and provided leadership training for users of the center, staff, and board members.

Evaluation of the services is mainly through informal follow-up of clients by telephoning, visiting, etc. Upon the request of the Preventive Social Services advisor, the Policy Board undertook a 'Process Planning' in June, 1974. Goals and plans of action were established.

f. Organization and administration. The Policy Board members are responsible for policy decision-making, and are elected by the community in the annual general meeting. Nomination forms are sent out to the community with the newsletter. At present, over 50 per cent of the board members are people in the community mostly parents of pre-school program. The other part is composed of resource persons from Parks and Recreation Department, principal, librarian, child

Figure 9

The Organizational Structure of the Norwood Community Service Centre



specialist, and psychologist in Edmonton School Board.

The role of the Executive Director is to administer project, co-ordinate activities between committees, groups and individuals, supervise staff, try to be aware of changing needs in the community and initiate action to meet those needs, try to acquire funding, monitor budget, support other groups or individuals that try to upgrade the community in any way.

6. Home Care (H.C.)⁶

a. Historical background: In 1971 the Social Service Advisory Committee of the Edmonton Social Service Department initiated a series of community meetings to look into the area of home-based services. As a result, a community task force representing approximately forty agencies, organizations and consumer groups was formed to carry out a survey. Questionnaires were administered to various agencies, and consumers of the service. The results of the study indicated that the service delivery system had gaps in some areas, overlapped in others and there was a total lack of co-ordination throughout. The task force, therefore proposed to the Edmonton Social Service Department the development of a community based co-ordinated Home Care Program.

In December 1972 a proposal for a Home Care Program was presented to the Provincial Department of Health and Social Development by the City Social Services Department and Local Board of Health. In April 1973 the financial resources for operation and development of the Home Care Program was approved by Preventive Social Services.

b. Sponsorship. The program was sponsored by Preventive Social Services and the Local Board of Health.

c. Objectives. The basic objective of the program as stated in the Annual Report is:

To provide co-ordinated services within the home which would enable individuals and/or their families to better cope with a particular situation, whether emergency or long-term in nature.

Other objectives are:

- 1) To establish a centralized administration for the co-ordination of home based services so people may receive those services more easily and in a co-ordinated manner.
- 2) To provide a level of care at home not readily available at present so that existing community facilities may be more appropriately used and family resources reinforced.
- 3) To provide care at home to people who would otherwise have to be institutionalized, thereby gaining more effective utilization of institutional facilities.
- 4) To continually evaluate the benefit of the program to those served and to the community so further services may be stimulated to fill unmet needs.
- 5) To ensure that the ability to pay shall not restrict the right to receive services within the program.
- 6) To facilitate the referral of applicants whose needs are not within the terms of reference of the Home Care Program to appropriate agencies in the community.

d. Clientele. The program is open to any person living within Edmonton City limits, who is under medical supervision and a health service is required, who is in need of one or two basic services, i.e. nursing, physiotherapy, homemaking or home help, whose condition is such that he can be treated adequately at home, and whose home and family environment are suitable.

e. Methods of work. A basic procedure is to arrange for and co-ordinate a variety of home related services, such as nursing, home care, physiotherapy, Meals-on-Wheels, etc. for people in their own homes so that institutionalization or hospitalization may be reduced or prevented. These supportive services are not provided directly by the Home Care Program, but purchased by the Program through contracts with various agencies.

A client or referral may come from any source, community or hospital. The individual is then evaluated for suitability for home care, using the admission criteria as a basis. If the criteria are not met, the applicant will be referred to appropriate agencies in the community.

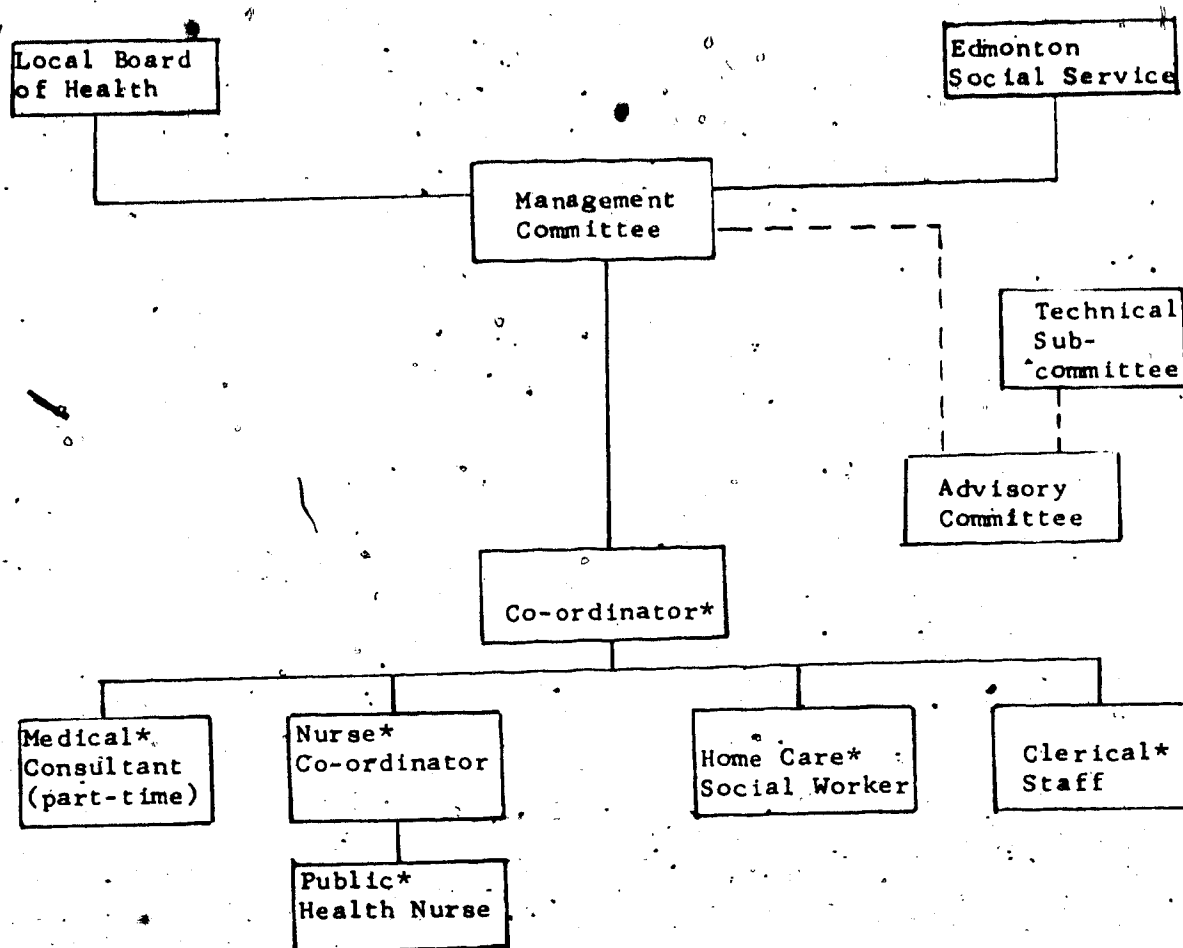
In cases where provision of Edmonton Home Care Program services can replace or shorten hospitalization, the program provides a maximum of one month full service free. In other cases, payment for services are assessed on an individual basis. The staff does its own evaluation.

f. Organization and administration: The Edmonton Home Care Program is jointly administered by the City of Edmonton Local Board of Health and the Edmonton Social Services. The program is administered by a Home Care Management Committee composed of the Deputy Medical Officer of Health from the Local Board of Health and the Director of Planning from the Edmonton Social Services. An Advisory Committee of representatives appointed by both departments is set up to assist in the planning and on-going development of the program. There is also a Technical Subcommittee made up of representatives from various service agencies to assist the Advisory Committee.

The Co-ordinator or Administrator is responsible for the overall planning and administration of the Home Care Program. In October of 1974 the Home Care Administrator's duties were expanded to include responsibilities for financial planning and control of P.S.S. funds for the Emergency Homemaker Service and Meals-on-Wheels projects.

Figure 10

The Organizational Structure of Home Care Program



(Adapted from the organizational chart of the Home Care Program)

The Nurse Co-ordinator is responsible for obtaining and assessing referrals from the community and discharges from hospital and for co-ordinating services, etc.

The Public Health Nurse acts as a hospital-home care liaison nurse and is responsible for identification and referral of patients

95
to home care.

The Home Care Social Worker is responsible for obtaining and assessing referrals from the community, co-ordinating services, short-term counselling, and liaising with other agencies and hospital social service departments.

Summary

In this chapter six Preventive Social Services projects in Edmonton, i.e. the Family Life Education Council of Edmonton, Edmonton

Big Sisters, Day Care, the Society for the Retired and Semi-Retired, the Norwood Community Service Centre, and Home Care are described.

The descriptions of the six projects are in the following categories:

historical background, sponsorship, objectives, clientele, methods of work, and organization and administration. The selected cases which

represent six major types of services include four non-governmental and two governmental projects. This chapter is essentially descriptive, and no attempt is made to evaluate or appraise specific projects.

From this description of Preventive Social Services projects in Edmonton, attention will be shifted in the next chapter to the focal point of the study: the analysis of the Preventive Social Services projects in the light of community development concepts.

Footnotes

¹From an interview with A. Greenwood, Executive Director of Family Life Education Council; "The Philosophical Base." The Family Life Education Council of Edmonton; and "A Local Family Life Education Council: Emphasis in two areas of programming," a round table discussion paper by Ed. Branch.

²From an interview with J. McKinnon, the Co-ordinator, and two field workers of Edmonton Big Sisters Society; Edmonton Big Sisters Society, Annual Report, 1974; and Constitution of the Edmonton Big Sisters Society.

³From an interview with M. Day, Director of Day Care; Edmonton Social Services, Day Care Branch, 1974 Year End Project Report; Day Care Policy Statement; and the Position Statement on Day Care to Commissioner of Public Affairs.

⁴From an interview with B. Bryden, director of Society for the Retired and Semi-Retired, and Society for the Retired and Semi-Retired, Annual Report, 1974.

⁵From an interview with L. Golightly, secretary of Norwood Community Service Centre, and Norwood Community Service Centre, Annual Report, 1974-75.

⁶From an interview with M. Sorochnan, Director of Edmonton Home Care Program; Edmonton Home Care Program 'General Information'; Annual Report for Edmonton Home Care Program for Calendar Year 1974.

CHAPTER VI

PREVENTIVE SOCIAL SERVICES VIEWED THROUGH COMMUNITY DEVELOPMENT CONCEPTS

The preceding chapters have outlined the purposes of this study, reviewed the literature pertinent to the analysis of the projects, described the major concepts and organization of the Preventive Social Services Program and six Preventive Social Services projects in Edmonton. The purpose of the present chapter is to study Preventive Social Services in the light of community development concepts.

This chapter will be divided into two major sections. In the first section the analytical framework developed from a review of literature in Chapter III will be described. On the basis of the analytical framework, the various aspects of the Preventive Social Services projects will be studied in the second section.

The Analytical Framework

The analytical framework which emerges from the literature of community development in Chapter III is illustrated in figure 11. In this section, each element of analysis will be described respectively within the various dimensions of the analytical framework.

Figure 11
The Analytical Framework

Dimensions of Analysis

Initiation of the Projects

- Level of participation on the part of the community and the development agency

Operationalization of the Projects

1. Objectives

- a. An analysis of needs
- b. Preventive versus Rehabilitative orientation
- c. Development of the objectives (People determined versus government determined)

2. Clientele

Types of clientele

3. Methods of Work

- a. Process-orientation versus task-orientation
- b. Inclusiveness of scope
- c. Mobilization of human resources

4. Organizational Structure

- An analysis of citizen participation in policy decision-making

Social, cultural, economic, political environment

(Needs)

Initiation of the Project

Operationalization of the Project:

1. Objectives
2. Clientele
3. Methods of Work
4. Organizational Structure

Initiation of the Projects

The first dimension of the analytical framework concerns how the projects were initiated from the stage of identification of needs to the establishment of the projects on a formal basis. The analysis

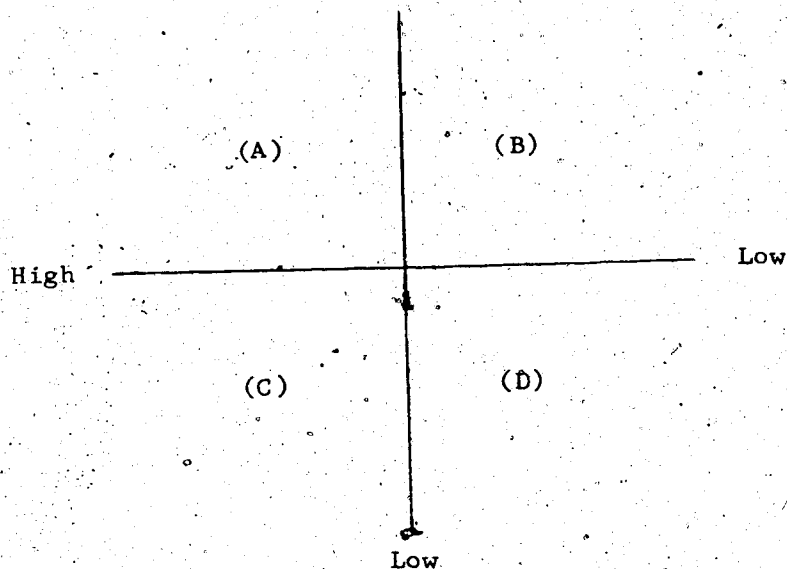
will be based on the available information regarding the historical background of respective projects. The analysis will be in terms of the extent of participation and initiative on the part of the people and local groups in the community and the development agencies, i.e. the Provincial and Municipal Preventive Social Service Department. The level of participation on both parts of the community and the development agency can be arranged in two intersecting axes as illustrated in figure 12.

Figure 12

Level of Participation in the
Initiation of the Projects.

Participation on the part of
the community (people & groups)
High

Participation
on the part of
the Social Service
Department
(Provincial &
Municipal)



Based on the principles of community development as illustrated in Chapter III, quadrant (A) is the most desirable situation suggesting that there are high interests on both parts of the community and the development agencies, and thus, the local development efforts are united with the government's. Quadrant (B) is also a desirable situation because most people who are involved are community members or representatives of local groups. Both Quadrant (C) and (D) indicate some form of imposition from outside with the implication that this may engender dependence. With reference to quadrant (D) the projects were initiated by persons or organizations external to the community.

Operationalization of the Projects

The second dimension of analysis of the framework concerns the operationalization of the projects which includes the objectives, the clientele, the methods of work, and the organizational structure.

1. Objectives

In this section, analyses of the objectives of the Preventive Social Services projects include: a) the needs inherent in the objectives, b) preventive orientation versus rehabilitative orientation of the objectives, and c) development of the objectives.

a. An analysis of needs. Every development objective, whether pursued by a social or economic development organization, should aim at the betterment of people and the satisfaction of human needs. In order to understand the needs inherent in the objectives of the Preventive

Social Services projects in this study, it would be useful to define the terms and to distinguish the various needs from one another. The following definitions are found in A. Montagu's The Direction of Human Development:

VITAL BASIC NEEDS: Any biological urge or need of the organism which must be satisfied if the individual or the group is to survive.

EMOTIONAL (NON VITAL) BASIC NEEDS: Any biological urge or need which is not necessary for the physical survival of the organism, but which must be satisfied if the organism is to develop and maintain adequate mental health.

DERIVED OR SOCIALLY EMERGENT NEEDS: Any need which arises out of the process of satisfying basic needs, which is not necessary for the physical survival of the organism, and which is not biologically, though it may under certain conditions become socially, necessary for the maintenance of mental health.

AQUIRED NEED: Any need which does not arise directly out of the process of satisfying basic needs, which is not necessary for the physical survival of the organism, but which grows out of the person's relation to the derived or socially emergent needs, and is not usually necessary for the maintenance of mental health.¹

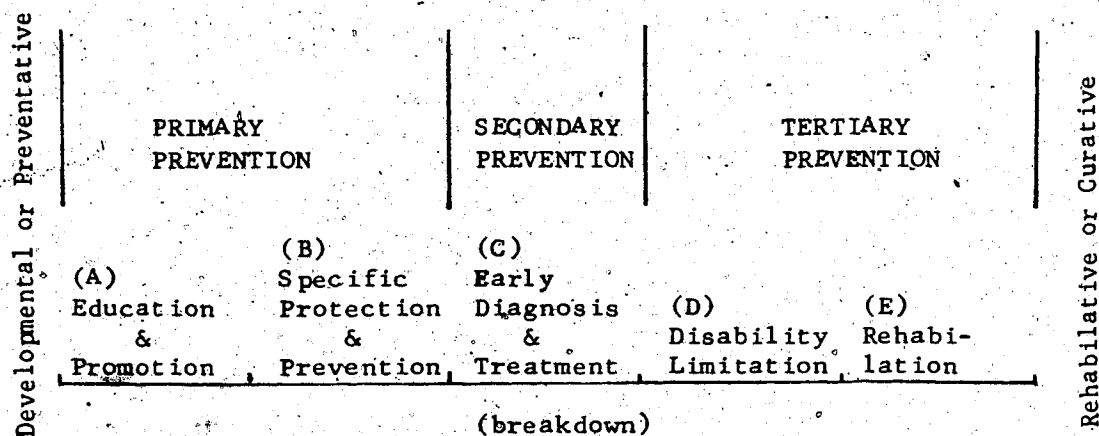
Satisfaction of needs make for health and co-operativeness, frustration of needs for disorder and hostility, whether the needs be basic, derived or acquired.² Maslow has distinguished between 'lower' and 'higher' needs, and has pointed out the basic needs arrange themselves in a fairly definite hierarchy (survival, security, belonging, esteem and self-actualization).³

Based on the above concepts, the nature of the needs inherent in the objectives will be examined. Such an analysis would provide an understanding of the emphasis of the projects--whether it be social, economic, cultural, political or comprehensive.

b. Preventative orientation versus rehabilitative orientation of the objectives. The extent to which the objectives of the projects are preventative or rehabilitative will be illustrated on the prevention continuum which is based on the five gradients of problem severity discussed in Chapter IV.

Figure 13

Preventative Orientation Versus Rehabilitative Orientation
of the Objectives

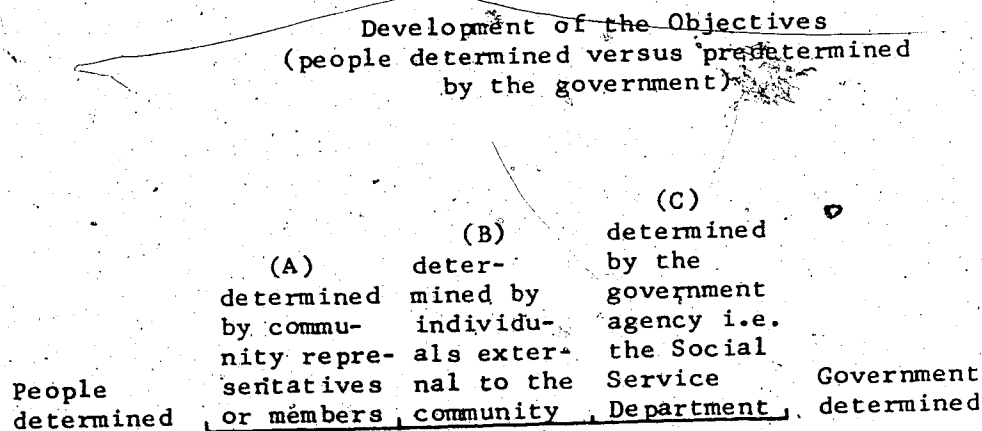


On the prevention continuum as shown in figure 13, the left extreme position is that of primary prevention. It is the area viewed as preferable in most concepts of community development. As mentioned earlier in Chapter III, Francis J. Bregha has suggested that a new type of planning, much directed towards prevention is required for community development. Primary prevention is also emphasized as being most

effective and economic in long term planning. On the rehabilitative side there are various stages towards total breakdown where usually the individual is institutionalized. At this point, the organizations are almost entirely concerned with individuals with special needs and try to re-establish the conditions of capability.

c. Development of the objectives. The analysis of the development of the objectives will be in terms of the extent to which objectives are developed by the people of the community. The analysis will also be illustrated on a continuum as shown in figure 14.

Figure 14



At the left end of the continuum, the objectives are developed by people of the community based on their interests and needs. The concepts of self-help and local involvement which are stressed in the principles of community development imply that the objectives and needs of local communities should not be externally determined or centrally planned by the development agency. At the other end of the continuum,

the objectives of the projects, however, are packaged by the government agency, i.e. the Social Service Department.

2. Clientele

Who is served by the project is a crucial factor in community development. A project may deal with all the people or work only with people who meet certain criteria. The alternatives are shown in figure 15.

Figure 15
Types of Clientele

All the people in the area (geographic community)	Specific groups in the area (functional community)	Selected Individuals
--	---	-------------------------

In early community development practices, the unit of action was basically the local community. It dealt with all the people in the area. The community it served, in Ross's concept, refers to the geographic community which can be all the people in a village, a neighbourhood, a city, etc. A community development project may also deal with a group of people who share specific interests or characteristics. This specific group of people, in Ross's concept, is the functional community which is located in the middle of the continuum because it is a community segment. Finally, a project may deal only with selected individuals who meet certain criteria, and these individuals cannot be identified as a community.

3. Methods of Work

It is suggested in Chapter III that the mode of intervention depends in large part on a number of factors related particularly to the situation and the point of development of a community. But there are certain basic elements which are included in any method of community development.

In analyzing the methods employed by the various Preventive Social Service projects in Edmonton, the following will be considered:

a) process-orientation versus task-orientation of the strategy; b) inclusiveness of scope of the project issues or activities; and c) mobilization of human resources that the project may utilize a large number of volunteers or no volunteers at all in the delivery of services.

a. Process-orientation versus task-orientation of the strategy.

The discussion on community development in Chapter III indicates that the relative importance of the process-oriented and task-oriented approach has been a debatable question.

Proponents of community development such as Biddle and Biddle, Ross, in their writings, advocate the process-oriented approach in which people of the community are encouraged to define their own goals, actions and methods in the planning process. Contrasted with it, the task-oriented approach places primary emphasis on the development and provision of services and resources that people are seen to need. The developmental aspects of citizen participation in the program planning process are not seen as being of primary importance. But the author agrees with Dunham

who stated that "if one conceives of a continuum with task goals at one end and process goals at the other, the most reasonable and practical position is somewhere in the middle."⁴

Again, the analysis of the process orientation versus task orientation of the planning strategy can be illustrated on a continuum indicating that any combination of process and task orientation is possible.

Figure 16

Process Orientation Versus Task Orientation

Process
Orientation
(citizen
development)



Task
Orientation
(service
development)

At the left end of the continuum shown in figure 16, which represents the process orientation, the major concern is to help people in strengthening qualities of participation, self-direction and cooperation. At the other end, the provision of services is of primary importance in the task-oriented approach.

b. Inclusiveness of scope. An analysis of the inclusiveness of scope of the project, presumably, will reflect the nature of the project and the focus of the planning strategy. A project may be a generalized one set up to deal with a wide range of issues, or a specialized one dealing with narrow range of problems.

The analysis will be presented in a table listing all of the areas of concern of respective projects and followed by discussions.

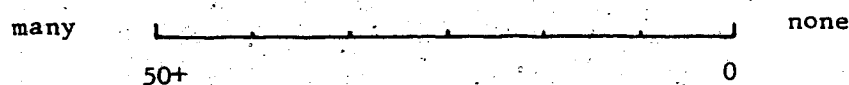
c. Mobilization of human resources. The last element of analysis in this section is the mobilization of human resources in the delivery of services that the project may involve a large number of volunteers, or, at the other extreme, with no volunteer involvement at all.

The development and mobilization of latent human resources in communities is central to the concept of community development. It is, generally, though unnecessarily, assumed that the degree and direction of the development program are determined by the experiences of the community. A development project, therefore, should aim at the recruitment and training of local citizens as volunteers.

The mobilization of human resources in the projects will be analyzed in terms of the approximate numbers of volunteers involved in the delivery of services. Volunteers involved as board members will not be included in the analysis. The analysis can be illustrated in a continuum as shown in figure 17.

Figure 17

Mobilization of Human Resources



(number of volunteers involved in the delivery of services)

As the level of volunteer involvement in the projects fluctuates from time to time, the numbers of volunteers reported are only estimations.

In analyzing the involvement of volunteers, the scope of the projects will also be considered. The reason is that the number of volunteers involved to some degree is covariant with the scope of the project. At least, having more than one issue or many issues will attract and make it possible for a wide segment of the community to join.

4. Organizational Structure

In this section, citizen participation in the policy decision-making of the projects will be analyzed in light of Arnstein's eight-rung typology described in Chapter III. Moreover, the composition of the Boards of Directors of respective projects will be examined.

Preventive Social Services in Edmonton: An Analysis

Based on the analytical framework as described earlier, data obtained through personal interviews with the key personnel of the twenty Preventive Social Services projects, and through a review of accessible documents will be analyzed in this section. The summary of the findings and the conclusions drawn from the analysis, however, will be presented in the next chapter.

Initiation of the Projects

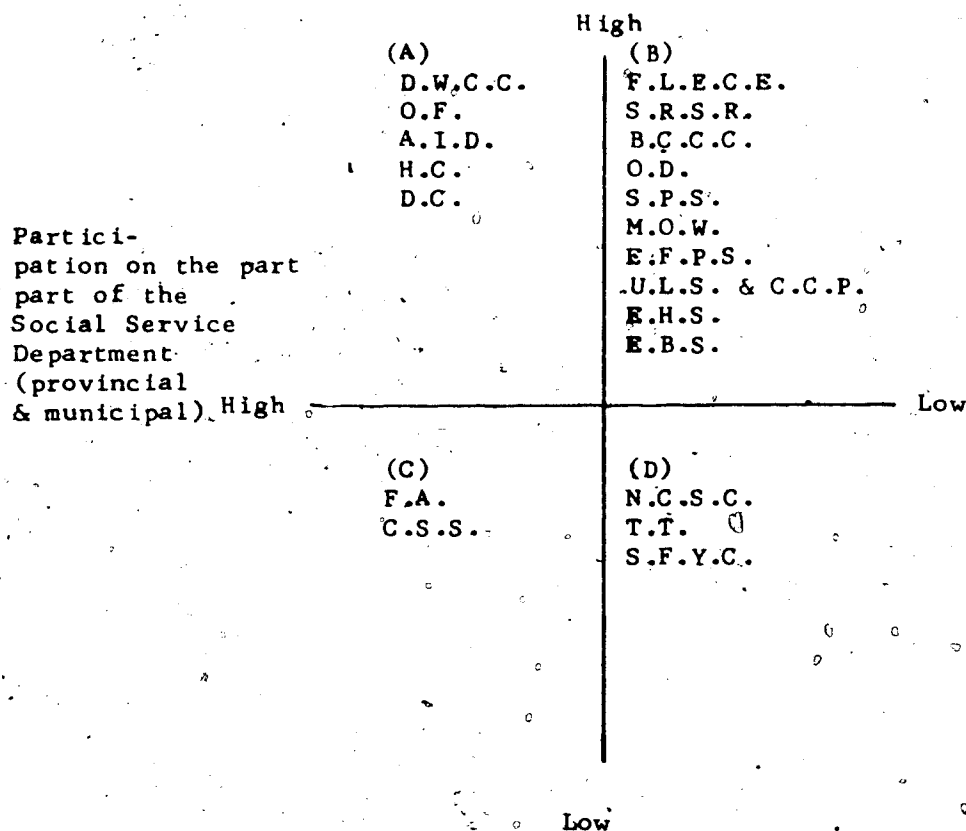
In quadrant (A), there were high levels of participation on both parts of the community and the government in the initiation of five projects.

In quadrant (A), the Municipal Social Service Department was

Figure 18

Level of Participation in the Initiation
of the P.S.S. Projects

Participation on the part of the community
(people & groups)



N.B. (See Chapter V for full names of the projects)

instrumental in the formation of Home Care Program, Day Care Program and A.I.D. Community workers from the Department were involved in the establishment of Dickensfield We Care Centre and Operation Friendship. But participation on the part of the community was also evident in these

projects as Dickensfield We Care Centre was initiated by a group of residents, in response to the needs identified in a survey in the area. Operation Friendship began with the work of some volunteers in the area and the support from the Society for Retired and Semi-Retired which is an organization for senior citizens. The Social Service Department's involvement in subsidized day care was also in response to the growing concern for better day care as two position papers outlining the need for such services were submitted to City Council in 1966. In the case of Home Care Program, there was a community task force representing approximately forty organizations and consumer groups formed to carry out a survey looking into the necessity of such home-based services. A.I.D. was established in response to a citizen committee which included concerned citizens and government officials from the provincial and municipal levels.

Relatively high levels of community efforts were found in the initiation of the Family Life Education Council of Edmonton. The Society for Retired and Semi-Retired, the Bissell Child Care Centre, Open Door, the Strathcona Place Society, Meals-on-Wheels, the Edmonton Family Planning Services, the Urban Life Skills and Child Care Program, the Emergency Homemaker's Service and Edmonton Big Sisters (see Quadrant (B)).

Projects like Family Life Education, Open Door, Strathcona Place Society and the Emergency Homemaker's Service were actually proposed after a survey or study was done to assess the needs. Most projects identified in quadrant (B) were initiated by community members and/or

by representatives of various community groups. In the case of Edmonton Big Sisters, the service began on the initiatives of two community workers, one of them from Eastern Canada. However, support was received from community groups and citizens-at-large in the development of the project.

Although Preventive Social Service Department was not involved in the initial stages of the development of the Society for the Retired and Semi-Retired, Open Door, and the Strathcona Place Society, it came in immediately as a sponsor after 'the rise of interest' and some form of organization occurred. Preventive Social Services which did not become effective until late 1966 could only come in as a sponsor of the Family Life Education Council of Edmonton after it had been started.

In quadrant (C), the Family Aid and Community Social Services were the ideas of the Department. There was no sign of community participation in the initiation of these two projects. Finally in quadrant (D), Norwood Community Service Centre was started by the National Council of Jewish Women, not by local residents of Norwood District. It was, therefore, more a case of pressure being laid on from outside. With regard to the St. Francis Youth Club, it was started as a branch organization of the Boy's Club of Edmonton. Finally, Teen Time was formed mainly through the effort of the executive director. On the part of the Social Service Department, there was also a relatively low level of participation in the initiation of these projects.

The analysis in this section reveals that there were high levels

of community efforts in the initiation of fifteen of the twenty Preventive Social Services projects which can be identified as community development process.

Operationalization of the Projects

1. Objectives

a. An analysis of needs. Objectives are an evolving set of ideals which are determined by the interaction of the people or groups internal and external to the projects. In the area where standard of living is low and basic needs are vital, the objective of community development always goes along with economic development for the fulfillment of basic human needs. ~~However, this does not mean that the fulfillment of 'higher-needs' is down-played.~~

In the developed Western World, like Canada, where the standard of living is higher, the majority of the people are free from the physiological tension of hunger, lack of clothes, shelter etc., the major energies of community development programs tend to be directed to providing those services which best foster the satisfaction of people's higher-needs.

With regard to Preventive Social Service projects operating in Edmonton, concerns were expressed about child care, family life education, information provision, recreation, family planning, urban life skills, family help or home-help, housing, meals-services, transportation and so on, which are basically social, psychological, educational and recreational in nature. Only a few of the projects in this study are

dealing with biological and physical-ecological needs. Most of the needs as identified in these preventive social services, according to Montagu's definitions of needs, are not 'vital basic needs' but 'emotional' and 'social' needs for personal effectiveness, for maintaining mental health and for enhancement and enrichment of individuals.

With the exception of the food services provided by Meals-on-Wheels and the concerns for better housing in other projects like Operation Friendship, Strathcona Place Society, and the Society for the Retired and Semi-Retired, which can be considered as 'vital basic needs', most of the preventive social services are directed towards the socio-psychological aspect of the community and to facilitate purposive social change and social development. Part of the reason is that the social problems which affect the urban centres in North America today mainly result from a complicated mix of patterns of industrial society--urbanization, sub-urbanization, the increasing specialization of labor, the development of bureaucracies and a consequent increase in impersonalization and a shifting of values.⁵

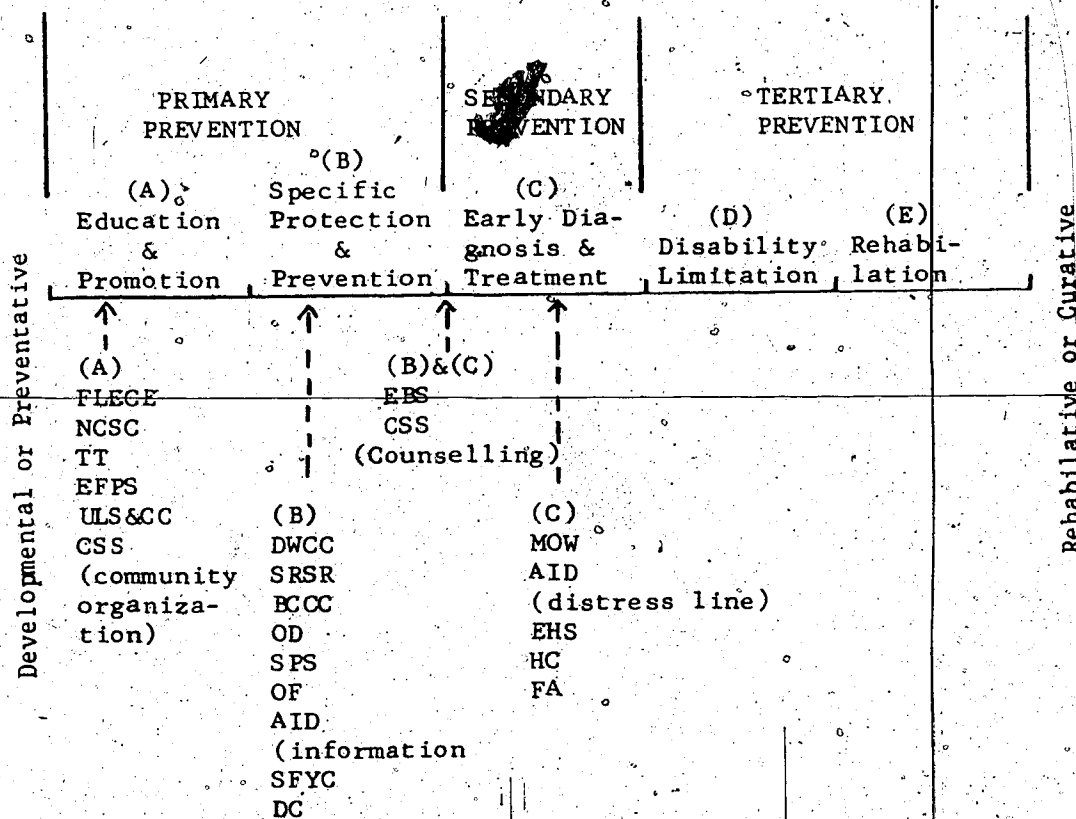
As mentioned earlier in Chapter III, community development should be based upon the economic and social needs of the community. It is obvious that the major emphasis of most of the projects in this study is on social needs; the need for improvement of the material or economic conditions of life is not of primary importance.

b. Preventative orientation versus rehabilitative orientation of the objectives. An examination of the basic objectives of the Preventive Social Services projects shows that most of the stated intent

of the projects fall very clearly within the conception of primary prevention.

Figure 19

Preventative Orientation Versus Rehabilitative Orientation
of the Objectives of the P.S.S. Projects



The orientation of the Family Life Education Council of Edmonton, Norwood Community Service Centre, Teen Time, the Edmonton Family Planning Service, and the Urban Life Skills and Child Care program are basically in the area of education and promotion. These projects

are located at the preventative end of the continuum because their objectives are to increase human functionality, to improve the quality of life or to improve growth promoting conditions in the supporting environment.

On the other hand, the Dickensfield We Care Centre, the Society for the Retired and Semi-Retired, the Bissell Child Care Centre, Open Door, the Strathcona Place Society, Operation Friendship, A.T.D. (information), St. Francis Youth Club, and Day Care are also aimed at primary prevention. Their basic objectives are (like medical immunization) to prevent a particular condition from arising. The emphasis of their activities are in the area of knowledge dissemination, environmental alteration, protection against potential life-cycle hazards etc.

Edmonton Big Sisters and Community Counselling Services are located between the Primary and Secondary Prevention. The basic objectives of Edmonton Big Sisters are to develop personal strength and to foster a growth-promoting environment, which are primary prevention objectives. However, most of the girls are referred by school counsellors, social service agencies and so on. In other words, the focus of their helping resources can be regarded as secondary prevention because it is found in a problem situation.

In the case of the Community Counselling Service offered by the City Social Service Department, the project is also aimed at both primary and secondary prevention. The services include one-to-one style of intervention and, on the other hand, a wide range of group

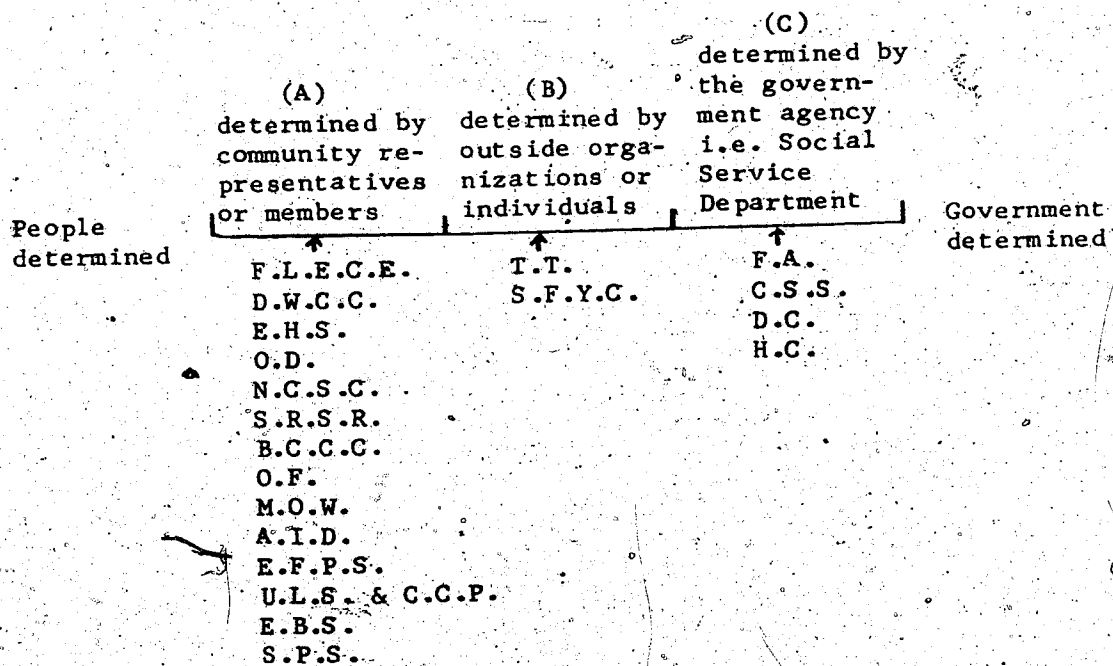
programs which deal with the causes of personal and community problems.

The analysis in this section indicates that majority of the objectives of the Preventive Social Services projects are primary prevention objectives, with only a few exceptions which are considered as secondary prevention. None of the projects in this study fall within the area of tertiary prevention. In other words, most of the projects in this study are directed towards prevention which is emphasized in the literature of community development.

c. Development of the objectives. In figure 20, fourteen projects are located on the left side of the continuum. These projects are: the Family Life Education Council of Edmonton, the Dickensfield We Care

Figure 20

The Development of the Objectives of the P.S.S. Projects



Centre, the Strathcona Place Society, the Emergency Homemaker's Service, Open Door, the Norwood Community Service Centre, the Society for the Retired and Semi-Retired, the Bissell Child Care Centre, Operation Friendship, Meals-on-Wheels, A.I.D., the Edmonton Family Planning Service, the Urban Life Skills and Child Care Program, and the Edmonton Big Sisters Society. The objectives of these projects were developed by community representatives or members.

The objectives of the Family Life Education Council was developed by the Family Life Committee which was made up of representatives of local groups and organizations. On the other hand, the objectives of the Dickensfield We Care Centre were set up by a group of local residents in response to the needs identified in a survey of the area. For the Strathcona Place Society, the objectives were formulated by a

group of concerned people in the community after a survey was done in Garneau and Strathcona neighbourhoods. In the case of the Emergency Homemaker's Service, the basic objective was proposed by a community organization and further developed by the Board of Directors of the Family Service Association.

For the Norwood Community Service Centre and Open Door, the present objectives were determined by their board members at their 'Process Planning' meeting in 1974. As the major emphasis of the objectives of the Society for the Retired and Semi-Retired has remained the same over the years, the objectives were originally set up by senior citizens-at-large with the help of some resource people from Social Planning Council. For the Bissell Child Care project the aim

was developed by the Bissell Child Care Committee which is made up of Bissell Board members and a few citizens. On the other hand, volunteers at the Bissell Centre, community workers at the City Department, Boyle Street Community Service Co-op, the Society for the Retired and Semi-Retired and other local groups were involved in the development of the objectives of Operation Friendship.

With regard to Meals-on-Wheels, the objectives were basically determined by representatives from various community organizations and church groups. The basic objectives of A.I.D. were determined by a committee which was made of concerned citizens, government officials and representatives from other community organizations. For Edmonton Family Planning Service, the basic aim was developed by seven women in the community and a doctor who met together and drew up the constitution. Finally, the objectives of the Urban Life Skills and Child Care Program was developed by the Board of the Canative Housing Corporation which is made up of native people.

Further to the right of the continuum, at point (B), the development of the objectives of Teen Times were basically through the efforts of the Executive Director. The objectives of the St. Francis Youth Club are more or less the same as those of the Boys' Club of Edmonton, so the development of the objectives were influenced by its parent organization, not by the clientele.

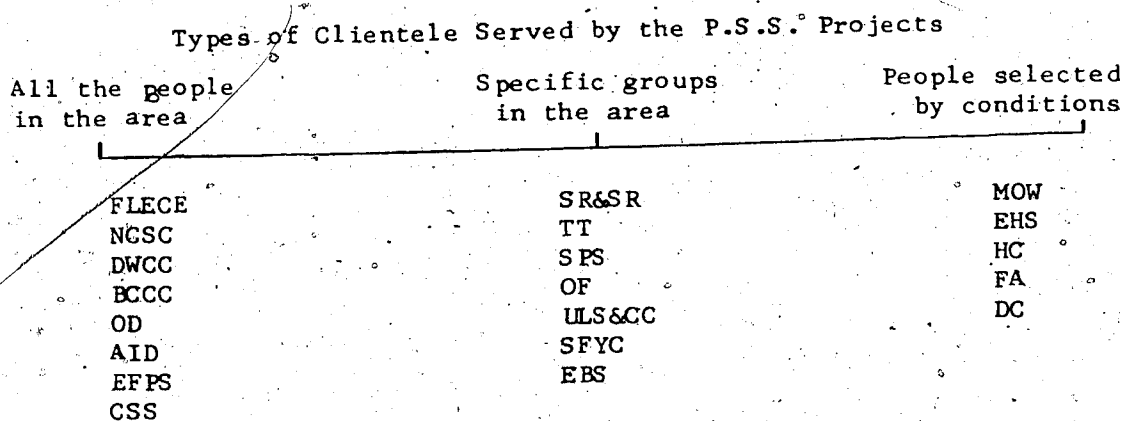
At the right end of the continuum, the objectives of the Family Aide Service and Community Social Services were basically the ideas of the Social Service Department, and thus, are considered as determined

by the Department. Finally, although the objectives of Home Care and Day Care were based on people's needs and interests, the stated objectives of the projects were formulated by the Department and thus are considered as government determined.

The analysis in this section shows that the objectives of fourteen projects in this study were basically determined by community members or representatives. There was high influence by the people in the development of the Preventive Social Services objectives which is stressed in the principles of community development. It is imperative that the objectives of the projects be determined by the people of local communities.

2. Clientele

Figure 21



Of the projects studied, seven are serving the geographic communities. For Family Life Education Council of Edmonton, A.I.D. and Edmonton Family Planning Service, the total population of the Edmonton community are eligible for the services. Bissell Child Care Centre also provides services to the Edmonton district but most people

served are referred by other agencies, like Boyle Street Co-op, City Social Service Department etc. The Norwood Community Service Centre, the Dickensfield We Care Centre, and Open Door are dealing with all the residents in their own territorial neighbourhoods. On the other hand, the clientele of the Community Social Services project are also geographic communities (the seven units of Social Service Department).

For those projects dealing with specific groups in the area, the society for the Retired and Semi-Retired, the Strathcona Place Society and Operation Friendship are working for the interests of the senior citizens. Both Teen Time and the St. Francis Youth Club are dealing with youth groups in Edmonton. The program of Edmonton Big Sisters is open to girls from 8-18 years of age in the area of Edmonton,

but most of the girls are referred by school counsellors or Social Service agencies. Finally, the target group of the Urban Life Skills and Child Care program is the native 'tenants' in the city.

To the right of the continuum, there are five projects that work only with people having specific requirements. These projects include Meals-on-Wheels, Emergency Homemaker's Service, Home Care, and Family Aide and Day Care. Although services provided by these projects are open to any person or family in the Edmonton area, priority will be given to those who meet the conditions or criteria set by the individual project. Most of the time, if the criteria are not able to be met, the applicants are referred to other agencies.

In sum, the analysis shows that eight of the projects are serving geographic communities and seven are working with functional

communities. The other five projects are basically serving selected individuals or families instead of local communities or groups, which cannot be regarded as community development activities.

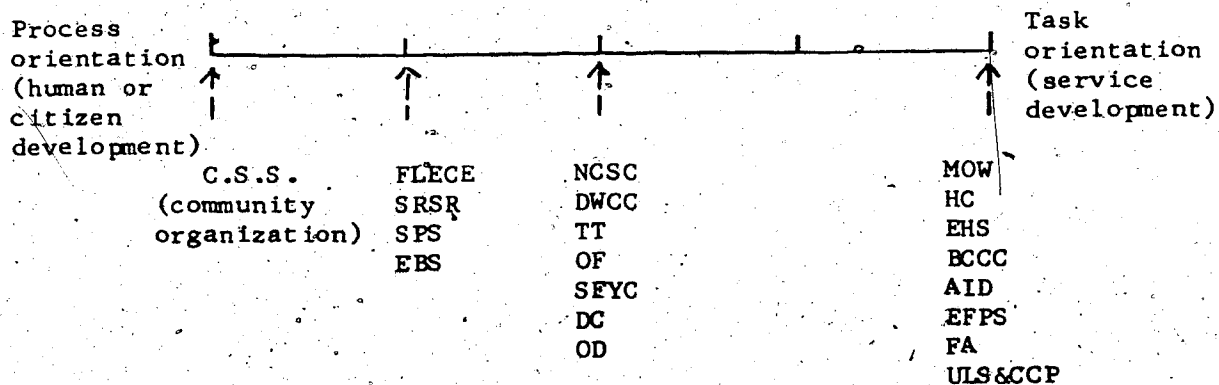
3. Methods of Work

a. Process-orientation versus task-orientation of the strategy.

It is evident in Figure 22 that the Community Social Services (community organization) offered respectively by the seven local units of the Social Service Department is the only method which is considered as purely process-oriented. Since the role of the community workers who have been assigned to each area is to encourage the people in the area or community to look into their own situations, to define their own goals, actions and methods and to use their own resources to meet their own goals, the method of work is basically a citizen development or process-oriented approach.

Figure 22

Process-orientation Versus Task-orientation of the Strategy of the P.S.S. Projects



The program planning method of Family Life Education Council of Edmonton, the Society for the Retired and Semi-Retired, and the Strathcona Place Society are also considered as process-oriented. Although the provision of services is emphasized in these projects, there are some forms of built-in mechanism to include citizens in the planning process or the development of services. In their method of programming, the F.L.E.C.E. tries to work with the group requesting the service to structure the content. In other words, the Program Leaders and the Coordinator of F.L.E.C.E. have involved the clients or groups in the planning and operation of the program content. For Strathcona Place Society and the Society for the Retired and Semi-Retired, most of the programs or activities are recommended or planned by the various advisory subcommittees or ad hoc committees which are

made up of interested senior citizens. Both societies have provided seniors with opportunities of planning for, and participation in the programs. The methods of work of the Edmonton Big Sisters is also considered as process-oriented because it aims at facilitating personal growth and participation.

For the seven projects located at the center of the continuum, the methods of work are considered as both process-oriented and task-oriented. As the provision of pre-school programs, youth programs, mother's programs and so on are emphasized in both Norwood Community Service Centre and Dickensfield We Care Centre, the local residents are also encouraged to plan or organize their own activities. Also, both centers have organized workshops on 'communication skills' and 'leadership training' for the users of the centre, Board Members, volunteers and

so on to strengthen the qualities of participation. In Teen Time, the teenager groups have elected an executive and area representatives, all of whom are encouraged to work directly with the Program Co-ordinator in selecting and planning activities. In addition to the various social and recreational activities, leadership and counsellor training programs are also organized for active teens members. The St. Francis Youth Club, on the other hand, have emphasized the small group approach, i.e. members who have interests in common will form a group to do their own things.

Instead of providing funds directly to the centres, the Day Care Program purchases services on behalf of selective families from the centres. The second basic approach of the Day Care Program is to go to various community groups and encourage them to develop day care service within the context of their set guidelines. For Operation Friendship, the basic methods of work are to organize a variety of services for older persons in the McCauley area, and, on the other hand, to encourage the older persons to participate in the organization of various programs and to use their resources and abilities to help themselves and the community.

With regard to Open Door, the major methods of work are to provide information and referral services, and to facilitate the communication process within the area by disseminating community news regularly. The latter approach is considered as work process-oriented in the sense that it strives for better understanding and cohesion of the community.

Further to the right side of the continuum, the methods used by Meals-on-Wheels, Home Care, the Emergency Homemaker's Service, the Bissell Child Care Centre, A.I.D., the Edmonton Family Planning Service, Family Aide, and the Urban Life Skills and Child Care Program are oriented to meeting certain personal and community needs. Their methods of work place heavy emphasis on the development and provision of various kinds of services. The developmental aspects of citizen participation in the program planning are not seen as being of primary importance.

b. Inclusiveness of scope. A review of the areas of concern of the various Preventive Social Service projects (see Table II) shows that the Society for the Retired and Semi-Retired, the Strathcona Place Society, Operation Friendship, the Norwood Community Service Centre and the Dickensfield We Care Center are dealing with more than six problems areas each, ranging from child care and recreation to information provision etc. Teen Time, Edmonton Big Sisters, Family Aide, the Family Life Education Council of Edmonton, the Edmonton Family Planning Service, the Urban Life Skills, and Child Care Program, the Emergency Homemaker's Service and the St. Francis Youth Club are providing a moderate range of services. While Open Door, Home Care, A.I.D., Day Care, Meals-on-Wheels, and the Bissell Child Care Centre are dealing with relatively narrow areas.

With regard to the Community Social Services which is not included in the table, the scope of activities varies from unit to unit. But most of the units are providing a wide range of services like

marriage counselling, youth programs and so on.

In fact, the scope of the activities of most projects in this study has been broadened since the inception of the operation. For example, A.I.D. has provided the distress line in addition to the information service. Open Door has also taken the responsibility

Table 2
The Scope of the P.S.S. Projects

Areas of Concern	Projects*																		
	F	N	D	S	T	B	O	S	O	M	A	E	U	E	S	E	H	F	D
	L	C	W	R	T	G	D	P	F	O	I	F	L	H	F	B	C	A	C
	E	S	C	S	C	C	S	W	D	P	S	S	S	S	S	S	S	S	S
	C	C	C	R	C							S	&	C					
	E												C						
													C						
Family life	x											x	x	x			x		
Communication skills	x	x	x																
Personal enrichment	x			x	x			x	x								x		
Neighbourhood Improvement (physical social)																			
Child care		x	x			x							x	x			x	x	
Recreation		x	x	x	x			x	x							x	x		
Information provision (referral)		x		x			x	x			x	x						x	
Education	x		x	x	x			x	x			x	x		x	x			
Housing & transportation					x			x	x										
Social activities		x	x	x	x			x	x						x	x			
Cultural enrichment					x														
Youth		x	x		x		x									x	x		
Elderly		x		x				x	x										
Health									x								x	x	
Meals - service									x	x	x								
Counselling					x	x						x	x		x		x		
Life skills														x					
Outreach, Home Assistance					x			x	x						x		x	x	

*(see Chapter V for full names of the projects)

N.B. (Community Social Services is not included in this diagram.)

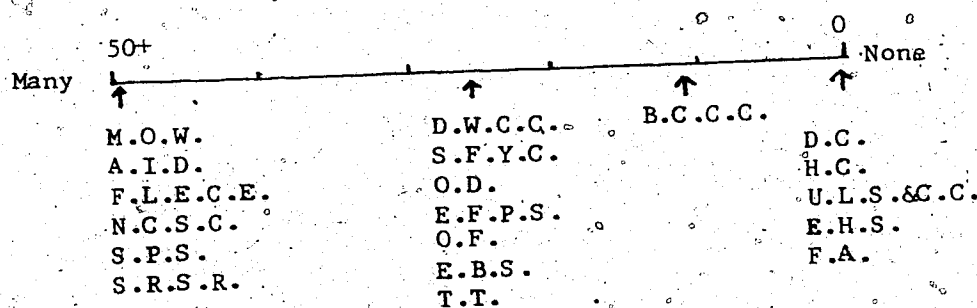
of Area 13 News and co-ordinated the Block Parents/Good Neighbours program for the area after the information and referral had been set up. Also, those projects identified as dealing with a wide range of issues, have already expanded their scope of activities since the inception of the operation. In sum, most of the projects in this study bear a resemblance to successful community development projects which, as described in the literature, have continually expanded their scope of activities and substituted new-level problems for old ones.

c. Mobilization of human resources. Based on figure 23, A.I.D., the Family Life Education Council of Edmonton, the Norwood Community Service Centre, Meals-on-Wheels, the Strathcona Place Society and the

Figure 23

Mobilization of Human Resources

(approx. numbers of volunteers involved in the delivery of services)



Society for the Retired and Semi-Retired have involved a large number of volunteers to help in the delivery of services. The Bissell Child Care Centre has recruited a few volunteers while the Dickensfield We Care Centre, the St. Francis Youth Club, Open Door, the Edmonton Family Planning Services, Operation Friendship, Edmonton Big Sisters and Teen Time have involved relatively a fair amount of volunteers in the delivery of services. Finally, the services of Home Care, Day Care, Urban Life Skills and Child Care Program, the Family Aide and the Emergency Homemaker's Service are provided by paid staff; there is no volunteer involvement at this level. As the recruitment and training of volunteers is an important element of community development, these five projects cannot be considered as community development activities.

The above analysis also reflects that the level of volunteer involvement is largely dependent upon the individual philosophy of the projects rather than the scope of the projects. For example, there are lots of volunteers involved in A.I.D., the Family Life Education Council of Edmonton, Meals-on-Wheels although these projects are dealing with a relatively narrow range of issues. On the other hand, there are also a lot of volunteers involved in the three projects which are working for senior citizens, which may be due to the fact that most senior citizens, as compared to the other target population, have more leisure time to participate in various activities.

With regard to the Community Social Services project, the Duggan Unit has involved a comparatively large number of volunteers because it has an extensive training program. The other local units

have either used a moderate amount of volunteers or no volunteer involvement at all.

4. Organizational Structure

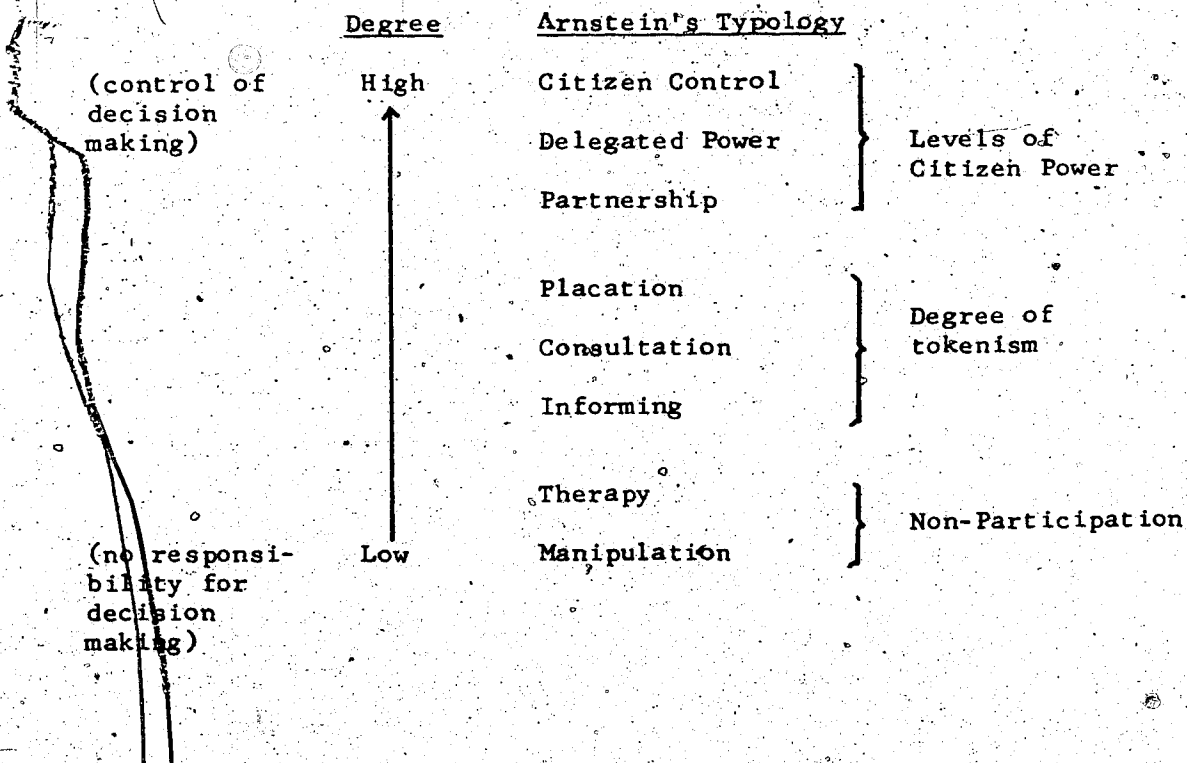
The participation of citizens or service users in organizational decision-making is considered as one means of promoting citizens' needs and protecting citizens' interests. In keeping with the principles and practice of community development it is imperative that citizen participation at all levels of operation be encouraged and local leadership be developed. To date there have been two major methods of implementing citizen participation. The first has taken the form of recruiting and training of community members as volunteers in the service; this has already been discussed in the preceding sections. The second involves representation of community members on Boards of Directors and Advisory Committees. This aspect of citizen participation will be the focus of analysis in the following pages.

Obviously, all the non-governmental projects in this study have chosen the form of Directive Boards or Committees to ensure citizen involvement at the level of policy decision-making. For many of these non-governmental projects, Advisory Committees are also established to facilitate the planning process or to provide an advisory support base for the Board of Directors mainly composed of agency representatives and interested citizens. With regard to the four governmental projects, the Home Care Program is jointly administered by a Home Care Management Committee composed of staff members from the Local Board of Health and the Edmonton Social Services. There is an

Advisory Committee of representatives appointed by both departments to assist in the on-going development of the program. There is also a Technical Subcommittee made up of representatives from various service agencies to assist the Advisory Committee. For Day Care Program, with the exception of the Glengarry Day Care Center which is administered by the Department, the other subsidized Day Care Centers are managed by their own Board of Directors. Finally, since both Family Aide and Community Social Services are administered directly by the Social Service Department; their policy will be influenced by the Social Service Advisory Committee to the Department.

Figure 24

Arnstein's Eight-rung Typology of Citizen Participation



According to Arnstein's eight-rung typology which is illustrated in Figure 24, projects with substantial representation of citizens or clientele on the Policy Board or Committee which is the decision-making body for overall policy, have demonstrated a high level of citizen participation. The reason is that citizens have legitimated power to make key decisions and control the administration of the program. ("Power", in an organizational context, indicates a degree of control over the resources and actions of the organization, e.g. funds, staff, facilities, etc.)

A review of the composition of the Boards of Directors of various Preventive Social Services projects shows that the Board of the Family Life Education Council of Edmonton is composed of representatives of agencies and association and interested citizens. Half of the board members of Norwood Community Service Centre are people from the community, e.g. parents of pre-school children, and the rest are professional people. The Boards of both the Dickensfield We Care Centre and Open Door are made up of local residents. For the three projects which are working for senior citizens, the Board members of the Society for the Retired and Semi-Retired are mostly professionals. Half of the Board members of Strathcona Place Society are non-senior citizens, but influential persons in the community. Operation Friendship has also recruited some professionals plus two senior citizens in the area as Board Members. The Bissell Child Care Committee is a group of staff persons from Park and Recreation Department and City Social Services, and a few interested parents. Both Teen Time and the


Boys' Club of Edmonton have involved people from different walks of life or concerned citizens as their Board members; there is no representation from the youth groups. Edmonton Big Sisters has also recruited citizens-at-large, social workers and a few Big Sisters on the Policy Board. While the Advisory Committee of the Emergency Homemaker's Service is composed of a wide representation of community agencies and service programs, the Boards of Management or Boards of Directors of the Victorian Order of Nurses, A.I.D., and the Edmonton Family Planning Service are made up of a cross-section of the community, including people from other agencies. Finally, the Board of Directors of the Canative Housing Corporation is mainly composed of native people.

It is evident that there are relatively high levels of citizen participation over most of the non-governmental projects. For example, the Boards of Directors of the Family Life Education Council of Edmonton, the Dickensfield We Care Centre, Open Door, the Emergency Homemaker's Service, Victorian Order of Nurses, A.I.D., the Edmonton Family Planning Service and the Canative Housing Corporation are made up of community members, clientele or community representatives. According to Arnstein's concept, these projects have demonstrated the level of 'citizen control'. On the other hand, the Boards of Directors of the Norwood Community Service Centre, Teen Time, the Society for the Retired and Semi-Retired, the Strathcona Place Society, Operation Friendship, the Bissell Child Care Committee, the Edmonton Big Sisters Society and the Boy's Club of Edmonton are made up of professional

people and some local residents or community members. Citizen participation in these projects is at the level of 'delegated power' because the decision-making responsibilities are shared with other non-members.

In fact, there are advantages and disadvantages of electing professional people as Board members. One advantage is that these professionals can act as resource persons to the representatives of the group, and their skills can be an asset to the project. In order to establish a program, one needs funds and often the influential and knowledgeable people in the community are most capable of procuring the necessary support. However, sometimes, the most educated and articulate members of the board may overwhelm the other members of the board, and that their motions are accepted regardless of whether or not they are the best choice for the clientele or the members.

Another form of involvement which has been employed by the four governmental projects: Family Aide, Home Care, Day Care, and Community Social Services, is to draw the Advisory Committee partly from the community. In this form, of course, Committees lack the authority to make binding decisions but the Advisory Committee is often requested to review and recommend certain applications or policies. If a cooperative relationship exists between the Department and the representatives, the Advisory Committee may be effective in representing the community. However, if the Department has no intention of taking the advice seriously, the Advisory groups are likely to be impotent. Therefore, in Arnstein's concept, the Advisory form is at the level of 'placation', and at this level, citizens begin to have some degree of



influence though tokenism is still apparent.

Summary

This chapter is divided into two sections. In the first section, the analytical framework for the study is described. In the second section, the analysis of the Preventive Social Service projects in Edmonton is presented.

An analysis of the initiation of the projects reveals that there were high levels of community efforts in the initiation of fifteen projects. Most of the needs inherent in the objectives of the projects are identified as 'social needs' for personal effectiveness rather than for basic survival. An examination of the basic objectives of the projects shows that most of the stated intent of the projects fall within the conception of primary prevention. Only a few of the objectives aim at secondary prevention. On the other hand, the analysis of the development of the objectives of the projects indicates that fourteen projects in this study were basically determined by community members or representatives. There was high influence by the people in the development of the objectives.

With regard to the types of clientele served by the projects, eight projects serve the geographic communities while seven work with functional groups. The other five projects work only with individuals or families who are selected by the criteria set by the projects.

Of the methods of work, only the community organization service which is under the Community Social Services project is regarded as

purely process-oriented. The methods of work of four other projects are also regarded as process-oriented. Seven projects place emphasis on both process-oriented and task-oriented approach. The methods of work of the other eight projects are basically task-oriented. With regard to the inclusiveness of scope, the Preventive Social Services projects range from single-issue or specialized projects to generalized projects dealing with more than six issue-areas. In terms of mobilization of human resources, six projects have involved a large number of volunteers while seven have involved a fair number of volunteers. Five projects have no volunteer involved in the delivery of services.

Finally, most non-governmental projects have chosen the form of Directive Boards to ensure citizen participation at the policy decision-making level. In terms of Arnstein's eight-rung typology, most non-governmental projects have demonstrated a high level of citizen control.

In the next chapter, the summary of the findings, the conclusion reached in the study and the implications of the study will be presented.

Footnotes

¹A. Montagu, The Direction of Human Development, New York, Hawthorn Books, 1970, pp. 150-151.

²A.H. Maslow, "Some Theoretical Consequences of Basic-Need Gratification", Journal of Personality, vol. 16, 1948, pp. 402-416.

³A.H. Maslow, "'Higher' and 'Lower' Needs", Journal of Psychology, vol. 25, 1948, pp. 433-436.

⁴Arthur Dunham, The New Community Organization, New York, Thomas Y. Crowell Company, 1970, p. 188.

⁵Roland Warren, The Community in America, Chicago, Rand McNally, 1964.

CHAPTER VII

SUMMARY, CONCLUSIONS AND IMPLICATIONS

The purposes of this final chapter are to summarize the findings and to present the major conclusions and implications of the study.

Review

The basic objective of this thesis was to study the various aspects of the Preventive Social Services projects in Edmonton as to what extent these projects have been employing the principles and methods of community development.

Two major methods of data collection were employed to obtain information for the study. The basic information for the study, which includes the descriptions of the twenty Preventive Social Services projects, was obtained through personal interviews with the key personnel in respective projects; and also through a review of accessible reports and documents.

Since the identification of a project as community development is based on the objectives of the project, the issues involved, the types of clientele served, the method employed and so on, an analytical framework by which to examine the above aspects of the project was developed from the review of literature on community development. Analyses of the projects included: the level of participation on the part of the

community (people and groups) in the initiation of the projects, the needs inherent in the objectives, the preventative versus rehabilitative orientation of the objectives, the development of the objectives, the types of clientele, the process-orientation versus task-orientation of the methods of work, the inclusiveness of scope, the mobilization of human resources, and citizen participation at the level of policy decision-making.

On the basis of the analysis, projects were considered community development when they were operated within the given framework.

The Findings

The findings in this chapter are based on the analysis of the projects presented in the preceding chapter.

The analysis reveals that there were high levels of community efforts in the initiation of fifteen projects. In other words, local initiatives were evident in seventy per cent of the projects studied, which are considered as desirable in community development concepts.

In analyzing the objectives of the projects, most of the needs inherent in the stated objectives are 'social needs' or 'growth needs' for enhancement and enrichment of individuals rather than 'vital needs' for survival. They are basically 'higher' needs as defined by Maslow for strengthening human growth. Obviously, ninety per cent of the projects place heavy emphasis on social development rather than on the improvement of the material conditions of life. As the setting of this

study is an urban industrial society with a high level of standard of living, the objectives of the project are, therefore, likely to be social objectives for facilitating the social development process conducive to a balanced human and material betterment.

An examination of the present objectives of the projects also shows that most of the objectives fall within the conception of primary prevention. Only a few of the objectives are considered as secondary prevention objectives. None of the objectives of the projects in this study aim at tertiary prevention. In other words, most of the projects are directed towards prevention which is emphasized as most effective and economic in community development planning.

On the other hand, the analysis also indicates that the objectives of fourteen projects in this study were developed by community members or representatives. Therefore, there was high influence by the people in the development of the objectives. It is stressed in the principles of community development that the goals and needs of local communities should not be externally determined or centrally planned.

In this study, most of the projects are designed to serve the total population of the City or neighbourhoods or of certain groups in the City or area, i.e. the geographic and functional communities. However, there are five projects which are restricted to certain individuals or families with specific needs. As the clientele served by these five projects are assessed and selected by certain criteria, these projects are not serving the geographic nor functional communities.

With regard to the methods of work, only five projects are

considered as process-oriented. Most of the projects are either process and task-oriented or basically task-oriented.

An analysis of the inclusiveness of scope of the projects, shows that projects range from single-issue or specialized projects to generalized projects dealing with more than six issues. But the two neighbourhood centres and the three projects serving senior citizens tend to be generalized projects concerning many issues or providing many kinds of services. In terms of mobilization of human resources, six projects have a large number of volunteers involved to help in the projects, while five have not utilized any volunteers in the delivery of services. The others have recruited a fair size of volunteers ranging from ten to twenty-five people.

Most non-governmental projects have demonstrated a high level of citizen participation at the policy decision-making level and chosen the form of Directive Boards.

Non-Governmental Projects

Of the projects studied, the Family Life Education Council of Edmonton, the Society for the Retired and Semi-Retired and the Strathcona Place Society are found very similar to community development activities. First of all, the objectives of these three projects are primary prevention objectives and were developed by community members or local citizens. These projects are open to any member of either a geographic or a functional community. Their methods of work are process-oriented and place heavy emphasis on the recruitment and the training of

volunteers. These projects, in fact, have involved a large number of volunteers. While both the Society for the Retired and Semi-Retired, and Strathcona Place Society are generalized ones dealing with a wide range of issues, the Family Life Education Council of Edmonton focuses on a few issues. These three projects have citizen controlled boards of policy-making. But in both the Society for the Retired and Semi-Retired, and Strathcona Place Society, there are many professionals in the Board of Directors.

The analysis also shows that the Norwood Community Service Centre, Dickensfield We Care Centre, Operation Friendship, Open Door, Teen Time, St. Francis Youth Club and Edmonton Big Sisters have been employing some of the principles and methods of community development to a large extent. The objectives of these projects, with exception of the Edmonton Big Sisters, fall clearly within the conception of primary prevention. The objectives of the Edmonton Big Sisters aim at primary as well as secondary prevention. With the exception of the St. Francis Youth Club and Teen Time, the objectives of the above projects were basically developed by local people or community etc. All of these projects work either with the people in a neighbourhood or with groups, i.e. the geographic and functional community.

The methods of work of these projects place equal emphasis on the process-oriented and task-oriented approach. Edmonton Big Sisters, in fact, is identified as more process-oriented. Volunteer involvement is also emphasized in their methods of work. These projects have involved a fair number of volunteers to assist in the projects.

Of these projects, Norwood Community Service Centre, Dickensfield We Care Centre, Operation Friendship are more generalized projects dealing with a wide range of issues, and the others provide a moderate range of services.

All these projects have chosen the Directive Board to ensure citizen participation. In fact, these projects have demonstrated a high level of citizen participation at the policy decision-making level with citizen controlled boards.

All the others, Meals-on-Wheels, Bissell Child Care Centre, A.I.D., Urban Life Skills and Child Care Program, Edmonton Family Planning Service and Emergency Homemaker's Service have been employing, only to a certain extent, some of the principles and methods of community development. Basically, the objectives of these projects were developed by the community people. While the objectives of Edmonton Family Planning Service, Bissell Child Care Centre and Urban Life Skills and Child Care Program are primary prevention objectives, the objectives of Meals-on-Wheels, Emergency Homemaker's Service aim at secondary prevention. The objectives of A.I.D. aim at both primary and secondary prevention.

Of these projects, the clientele served by the Urban Life Skills and Child Care Program, Edmonton Family Planning Service, Bissell Child Care, and A.I.D. are considered as either geographic communities or functional communities. But the Emergency Homemaker's service and Meals-on-Wheels serve only selected individuals or families with special needs. Their clientele served are not considered as a community.

The methods of work of these six projects are basically task-

oriented. Also, the scope of the activities of these projects is relatively narrow. Of these projects, A.I.D. and Meals-on-Wheels have recruited a large number of volunteers in the delivery of services. The Edmonton Family Planning Service and the Bissell Child Care Centre have also emphasized the involvement of volunteers. But both the Emergency Homemaker's Service and Urban Life Skills and Child Care Program have not utilized and volunteer in the delivery of service. All the programs or activities are conducted by staff.

In terms of citizen participation at the policy decision-making level, these projects have chosen the form of Directive Boards or Committees which are controlled by local citizens or community members. All six projects have demonstrated a high level of citizen participation at this level.

Governmental Projects

Of the projects operated under the auspices of the Edmonton Social Service Department, the community organization service (part of the Community Social Service) is the only service considered as similar to community development. First of all, all the objectives of the four projects were developed by the Department although the objectives of Day Care and Home Care are based on 'community needs'. All these projects, except Day Care and Community Organization Service, aim at secondary prevention. The clientele served by Day Care, Home Care, and Family Aide are available only to selected individuals and families, not all the people in a community. Community Social Service

(which includes counselling service and community organization service) serves seven geographic communities.

The methods of work of Home Care and Family Aide are basically task-oriented. But Day Care has employed a process and task-oriented approach. Community organization service, on the other hand, is process-oriented. All these projects place no emphasis on volunteer involvement in the delivery of services, and their scope of activities is varied.

All these governmental projects, with the exception of Day Care, have not demonstrated a high level of citizen participation at the level of policy decision-making because Advisory Committee is the only form used to ensure citizen participation.

Conclusions

Based on the findings of this study, eighteen per cent of the projects can be identified as community development activities. These projects include: the Strathcona Place Society, the Society for the Retired and Semi-Retired, the Family Life Education Council of Edmonton, and the Community Organization Services.

Thirty-five per cent of the projects which include the Norwood Community Service Centre, Dickensfield We Care Centre, Operation Friendship, Open Door, Teen Time, St. Francis Youth Club, and Edmonton Big Sisters have been employing some principles and methods of community development to a large extent.

On the other hand, fifteen per cent of the projects including A.I.D., Edmonton Family Planning Service and Bissell Child Care Centre have shown a few characteristics of a community development activity.

The rest of the projects or thirty-two per cent of the projects in this study, which include Meals-on-Wheels, Urban Life Skills and Child Care, Home Care, Family Aide, Emergency Homemakers Service, Community Counselling Service, and Day Care are not considered as community development activities.

The findings in this study also indicate that the objectives of most Preventive Social Services are preventative and are basically social objectives because they are based on people's 'emotional needs' and 'social needs'.

With regard to citizen participation, the author has mentioned earlier that as a result of the size of the population in the urban areas and the differentiated social structure, the participation of the total population is difficult to attain. Therefore, citizen participation in these Preventive Social Service projects has taken two major forms:

1. Representation from the community serving on Boards of Directors.
2. Recruiting members of the community to serve as advisory committees.

The findings also reveal that the Preventive Social Services projects are, basically, not government 'laid-on' projects because there was high level of community effort in the initiation of the projects and high influence by the community in the development of the objectives.

Preventive Social Services is also found quite different from

the Statutory Social Services that it aims at providing services of preventive nature and has local commitment, input or volunteerism and local control. As shown in the findings, it tends to create climate for citizen involvement. The variety of Preventive Social Services in this study also reveals that the Preventive Social Service Program tends to encourage exploration of local problems, and the development of programs designed to prevent problems.

Implications

This study reflects that the community development method affords an additional and potentially powerful intervention strategy in addition to the traditional casework method. It can be an effective means and flexible approach to meet the diversified and ever changing needs in social services. The application of community development, first applied to the rural and developing areas, has been widened and seems to become more direct in an evolving approach to general welfare problems in urban society.

The study also reveals that community development is more effective in projects dealing with attitudes and services of a preventive and educational nature than with crisis and rehabilitative situations. The reason is that the clientele served by the latter type of project, are mostly selected individuals with special needs and problems at a certain time (e.g. Homemaker's Service, Family Aide, etc.). It is difficult to achieve an identification of the population concerned, or of the total problem-group partly due to the

less manifest sense of belonging to a certain community. It is hard to initiate community development where there is little sense of community.

On the other hand, this study reveals that the Preventive Social Services Program does present a very promising situation for community development. Two factors as illustrated in the study are considered as the significant areas in creating favorable situations conducive to community development.

The first is the network, not hierarchy, of decision-making that has been developed. It is the mark of success of the Preventive Social Services Program that this network in most communities is well established. It has achieved a good deal of decentralization in decision-making.

The second factor is that the projects have illustrated an increasing degree of cooperation with other services and organizations.

The study also suggests that citizens, when offered the opportunity, will participate in improving the environment and solving their local problems.

Another implication of this study concerns the dual responsibility of the Municipal Social Service Department. The Municipal responsibility is to deliver service under its auspices and on the other hand, to find and encourage submission of private proposals. There is a competition for funding between the governmental and the community projects. In other words, a conflict of interest is embodied in the dual responsibility for developing services and funding. Therefore the City Department should avoid delivering preventive social

services under its own auspices for such a role may induce competing claims and interests between the governmental and the non-governmental sectors.

Concluding Remarks

As stated in the objectives of this thesis, the author has provided the descriptions of the Preventive Social Services Program and twenty funded Preventive Social Services projects in Edmonton, and has examined the extent to which these projects have been employing the principles and methods of community development. But it must be stressed that the analysis of this study should be regarded as the author's perceptions and personal opinions based on the information obtained from the key personnel of respective projects.

Also due to the limitations of resources, time and accessible information, the scope of the study is rather narrow. For a better understanding of the Preventive Social Service Program, research in depth is needed.

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APPENDIX A

PREVENTIVE SOCIAL SERVICES PROJECTS

List of Questions

1. Historical background

- a) Who initiated the project?
- b) Who expressed and defined the needs of the project?
- c) How was it established?
- d) Who has been involved in developing the project?

2. Objectives

- a) What needs was it designed to meet initially?
Were the objectives ever defined?
- b) Since the inception of the project, have there been changes in objectives?
- c) If so, what are they?
How did this come about?
Who was involved?

3. Clientele

- a) Who is your clientele or community served?
 - 1/ total geographical community?
 - 2/ certain community segments?

4. Implementation strategies

- a) What methods of strategies do you use to achieve the objectives?
- or
What activities have been designed for achieving the objectives?
- b) Since the inception of the project, have there been changes in methods used?
- c) If so, why were these changes made?

A

5. Community involvement and participation

- a) In what ways do citizens or client groups participate in the project?
- b) To what extent do citizens or client groups participate in the decision-making process?
- c) What is the role of the board or committee?
- d) Is there any training program for volunteers?

6. Organization

- a) What is the organizational structure of the project?
- b) What are the roles of the staff?
- c) What is the working relationship between professional staff and lay staff, consumers, board etc.?

7. Accomplishments and consequences

- a) Is there any evaluation done?
- b) Do you think your project is achieving its stated objectives?
- c) What are the other achievements of the project?
- d) What kinds of problems did/do you encounter?

APPENDIX B

A DESCRIPTION OF FOURTEEN PREVENTIVE SOCIAL SERVICES PROJECTS IN EDMONTON

This appendix includes fourteen Preventive Social Services projects studied. They are as follows:

A. Family Service:

- 1) Edmonton Family Planning Service (E.F.P.S.)
- 2) Emergency Homemaker's Service (E.H.S.)
(Family Service Association of Edmonton)
- 3) Family Aide (F.A.)
(Edmonton Social Service Department)
- 4) Urban Life Skills and Child Care Program (U.L.S. & CC.)
(Canative Housing Corporation)

B. Services to Youth

- 5) St. Francis Youth Club (S.F.Y.C.)
(Boys Club of Edmonton)
- 6) Teen Time (T.T.)

C. Services to Children

- 7) Bissell Child Care Centre (B.C.C.C.)

D. Services to Senior Citizens

- 8) Operation Friendship (O.F.)
- 9) Strathcona Place Society (S.P.S.)

E. Neighbourhood Services

- 10) Dickensfield We Care Centre (D.W.C.C.)
- 11) Open Door (O.D.)

F. Support Services

- 12) Aid Service of Edmonton (A.I.D.)

- 13) Community Social Services (C.S.S.).
(Edmonton Social Service Department)
- 14) Meals-on-Wheels (M.O.W.)
(Victorian Order of Nurses)

1. Edmonton Family Planning Service
(E.F.P.S.)¹

a. Historical background. This organization was at one time known as Planned Parenthood and was pretty inactive. A community worker who had organized similar groups in the Northwest Territories reactivated. In the spring of 1973 seven women and a medical doctor met together, drew up a constitution and incorporated the Edmonton Family Planning Services under the Societies Act. It is a member agency of the Family Planning Federation of Canada, along with similar groups from nearly every province in Canada. Initially, the Edmonton Family Planning Service was funded by the Family Planning Federation of Canada.

b. Sponsorship. At present the Edmonton Family Planning Service is funded by the Family Planning Federation of Canada, Preventive Social Services and Federal Health and Welfare that has provided funds for an Education Director.

c. Objectives. The basic aim of Edmonton Family Planning Service is defined: "To promote and foster enlightened family planning." thereby contributing to the physical, emotional and social well-being of individuals, and to the health and social development of the community.

d. Clientele. The Edmonton Family Planning Service serves the total Edmonton community.

e. Methods of Work. The first strategy is to provide information, counselling and referral services to individuals on such things as pregnancy, birth control, venereal disease, abortion and related topics.

The second method is to organize educational programs, seminars, presentations etc. for groups and agencies in the city who request them.

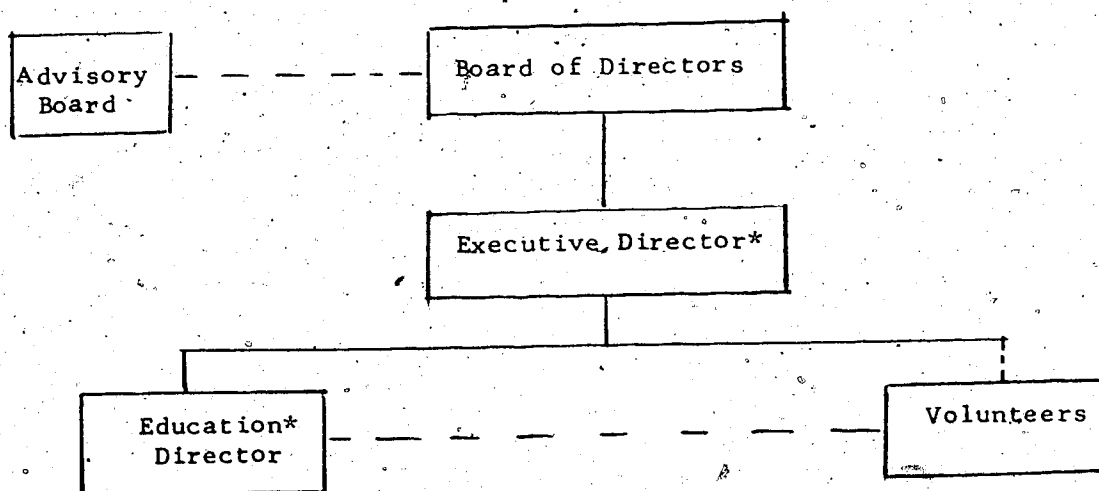
The Service also distributes information and literature aimed at increasing knowledge in this area.

Volunteers are also involved in various kinds of activities such as clerical work, counselling, and education outreach program.

f. Organization and administration. The Board of Directors is elected by members and their job is to conduct the affairs of the society and to determine policy. The Advisory Board is appointed by the Board of

Figure 25

The Organizational Structure of Edmonton Family Planning Service



Directors and its job is to act in an advisory capacity to the Society.

The duties of the Executive Director include administration, exploring for funding and public relations function. The Education Director is responsible for all the educational aspects of the program and to involve more volunteers.

2. Emergency Homemaker's Service (E.H.S.)²

a. Historical background. The Emergency Homemaker's Service is administered by the Family Service Association of Edmonton which was established in 1942 for the purpose of strengthening family life in the community through programs of prevention and treatment. The service was begun by Junior League after a community study was done. At that time, there were many Homemaker's service operating in other parts of North America. Junior League put money available and asked Family Service Association to staff and administer the program. In 1950, the Homemaker's service was run totally by the Family Service Association. It received funding from Preventive Social Services in 1967.

b. Sponsorship. The Emergency Homemaker's Service program is sponsored by United Way, Preventive Social Services, service fees, and other small grants.

c. Objectives. The primary objective of the program is to assist families over crises occasioned by death, desertion or illness of the mother or the person who ordinarily takes care of the members.

d. Clientele. The program is open to families and individuals who need the service in the City of Edmonton.

e. Methods of work. The basic procedure is to place a homemaker, who is employed by the Family Service Association, to the family that needs the service.

Consultation and counselling is an integral part of the service to assess and determine whether the children's needs can best be met by homemaker service, some other service, or through the family's own resources.

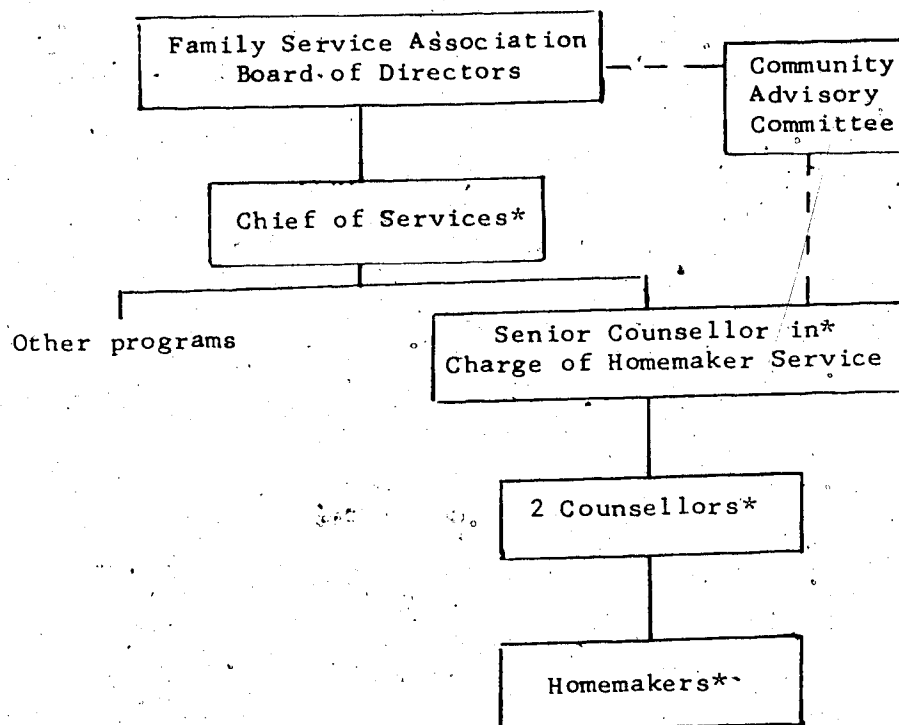
The agency also provides pre-employment orientation and continuing in-service training to increase homemaker's skills, knowledge and understanding of the needs of children and parents.

There is no volunteer involvement in the delivery of this service. For evaluation there are periodic client questioning by telephone or through mailed questionnaires and homemakers evaluate continually.

f. Organization and administration. Since the Emergency Homemaker's Service is administered by the Family Service Association, the overall policy is set by the Board of Directors for that agency. For the program itself, there is a community Homemaker Advisory Committee which is composed of a wide representation of community agencies and service programs who refer families for homemaker service. The committee meets regularly to review the nature and work of the homemaker program and is encouraged to put forward recommendations.

Figure 26

The Organizational Structure of Homemaker's Service



The senior counsellor in charge of Homemaker Service is the supervisor of the counsellors and homemakers, who is generally responsible for helping the homemakers and counsellors to develop the attitude and skills they need for the job.

The counsellor is also directly responsible for some problem solving work with the family and/or family referral to the appropriate community resource.

The duties of the homemaker varies in each family and situation and situations within families may change rapidly. Her duties usually

include taking care of the children, helping the mother, or house-keeping. The homemaker learns her specific responsibilities in each assignment from the counsellor and has access to ongoing guidance and instruction from the counsellor in carrying out her responsibilities. At times, she is working on a team with a physician, nurse, social worker, etc.

3. Family Aide Service (F.A.)³

a. Historical background. The Family Aide Service was initiated by Social Service Department workers in 1965 as part of the municipal social service program. At that time, half of the cost of the service was reimbursed through Federal grants. In 1966, this was the first departmental service funded by Preventive Social Services.

b. Sponsorship. The Family Aide Service is primarily funded by Preventive Social Services.

c. Objectives. The basic aim of the service is to improve the functioning of the family and prevent family and individual breakdown.

d. Clientele. Any family in the City of Edmonton is eligible for service. Most of the time Family Aides have worked with young immature mothers, families of low income, single parent families, overloaded families with a large number of children, etc.

e. Methods of work: The service does not aim at replacing mothers who are temporarily out of the home, but at allocating family aides to a family where serious problems are evident. Its procedures are based upon its philosophy that all families want to have a better life, and are concerned about the health, education and happiness of their members. However, they often need to be "shown the way". A major goal of the Family Aide is to establish rapport through "doing together" and gradually building up an atmosphere of caring, and mutual trust in which learning can take place.

Referrals for service are made by the social worker from the Social Service Department, other social agencies, hospitals, etc. to the Family Aide Supervisor. The Family Aide sent, who is a paid staff member with skills in home management and housekeeping, is briefed on the family situation by the supervisor and social workers before she works with the family. The length of time she spends in a home depends on need and speed of improvement of the situation.

When the service is terminated, a written evaluation of the service received is requested from the client.

There is no utilization of volunteers in the delivery of service.

f. Organization and administration. Since the Family Aide Service is directly operated by Edmonton Social Services the organizational chart of the project will not be shown in this section (for reference, refer to figure 2 in Chapter IV).

In this project, there is a Family Aide Supervisor who is

responsible for the supervision of Family Aides, coordination of the services, reviewing the background or family situation of the referrals, etc.

The duties of the Family Aide varies in each family depending upon the needs and the family situation. Her duties may include helping the family with budgeting, household management and health improvement; providing assistance with child care for part of the day, encouraging the family to participate in community activities and so on. She works with social workers and other professionals in a team approach to families.

4. Urban Life Skills and Child Care Program (U.L.S. & C.C.P.)⁴

a. Historical background. The Urban Life Skills and Child Care Program is conducted by the Canative Housing Corporation which is a nonprofit organization established by Albertans to provide housing for disadvantaged people like the natives in the major urban centres of the Province. The program was started because of the conviction that success in improving the living standards of such people would not be met by merely providing a better quality home, but rather by assistance in adapting to the entirely new urban environment. The corporation, therefore, decided to develop an Urban Skills Program to provide opportunities for improvement in family life skills, and to cover all areas of need apart from basic housing. The program was started with a LIP grant and then funded by Preventive Social Services last fall, in 1974.

b. Sponsorship. Preventive Social Services provides the operation costs of this sub-program.

c. Objectives. The basic objectives of the program is "to provide a centre where mothers possessing minimal experience in contemporary life skills may, in a confidence-inspiring and home-like setting, learn to cope with the demands of rapidly changing social and economic urban conditions."

d. Clientele. The major target group is comprised of tenant mothers, most of whom are native. However, any other interested persons are welcomed to register in the course.

e. Methods of work. The rural-urban emigrant problems, which the program tries to alleviate, result from cultural and language barriers, poor education, and ignorance of urban life skills. People within the disadvantaged group are therefore unable and unwilling to get involved in existing programs or facilities mainly oriented toward urban whites.

In this urban-skills program, native personnel are hired to conduct courses in home management, health and diet, use of local services and agencies, explanations of urban attitudes and how to cope with social pressures. It is hoped that through group, class and private discussion, many of the potential problems encountered by the target group will be overcome or circumvented.

In order to encourage mothers to attend the program, a child care service was developed with the assistance of West-Ten, as a regular part of the program. It has proved itself to be indispensable. In

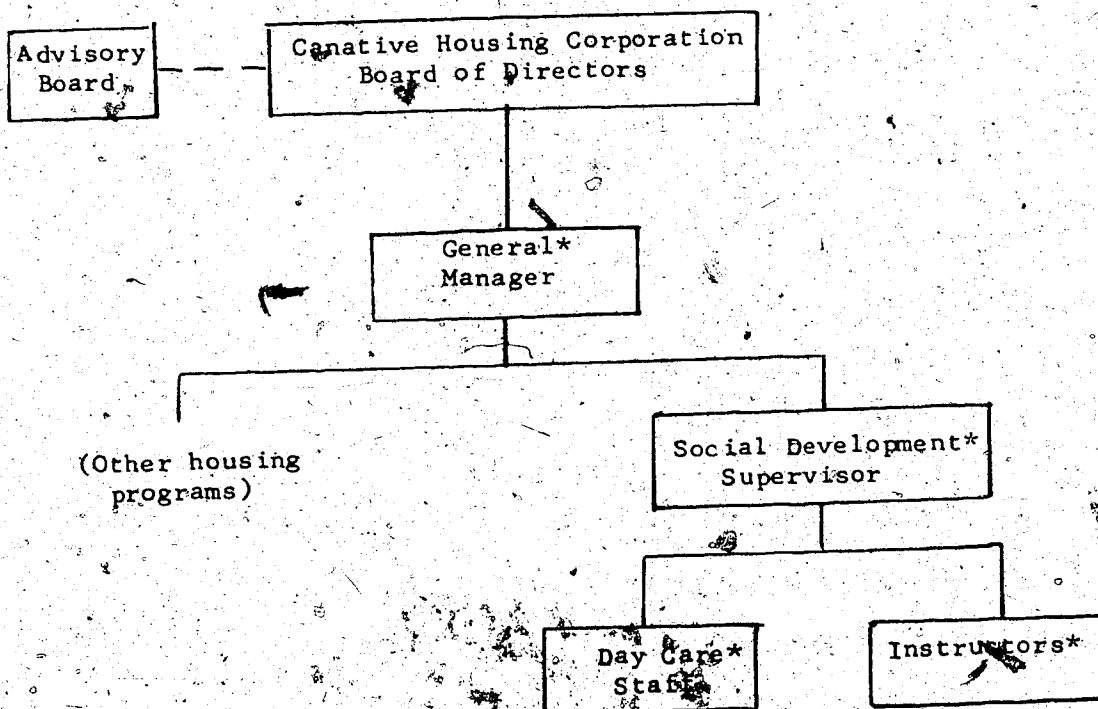
addition, transportation to and from the centre for students is provided.

As yet, there has been no recruitment or training program for volunteers.

f. Organization and administration. The Program is operated under the supervision of Canative's General Manager, Board of Directors, and Advisory Board. The Board is made up of native people, and is responsible for policy-making and control of finances. The General

Figure 27

The Organizational Structure of Urban Life Skills and Child Care Program



Manager is responsible to the Board for all the programs conducted by the Canative Housing Corporation.

A social development supervisor is hired to control the operation and staff of the Urban Skills and Child Care program, plan course content, keep in liaison with other agencies, and contact prospective students.

The Instructor/Group Leaders would be responsible for the presentation and implementation of the courses.

5.
5. St. Francis Youth Club (S.F.Y.C.)

a. Historical background. The Boys' Club of Edmonton was opened in 1962 in a house in the Boyle Street area. A new building was opened in 1966 after a successful \$300,000 fund-raising project. The St. Francis Youth Club which is an offshoot of the Boys' Club started operations in January, 1972 in St. Anthony's College with the support of federal grants. In May, 1973 it received a \$30,000 non-renewable grant from the Department of Culture, Youth and Recreation, and moved its operations to a trailer in North Edmonton Park. In December, 1973, it moved into a two-bedroom house in that area. But the house was vacated in October, 1974. To date the St. Francis Club is operating with community facilities, using gyms of the North Edmonton Public School and the St. Francis Separate School for their activities. The St. Francis Youth Club first received Preventive Social Services funding in 1974.

b. Sponsorship. It is sponsored by United Way, Preventive Social Services, and other small grants.

c. Objectives. The objectives of the St. Francis Youth Club are more or less the same as that of other boys' clubs. Basically, the Club tries to meet the needs of its members, which may be social or recreational.

d. Clientele. The program is open to any youth in the City. But over 90 per cent of its members come from within a ten block radius of the activity-centre, i.e. the North-east Edmonton area.

e. Methods of work. For recreational needs, the Club provides outdoor and camping services on a year-round basis. Moreover, there are physical education activities, social recreation, arts and crafts programs etc. Work in the area to meet the unmet needs of those youths experiencing difficulty with personal, social and emotional growth includes

- Group Clubs
- Informal, individual guidance
- Liaison with other youth services and community groups
- Work with families

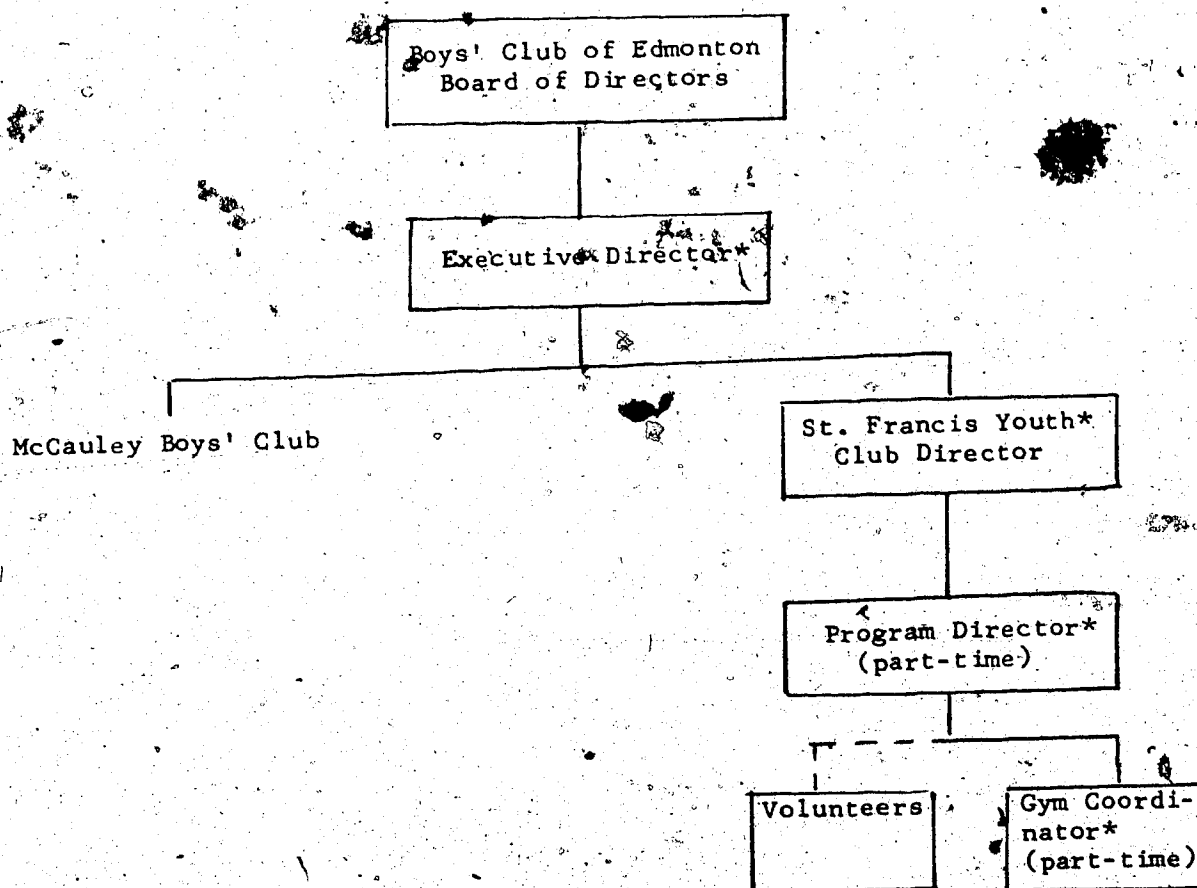
The Club has emphasized the small group approach, i.e. members who have interests in common will form a group to do their own thing. The small groups are usually organized with around six persons at three levels: the Junior with youth from seven to eleven; the intermediate with youth from eleven to twelve; and senior from twelve to seventeen years old.

The last but not least important method is the recruitment and training of volunteers. In 1974 the volunteers came from the community at large, teen membership and from student personnel specially recommended for field placements.

f. Organization and administration. The overall policy is made by the Board of Directors of the Boy's Club of Edmonton. The Board

Figure 28

The Organizational Structure of the St. Francis Youth Club



members are concerned citizens, nominated by the Board itself. For the St. Francis Youth Club, there is a Director responsible for the management of the total operation of the project and the training of volunteers. The Program Director shares the work load with the Director, but is mainly responsible for the co-ordination and development of programs.

6. Teen Time (T.T.)⁶

Historical background. Teen Time of Edmonton began in 1964 when a group of teenagers met at the present executive director's house for a Valentine Party. Following that party, informal social gatherings took place regularly and within three years those small gatherings had organized themselves into a formal club offering regular sport programs. Further growth occurred in 1967 when a week-long camp was a success and camping became a regular part of their program. At the same time, the present Executive Director began to develop his ranch site which has provided Teen Time with a place for many recreational activities.

The Club continued to grow until 1969 it was incorporated as a Society and registered as a charitable organization. In 1972, an office centre was obtained. The Club kept growing over the years and eventually purchased 400 acres of land for a teen ranch and a year-round lodge. It received funding from Preventive Social Services in April 1974.

b. Sponsorship. Besides a membership fee the Club is supported by fund-raising projects, donations, Preventive Social Services, and small grants from time to time from other civic and provincial departments,

like the Department of Culture, Youth and Recreation.

c. Objectives. The objectives as stated in the Report of Teen Time are:

- to aid teens with problems by helping them to understand the problems and themselves better.
- to provide opportunity for development of a balanced life, socially, spiritually, physically and mentally.

d. Clientele. The program is open to any teenager in the City of Edmonton.

e. Methods of work. Teen Time's methods of work are based on the conviction that negative forms of youth behavior are in large part due to boredom, frustration, lack of adventure, and a failure to fulfil one's potential. Its programs are also based upon its philosophy that if any one of the four areas--social, recreational, mental and spiritual--are neglected one cannot have a full and balanced life. With this philosophy Teen Time offers the following programs:

- Weekly social evenings
- Gym nights at Jasper Place Composite High School with loosely organized sports activities.
- Chapel - Sunday afternoon non-demonstrational discussion period
- Music and drama
- Summer and Winter Camping
- Leadership and Counsellor Training

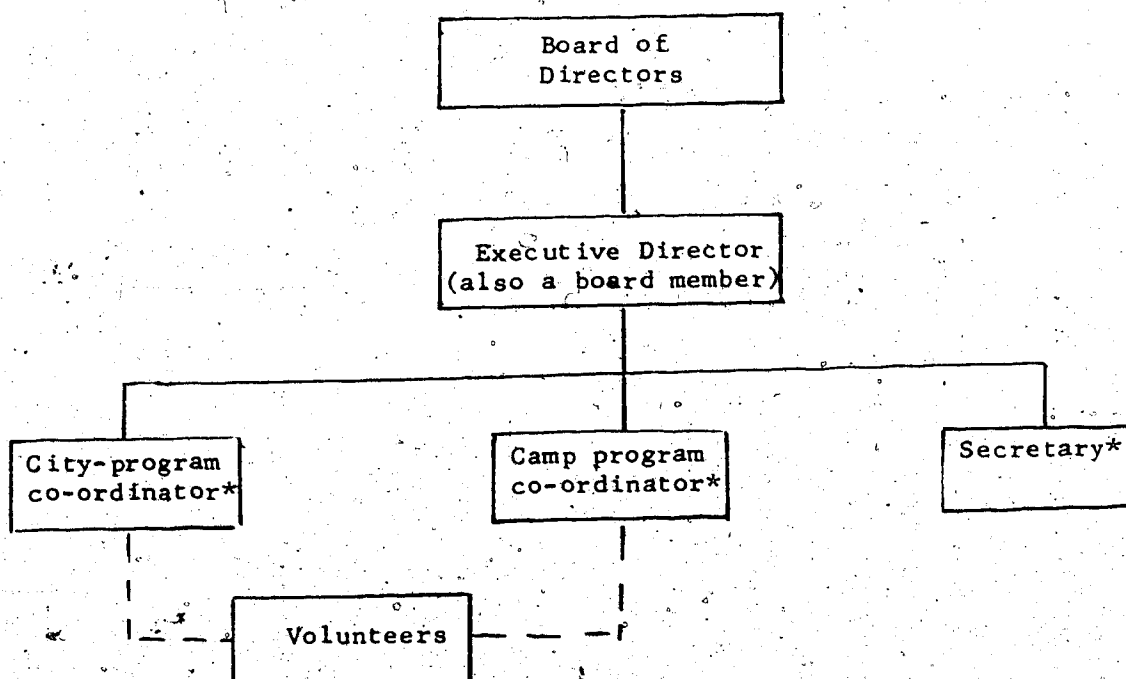
This is a training program for those teens actively involved in Teen Time, who have the desire to become non-professional counsellors within the club.

Evaluation means are informal. In 1974, evaluation forms were given to campers to find out whether they felt accepted and had learned something. But the director has stressed the difficulty in evaluating human development.

f. Organization and administration. The Board of Directors which is the decision-making body is responsible for making policy, defining objectives, negotiating for funding etc. The Board members are elected bi-annually by governing membership (members 18 years old and over who have paid \$10 club fees). At present, the Board consists

Figure 29

The Organizational Structure of Teen Time



of physical education teachers, businessmen, accountants, housewives, etc.

All staff members are volunteers with the exception of three-- the Secretary, the Program Co-ordinator (part-time) and the Camp Program Co-ordinator (part-time). The roles of the Executive Director are those of promotion, public relations and financing. The City Program Co-ordinator is responsible for the overall direction of the Teen Times programs. The Camp Program Co-ordinator is responsible for planning, promoting and directing weekend retreats or camps for both junior and senior teenagers.

The senior teenager groups have elected an executive and area representatives, all of whom work directly with the Program Co-ordinator in selecting and planning activities. The Co-ordinator is only involved in the planning stage, then the older seniors take over and run the activities themselves. The junior group on the other hand is helped by older teens. The juniors' views are brought forth by area representatives, who with the assistance of the older teens plan and run their own activities.

7. Bissell Child Care Centre (B.C.C.C.)⁷

a. Historical background. The Bissell Child Care Service began operation in February, 1974 under the auspices of the United Church of Canada's Bissell Centre, and funded by the Local Initiatives Program. This service was initiated by the Board members of the Bissell Centre who felt that there was a great need for such a service in the area.

Funds have been obtained from Preventive Social Services since January, 1975.

b. Sponsorship. The Centre is funded by Preventive Social Services, and the space, utilities, and office supplies are provided by the Bissell Centre.

c. Objectives. According to the Director of the centre, the major objective is to provide community based free drop-in child care services for families, particularly single parent families, and people who really need such services, but it is not a regular day-care centre.

d. Clientele. The service is open to any family with children from infancy to 5 years old. But parents served usually include:

- People who cannot pay for or cannot find a reliable part-time baby-sitter.
- families referred by the Boyle Street Co-op, the Public Health Nurse, the Royal Alexandra Social Service, the City Social Service Department or etc.
- Social assistance recipients referred by Provincial Government Social workers.
- Parents who want to visit doctors or psychiatrists, shop, attend classes at colleges or vocational centres, etc.

e. Methods of work. The major method of work is to provide child care service mainly by paid staff from 8:30 a.m. to 4:30 p.m., Monday through Friday. A special program for 3, 4, and 5 year old children has been developed and involves field trips, films, special handi-crafts and outdoor activity.

In 1974, a communication workshop in 'Child Care' was

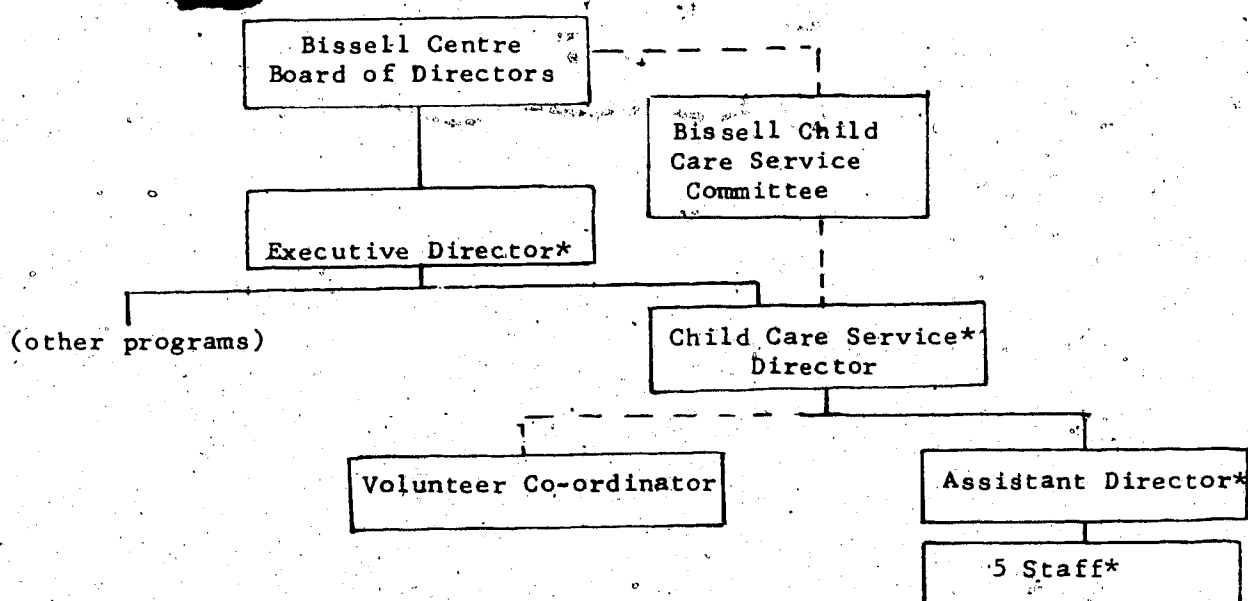
offered to interested parents. The centre would like to organize more workshops, but funds are inadequate.

The centre is also attempting to involve parents and start a volunteer program with a volunteer co-ordinator. Recently, five students and a mother have participated as volunteers.

f. Organization and administration. The Bissell Child Care Service is operated under the auspices of the Bissell Centre which is governed by a board of directors. The Child Care Service, however,

Figure 30

The Organizational Structure of the Bissell Child Care Centre



has a separate Bissell Child Care Service Committee who is responsible for getting funds for the services, hiring staff, and programming. At present,

the Committee is composed of staff persons from Park and Recreation Department, City Social Services, the Director of Bissell Centre, the Director of Bissell Child Care Service and a few interested parents. The Child Care Service Director is responsible for the administration of the Service and the organization of various activities.

8. Operation Friendship (O.F.)⁸

a. Historical background. Operation Friendship began with the work of some volunteers at the Bissell Centre, a United Church Agency in the city centre area. These volunteers found many isolated people with a multiplicity of health and social problems, and began to do some door-to-door out-reach visiting and to help individual elderly with specific problems. The program received impetus when the original volunteer organizer was provided with a small salary on a part-time basis by the Society for the Retired and Semi-Retired. Further help was provided by volunteers from the Alberta Service Corps in the summer of 1972.

Through the efforts of the Community Development worker in the City Centre unit, two staff people with Edmonton Social Services, funded by a LIP grant, started working with Operation Friendship in December 1972, particularly in the McCauley area. With their help and that of many other volunteers, a second drop-in centre was opened. As the funding for these two staff people was terminated in December 1973, Operation Friendship has received financial help from the Department of Culture, Youth and Recreation. Since December 1974,

Operation Friendship has received funding from Preventive Social Services.

b. Sponsorship. Operation Friendship is funded by New Horizons Program, Preventive Social Services and the United Way. Bissell Centre has contributed the space for the two drop-ins--at Boyle Street and McCauley. The Boyle Street Community Service Co-op has contributed office space for the Co-ordinator and some transportation services. Many churches, community organizations and private individuals have contributed food and money for food costs at the drop-ins.

c. Objectives.

To locate and bring information about services for senior citizens to older persons living in this area.

Whenever desired by the older persons, to visit on a regular basis, providing friendship and practical help with everyday problems.

To be aware of the variety of services and resources in the community and if needed, help the older person reach a needed service.

To encourage the older person to participate in programs available and to use their resources and abilities to help themselves and the community.

To educate the community as to the needs of the older persons in this area and to stimulate action.

To speak out on social concerns which affect the elderly in the area.

To provide opportunities for fellowship in group activities.

d. Clientele. Most of the clientele are elderly persons in the McCauley area.

e. Methods of work. The methods of work are based upon the needs and problems that exist in the area. Some of these needs are listed in 'the Boyle Street Study', others are perceived by the workers. The crucial needs and problems of the older people in the Inner City area are identified to be: loneliness, depression and isolation, poor housing, health problems, low income, lack of social and recreational facilities in the area and language problems.

The major program of Operation Friendship is outreach home visiting to the elderly. This door-to-door work has a socializing, supportive, and informative function. The elderly are also provided with opportunities for socializing and recreation at the drop-ins. As a result, the Operation Friendship Action group was formed. This action group is made up of senior citizens who discuss and help with plans for programs as well as make the needs and ideas of the elderly known to appropriate levels of Government and community groups.

With regard to housing needs, Operation Friendship staff working with other interested agencies and meeting with various city departments have helped their elderly people become involved and have a voice in various housing plans. With the help of public health nurses, Operation Friendship has completed a housing survey of the elderly in the area in 1972.

In connection with the problem of health, paid workers and volunteers continually arrange for health care services through Public Health nurses and doctors etc. The drop-in centres also help

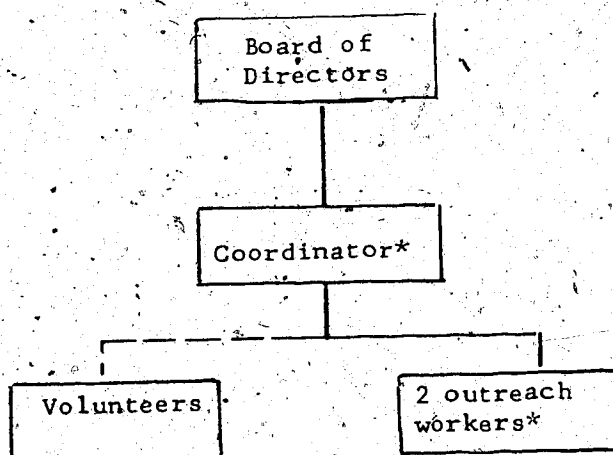
to supplement the older person's diet, with their daily lunches and Friday hot meals.

With regard to the 'low-income' or 'lack of income' problem, particularly for those under 65 years of age, Operation Friendship frequently acts in an advocacy role for these people, arranging transportation, helping them to obtain assistance that is due them etc. Since Operation Friendship works very closely with other services in the area, there are many consultation and referrals of service back and forth.

f. Organization and administration. Operation Friendship has become independent of the Society for the Retired and Semi-Retired, and

Figure 31

The Organizational Structure of Operation Friendship



the Boyle Street Community Service Co-op, with their own Board of Directors and staff incorporated as a separate organization. At present, the Board is the decision-making body made up of professionals and two senior citizens in the area. The Board members are not elected, but are invited by previous members or other workers of Operation Friendship.

The rôle of the Co-ordinator is to recruit volunteers and co-ordinate the work of the volunteers and the workers. She makes contacts with people who are referred by hospitals and agencies, assesses the situation and arranges for appropriate follow-ups. Part of the job of the Co-ordinator is to keep in touch with all of the agencies Operation Friendship works with.

The two non-professional staff members are responsible for running the drop-ins, helping with human relations problems, visiting etc. There are also volunteers from outside the area and in the area, who have helped with all aspects of the work..

9. Strathcona Place Society (S.P.S.)⁹

a. Historical background. The project was initiated by a group of concerned people in the community, who were concerned, originally, with housing for senior citizens. Most people involved in this group were from Churches. Around 1969, they did a survey of people over 60 years old in the Garneau and Strathcona neighbourhoods asking about housing and other needs. Since recreation needs were expressed by most such persons in the community, the group developed the idea of having covered recreation facilities. The City came forward with an old church

building and asked the group if they would explore the possibility of funding for capital expenditure. The group and the community, therefore, formed the Society and later received a budget from Preventive Social Services.

b. Sponsorship. The basic operating funds are provided by Preventive Social Services.

c. Objectives. The basic goal of the Society is "to help the elderly to lead rewarding and happy lives, and to assist them to maintain their independence and dignity." The Society is concerned with the total needs of the elderly.

d. Clientele. The Society basically serves people over 60 years of age, and most of the members come from South Edmonton. But the Society also has an arrangement that allows people who are under 60 to come with their older friends under certain conditions.

e. Methods of work. Many of the activities at the Strathcona Place Society are centered on recreation, but the Board, and many members believe that through recreation, many other unmet needs may be identified and later acted upon in terms of new programs, referrals etc. The Society has provided in-centre, out-of-centre, and out-reach programs and services on a daily, weekly, monthly or annual basis.

For the in-center and out-of-centre programs, the Society has provided a regular food service (lunch, and afternoon coffee), and has made health, legal and family counselling readily available.

But most of the social and recreational activities such as bus tours, dances, evening entertainments etc. are organized on an ad hoc basis by various advisory sub-committees which are made up of elderly members. During 1974, a number of special classes and discussions were held, e.g. on Defensive Driving; discussions on Income Tax, deafness and blood pressure.

For outreach programs, the Society has sponsored the Strathcona Outreach Proposal (a New Horizons Project) which was presented by fifteen senior Strathcona Place members. At present, Strathcona Place members provide 90 per cent of the 170 volunteers required to carry the outreach program to home or hospital bound elderly citizens.

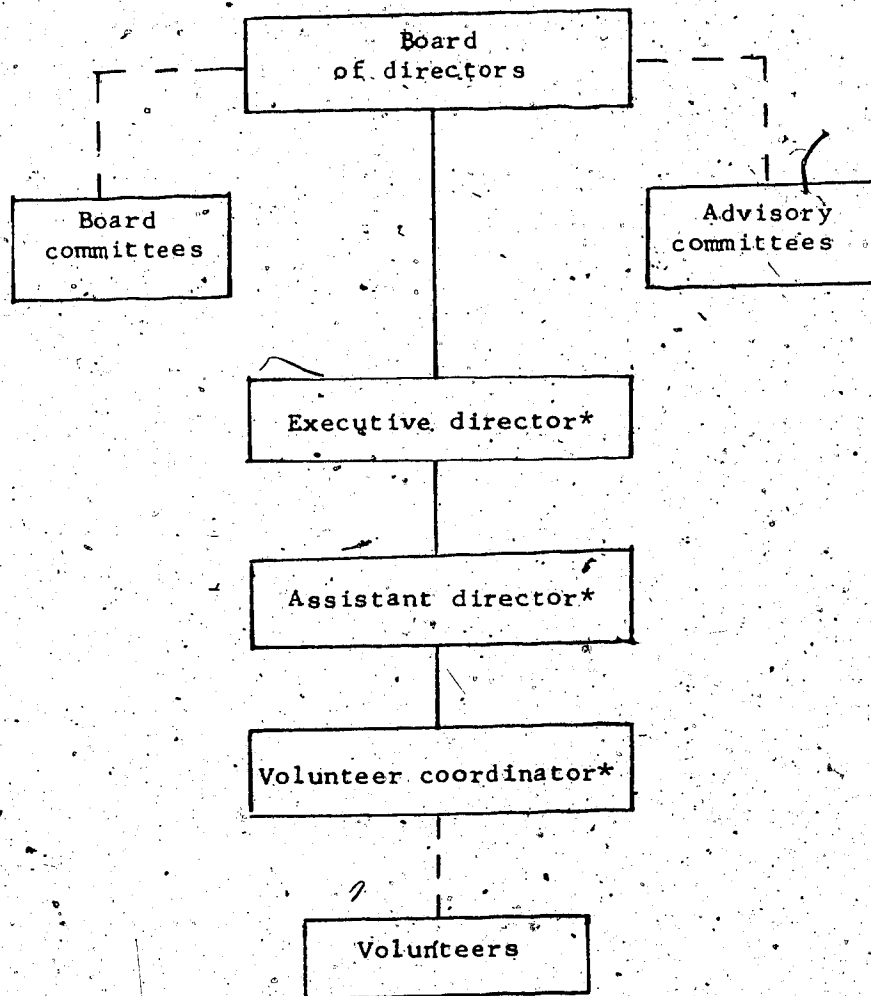
In sum, the Society has provided seniors with opportunities of planning for, and participation in crafts programs, continuing education, recreation and social events.

f. Organization and administration. The Board of Directors is elected by members in the annual meeting. At present, half of the Board members are non-senior citizens, but influential and knowledgeable persons in the community. The Board is responsible for policy decisions, management of finance etc. There is also an Advisory Committee consisting mostly of ordinary members, appointed through the nominating committee of the Board. The Advisory Committee has over fifteen sub-committees who plan and recommend centre activities.

The Executive Director has the general responsibility for all phases of operation, and is accountable to the Board of Directors. His duties include personnel administration, public relations, supervision

Figure 32

The Organizational Structure of Strathcona Place Society



of budget, scheduling of programs etc. He is also the official representative for the Society in negotiations with City departments. The staff

perceive their roles as consultants and resource people to the groups.

10. Dickensfield We Care Centre (D.W.C.C.)¹⁰

a. Historical background. In January 1973 a group of tenants from Dickensfield Public Housing identified the need of a community drop-in centre. Some students from Grant MacEwan College were invited to do a survey in the area. The survey indicated that such a centre would be well received. As a result an agreement was reached in October, 1973, with the Edmonton Housing Authority, making a free three bedroom unit available. In April, 1974 the Dickensfield We Care Centre was incorporated under the Societies Act.

From the start, management of the Centre was in the hands of a small group of dedicated residents (forming a Board of Directors) with the part-time help of a community worker from the Glengarry Office of the City Social Services and some financial assistance from the same office. On July 1, 1974 a grant from Preventive Social Services enable the Centre to hire a full-time Co-ordinator.

b. Sponsorship. This Centre is funded primarily by Preventive Social Services.

c. Objectives. The objectives of the Centre as outlined in the Annual Report are:

- To provide social, educational and recreational opportunities for residents of the area

To improve the quality of life in the area of high
 population
 improve the image of the area by showing initiative
 reliance
 social problems.

d. Clientele. The Centre is open to all residents of the Dickensfield neighbourhood (not restricted to public housing tenants).

e. Methods of work. To accomplish the objectives, the Centre has organized the following educational, social, recreational activities for the area:

- Mother's Day Out Program
- Mother's Group - a 'getting together' to break the monotony of the week. The program is centered around the interests of the mothers.
- Children's Arts and Crafts Program
- Teen Program
- Legal Aid Services for every Monday evening.

In addition, there were workshops on communication skills, income tax information etc. The centre also sends out newsletters to every household in the neighbourhood. Volunteers are recruited to organize various programs.

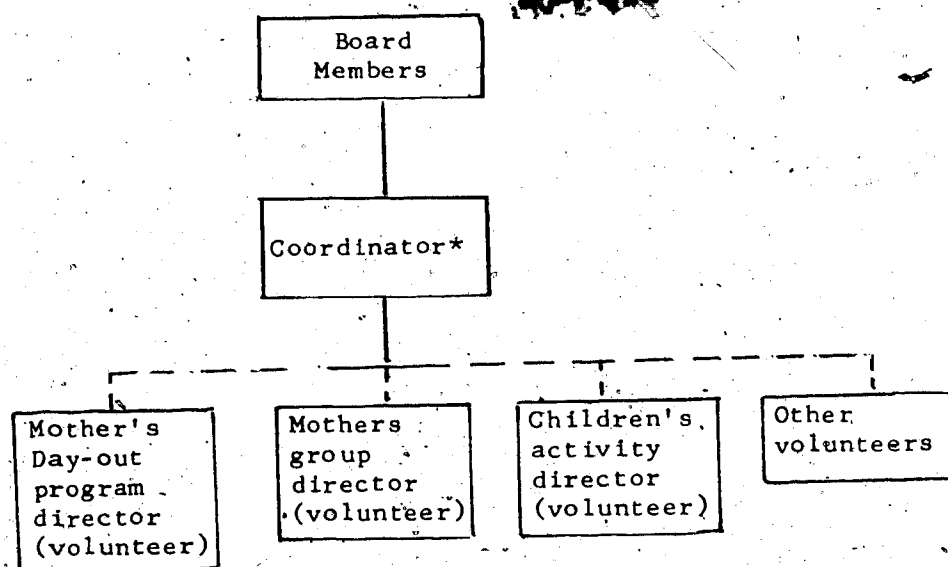
Evaluation of the methods used is informal, mainly through verbal feedback.

f. Organization and administration. The Board is the decision-making body made up of residents in the neighbourhood except one who is also a volunteer director for one of the programs. The Board members are elected by membership of the Centre. Membership is open to any

resident in the area. The Co-ordinator is the only paid member of staff. She is responsible for administration and co-ordination. All programs are organized by volunteers.

Figure 33

The Organizational Structure of Dickensfield We Care Centre



11. Open Door (O.D.)¹¹

a. Historical background. Pioneer work on this information and referral centre was done in Area 13 by a O.F.Y. Team during the summer of 1971. A Committee responsible for acting on the findings of the O.F.Y. team submitted a brief to the City's Social Services Department concerning the need for such a centre. A Preventive Social

Service grant was finally received in April, 1972 to cover office supplies, rent, and a part-time secretary. It was operated by the Area 13 co-ordinating council as an information and referral centre in the southeast area of the City. At present, Open Door has its own Board and works in cooperation with the Area 13 co-ordinating council.

b. Sponsorship. It is funded primarily by Preventive Social Services.

c. Objectives. The stated purpose of Open Door as set down by the Board at a Process Planning meeting, 1974, is to be an information exchange for the Area 13 (Capilano, Forest Heights, Fulton Place, Gold Bar, Holyrood and Terrace Heights community leagues) and to provide the community with a hospitable, readily identifiable contact point, so that residents or service oriented resource persons, or groups, may more easily get/and/or give the help needed, if possible from within the community.

d. Clientele. Open Door basically serves residents in Area 13 and the six community leagues therein. Sometimes, there are phone calls and requests from outside the community.

e. Methods of work. As stated in its purpose, a primary activity is to provide information and referral service to the people in Area 13. In order to gain public recognition and understanding of Open Door, a letter was sent to all organizations and professional people working in the community and some agencies in and beyond the boundaries of Area 13.

explaining their purpose and facilities and inviting participation.

A similar pamphlet was also distributed to all homes in the Area.

Open Door has set up a program to recruit, train and maintain volunteers as Information Aids, Block parents/Good Neighbours, and Emergency volunteers. At present, Open Door is acting as the co-ordinator for Area 13 in cooperation with the Police Department and schools in the community in the development of a Block Parents program.

Open Door has also taken the responsibility of disseminating community news through Area 13 News which reaches all homes in the area free of charge.

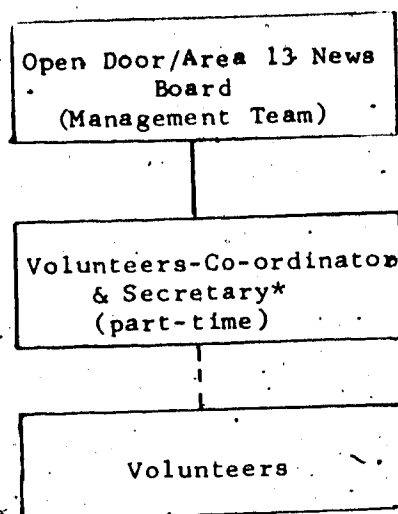
Since 1974, Open Door has organized Annual process planning sessions to evaluate the work done and to set up its future course of action.

f. Organization and administration. Since Open Door has taken the responsibility of Area 13 Community News, the Open Door Board has amalgamated with the once separate Area 13 News Board. The Board is made up of residents in the area and is responsible for policy, decision-making, exploring sources of funding etc. The role of the Volunteers-Co-ordinator is to recruit and train volunteers, maintain contact with other groups and agencies such as A.I.D., Social Services Department etc., co-ordinate programs and serve as a telephone listener.

Volunteers are recruited and trained to staff the Open Door/Area 13 News service. Most of them act as telephone listening aides, assist in the work of getting out the newspaper and in contacting community leagues, churches, schools and agencies for suitable material.

Figure 34

The Organizational Structure of Open Door



11. Advice, Information and Direction
(A.I.D.)¹¹

a. Historical background. The agency was established in 1960 by the Edmonton Welfare Council (Edmonton Social Planning Council) in response to a Citizens Committee's request for some sort of 24 hour clearing house for the Social Service Agencies in the City. This committee, which included concerned citizens and government officials from the Provincial and Municipal levels, invited the Edmonton Social Welfare Council to look into the possibility of establishing a central information and referral centre. The Edmonton Welfare Council then set up a subcommittee to look into the problem and they acquired funding to set up the agency. Until 1972, A.I.D. service was part of the Edmonton Social Planning Council. Original funding was by cost-sharing

arrangements between the Province, the City and the United Way.

b. Sponsorship. A.I.D. is jointly funded by Preventive Social Services and the United Way.

c. Objectives. "The objective of the agency is to provide for the development of fully functioning people by linking needs and resources."

The objective has not been changed since its inception. In addition, it was decided in 1972 to provide a distress line which is a 24-hour listening service for people facing crisis situations. Prior to 1972, A.I.D. was mainly an information centre.

d. Clientele. The agency serves the entire Edmonton community.

e. Methods of work. The basic method of work of the A.I.D. service is to develop and co-ordinate an information and referral centre in the City of Edmonton. Its activities include the following:

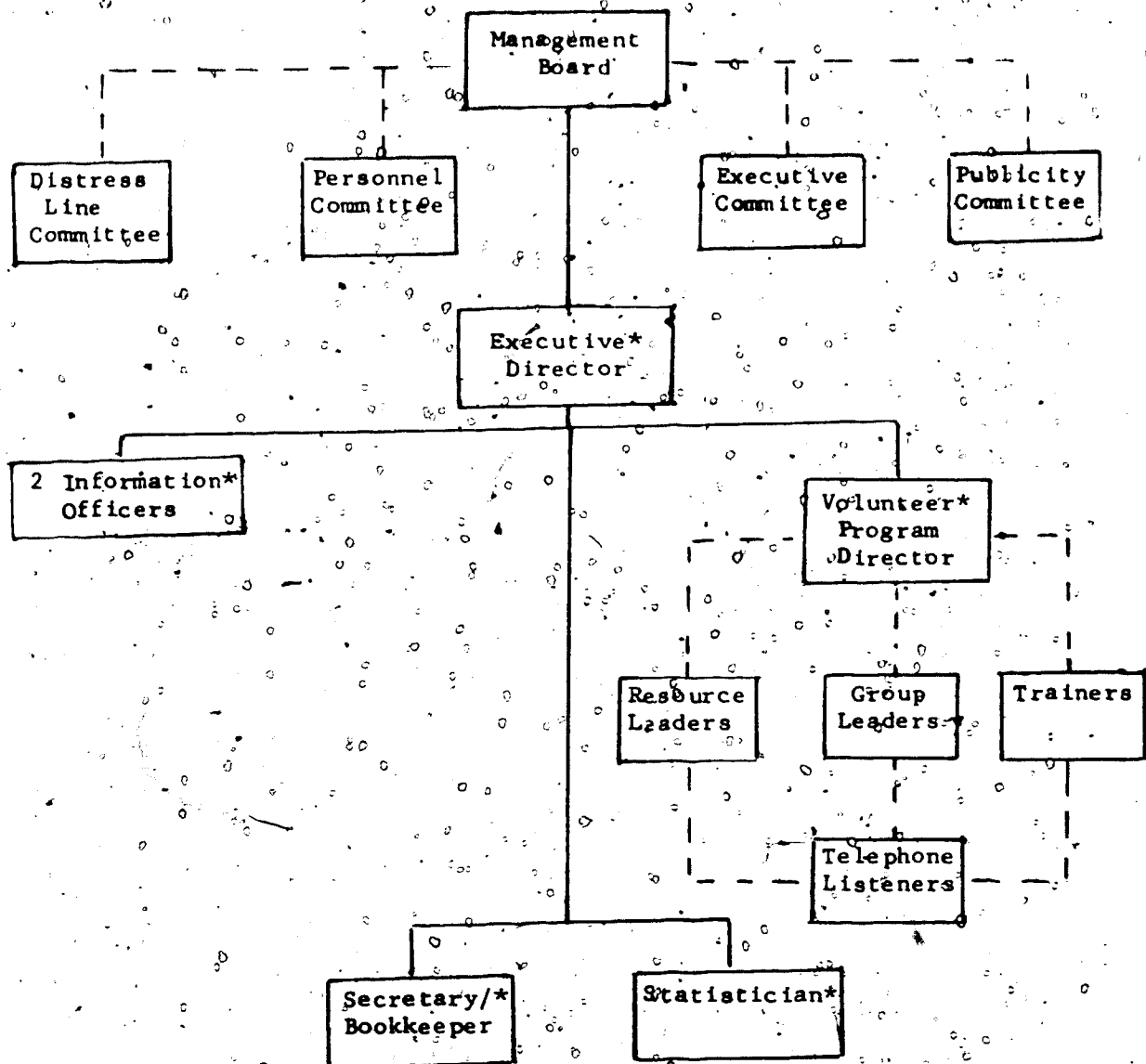
- acquiring, compiling and up-dating comprehensive information on community resources;
- disseminating the information, in response to requests, by an active outreach program and via telephone, personal interviews, correspondence, special publications, speaking engagements, information seminars, and such other methods as are deemed appropriate;
- keeping comprehensive statistics on contacts with clients in order to:
 - i. accurately describe the service offered,
 - ii. provide data for improving staff patterns and revising training techniques
 - iii. record information on problems, apparent service malfunctions or gaps.
- stimulating the development of a more effective communications network by acting as a resource to neighbourhood and specialized information services.

A.I.D. also operates a distress line to help the caller through

f. Organization and administration: The Board of management is made up of a cross-section of the community, including people from

Figure 35

The Organizational Structure of A.I.D.



initial crisis, and to assist the person in distress in finding the right community resource to provide him with either immediate or long-term support.

In addition, A.I.D. recruits, screens, and trains volunteers as telephone listeners in information dissemination and crisis intervention.

In part, the methods of work have been changed in the last two or three years. Prior to the establishment of the Distress Line Program, the direct service provided by the agency was handled by paid staff, and volunteers were used casually in a clerical capacity only. With the introduction of the Distress Line Program and the extension of the information/referral service hours of operation, the volunteer training program has been expanded. Now volunteers are being utilized as telephone listeners, resource leaders, trainers etc.

Traditionally, A.I.D. Service provided information only upon request. Now, the agency explores less passive methods of disseminating information to the community. Techniques used include presenting seminars, publishing directories like day care directories, youth service directories etc.; and so on.

There is no formal on-going evaluation of the methods simply because of the nature of the service. The director stressed that follow-up studies of the clients are difficult because the clients are often anonymous.

other agencies, a few citizens and two volunteers. The role of the Board is to ensure the continuity of the agency, to set the policy, to seek adequate funding and to look at program development and evaluation. The Board has established a committee structure in which each committee is made up of three Board members and some other citizens so that local expertise will also be utilized.

There are five paid staff members: the Executive Director, Volunteer Program Director, two Information Officers, Secretary/Bookkeeper, and Statistician. This staff is responsible for the implementation of policy, co-ordination of the service, and the provision of support to the volunteer staff. Most volunteers act as telephone listeners, but some others may be utilized as resource leaders and trainers.

13. Community Social Services (C.S.S.)¹³

a. Historical background. With the advent of Preventive Social Services in 1966, the Provincial Department of Health and Social Development was taking over responsibility for essentially maintenance and rehabilitation functions, thus freeing the municipalities to go into the areas of Preventive Social Services. The Community Social Services is part of the City's Preventive Social Services Program. Around 1970, there was a general trend to decentralization of services, so the City Social Services Department has gradually developed a number of local community units in the City. Basically, Community Social Services are provided in seven local units or geographic divisions of the

city. Five areas are served from area offices (Jasper Place, Glengarry, Duggan, West 10 and Beverly) and two from the central office (downtown and west central). Unit services include community preventive counselling, group programs and community organizations.

b. Sponsorship. The Community Counsellors and Community workers for the seven areas are funded primarily by Preventive Social Services. However, the budget for each local unit comes in 'a package' for both preventive social services and statutory services.

c. Objectives. The objectives of the Community Social Services are not clearly defined. In general, the services are designed to develop community awareness and resources, to strengthen and preserve human initiative and to preclude individual or family breakdown.

d. Clientele. Each local unit basically serves the community in its own geographic area.

e. Methods of work. The City has been arbitrarily divided into seven units with a community counsellor and a community worker assigned to each area. At present no strict policy guidelines have been established for the community social service program, but in general the workers in the program have been trying to get to know each community and to help people maximize their ability to cope with their environment.

Most community counsellors in the local units have provided marriage counselling service, counselling for families or individuals

on social assistance whose counselling needs are not really related to their financial need, etc. The counsellor's role is to help the client identify his need and cope with his own problem. The preventive counselling service is basically a direct service. In some areas, however, counsellors have provided back-up services for other workers as well.

A wide range of group programs covering youth, family, special interest, and senior citizen are also provided through unit offices.

For community development service, community workers are the resource persons--consultants, trainers, analysts, and enablers for many community groups in their areas. They also assist in the initiation of new local projects. According to the supervisors and community workers in the local units, the kind of approach taken in each area has largely been dictated by the particular situation and by the personality of the worker.

Up to now, the community workers of the seven local units have been involved in developing such programs as Teen Club, Mother's day out, Parent Effectiveness, etc. They also provide resources for the large number of varied groups of people within the neighbourhood including action groups, neighbourhood improvement groups, senior citizen groups concerning housing, etc. In such there are three types of involvement with community groups. The first type involves initiation only with little or no carry over. The second type involves regular contact. The third type requires periodic contact with individuals or groups which are functioning on their own. These kinds of involvement are largely

dependent upon the situations in each area. Basically, the role of the community worker is to encourage community groups in the area to look into their own situations, to define their goals and to use their own resources to meet these goals. The needs of the community groups may be day care facilities, development of parks in the area, better transportation services etc.

With regard to the use of volunteers, the Duggan unit has an extensive training program.

f. Organization and administration. Since Community Social Services are provided directly by the City Social Service Department, the organizational structure will not be shown in this section.

14. Meals-on-Wheels (M.O.W.)¹⁴

a. Historical background. Around 1969, there were requests for the service from the community, then various community organizations grouped together to explore the need for such a service. They came to the Victorian Order of Nurses and asked if this agency would like to administer the service. They agreed. A pilot project was then started in the South West section of the City, with funds from the Edmonton community; an average of six recipients received meals. Since that time the service has grown to include the South East and Northwestern section of the City and the North Side with the Good Samaritan Nursing Home, the Hardisty Nursing Home, the Royal Alexandra Hospital, and the Grey Nuns Regional Centre providing meals for an average of 180 recipients.

It has been funded by Preventive Social Services since 1970, one year after its operation has begun, but is still administered by the Victorian Order of Nurses.

b. Sponsorship. The meals-on-wheels project is funded by Preventive Social Services, service fees, and private donations.

c. Objectives. Basically, the objective of Meals-on-Wheels is to provide well-balanced meals to homebound individuals who are unable to prepare meals themselves.

d. Clientele. Individuals will be eligible for service providing the following conditions are met. Persons receiving meals must:

- 1) live in the area served (in the City of Edmonton)
- 2) have no one in the household able to prepare meals
- 3) be unable to prepare adequate meals
- 4) be homebound but able to feed himself
- 5) have available resources for the provision of meals on wheels on weekends and holidays
- 6) be unable to afford to have meals prepared or delivered from private sources.

e. Methods of work. The basic modus operandi is to deliver the packaged meals to the clients. Volunteers are recruited to be drivers and servers, delivering hot meals five days a week. They are expected as well to be sensitive to the needs of the recipients.

Requests for service may come from any source such as community services, social agencies or the general public. Persons requesting services will be interviewed to determine eligibility based on the

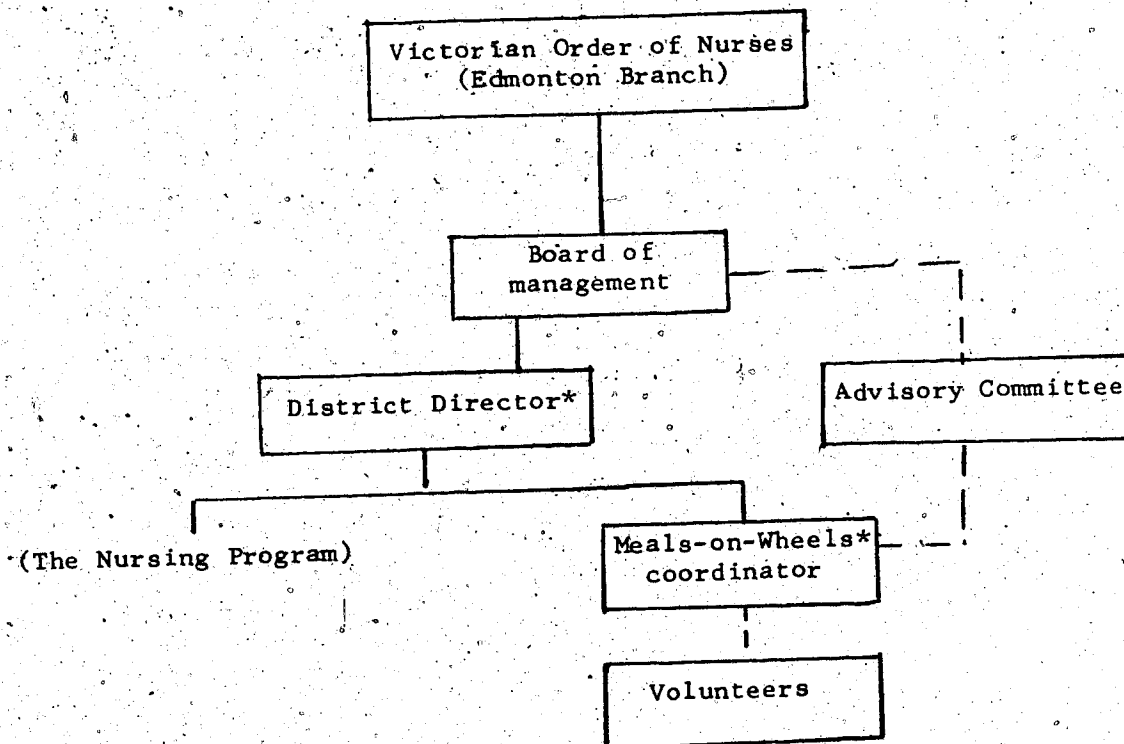
conditions necessary for the provision of the service. If an individual is not eligible for this kind of service, an effort will be made to arrange for more appropriate services.

There is no formal evaluation of the service, but a questionnaire is sent out from time to time.

f. Organization and administration. The Board of the Victorian Order of Nurses is the overall policy decision-making body which is

Figure 36

The Organizational Structure of Meals-on-Wheels



composed of professionals, retired persons, and interested citizens. The Board members are elected annually in a public meeting. There is a Director who is responsible for the supervision of all programs under Victorian Order of Nurses. For the Meals-on-Wheels project, there is a Co-ordinator who is responsible for its general operation. She also assesses and keeps records of people who request the service.

There is also an Advisory Committee for Meals-on-Wheels, which is composed of three members from the Board, a working volunteer, interested citizens, and some founders of the project. The Advisory Committee is appointed by the Board of Management. They meet four or five times a year and make recommendations about current services to the Board of Management.

This project is almost entirely dependent on volunteers. The Coordinator is the only person paid.

Footnotes

¹From an interview with S. Greenhill, the Executive Director of Edmonton Family Planning Service.

²From an interview with D. Storch, Chief of Services of Family Service Association; and Family Service Association of Edmonton, and 1973 Annual Report.

³From an interview with L. Hovedskov, the supervisor of Family Aide; and a handout on 'Family Aide Service' by Edmonton Social Service Department.

⁴From an interview with G. Hornby, General Manager of Canative Housing Corporation.

⁵From an interview with K. Purves, Director of St. Francis Youth Club; and a pamphlet from St. Francis Youth Club.

⁶From an interview with W. Szebel, Executive Director of Teen Times; 1974 Teen Time of Edmonton Report and Evaluation prepared for Department of Preventive Social Services, City of Edmonton and Province of Alberta; and Report on Teen Time of Edmonton by Karen Wundorf.

⁷From an interview with J. Dorn, Coordinator of the Bissell Child Care Centre; and a telephone conversation with J. Lightfoot, a founder of the Bissell Child Care Centre.

⁸From an interview with G. Wallis et al. of Operation Friendship, and a report prepared by Operation Friendship.

⁹From an interview with T. Allen, Strathcona Place Society, and Annual Report 1974, submitted to Preventive Social Service in 1975.

¹⁰From an interview with C. Rensing, Coordinator of Dickensfield We Care Centre, and Report on the Activities of the Dickensfield We Care Centre, 1973-74.

¹¹From an interview with A. Panych, Coordinator of Open Door, and Annual Report of Open Door, Information, and Referral Centre, 1974.

¹²From an interview with G. Wood, Executive Director of A.I.D. Service, and Annual Report, 1974, by A.I.D. Service of Edmonton.

¹³From an interview with E. Schlesinger, F. Klemen, D. Freeman, A. Marchand, D. Jacques, L. Desjardins, R. Levin, and A. Thal of Edmonton Social Services Department.

¹⁴From interviews with N. Davis, District Director of Victoria Order of Nurses and the Coordinator of Meals-on-Wheels, and pamphlets prepared by Meals-on-Wheels.