



The CAPC/CPNP Think Tank: Partnership and Intervention in Dealing with Child Abuse Prevention

On March 23 and 24, 2000, the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) sponsored their first “CAPC/CPNP Think Tank” in Ottawa. CAPC and CPNP support a range of community action programs and services for pregnant women and children living in conditions of risk across Canada. The Think Tank was funded by Health Canada under the CAPC/CPNP National Projects Fund, which funds projects that support the objectives of the programs and directly benefit CAPC and CPNP projects across Canada. The model for this unique event was conceived by program consultants at Health Canada, and was then further developed by a team from the Centre for Health Promotion, University of Toronto. (Additional information on CAPC, CPNP and the National Projects Fund is included in Appendix A, and is also available on the Health Canada website at <http://www.hc-sc.gc.ca/hppb/childhood-youth/cbp.html>.)

The CAPC/CPNP Think Tank brought representatives from 38 CAPC/CPNP projects together with community-based participatory researchers to discuss four important issues of common interest to CAPC/CPNP projects being implemented across Canada. The four issues that were addressed were:

- ▶ Maximizing parental involvement
- ▶ Reaching and maintaining the focus population
- ▶ Factors that contribute to an increased breastfeeding rate in the CAPC/CPNP population
- ▶ Partnership and intervention in dealing with child abuse prevention

In order to ensure that the outcomes of the Think Tank were meaningful to CAPC/CPNP projects, an Advisory Committee with representation from projects, as well as regional and national Health Canada staff, designed and shaped the event. This included identifying the priority issues that were addressed during the Think Tank, nominating the researchers who participated in the process, and nominating/selecting projects which had demonstrated innovation and expertise in one of the four issue areas.

The Think Tank resulted in the production of four papers (one on each issue), which integrate the experience and expertise of the project representatives and the community-based participatory researchers. A fifth paper provides an overview of this unique, experimental model and the process that was used to produce the results.

This issue addressed how programs that focus on parent strength, and are based on trust, can establish partnerships and programs to prevent, identify and respond to child abuse and neglect. The issue also addressed developing positive working relationships with child welfare organizations.

What the community said...

Learnings

The Working Group on Partnership and Intervention in Dealing with Child Abuse Prevention identified three key “learnings” that contribute to successful intervention in situations where child abuse is a possibility or a reality. These three learnings are:

- ▶ Relationship building (includes family, collaborative partnerships)
- ▶ A strength-based focus to accomplish a change in the social paradigm¹
- ▶ Training and peer mentorship.

These learnings represent a consolidation of many factors, issues, and challenges and are drawn from a recognition of

¹ “Paradigm” is defined by the Working Group as a constellation of beliefs and values; a “paradigm shift” means a process to rethink our assumptions to see if they are relevant for the field of practice.

weaknesses in current child and family support systems.

First Learning - Relationship Building



“Families and well-being fall into a circle of things – things like education and health.”

Relationship building occurs at many levels, all important to successful programs aimed at the prevention of child abuse. Relationships include those with parents and families, as well as collaborative partnerships with other social agencies, government officials and funding sources, and people and groups with power in the community.

Action to prevent child abuse is situated in legislative and process frameworks that are often out of date and not in tune with changing realities.

Unfortunately, family-centred programs may be hindered by power struggles. There are territorial (jurisdictional) issues between the different orders of government, which can mean that CAPC/CPNP programs are not supported equally from province to province. There may also be “turf” battles between different agencies and groups involved in the family and child support network. Moreover, Working Group participants perceived that the traditional bureaucracy seems to feel somewhat threatened by the idea of parental involvement and *community-driven* projects.



“The bureaucracy goes ‘nuts’ with the idea of parental involvement in projects.”

CAPC/CPNP projects are challenged by the tendency to short-term thinking and political expediency rather than long-term planning and commitment on the part of funding decision-makers.

Many projects live with the realities of inequalities in partnerships. There are varied levels of understanding about community-focused work among government departments, partner agencies, etc. Governments (and other players) may not understand community-focussed work. While the number of community-based projects is growing, funding agencies often do not see themselves as equal partners.



“[Funding agencies] provide the money, but they fund it and then expect to call the shots.”

Successful programs identify power sources in the community and actively go after a positive relationship. For example, the public support and endorsement of local business people can be a valuable asset to building legitimacy and promoting the value of the program. It is also important to network with the formal system, that is, treating the government as a community partner in the work.



“We identify power sources in the community and who has resources – we are very strategic in the kinds of relationships we build.”



“In CAPC/CPNP projects there are lots of women – we need more men involved to support ‘fathering’.”

Partnerships must also take into account the cultural realities and organizational dynamics of each agency/community.



“In working in partnership, you need patience and perseverance and mutual respect for different ways of doing things. What we need to have in common are the visions and goals. Trust is key.”

It must be understood that parents are more than clients. They are part of the partnership.



“If parents are not there, then part of the case is missing – you’re not investing in making a difference – parents must be an engaging part of the team.”

Some agencies forget this. Agencies and parents have to work together to meet the needs and goals of the family.



“We emphasize equalizing relationships – on our Boards we put parents and Child Welfare agents at the same table.”

There is also a power and control dimension to parental involvement. There is no respect or dignity if the partnership does not exist at all levels.

Finally, some programs and projects suffer from perception problems in their relationships with other agencies. For example, one home visiting program is seen as a “dumping ground” by child protection workers. Aboriginal agencies are often perceived as receiving more money than other agencies, and as a result have to deal with high levels of referral from other groups. There is also the reality that families involved with child welfare organizations get first priority, while other parents have to wait their turn on a long list.

Having recognized the challenges to a partnership approach, then, projects should remember that partnership is a tool, not an end. Partnerships must be managed and nurtured.

Network development helps fill in the gaps. It is vitally important to build partnerships so that outreach work can provide a variety of services and programs.

CAPC/CPNP projects can act as mediator, playing a key a role in partnership building and in identifying areas of responsibility, and with whom we could partner.



“We outlined a continuum which ran from conception to age 6 – this allowed people to plot themselves on the chart and see how the puzzle fits together – people began to stretch their roles, to meet together, fill in the gaps on the chart. ‘A’ is covered and so is ‘C’. Now we work together and stretch to cover ‘B’.”



“Some of our work involves everyone sitting at the table and saying ‘Here’s what I bring – Here’s what I need.’ We go around the table and negotiate in the open using plain language – there’s a give and take at all levels.”

It is important to support open, regular communication and regular feedback with partners.



“Resources and learnings exchange goes both ways.”

Collaborative partnership means valuing and embracing the uniqueness of each organization, understanding the need to work together for the bigger cause. Partners must also be accountable to each other.

Second Learning - A strength-focussed and family-focussed approach to accomplish a change in the social paradigm



“What does ‘at risk’ mean? Any person at home with children is in an ‘at risk’ position. How can we offer non-stigmatized support?”

It is key is to remember that often the parents are also victims. The abused become abusive. FAS (Fetal Alcohol Syndrome) and FAE (Fetal Alcohol Effects) parents are trying to parent FAS and FAE children. Two children are trying to parent each other. Some parents may have limited parenting skills because they were not raised in a family. Entrenched behaviour problems such as alcohol and substance abuse, combined with a deep mistrust of the formal system, add to the challenge.



“It is very important to go beyond victimization of the child. Services must also be there for parents who are also victims, and recognize that the entire family is in a healing process. Intervention takes time, over many years.”

Being family-focussed is protective and preventative, not reactive. The project should be involved in all the family celebrations (birthdays and such) when the children are with the families. Programs should involve children and their parents, so that the parents can learn to do child-focussed activities.



“When parents see their children in this light, they discover that their kids can do more productive things.”

It is important to remember that removing the child means not dealing with the family. An option is to recruit foster homes for entire families, not just the children.



“In some remote areas, we worked with the children and never saw their families. This does not recognize the significant relationship of the whole family.”

The project should create non-threatening environments.



“Why are we separating the kids from their moms?”

Programs need to be open and inclusive, so that all feel welcome to attend. In other programs, the burden is often on parents to prove their need or their right to services: “I’m poor”, “I’m abused”. The CAPC/CPNP approach should be, “you don’t have to justify being here.” Tolerance is critical. Staff should deal with what comes in, without implying judgment.

Other important attitudes include respect, honesty, and openness. Normalizing activities, such as helping to wash the dishes, builds a trusting relationship. So does staff sharing their own life experiences.

Programs must be culturally and linguistically appropriate. They need to understand the historical context, the impacts of racism, the community context and conditions, and so on.



“The way you work with Aboriginal families is very important – we need a different approach.”

A toy-lending bus to reach rural communities is an entry-level tactic used by one project to build levels of trust. Recreational activities, movies, suppers, and other incentive and reward programs that are based on having fun and do not focus on the negative can work well in building supportive intervention relationships.



“We can engage in a different way so they’re more a part of the process – focus on their strengths – and don’t just dangle a carrot over their heads and use threats to motivate them.”

Supportive intervention focuses on strengths. Parents should sit on Boards/Coalitions, and be a part of the decision-making process. They should be treated as valued people. Parents should get the message that they have it in themselves to change.



“If parents go four steps back, but make one step forward, then we need to recognize the one step forward.”

It is also important to understand that support in-home, when needed, is more beneficial than support after the crisis has already happened. It is also important to remember that mandatory participation is not partnership. An impartial, home-like environment for court-ordered supervised visits is crucial.



“We help the parents to become allies and resources by informing, supporting, de-dramatizing and empowering.”

Projects have to be ready and willing to challenge practices, rules, and attitudes if assumptions are wrong. We should focus on a paradigm shift, moving away from how

society values or does not value parenting – for example, low pay rates for those who work with children; or self-undervaluing, like “I’m just a stay-at-home mom”. We have to be mission driven rather than rule driven.



“If a rule is wrong, then we need to speak out – we need to provide models.”

CAPC/CPNP projects play an important advocacy role on behalf of the children and families.



“We act as a bridge between families who are suspicious of the CAS – we’re a buffer service.”

These parents are dealing with children who have many needs and, as was stated earlier, are often victims themselves. Projects have to be careful about the language they use.



“To say a family is ‘at risk’ is terrible and scary. We need to get rid of language – the stigma.”

Non-threatening, non-judgmental language and careful definitions can go a long way to taking the threat out of, for instance, legal obligations. Language should emphasize strengths, not problems.

Finally, the “Keep It Simple” principle is essential. Staff should understand what we do, and just do it. Manage expectations.



“We need to stick to the basics – keep things simple. Like a cartoon I once saw that had a picture of a tire on a rope. Parents got involved and built an elaborate swing set – but the kids just wanted the tire on a rope.”

Third Learning - Training and Peer Mentorship



“As a family resource centre, we need to talk about the philosophy of how we do the work with people who are working there. There are workers I wouldn’t willingly engage with.”



“It’s not so much the programs or services that are most important – it’s the relationship developed with people that promotes change.”

If the first two “learnings” are relationship building and a strength-focussed, family-focussed approach to accomplish a change in the social paradigm, then the third learning, logically, has to be the importance of staff training and peer mentorship.

Staff have to be educated and helped to identify their own biases and behaviours that can have a negative impact on their ability to intervene effectively. For example, often sensitivity training is offered. Inter-staff training can help provide support to staff, as well as professional development.



“Don’t refer to parents as ‘those people’.”



“Child welfare workers need training in what it means to be a parent and lose your cool.”

An abuse prevention program must be introduced with an awareness and appreciation of parental fears, for instance, concerning the education of young children concerning the realities of sexual abuse. Programs often benefit from the inclusion of program

participants, such as people who are FAS affected, in the staff training process. Peer mentoring programs can be very effective. Moreover, since peer counsellors and staff, have often “been there, done that”, there is often a high degree of empathy from the outset.

Many of the programs are situated in small communities. This can present very delicate and challenging situations for staff. How does one intervene in one’s own community and/or family?

Challenges

The Working Group identified the following specific challenges to building partnerships in the effort to prevent child abuse:

- underlying assumptions, values, beliefs and perceptions
- power; inequalities in the partnerships (e.g., parents-as-partners; funding agencies trying to control programs)
- legislative, jurisdictional, process and inter-agency “turf” struggles
- short-term, politically-expedient thinking rather than long-term planning and commitment
- language and cultural sensitivities
- inexperienced staff and/or jaded staff

Research Areas



“The real task, then, is coming up with a conceptual framework that facilitates the paradigm shift.”

At the same time, the issue group members recognized a number of approaches that could offer valuable models for or contribute

significantly to enhanced child abuse prevention programs. Considerable research exists that supports the key learnings identified by the group. The challenge is to (1) take practices → 2) integrate with theory and research → and 3) integrate the whole into a conceptual framework to bring about a paradigm shift to address the many challenges. (“Paradigm” is defined by the Working Group as a constellation of beliefs and values; a “paradigm shift” means a process to rethink our assumptions to see if they are relevant for the field of practice.)

Research areas that should be addressed to this end include:

- ▶ feminist (relationist) theory
- ▶ development of culturally-appropriate programs and services
- ▶ Aboriginal theory (holistic; healing)
- ▶ language
- ▶ community building theory and practice
- ▶ strengths- and skills-based approaches
- ▶ community level intervention strategies
- ▶ collaborative partnerships
- ▶ partnerships with power
- ▶ four stages of intervention: identify and conceptualize
- ▶ paradigm shift: define, rethink how paradigms affect our work

Production of this document has been made possible by a financial contribution from the CAPC/CPNP National Projects Fund, Health Canada.

The views expressed herein do not necessarily represent the official policy of Health Canada.

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Learnings

Introduction

The experiences and learnings brought forth by the CAPC/CPNP participants are well connected to where the research and literature suggest interventions should take place with respect to child abuse prevention. These interventions are required not only at the family, parent, child and youth levels but also at the organization, professional and community levels. For this reason the participants recognize that their work at the grass roots community level must take into consideration multi-level interventions. A number of learnings emerge from this recognition.

Learnings

The importance of a shift from the professional/bureaucratic paradigm to the client/community paradigm.

CAPC/CPNP participants recognize many of the shortcomings that exist within the formal child serving systems. They understand and appreciated the context and the themes as discussed in the literature review. They see the advantages and positive outcomes in their work with a grass-roots approach based on genuine partnerships, recognizing the importance of collaboration, inter-professional team work, recognition of the strengths and capacities of parents, families and communities.

Their experiences identify with the client/community paradigm, which in turn means:

- ✓ participation and collaboration of all stakeholders and seeing parents and families as key players. These relationships are built on trust and respect.
- ✓ cultural competence – recognizing the strengths embedded in diversity, respecting differences in world views, values, and beliefs and ensuring interventions are compatible with culture.
- ✓ easy, user-friendly access to services at the community level with active participation of parents and families in terms of assuming leadership roles, policy development, administration, peer support and training, and peer counselling.
- ✓ a non-threatening environment – an environment of safety in reaching out for help with respect shown for rights and individual power to make personal decisions.
- ✓ flexible policies and procedures to respond to individual need.
- ✓ a common vision that is mutually supported by all stakeholders, particularly the families and parents requiring assistance and support.
- ✓ a collaborative relationship with the formal structures and systems whereby they are willing to invest in a common vision and share resources and power.
- ✓ investment in education, prevention, and early intervention.

Many of the activities in the CAPC/CPNP experiences reflect a shift to the client/community paradigm – community resource centres where parents and families assume leadership roles in program planning and administration; toy-lending programs; recreational activities associated with the resource centre; community kitchens and gardens; seeking out and connecting with community resources for purposes of education and training; peer training programs; and many others.

The importance of a shift from a knowing-in-action approach to a reflection-in-action approach.

CAPC/CPNP participants see the benefits of learning from past experiences with respect to interventions with parents and families to prevent child abuse. Their close relationships and connections to these parents and families suggest that the traditional approach to control and try and “fix” things based on decisions made at the professional/organizational level without the participation of the parents and families does not work. Child abuse prevention work moves beyond more staff, more programs, more co-ordination, and restructuring organizations. Although there may be merit in these activities the participants agree that an approach must be taken to challenge the status-quo. As such they see the benefits in doing things differently, asking and responding to different questions, and to see parents, families, and communities as their own best experts. CAPC/CPNP participants see the benefits of reflection, dialogue, consciousness raising and assuming a major role in creating opportunities for parents, families, and communities to build relationships for the benefit of their own empowerment. Instrumental in a reflection-in-action approach, according to the participants, is that of relationships. The participants agree that relationships change people not programs. They also agree with the statement that people who are defined as the problem, if given the opportunity to redefine the problem, will bring about change and move things in a different direction. The learnings of the participants represent this relationship building and creating these opportunities.

Concomitant with a reflection-in-action approach is the recognition of the importance of process and the willingness to do things differently. An example of beginning this process is the acknowledgement of changing language, moving from negative terms such as “at risk”, “protection case”, etc.

Building Community

CAPC/CPNP participants believe in the importance of community-based services such as their family/community resource centres. They see shifting from the professional/bureaucratic paradigm to the client/community paradigm and from a knowing-in-action approach to a reflection-in-action approach as paramount to facilitate community building. Examples of what have worked for them in terms of community building include:

- ✓ keeping things real and simple in terms of approach and relationships.
- ✓ seeing parents, families, youth and communities as critical resources with capacities and strengths to assume leadership roles in determining what is in their best interests.
- ✓ establishing credibility with the formal child serving systems, developing respect and trust.
- ✓ having a vision and direction understanding the micro and the macro context of parents and families.
- ✓ increasing their knowledge to ask critical questions.
- ✓ being inclusive in their approach.

The major learnings of the CAPC/CPNP participants are grounded in theoretical orientations of empowerment, strengths-based perspectives, feminist thinking, Aboriginal concepts, and community building. They are also grounded in what Schorr's (1998) research suggests are the Seven Attributes of Highly Successful Programs (Literature Review, page 48).

What has not Worked

CAPC/CPNP participants identified a number of critical areas that tend to interfere with the community building approach and the theoretical orientations they feel are important. For example:

- ▶ no long-term vision that is collectively shared by all the stakeholders.
- ▶ lack of investment in terms of policies, legislation, funding, and human resources to support initiatives at the grass roots community level.
- ▶ the absence of process to establish the necessary linkages and relationships to work together.
- ▶ the formal child serving systems not collaborating as mutual partners and investing in the strengths and capacities of communities, parents, and families.
- ▶ an exclusive approach that tends to create environments of turf protection and not sharing.

What has not worked well is connected to what is found in the literature and research as per the above literature review. The participants identified with these issues.

Literature Review

What the research says...

Literature Review

Partnership and Intervention in Dealing with Child Abuse Prevention

by Dr. Ken Barter, Researcher

“Children are only as well as their parents; parents are only as well as their community”. [Comment made in the discussion group]

Introduction

Think Tank participants¹ from the various CAPC/CPNP projects agree, based on their experiences, that programs and services that focus on mutual partnerships with parents, families and youth are programs and services that recognize and are committed to the importance of relationships, collaboration between child serving systems, cultural competence, parent empowerment, parents and youth being seen as critical resources with invaluable strengths and capacities, children being a community responsibility, and interventions that support and nurture self-help, peer support, mentoring, common language, and keeping things real, simple, and understandable. Recognition and commitment to these dimensions place child abuse prevention clearly within the realm of community building. As Think Tank participants articulated their experiences, it became obvious that their activities, programs, and interventions are very much values and beliefs driven as opposed to being rules driven.

Positive developments are taking place within their communities and family/community resource centres. However, their continuous strives to nurture and reinforce these developments are clouded with thoughts of having their funding and support removed from the formal bureaucratic systems at the provincial and federal levels. Ongoing investments within the formal systems to sustain their programs and services are of paramount concern. Think Tank participants acknowledge barriers to making these investments. They find that what works at the grass roots community level are approaches to parents and families that are not necessarily sanctioned at the professional/ bureaucratic level. The partnership between family/client/community and the formal/professional/ bureaucracy in terms of sharing power, mutual sharing of risks, sharing resources, support, openness, honesty and respect is a means to overcome barriers associated with funding and policies in order to sustain grass roots programs and services in child abuse prevention. Think Tank participants recognize the significance of building this partnership.

The central focus in this literature review is to connect the work experiences of the Think Tank participants in the discussion group to the literature and research in child abuse prevention. The review will explore the general context of child abuse and identify several themes relevant to the experiences and the key learnings that emerged from the group discussion. In addition, the review explores how the work being done by the participants in their family and community

¹ In this paper, CAPC/CPNP participants refers to the project staff who were represented at the Think Tank as opposed to the parents and children who attend CAPC/CPNP programs.

resource centres fits in responding to the context and themes and identifies building community as a challenge for practice and research. The community building challenge discusses various theoretical orientations the participants suggested were important in terms of facilitating their work as well as supporting a shift in approach to address child abuse prevention differently.

The Context

It is not difficult to list the needs of children. These needs begin before birth, with a healthy, knowledgeable mother who has the personal and environmental resources that facilitate caring, love, support, encouragement, and health. Following birth, children need attachment, love, continuity of care, acceptance, relationships, safe environments, education, health care, and resources to ensure their basic needs are met, all of which make significant contributions to their maximum physical, emotional, social, and psychological development (Barter, 2000). These needs fit with the four key determinants of healthy development of children: protection, relationships, opportunity and hope, and community (Mustard, Offord, Goldenberg & Young, 1997). These four key determinants are intricately associated with the Key Determinants of Health as outlined in the Health Canada Discussion Paper, December 1996, entitled: **“Towards a Common Understanding: Clarifying the Core Concepts of Population Health.”** These determinants are: income and social status, social support networks, education, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture. The basic challenge facing Canadian society is to ensure these key determinants are fulfilled.

Child serving organizations and agencies involved with child abuse prevention face significant challenges in creating opportunities and a continuum of services and programs to fulfil the determinants of health. Child abuse prevention is associated with a service continuum that extends from the least intrusive in terms of prevention, early intervention and outreach, to the most intrusive in terms of assessment and investigation with families experiencing difficulties and who require protective intervention services for purposes of preventing further maltreatment of children.

Services and programs within public child welfare organizations with the legislative mandate for children’s protection are delivered and managed amidst well-known crises. An appreciation for the crises is felt when a child who is known to or in the care of children’s protection is hurt or dies. The system is quickly profiled in the media as responsible. Public inquiries, inquests, or community review committees are often established out of concern and moral panic on the part of the community (Ontario Child Mortality Task Force Report, 1997; Saskatchewan’s Children’s Advocate Review into the death of Karen Rose Quill in 1997; The Gove Inquiry in British Columbia, 1994; New Brunswick experiences with the death of two-year-old Jacqueline Brewer in St. John, New Brunswick in October, 1997 and the death of three-year-old John Ryan Turner in 1994 (Hamilton, 1996); Manitoba’s Giesbrecht Inquest in 1990 into the death of Lester Desjarlais (Schellenberg, 1996)). Inquiries of this nature, as was the case in the Mount Cashel Orphanage in St. John’s, Newfoundland, the Bosco Homes in Saskatchewan, and in residential schools for Aboriginal children (Conway, 1997), remind society of the horrendous physical, sexual, and emotional maltreatment of children.

These inquiries likewise alert society to the fact that children are being abused, neglected, killed and murdered in families, communities, and oftentimes by the very public systems responsible for their protection. For example the Ontario Child Mortality Task Force Report, established in September 1995, in response to widely publicized homicides involving children in British Columbia, New Brunswick, and Ontario (Gadd, 1997) reported there were 100 child deaths in that province between January 1, 1994 and December 31, 1995 involving families who were known to Children's Aid Societies. During the Ontario Task Force Inquiry newspaper headlines were as follows:

- ▶ **Children's deaths ruled 'quite high' - 6 murdered under supervision of children's aid** (Toronto Star, Tuesday, March 25, 1997).
- ▶ **Neglect seen as sign of child death risk - Study finds Ontario youngsters died in 1994 and 1995 while under CAS observation** (The Globe and Mail, March 26, 1997).
- ▶ **10,000 child-abuse cases tallied - Toronto police investigated an average of 10 incidents a day in the past three years** (The Globe and Mail, Friday, March 28, 1997).
- ▶ **Report calls for standards to fight child neglect - Effects of neglect can lead to deaths, task force finds** (Ottawa Citizen, Wednesday, March 26, 1997).

Information from these media sources, and later confirmed in the final report of the Task Force, suggest that of the 100 deaths, 31 of the children were physically in the care of Children's Aid Society (CAS) while the other 69 children were living with their parents and receiving CAS services. Neglect was determined as the most common warning sign leading to the deaths.

The Gove Inquiry in British Columbia in 1995, when looking into the death of five-year-old Matthew Vaudreuil, who was killed by his 25-year-old mother, reported that between Matthew's birth in 1986 and early 1995, the British Columbia Ministry of Social Services was informed of the deaths of 264 children who were in the care of the Superintendent of Child Welfare or who, like Matthew, were known to the Ministry (Gove Inquiry, 1995, p. 213).

Inevitably the findings and recommendations coming from these inquiries and investigations continue to remind Canadians of two very important realities: one, that children are being maltreated and dying, and two, that serious flaws do exist within the organizations and agencies with a legislated mandate to protect children. The findings and recommendations stemming from the inquiries mentioned above suggest the following:

- the need for more prevention and early intervention services;
- better co-ordination and integration of services;
- more resources to strengthen and preserve families;
- more training initiatives for staff;
- better advocacy mechanisms;
- more reasonable caseloads for staff;
- the need to recruit and maintain competent and experienced staff;
- the requirement for improved legislation;

- more staff positions;
- less bureaucracy;
- improved assessment standards;
- more sensitivity to issues of diversity;
- more collaboration among service providers; and
- more financial resources to parents so they are in a better position to fulfil their parenting role.

These are the very issues coming from the CAPC/CPNP discussion group as issues to be addressed if their family/community resource centres are to be supported in their endeavours to prevent child abuse and work in close association with child welfare organizations.

History and experiences in child abuse prevention have illustrated that in children's protection systems in Canada, despite public inquiries and subsequent recommendations to change legislation, improve standards, hire more staff, engage in more training, heighten expectations, develop more policies and increase accountability, albeit all worthwhile endeavours, the reality suggests that such endeavours are short lived and minimum results are realized (Barter, 1997). Although comprehensive changes have taken place in many jurisdictions, the ultimate goals of improving situations for children and families in need of assistance and protection are far from being realized. Wharf and MacKenzie (1998) suggest that the British Columbia experience of comprehensive changes in the child welfare system as a result of the Gove Inquiry is an example of not necessarily realizing goals to improve conditions for children and families who are overburdened. Anglin (1999) likewise suggests that the British Columbia experience falls short of working in the best interests of children.

Significant numbers of Canadian children are falling short with respect to the four determinants of health (Canadian Council on Social Development, 1999). These are children in families coping with stresses associated with poverty, discrimination, deprivation, unemployment and other significant barriers that deny them access to needed resources and opportunities. Families experiencing these fundamental barriers are the families represented on the caseloads of children's protection agencies and the families with whom CAPC/CPNP community resource centres are involved. These are the families whom Schorr (1988) suggests that common sense and research tell us very clearly that ongoing and persistent stress associated with these barriers create situations where affection withers into hostility, discipline turns into abuse, stability dissolves into chaos, and love becomes neglect. The capacity for nurturing decreases under such stress and the likelihood of abuse and neglect increases. Millions of Canadian children are experiencing the implications of this ongoing and persistent stress in their families (Hurtig, 1999; Murphy, 1999; Conway, 1997; Carniol, 1995; Human Resources Development Canada, 1995; Campaign 2000, 1999; Canadian Council on Social Development, 1999; Kitchen, 1995; Torjman & Battle, 1995; Baker, 1994; Ross et al., 1994; Swift, 1995; McQuaig, 1993).

What is happening to these children and their families is indicative of a welfare state that is eroding (Pulkington & Ternowetsky, 1997) and in crisis (Mullaly, 1993). Values associated with compassion, caring, and investments in the developmental needs of people are being replaced with arrogance, dominance, and power and control (Murphy, 1999; Hurtig, 1999). Children's protection systems experience the reality that the gates of social justice are sliding shut, even

though there is political rhetoric of fairness, equal opportunity and the importance of children being protected. The agenda to reduce social spending, based on the myth that social spending is out of control, is an agenda that is promoting a “*less equal society*” (McQuaig, 1993, p. 43). It is likewise an agenda to remove entitlement from public policies and return to blaming the victim. As a result, public human service organizations, such as children’s protection systems, are caught in a serious bind. Because of their mandate to protect, support, and enhance the well being of families who are overburdened, there is an expectation on the part of society that these systems and those who work within them, are in a position to protect vulnerable children from violence, abuse and neglect. Yet the agenda to reduce social spending impacts on the very programs and services they administer. As pointed out by Theobald (1997) it seems that many people in government do not seem to make the connection between budget cuts they administer and the consequences “on the ground”.

For children’s protection systems the consequences “on the ground” mean limited funding, integration of services and programs, and reduced resources. Professionals and para-professionals within these systems are faced with uncertainty, displacement, increased workloads, rigid protocols and inflexible policies, and unrealistic expectations from the community in terms of fulfilling a protection mandate. These systems are well documented to be systems in crisis (Waldfoegel, 2000, 1998; Seita, 2000; Schorr, 1998; Callahan, 1996; Cohen & Austin, 1994; Farrow, 1991; Pecora, Whittaker & Maluccio, 1994; Wharf, 1993; Swift, 1995; Barter, 1994, 1997). Steinhauer (1991) gives a sense of the crisis in stating that children’s protection workers are being “*dragged from crisis to crisis, ineffectually attempting to lock the barn door after the horse is already out rather than having the opportunity to stand back, plan, and implement adequate preventive and early intervention services or a well formulated management plan on an ongoing basis*” (p. 227). Stresses within these systems, resulting from persistent and ongoing crises, similar to stresses in families, create situations where creativity withers into conformity, idealism turns into cynicism, collective sharing dissolves into turf protection, and critical questions, challenges, and new ideas are oftentimes feared and avoided.

As a result:

Some workers have been seduced by victim-blaming arguments, which allow them to justify system failure and their own powerlessness in terms of clients’ behaviours and weaknesses. On the other hand, clients experience social workers as representatives of oppressive systems, unable or unwilling to provide assistance. Too often, the conflict and tensions stemming from the worsening conditions of both social workers and clients shift onto the worker-client relationship (Cox & Joseph, 1998, p.172-173).

In many ways, children’s protection systems feel the same sense of alienation and powerlessness as experienced by the families with whom they work. As suggested by Callahan (1993):

Child welfare organizations and practitioners are treated much like the children and families they serve. On one hand, they are often pilloried in the press and public forums when something goes amiss: a child under their care is abused or killed, or parents accuse workers of acting precipitously in apprehending their children. On the other hand, they are chronically neglected most of the time. The

daily work of child welfare takes place without notice but often under trying conditions with limited resources (p. 64).

What has become obvious to CAPC/CPNP participants is that not only do the parents and families have difficulties with respect to preventing child abuse but those mandated to provide services equally have difficulties. The participants, based on their learnings, fully acknowledge the stresses being experienced by the parents, families, and children with whom they work as well as with child welfare organizations and the professionals and staff involved in child abuse prevention. There was a consensus within the group that child abuse prevention needs to be understood within this context. Several important themes emerge from this context.

Themes

First, there is a tendency to skirt issues related to poverty, violence, diversity, health, justice, gender, and community when dealing with children and families who are overburdened. As pointed out by Wharf (1993)

..child welfare in Canada consists of a set of poorly funded, residual programs designed to assist only when families cannot cope. Child welfare policy represents a reflection of the consequences of a society that has consistently shrunk from the task of distributing power and income between men and women, between races, and between classes in a fair and equitable fashion (p. 211).

One of the most troubling aspects about Wharf's comments is the apparent separation between poverty and child care. It is apparent that poverty is accepted as the framework to work within in terms of children's protection (Callahan, 1993). Callahan (1993) points out that:

Workers in child welfare, it is argued, suffer from a crisis of authenticity. Although they are trained to help others and expect to do so, they know that their work, while individually helpful at times, in fact covers up the larger problems of poverty, racism, and gender inequality. By practising within a framework based on maintaining these inequalities, workers sustain the continued endurance of these conditions (p. 211).

The unfairness and inequality that exist in Canadian society appear to becoming more widespread as social spending continues to be reduced. Values and attitudes underpinning decisions to make these reductions are the very values that overburden many children and families and create situations associated with child abuse. It is apparent that governments do not seem to understand the consequences of budget cuts for citizens who are disadvantaged. Instead, there is this pervasive attitude of contempt for poor people; caring and parenting functions are not valued and worthy of investment; and there is an unwillingness on the part of the state to provide adequate support services to compensate for the breakdown in families. These attitudes cannot remain hidden or in the background when considering services and interventions for the purposes of preventing child abuse.

Hooper-Briar's (1996) work and research with service providers, parents and families conclude that these attitudes are indeed hidden and current practices:

- ▶ lack relevance to the needs, risk factors, and resilience of children, families, and their communities;
- ▶ lack the capacity to address root causes of vulnerability such as racism, classism, marginalization, homelessness, hopelessness, and despair;
- ▶ lack congruence with the experiences of those to be served;
- ▶ lack a case-to-cause, case-to-class approach. Practices fail to move from the single case to address root causes and class of persons affected;
- ▶ lag behind current knowledge, current challenges, and current understanding of practice issues.

CAPC/CPNP participants are able to identify the same shortcomings in child welfare practices within their communities, particularly with respect to child protection.

A second theme is that child abuse is very much a woman's issue. According to Hutchison (1992) there are three important reasons for looking at child welfare as a woman's issue:

First, as long as a patriarchal society delegates the care of children exclusively to women in the private sphere, individual women are held accountable for the welfare of individual children. Second, as long as women serve almost exclusively as the caregivers of children, the question of allocation of resources to the care giving function of society is a woman's issue. Third, current child welfare policy and practice are built on the oppression of several categories of women (p. 68).

It is estimated that some 70% (Swift, 1995) of direct service work in Canadian child welfare is provided by women. Child welfare is a major employer of female social workers. The caring, stress and responsibility attached to this work carries considerable implications for women in child welfare roles given that caring functions are not necessarily valued in a patriarchal society. As such child welfare work is not afforded the recognition and status it so justly deserves.

Child welfare is also a woman's issue given that mothers comprise the majority of child protection caseloads. They are the persons who are ultimately held accountable for the protection of their children. Even when men are the perpetrators of maltreatment, women are held accountable for controlling the maltreating behaviour. These mothers and their children also rank the highest in terms of poverty. Many are single and alone, are members of racial minorities, especially First Nations and Black origin (Swift, 1995) and the majority are without sufficient resources and support to care for themselves and their children (Torjman & Battle, 1995). These mothers find themselves in situations where they not only neglect, abuse, and fail to protect themselves but they have to make choices about what to neglect. As a result of some of these tough choices their children are neglected and abused.

As pointed out by (Hutchison, 1992):

....women are more likely to be investigated for child maltreatment and less likely to receive goods and services. Such policies have been costly to men as well as women and children, but a disproportionate share of the burden has been borne by impoverished female-headed single parent households because these households are over represented in the child protection system, p. 75).

As suggested by Gilroy (1990):

As shown in a recent study in Nova Scotia, the state enters the lives of single mothers on welfare in very personal, controlling, and sexist ways. These women are expected to raise their children on amounts of money below the recognized minimum costs for food, clothing, and shelter, and this means that they live far below the poverty line. If these women are not able to feed, clothe, house, and care for their children to the satisfaction of child welfare agencies, they may become part of a protection caseload or their children may be taken from them. Women on welfare are afraid they will be found to be unfit mothers and feel threatened by contacts with child welfare workers or, indeed, with most officials from state agencies (p. 61).

A third theme is best explained by Goffin (1983):

There is growing recognition that parents are not always directly responsible for what becomes of their children. The suggestion that society should assume some of the responsibility for providing a system of support for families recognizes that many of the most critical problems that face families and their children are beyond individual control and reflect the external conditions under which families live. This perspective emphasizes the futility of focusing on an individual child without simultaneously recognizing the social and economic context in which the family lives (P. 284).

The context in which many children experiencing neglect and abuse live is further articulated by Schorr (1988):

- *These are the children growing up with parents who are not only poor but isolated, impaired, undermined by their surroundings, and stressed beyond their ability to endure. The adversity that assaults these children persists over time, continually reinforcing its destructive impact.*
- *These are the children who have been accumulating burdens from before birth, when their mothers' health was not well cared for, nor was their own health as infants and small children. They are more vulnerable than others to stress, yet additional stresses are heaped on them as they grow, and they are far less likely to be protected against the effects of these stresses.*
- *These are the children growing up in families whose lives are out of control, with parents too drained to provide the consistent nurturance, structure, and stimulation that prepares other children for school and for life. They experience failure as soon as they enter the world outside the family (and often before) and rapidly become convinced that they are born to fail.*

- *These are the children whose experience of failure is compounded and reinforced by not learning the skills that schools are meant to teach, who soon become aware that the future holds little promise for them. Their prospects for a satisfying and well-paying job and for a stable family life seem bleak. Because they perceive a future that holds few attractions, they enter adolescence with no reason to believe that anything worthwhile will be lost by dropping out of school, committing crimes, or having babies as unmarried teenagers.*
- *These are the children who lack the hope, dreams, and stake in the future that is the basis for coping successfully with adversity and for sacrificing immediate rewards for long-term gains (p. 31).*

Understanding the context in which children and families live, according to Schene (1996), provides the knowledge and research to support the following in terms of services and programs to children and families:

- ▶ early intervention and prevention services are important to children and families before problems intensify,
- ▶ a more comprehensive system in meeting basic food, shelter, health, and clothing needs is necessary,
- ▶ the requirement to move away from categorical programs to a community system where professionals from schools, courts, mental health, law enforcement, and social services work together,
- ▶ the need to de-stigmatize or normalize parents' need for help. A substantiated report of child abuse and neglect should not be the normal access point to receive services. More outreach is required.
- ▶ supports and services at the neighbourhood and community level are necessary. More ways must be developed to connect children and families to their communities.
- ▶ services to children and families who are overburdened must be more culturally competent.

If these dimensions are not integrated into policy and practices surrounding child abuse then Gil (1998) is correct in suggesting that abuse and neglect of children by society exceeds the abuse and neglect by parents. CAPC/CPNP participants are able to support the significance of these dimensions and articulate experiences of seeing these dimensions at work in their community/family resources centres.

A fourth theme is in reference to culturally competent practices with respect to Aboriginal Peoples. CAPC/CPNP participants acknowledge the importance of diversity in their practices and suggests that there must be an historical understanding of child welfare vis-a-vis Aboriginal Peoples. Hence this theme requires an in-depth discussion.

Armitage (1993) identifies the significance of the issues related to family and child welfare services in Aboriginal communities:

From the passage of the Indian Act in 1876 until the 1960s child welfare for First Nations people in Canada was dominated by the policy of assimilation, which used educational methods to change the culture and character of their children. Church-operated residential schools were the central institution used in this

strategy. When the policy of assimilation was replaced by the policy of integration, the residential schools were replaced by the child welfare strategy in a second attempt to ensure that the next generation of Indian children was different from their parents. Children separated from parents considered by child welfare authorities to be negligent or abusive were raised in foster care or adopted. In the current period of movement many First Nation communities are taking control of their own child welfare programs to ensure that the next generation of Indian children is raised in their own community and culture (p. 131).

The policy of assimilation, through the use of residential schools, had a devastating effect on Aboriginal children, families, and communities. Being torn from their families, communities, and culture, children were subjected to authoritarianism, often to the point of physical and sexual abuse. The imposition of European culture and values demeaned Aboriginal culture, language, values and history. “*Cultural Cataclysm*” has been used to describe what has happened during this assimilation process (Timpson et. al., 1988). Structural and cultural colonialism, characterized by imposition of power and authority by the dominant white culture, gave no recognition to Aboriginal values, life styles, and social and political structures (MacKenzie & Hudson, 1985). The Eurocentric attitude was one of social control based on the belief that any life style that failed to fit with the dominant culture must be different and therefore in need of change. Children had to be rescued from this so called “different” life style and controlled in institutional settings.

The policy of integration through the child welfare system, introduced in the 1960s, now known as the “*60s Scoop*” (Community Panel, Aboriginal Committee, 1992) saw rapid apprehensions of aboriginal children from their families. As pointed out by the Aboriginal Committee “*In 1955, 1% of children in care of the Superintendent in British Columbia were Aboriginal. By 1960, 40% of the children were Aboriginal*” (p. 20). These children, for the most part, were raised in Anglo-Canadian families who were not culturally sensitive and who were unable to respond to the needs of Aboriginal children. Again, as in the case of residential schools, these children lost their cultural identity, family connections, and roots. The shift from institutional residential schools to foster and adopted families was only a shift in the way child welfare services were provided as opposed to a shift in the values underpinning these practices. Social control by rescuing children remained the dominant practice. The policy of integration through the child welfare system basically emerged as another form of colonialization.

As pointed out by Johnston (1983), “*While attitudes may have changed to some extent since the Sixties, Native children continue to be represented in the child welfare system at a much greater rate than non-Native*” (p. 62). There is no shortage of literature outlining why Aboriginal children were apprehended from their families and communities (Timpson, 1995; Johnston, 1983; Armitage, 1993; McKenzie & Hudson, 1985; Sinclair et al., 1991). Within this body of literature discussion centres around cultural misunderstanding, disadvantaged economic situations experienced by many Aboriginal Peoples, poverty, isolation, jurisdictional disputes, unemployment, and alcoholism. According to the Canadian Council on Social Development (1989) “*Canada’s native people are the most economically disadvantaged group in the country. Experiencing multiple deprivations, Native families often face greater burdens and difficulties in rearing children*” (Fact Sheet # 4).

Of significance however, is the realization that this reality and these dimensions are more symptoms of other problems as opposed to the actual causes of why children are taken into care. What is real, as pointed out by Sinclair et al. (1991), is that child welfare practices have been a major factor in the deterioration of Aboriginal cultures in Canada. The numbers of Aboriginal children who have been taken into care by Provincial and Territorial child welfare authorities are obvious indicators of this deterioration. Other indicators acknowledged in the literature to suggest cultural and spiritual destruction of Aboriginal Peoples are:

“The proportion of Native children is ten times the proportion of non-Native children who live out of their own homes for their protection; the proportion of Native children is seven times the proportion of non-Native children who commit suicide; wife abuse among Native persons is said to be seven times the national average; mass disclosures of previously hidden sexual abuse...” (Timpson, 1995, p. 540).

What is blatantly evident throughout the history of child welfare practices with Aboriginal Peoples is the domination of the white culture to control through assimilation and integrate through rescue. This assimilation and integration has lead many Aboriginal Peoples to view the child welfare system as a vehicle for cultural genocide (Sinclair et al., 1991). The imposition of the dominant society’s culture, values, laws, and systems gave no recognition to the laws, values, and life styles of Aboriginal Peoples. This recognition is an important dimension in the process of moving from assimilation and integration practices toward “*decolonization*” (McKenzie & Hudson, 1985; Taylor-Henley & Hudson, 1992). Decolonization suggests developing the strengths and appreciating the values of Aboriginal Peoples. According to McKenzie & Hudson (1985) “*Decolonization requires, then, the transfer of autonomy and control of mandated child welfare services for native people to native people*” (p. 134). Toward this end, according to these authors, three general models are emerging.

First, the hiring of Aboriginal staff to deliver culturally relevant services within the local communities. This moves beyond providing child welfare services that are only culturally sensitive. As suggested by Morrissette et al., (1993) culturally appropriate services “...*must emerge from and be consistent with the traditional culture of the minority group*”(p. 92). Aboriginal workers must be well versed in the history of the relationship between the dominant white child welfare systems and Aboriginal Peoples. Within this history will be an acknowledgement of a connection with Aboriginality, realizing that past colonialism significantly impacted upon traditional values and beliefs. This connection to Aboriginality can be non-traditional, neo-traditional, or traditional (Morrissette et al., 1993). Introducing core Aboriginal values and beliefs is important in understanding this connection as well as insight into why they might exist and identify with a particular philosophy: traditional, neo-traditional, or non-traditional. Regardless of the philosophy, the connection to Aboriginality is important. Culturally appropriate services and Aboriginal staff enhance this important connection.

A second model toward Aboriginal control is the provision of non-statutory services such as support counselling, homemaker services, and foster care recruitment. Being provided at the community level with community control over delivery, these services are deemed essential in early intervention and outreach in order to offset the need for statutory involvement such as child protection. The third model is the movement toward total control of all child welfare services to Aboriginal authorities. This movement is consistent with Aboriginal Peoples wish for self-

government. From a child welfare perspective this total control continues to be debated. There are examples to suggest that the provincial child welfare authorities are delegating authority and responsibility to Aboriginal Peoples for child welfare services. This is referred to as the “*delegated authority model*” (Taylor-Henley & Hudson, 1992, p. 14). Under the delegated authority model, power and control remains with the provincial governments. Hence the province, given that child welfare is a provincial jurisdiction, “*retains ultimate authority over the provisions of law, regulations and policies pursuant to it, and where required in law, the agencies are accountable to the provincial court system*” (Taylor-Henley & Hudson, 1992, p. 15).

Under the delegated model, although there is some recognition of Aboriginal authority and control in administration and delivery, the reality remains that the ultimate authority and control still rests with the dominant non-aboriginal culture. In many respects the delegated model suggests more of a transfer of child welfare cases from the provinces and/or Children’s Aid Societies to Aboriginal agencies. There does exist partnerships between Aboriginal communities and provincial child welfare authorities, however, these partnerships tend to identify with what Rodal and Mulder (1993) refer to as consultative, contributory, and operational. There is an implied sharing of authority, responsibility, joint investment, and sharing of risks. As such communication, coordination, and cooperation are enhanced. However, there is no real shift in power and control. For this shift to take place, the partnership under the delegated model, would have to be a collaborative one. Rodal and Mulder (1993) suggest that true partnering is a partnership that is collaborative rather than consultative, contributory, or operational. Collaboration suggests moving beyond traditional thinking and approaches to partnership to an open willingness to share power and resources; to conduct business differently; to sharing risks; to agree on common goals, and to interdependently strive toward realizing these goals based on mutual problem-solving, respect, trust, and autonomy (Barter, 1996).

Collaboration, as defined and discussed by Barter (1996), fits with what Taylor-Henley and Hudson (1992) refer to as the autonomous model. The autonomous model suggests full recognition of Aboriginal jurisdiction over child welfare. Adopting this model not only entails a shift in legislative authority and control over policies, procedures, and standards but a shift in attitudes and values on the part of the provincial and federal authorities. The autonomous model fits with Durst’s (1996) circle of self government in which Aboriginal people can return to their “*historical autonomy*”(p. 111) and assume authority and control over their lives as was the case before the arrival of the Europeans. Striving towards realizing the autonomous model is a process that will unfold with a genuine commitment to collaboration. This commitment entails a willingness to work as equals (Taylor-Henley and Hudson, 1992). Working as equals will require a willingness to communicate differently; developing a relationship based on trust, respect, autonomy, and interdependence; and from a child welfare perspective, the willingness to openly understand and appreciate the values of Aboriginal Peoples (Barter, 1997).

A final theme is in relation to community. Although the concept of community has always been acknowledged in child welfare, it often appears as an afterthought. Community is not necessarily integrated into services, programs, or organizations involved with children’s protection and the prevention of child abuse. As a result it is not recognized for its strengths and capacities. There is a tendency for community to abdicate responsibility to service organizations and professionals. Consequently community power is often lost or compromised. Without this power communities

are vulnerable to being devalued and are not involved in significant processes that affect them, their families, youth, and children. Communities need to be reclaimed if, as suggested by the group participants, children are a community concern and responsibility.

In writing about youth at risk, Brendtro et al. (1990), explain the concept of reclaiming as follows:

The reclaiming environment is one that creates changes that meet the needs of both the young person and the society. To reclaim is to recover and redeem, to restore value to something that has been devalued. Among the features of powerful “reclaiming” environments are these:

- 1. Experiencing belonging in a supportive community, rather than being lost in a depersonalized bureaucracy.*
- 2. Meeting one’s needs for mastery, rather than enduring inflexible systems designed for the convenience of adults.*
- 3. Involving youth in determining their own future, while recognizing society’s need to control harmful behaviour.*
- 4. Expecting youth to be caregivers, not just helpless recipients overly dependent on the care of adults (p. 2 -3).*

The reclaiming concept fits for community participation in child abuse prevention and in child serving organizations and agencies. It is no longer acceptable for communities to look to others for resolutions to the issue of child abuse and neglect. These others mostly comprise professionals, government run programs, public social services, and children’s protection organizations that tend to be bureaucratized, rigid, complex, and controlled and driven by policies and procedures. All are supported and financed on the premise that answers rest with professionals and organizational structures. There is this sense of a “fix it” mentality. The overt or covert message being given to the community is that you (community) are deficient and have problems, and that we (professionals and organizations) have the answers to your problems.

This mentality tends to promote practices that are indicative of the expert paradigm (Condeluci, 1995). Concentration tends to focus on deficits and problem-solving as dictated by the professional and the organization. Interventions become compartmentalized and resources assigned within the boundaries and limitations of the organization. These practices overlook the strengths, resources, and capacities of community. Similar to the youth at risk in Brendtro’s (1990) reclaiming perspective, communities have also been overlooked and devalued. It is important for them to be recovered and redeemed in order to shift from and challenge the “fix it” approach.

Several reasons support why it is important to reclaim community. First, the families, youth and children who are experiencing problems and significant barriers are being seen as needy and different. They are being treated as clients, cases, and recipients of services, hence being in a lesser position. As more and more families, youth and children require services and intervention, the tendency is to bring in more programs and professionals to take care of them. Doing so further “clientize” (Smale, 1995, p. 65) people and place systems and professionals in positions of assuming responsibility for resolution and change. Social problems tend to be individualized

for the professional and compartmentalized for the system. McKnight (1995) uses the half-glass of water metaphor in suggesting that current human services tend to see individuals in terms of needs rather than strengths and capacities. Focussing on the empty half of the glass is focussing on deficiencies, “needs” (p. 103). These needs tend to be diagnosed and labelled as something to be fixed. The community is left with this expectation. There is a sense that the professional and the organization are taking care of problems on their behalf, in other words, “*doing it for the community*” (Rivera & Elrich, 1995, p. 18; 1998, p. 17).

Not only is this counterproductive, but it also increases the risk of feeling that one is being eaten alive by the people with whom one is working. And it all too often results in another abandonment of a community whose experiences with social services have been much more of good rhetoric than serious social change (Rivera & Elrich, 1995, p. 18).

Second, if child serving systems and professionals are perceived in any way as not fulfilling community expectations with respect to preventing child abuse, they are viewed as problematic by the larger community. The typical response is to fix it in some form. With respect to child abuse and neglect a typical response has been public inquiries and introducing recommendations for change in the method of delivery. To become involved as equal partners in implementing any recommendations is not necessarily seen as a part of the community role. The community or public role seems to end with the idea that their involvement in problem-solving does not need to go beyond funding systems and employing social workers and other professionals to deal with child abuse prevention and families experiencing difficulties. Once these systems and professionals are in place there is a tendency to be more concerned with what Reamer (1993) refers to as the “*public interest*” (p.35) and what Wharf (1990) refers to as “*personal troubles response*” (p. 28).

The public interest focus tends to promote emphasis on organizational effectiveness, accountability, and the problems of families and children requiring services as opposed to promoting all citizens and their involvement in problem-solving for the collective good of everyone - families and children requiring support and intervention as well as all other families and children. Those families, youth and parents who are perceived as not having problems, are seldom, if at all, seen as a target group for intervention. Yet many of these are families, youth and parents with resources, power, and influence. It is important to engage them in thinking beyond the establishment of service systems to “fix it” and that their contribution requires more than paying taxes and supporting systems for more services. As pointed out by McKnight (1995), “*As the power of profession and service system ascends, the legitimacy, authority, and capacity of citizens and community descend. The citizen retreats. The client advances. The power of community action weakens*” (p. 106). The power of community needs to be reclaimed. To do so suggests all citizens, parents, youth, child serving systems and professionals advancing as collaborative partners for the good of the whole community.

Third, Canadian society is in the midst of transition and change as it endeavours to cope with and respond to the global economy and competition, changing demographics, technological advances, political upheaval and uncertainty, government reform and restructuring, and the re-configuration of the Canadian welfare state. Crisis in the welfare state is a recurring theme (Pulkington & Ternowetsky, 1997; Mullaly, 1993). There is on-going controversy, often bitter controversy, associated with government reform and restructuring initiatives in health, education, welfare and

personal social services. Integration of services and programs, reduced resources, expectations of collaboration and inter-professional team work, and community leadership and partnership are concepts that are creating significant organizational changes as well as changes in roles and responsibilities. The emphasis on efficiency, effectiveness, and accountability is being driven without due attention to process. Opportunities for dialogue, consciousness-raising, education, relationship building, partnerships, and collaboration are missing whereby many stakeholders are excluded from participating in decisions that affect them directly and indirectly. There is an obvious absence of process and a very real sense that the best interests of vulnerable and disadvantaged citizens are being overlooked.

What is obvious amidst the transition and change is that citizens, human service professionals, communities, and organizations are coping with unprecedented pressures and expectations in order to respond to issues related to the protection of children from abuse and neglect. There are significant implications for all involved:

1. For those seeking or needing services, the children, youth and families without resources, these implications include poverty, unequal distributions of income and power, poor health, lack of access to services, long waiting lists, exclusion, and a breakdown in the social safety net and social supports.
2. For child protection systems these implications include limited funding, integration of services and programs, reduced resources, and organizational restructuring as governments shift responsibilities to community-based systems of delivery.
3. For child protection staff and professionals within these authorities there are issues of uncertainty, displacement, increased workloads, and new responsibilities requiring new skills and competencies.
4. For communities, the implications are movements toward a society where the gap between the haves and the have-nots is becoming more pronounced, resulting in a distribution of resources characterized by extremes of wealth and poverty.

There are obvious conflicts and tensions embedded in these implications. For example, “*Clients who depend on these systems are losing their already tenuous sense of rights to services and resources*” (Cox & Joseph, 1998, p. 171). Barbara Murphy’s (1999) book *The Ugly Canadian: The Rise and Fall of a Caring Society* and Mel Hurtig’s book *Pay the Rent or Feed the Kids: The Tragedy and Disgrace of Poverty in Canada* provide us with a sense of what this lost really means for disadvantaged citizens and families.

Also, relationships are strained between workers and clients, professional disciplines, employees and employers, human service organizations, and between human service organizations and the community as a result of the tensions and conflicts. Strained relationships create chaos. The ever growing emphasis on efficiency, effectiveness, and accountability in public child serving organizations, without due attention to process, has dramatically changed the delivery and funding of public programs and services concerned with the four determinants of health – protection, relationships, opportunity and hope, and community – particularly for families requiring support. Limited public funding has created a competitive environment. Issues related to trust, turf protection, partnerships, collaboration, and the sharing of power and resources become a part of competition and chaos. If these issues are not understood and managed

appropriately, not only do they have the potential to continue to strain relationships, they have the potential to create significant barriers that will interfere with working in the best interests of children in a collective and collaborative manner. These barriers are common to both the families, youth and children requiring services and support and the child serving organizations providing services and supports. Homan (1994), suggests that problems associated with these barriers stem “*from a lack of one or a combination of the following factors: hope, opportunity, responsibility, power, skill, and information*” (p. 10). That professionals, families and children requiring services, and child serving organizations share common barriers suggest the importance of working actively and collaboratively with community, reclaiming its resources in order to address these common barriers.

A final reason to support reclaiming community is that it sounds the call for communities to raise their level of awareness and knowledge to ask critical questions in relation to child abuse and neglect. Communities need to be concerned about justice, poverty, discrimination, violence, diversity, gender, and support for the four determinants of health. Communities need to know that child poverty is increasing, child abuse and neglect statistics are astounding, the number of children coming into the care of the state is increasing, children and families relying on food banks are increasing in numbers, there is a high rate of staff turnover and burn out in child protection work, and single parents, particularly mothers who are single, living in poverty, and without family and community supports, continue to remain over represented on child protection caseloads. Communities need to understand the context underpinning child abuse prevention and that interventions must move beyond trying to better co-ordinate services and programs or to restructure bureaucracies.

The traditional top-down programmatic approach, although well-intentioned, is analogous to a group of players on an assumed chessboard calculating moves within the constructs of the game itself (Schwartz, 1992). Familiar questions in this game tend to be: How do we get more staff? How do we get more money for programs? What is a manageable workload? How do we cope with new demands? How do we improve training? How do we become more accountable? These are fix-it questions, trying to solve problems. They identify with the bureaucratic paradigm, in other words, what is referred to as “*knowing-in-action*” (Fabricant & Burghardt, 1992).

The knowing-in-action approach needs to shift to one of “*reflection-in-action*” (Fabricant & Burghardt, 1992). Reflection is a process of dialogue, analysis, and consciousness raising. This process creates the opportunity to pose problems and challenge us to look at ourselves, to revisit our assumptions and values, and to consider new approaches to service delivery so programs and services are responsive to the needs of communities and citizens, based on the needs that they identify as important for them. Reflective questions include: How can we make a difference? How do we involve the community more in our issues and problems? How do we address some of the root causes of the difficulties those seeking services face? How do we create a sense of hope where people are feeling hopeless? What do we need to do different to address reoccurring problems? Are those seeking services satisfied with the delivery? How do we know if they are? How can we involve clients more in our organization so they are partners in the decisions that affect them? How do we empower ourselves and others to address issues? How do we share our knowledge and power with others? Are we more preoccupied with looking after the needs of the organization than for clients and patients? Are we too much into power and control? Is our

organization responsive to the changing needs of contemporary families? What does the community think of us? Does the community have any suggestions for us?

CAPC/CPNP participants acknowledge the significance of reflective questioning (dialogue, analysis, consciousness-raising) in the various activities taking place within their family/community resource centres and in relation to child abuse prevention and developing positive relationships with child serving organizations and professionals. Their experiences and learnings would support a reflection-in-action approach whereby activities surrounding child abuse prevention and partnering with child welfare authorities should be moved away from the ivory towers of the professional/bureaucratic paradigm and more into the client/community paradigm. They recognize that the professional/bureaucratic environment is not necessarily the right environment for creating opportunities where caring, investment, and compassion take place. No matter how efficient a system you have it cannot produce caring, respect, acceptance, and personal and social power. These results are not the outcome of programs and services, but of relationships.

Arguments to suggest that public child welfare services and programs should remain with large government run bureaucracies would support services continuing to be governed by rigid policies and procedures, where the power remains with high-level bureaucrats who are isolated from the grass roots, where the thinking is compartmentalized and often re-active in attempts to fix things, where there is unwarranted political involvement, where the system is closed and not necessarily user or family friendly, where professional autonomy is stifled, and where those who seek services or provide services are not seen as equal partners in the decisions. Because of these factors, government has not been able to do a good job in providing services, particularly to marginalised or disadvantaged citizens and families.

That is not to say that good work has not taken place. What it does say is that public child welfare services and programs should be more community-based with communities assuming responsibility for governance based on the goals and priorities they see as important for the well-being of citizens. Such a significant shift in approach and responsibility for major public services and programs means abandoning many past practices and policies. Expectations associated with partnership, inter-professional team work, client/parent/youth participation and involvement, staff empowerment, user-friendly services, primary prevention and promotion, community building/ development, seamless systems of delivery, integrated programs and services, and community decision-making and governance dictate different practices and policies. Not only do these expectations fit with the client/community paradigm, they are compatible with the experiences and learnings articulated by the CAPC/CPNP participants.

Herein lies the challenge, based on the context and the themes as well as the learnings from CAPC/CPNP participants: building the necessary relationships to establish collaborative partnerships to develop a client/community driven approach to prevent, identify, and respond to child abuse and neglect.

The Challenge

The above context and themes touch the experiences and learnings of the CAPC/CPNP participants. Many of their experiences and learnings are grounded in what is being reported in child welfare literature and research. There is recognition by the participants, supported by research and literature, that public child welfare agencies:

- can no longer endeavour to carry out a protection mandate and services without an investment in prevention and early intervention,
- they can no longer assume responsibility for the care and custody of children in a foster care system where resources are limited or not available,
- they can no longer intervene with children and families without being culturally competent,
- they can no longer provide counselling and supportive services in a framework of poverty,
- they can no longer present an image to the community and the children and families they serve that they are in a position of power and influence to adequately fulfil a protection mandate alone, and
- they can no longer operate without collaboratively partnering with all stakeholders - parents, youth, child serving agencies (schools, addictions, corrections, mental health), and the community.

Child protection agencies are in a difficult bind. The expectations from the public with regard to children and families are high. The statutory duties to prevent and detect child abuse, to investigate allegations of abuse and neglect, to work in assisting and supporting families in order to prevent further abuse and neglect, and to assume responsibility for parenting children who have been apprehended from their families due to the severity of abuse and neglect take place whereby any one of these duties is being carried out at the expense of the others. This leaves the agencies and the workers vulnerable. It is this situation where they are criticized for either intervening too soon, or, in the event of a child being hurt, not intervening soon enough.

The challenge, as articulated by CAPC/CPNP participants, is building community to prevent child abuse and to work collaboratively with child welfare organizations. Community building is building a “*reclaiming environment*”. It essentially means embarking upon a journey to solicit the investment and commitment of all stakeholders – families and youth who are overburdened, child protection officials and their agencies, other child serving organizations, and citizens and their communities – to work together. Child abuse prevention goes beyond being the sole responsibility of any one agency or profession. Going it alone in contemporary society, given the context and themes outlined above as well as the experiences of the participants, is no longer acceptable.

Community building is a process and not a model. It is more mission than a program, more orientation than a technique, and more about community-driven practices than community focussed practice. Community building is about extending interventions beyond the family level to include interventions at the professional, organizational, and community levels. These interventions are necessary if child abuse prevention is to be concerned about not only protecting children in their own families but also the protection of children from the social, economic, and

political forces that affect their families and communities. The intent is to influence values, attitudes, and policies through education, awareness, and collaborative partnerships. The community development/restoration model put forth by Pantoja & Perry (1995) describes the intent of a community building process. Similar to their model, community building is a commitment to work with all stakeholders:

- ▶ to understand the forces and processes that have made them and keep them in their state of poverty, powerlessness, and dependency – families, organizations, professionals, communities. This speaks to the importance of understanding the context.
- ▶ to mobilize and organize their internal strength, as represented in political awareness, a plan of action based on information, knowledge, skills, and financial resources.
- ▶ to eradicate from individuals and from group culture the mythology that makes them participants in their own dependency and powerlessness.
- ▶ to act in restoring or developing new functions that a community performs for the well-being of its members – starting with the economizing function.

Instrumental in this process is an openness to share, to challenge, to re-think, and to reduce power imbalances. For example, child protection authorities need to be honest about their crisis state and their inability to properly assist families. Evidence to support this crisis is well documented and needs to be shared with the very families, parents, and children who get caught up in these systems, leaving them with varying impressions, often negative, of the intervention. These systems can no longer give the message to these families and the community that they can protect children. As pointed out by Smale et al. (1988) “*social worker’s power over resources is actually very limited indeed, and social workers do themselves and their clients no favour by pretending that it is more or less than it actually is*” (p. 131). Failure to make this acknowledgement only perpetuates the belief within families and the community that the professional and the public system do in fact have the necessary power and resources to make a difference.

Child abuse prevention work presents many barriers for all the stakeholders involved, regardless of their particular role or mandate. Understanding and dialoguing about these barriers, many of them common to all stakeholders (eg. inflexible policies, legislation restraints, funding), serves as a good beginning to establish and/or renegotiate relationships, develop partnerships, and move towards a common vision. Of significance in this process is a genuine commitment and readiness to share responsibility, to educate each other, to mutually plan, to share resources, to promote innovation, and to re-think values (Barter, 1999, 1999, 1997; Bruner, 1992).

It is important to begin this process with a commitment to involve the parents, families and youth who are overburdened. A commitment to develop relationships as collaborative partners fundamentally changes the nature of the relationship. Within a collaborative framework, families will begin to know families, appreciate their common issues, understand the context of their situation, understand their struggles as well as the struggles of the child protection agency, and they will see service providers as mutual partners in trying to bring about innovation in attempts to address situations of crisis and common barriers that are shared by all. Establishing a collaborative relationship fits the intent underpinning community development as defined by Pantoja & Perry (1995): “*Development involves people working in a process of understanding,*

acquiring skills and knowledge, and learning how to use new information that can change the circumstances of their lives” (p. 234).

What these authors mean by development fits with the intended results expected from engaging in a community building process. These results include the following:

- ▶ a process of education that allows people to analyse and understand forces that create and sustain the integrity and conditions of exclusion for persons such as themselves.
- ▶ a process of education by which people come to know they possess strength, knowledge, and skills that they can value and utilize in bringing about innovation.
- ▶ a process of education in which people are learning how their activities, values, fears, and behaviours allow them to be victimized.
- ▶ a process by which community members learn to defend themselves against forces, inside and outside their community, that would deny them rights, resources, and privileges.

A process with these intended results would mean behaviours and messages to support the following:

- ▶ an openness on the part of child protection authorities to include parents and families in mutually addressing the complex and difficult issues associated with child abuse prevention as outlined in the above context.
- ▶ a demonstration of caring and respect for all stakeholders with each respecting their respective strengths, knowledge, culture, and skills.
- ▶ an open willingness to shift direction and entertain doing business differently by embracing a community building focus.
- ▶ an acknowledgement that protecting children is a collective community responsibility and cannot be left to any one sector.
- ▶ the strengths and skills of families and parents can be acknowledged and appreciated.
- ▶ a willingness for child protection agencies to share power and control and to work collaboratively with all stakeholders who interface with children and families who experience difficulty.
- ▶ an open acknowledgement that innovation is indeed required with respect to child abuse prevention. The status-quo of responding to symptoms as opposed to causes is no longer acceptable to protection agencies, parents and families, child serving systems and their staff, and citizens and their communities.

Messages of this type represent innovation in action. They likewise reflect a shift in direction and thinking. These messages likewise reflect definitions of community building as articulated by Naparstek (1997) and Weil (1996).

Community building consists, quite simply, in encouraging activities that enhance the ability of people to work together for a common purpose in groups and organizations. In a community building approach, private citizens and public systems come together in joint endeavours that are conceived, planned, and

implemented on a small scale we commonly think of as the local community or neighborhood (Naparstek, 1997, p. 14).

Community building refers to activities, practices, and policies that support and foster positive connections among individuals, groups, organizations, neighborhoods, and geographic and functional communities... an ongoing comprehensive effort that strengthens the norms, supports, and problem-solving resources of the community (Weil, 1996, p. 482).

Community Building – Conceptual Considerations

Questions of relevance in terms of CAPC/CPNP participants experiences fit along the lines of those raised by Adams and Nelson (1995). For example:

- ▶ What would it be like if services were designed to strengthen rather than substitute for the caring capacity of families and communities?
- ▶ What if services were shaped by and available to all citizens in their communities, so people could get a little help when they needed it, without always having to fit into a narrow category or be formally processed as “clients”?
- ▶ What if services were geared to recognizing strengths and resources of families and communities, rather than focusing on their deficits?
- ▶ What if workers were encouraged to use their professional judgement and creativity to get results and effect change rather than simply to follow the rules and get their paper work done?

Similar to these questions and equally as challenging for the participants are the questions posed by Smale (1995) in discussing a practice theory for integrating community and individual practice.

- ▶ How to develop partnerships between citizens who engage in community care through family or similar ties, professionals, and people who feel no immediate responsibility, but whose families, jobs, or social life bring them into contact with those “in need”?
- ▶ How to communicate across class and cultural boundaries; how to tackle the inequalities that persist in social services delivery and in most forms of organized social control?
- ▶ How to approach citizens as partners to carry out social control functions on behalf of other citizens?
- ▶ How to integrate child protection work with other services such as education, health, or juvenile justice and alternative interventions such as community development?
- ▶ How, as citizens with different responsibilities and roles, to engage with service users and each other in the planning services and programs to get optimum value and to maximize the efforts of all who contribute to care in any community?
- ▶ How to integrate theories of individual pathology with structural approaches to understanding social problems?

- ▶ How to use quantitative and qualitative research to understand the different dimensions of social problems? Do theory and research have to be revised when decision making includes empowered citizens?

These are *reflection-in-action* questions and identify with many of the questions and concerns raised by the CAPC/CPNP participants. Seeking out answers to these questions would mean moving in a direction that would facilitate the key learnings identified by the participants as well as conceptualize their practices and form the basis for further questions and research. Underpinning the three top learnings of the participants is community building with an awareness and integration of the concepts of empowerment, strengths perspective, collaboration, feminist perspective, and Aboriginal theory. These concepts are essential if relationships are to be established with all the relevant stakeholders and if programs and services at the community/family resource centres are to reflect peer training, mentoring, and parent/family/youth participation and empowerment.

Community building fits with Lee's (1994) concept of empowerment practice:

Empowerment practice seeks to create community with clients in order to challenge with them the contradictions faced as vulnerable, hurt, or oppressed persons in the midst of an affluent and powerful society. Practitioners must develop effective interventions to deal with individual pain by taking social forces into account (p. 13).

Key words in this view of empowerment are those of “creating community *with* clients” and “challenging *with* clients”. Empowerment is based on the assumption that the capacity of people to improve their lives is determined by their ability to control their environment, namely, by having power (Hansenfeld, 1987). Creating community is suggesting to practitioners involved in child abuse to make client empowerment the centre of practice. To do so means engaging in a process with clients and all citizens whereby they are enabled to gain greater control over their environment and build the necessary bridges to fulfil their aspirations. According to Hansenfeld (1987) four principles serve as key building blocks in which clients can gain power over the social services environment: (a) by reducing their need for specific resources and services; (b) by increasing the range of alternatives through which they can meet their needs; (c) by increasing their value to those elements in the environment whose services and resources they need; and (d) by reducing the alternatives available to the elements in the environment whose resources and services they need. Working with communities for purposes of realizing these building blocks fits with what Barter (1998) and Hoffman and Sallee (1994) see as being fundamental in practice, that of empowerment of persons who do not share equitably in the distribution of goods and services and enabling them to build bridges to the resources they want and need.

Gutiérrez et al. (1995) capture the essence of empowerment that fits with the community building process:

- ▶ *Empowerment is a **theory and practice** that deal with issues of power, powerlessness, and oppression and how they contribute to individual, family, or community problems and affect helping relationships.*
- ▶ *The **goal** of empowerment is to increase personal, interpersonal, or political power so that individuals, families, or communities can take action to improve their situations.*

- ▶ Empowerment is a **process** that can take place on the individual, interpersonal, and community levels of intervention. It consists of the following subprocesses: development of group consciousness, reduction of self-blame, assumption of personal responsibility for change, and enhancement of self-efficacy.
- ▶ Empowerment occurs through **intervention methods** that include basing the helping relationship on collaboration, trust, and shared power; utilizing small groups; accepting the client's definition of the problem; identifying and building upon the client's strengths; raising the client's consciousness of issues of class and power; actively involving the client in the change process; teaching specific skills; using mutual aid, self-help, or support groups; experiencing a sense of personal power within the helping relationship; and mobilizing resources or advocating for clients (p. 535).

The theory, goals, process, and intervention methods associated with empowerment fit with the CAPC/CPNP participants work and experiences. They see empowerment as being fundamental in their work with parents, families, youth, and communities.

Associated with empowerment and the views of the participants as one of the top learnings is the strengths-based focus of practice.

The strengths perspective demands a different way of looking at individuals, families, and communities. All must be seen in the light of their capacities, talents, competencies, possibilities, visions, values, hopes, however dashed and distorted these may have become through circumstance, oppression, and trauma. The strengths approach requires an accounting of what people know and what people can do, however inchoate that may sometimes seem. It requires composing a roster of resources existing within and around the individual, family, and community (Saleebey, 1996, p. 297).

The strengths perspective moves away from the pathology-based approach. Instead there is an emphasis on the following (Saleebey, 1996, 1997):

- ▶ Person is defined as unique; traits, talents, resources add up to strengths. The emphasis is not on diagnosing and responding to symptoms.
- ▶ Therapy is possibility focused and not problem focused.
- ▶ The focus of the intervention is based on the aspirations of the individual, family, and community by seeing them as their own best experts in directing change as opposed to the professional. People have the capacity to determine what is best for them.
- ▶ People grow by concentrating on their accomplishments and strengths and not on their problems.
- ▶ People do the best they can. Even when they are making what would seem to be wrong choices, they are exercising their capacity to find what is best for them.
- ▶ People need to have a sense of being empowered and a feeling of membership and belonging.

The strengths perspective is an important dimension in the community building process. It is also congruent with what the CAPC/CPNP participants see as important in order to bring change in practices with parents and families who are overburdened. The strengths perspective fit with

empowerment practices. The perspective is likewise congruent with Parsons et al. (1988) shift from “rehabilitation” to “habilitation” (p. 419). These authors suggest that making this shift is built on three conceptual components:

- (1) *a view of human behaviour in a normalized political and socio-economic context (as opposed to a view of behaviour through a labelled deviancy screen);*
- (2) *an assumption of competency on the part of victims of social problem; and*
- (3) *empowerment as a goal of intervention (p. 419).*

The *habilitation* focus, similar to the strengths perspective, emphasizes the importance of stakeholders relating as collaborative partners to educate and build upon each other’s skills and competencies for purposes of addressing personal problems and public issues. This focus is essential to building community.

Dunst and Trivette (1987) capture the community building process and its attendant shifts in thinking, values, and principles in their description of an “*enabling model of helping*” (p. 451). Similar to the suggestions stemming from the strengths perspective and the habilitation focus, the enabling model moves away from such traditional helping models as the medical, moral, and enlightenment models (Brickman et al., 1982) and integrates the principles of empowerment. The enabling model is built on the premise:

...that the help giver creates opportunities for competencies to be acquired or displayed by the help seeker. Clients are assumed to be competent or capable of being competent, and when provided opportunities to do so, will be able to deal effectively with problems, demands, and aspirations....focuses on promotion of growth producing behaviours rather than treatment of problems or prevention of negative outcomes....Clients are expected to play a major role in deciding what is important to them, what options they will choose to achieve intentions, and what actions they will take in carrying out plans. The client is the essential agent of change; the help giver supports, encourages, and creates opportunities for the client to become competent.... The goal of this model is to make clients better able to deal effectively with future problems, needs, and aspirations, not to make them problem or trouble free (Dunst & Trivette, 1987, p. 451).

A further conceptual consideration for community building is the “*health realization /community empowerment model*” based on the research of Mills (1995). According to Mills:

We are beginning to see that mental health is more constant and more solid in human beings than mental illness. It also comes from inside out, not the other way around. It may be a somewhat radical proposition to suggest that mental health is a core state of being for everyone, a natural state, to which people cannot lose access. Yet, perhaps more than anything it has been most exciting for us to learn that mental health is much more than merely the absence of illness. It is, in and of itself, something that people can get more of; they can deepen their well being, their ability for creativity and insight, their motivation and productivity, and their enjoyment of life more than we had previously thought possible (p. 183).

The health realization/community empowerment model, the same as the strengths perspective, *“is based on educating people and helping them recognize their innate resilience and knowledge that can be used in achieving individual aspirations and improving community vitality”* (Saleebey, 1996). The focus on intervention in realizing mental health and empowering communities is one of connecting individuals to their strengths and concentrating on their *“...innate resiliency, the ability to bounce back and overcome adversity”* (Mills, 1995, p. 51). According to Mills, traditional practices tended to look for pathology as opposed to strengths and capabilities. As such, more serious thought was devoted to people’s negative feelings and self-destructive patterns of behaviour. The research of Mills (1995) questioned the approach *“...that people had to work through their problems before they could feel better”*(p. 51). What Mills found was that *“...people were helped much more by learning about their intrinsic health than by exploring the details of their dysfunction. People were helped more when they learn to relate to the experience of their healthy states of mind rather than to their diagnoses”* (p. 109).

CAPC/CPNP participants could relate to Mills’s research with respect to working with families requiring protective intervention to prevent child abuse. The participants could see the importance of removing the “protection” label and using different language other than “at risk”, “protection case” and other commonly used terms that imply pathology. As pointed out by Seita (2000):

Despite an increasing appreciation of a strengths-based approach and recognition of resiliency, terms such as behaviour disordered, dysfunctional, deviant, disruptive, disordered, disturbed, delinquent, debased, and depraved remain a part of our practice lexicon. These terms border on the derisive, are disrespectful of our children, focus on so-called weaknesses, fail to recognize the social context, and may contribute to negative, judgmental, and punitive practices by those in the child welfare field and by society in general (p. 80).

Swadener and Lubeck (1995) likewise suggest deconstructing the discourse of “at risk”. These authors challenge use of the words in child welfare discourse saying they promote negative attitudes and influence policy and resource allocation decisions. Using the words frame children and their families as lacking the cultural and moral resources for success. It is suggested that more appropriate descriptions of children include “at promise”, “talented”, and “gifted”.

An underlying theme to community building as well as integrating empowerment and strengths thinking in practices with respect to child abuse prevention and working closely with child welfare organizations, according to the CAPC/CPNP participants, is that of making the personal troubles and public issues connection. The importance of this connection is recognized in the literature. For example, according to Cox and Joseph (1998): *“No agency can be truly empowerment-oriented if it does not see its task as connecting the personal aspects of problems of its clients to the political aspects of these problems. To do so, you have to find ways to create a movement involving self-help and social action”* (p. 176). The personal is political and self-help and social action are fundamental to engaging in a process of building community. Social work, perhaps more than any other profession, has grappled with the connection between the personal and the political (Wharf, 1990). However, the emphasis for the most part has been on personal change and adjustment as opposed to change and adjustments in social structures and organizations for purposes of challenging economic power and control. Empowerment practice *“adds political sophistication to the personal and environment perspective, recognizing that*

personal well-being cannot and should not be separate from collective well-being” (Robbins et al., 1998, p. 114).

The personal is political framework is a method of analysis to facilitate rethinking practices and renegotiating relationships (Barter, 1999). It is also fundamental in ensuring that feminist thinking is integrated into practices. The political dimension involves linking with all the necessary stakeholders involved in child abuse prevention in order to collaborate and bring about necessary changes to address the context and themes discussed above and to take a community building approach. Important to this process is dialogue around the issues that impact on the lives of all community members – professionals, clients, citizens. Consciousness raising suggests Lee (1994) *“is a process of developing a heightened awareness and knowledge base about situations of oppression”* (p. 34). Consciousness raising speaks for the personal dimension in the personal is political method of analysis. The political dimension on the other hand is associated with what Lee (1994) describes as critical consciousness, *“a way of thinking and seeing reality by the oppressed acquired through learning about the nature of oppression and the oppressor which leads to new ways of thinking and seeing social order”* (p. 34).

An important implication stemming from the personal is political method of analysis is that of social action. It is important to acknowledge that social action is significant to empowerment-oriented practice (Robbins et al., 1998) and fits for building community. It is one model of promoting social change (Homan, 1994) and is perhaps more relevant to a building community approach than the models of social planning and locality development. Albeit these other two models can encourage change, social action is more concerned with fundamental changes in relation to *“a redistribution of power, the reallocation of resources, or changes in community decision-making”* (Homan, 1994, p. 29). These changes are congruent with empowerment practices and focus on the issues as to why communities need to be reclaimed. Social action fits more with what Smale (1998) refers to as *“second order change”* (p. 44). Second order change applies to innovation. Innovation suggests introducing new practices, designing new methods of service delivery, approaching social problems differently and developing models of best practice. Change on the other hand, *“first order change”* (p. 44), refers to changes within current rules, current organizational climates, and within existing patterns of working relationships. Innovation implies changing the rules, changing the system, and changing the nature of the relationship.

According to the learnings and experiences of the CAPC/CPNP participants what is required in child abuse prevention is innovation. Innovation means a different way of working. Barter (1996) acknowledges the importance of innovation in discussing collaboration. Barter defines collaboration as follows:

Collaboration is a process and a commitment to work together, pool resources, mutually problem-solve, jointly act on decisions, and to share responsibility and authority. It is important for collaborative efforts to include all necessary stakeholders and for these stakeholders to share common principles and goals in striving for mutually agreed upon results. Sharing power, influence, and skills is essential to the collaborative process (p.71).

As suggested by Barter (1996) and Graham and Barter (1999), collaboration should not be confused with commonly used terms like cooperation and coordination. Collaboration is distinct from both in that it requires a commitment to mutual goals; a common values orientation; a

sharing of power, risks, and resources; mutual investment in end results; and a willingness to embrace change and to conduct business differently. The process of community building, as well as the experiences of the CAPC/CPNP participants, are congruent with this definition of collaboration.

Social action for purposes of innovation and community change is not only focused on coming together to solve a particular problem. It is important to do this, to use collective power to resolve issues. However, the coming together in reclaiming community and building on community capacities and strengths for purposes of innovation suggests coming together for purposes of developing and asserting their own power and capacities. Hence the importance of empowerment, dialogue for consciousness raising and critical consciousness, the personal and political connection, and social action. Building community has to be both problem focus and power focus (Homan, 1994).

Building community based on the concepts of empowerment, strengths-based perspective, the feminist personal is political framework, and collaboration to facilitate innovation would transform the relationships between professionals and organizations as well as with the individuals, families, and communities they serve. Relationships based on partnerships with family members, their social networks, schools, churches, and formal and informal organizations of many kinds would suggest shared responsibility in addressing child abuse prevention and working in partnership with all the relevant players involved in child welfare. Paramount to establishing these relationships is the integration of feminist thinking and Aboriginal theory. That means a re-conceptualization of child welfare and child abuse prevention. It means accepting different ways of doing things.

Integrating feminist thinking suggests that women can no longer continue to be, as suggested by Swift (1995), “*missing persons*” in child welfare. Re-conceptualizing child welfare as a feminist issue fits with the community building process and relationships need to be formed bearing in mind the following: the care of children cannot rest solely with women; the importance of child welfare practices focusing on women as individuals rather than just mothers; the significance of providing more by way of support and resources to the care giving functions of society; the need to become more participatory and less hierarchical in child welfare work; the significance of equality, respect for differences, and a better distribution of power, income, and resources; the importance of recognizing process; and the acknowledgment of the many strengths that women can bring to community building in terms of networking, building relationships, a common consciousness, and caring (Callahan, 1993; Swift, 1995; Hutchison, 1992; Lee, 1994; Baines, Evans, & Neysmith, 1991). CAPC/CPNP participants experience the importance of establishing working and caring relationships with parents, youth and families with the integration of these concepts in their programs and services with their community/family resource centres.

Relationships built on these concepts suggest the all important recognition that children are indeed a community responsibility as opposed to being the sole responsibility of the parent/family. Assuming a community responsibility stance implies that children and families have to be understood in the context of the larger social, economic, and political environments. Interventions must take place with the assumptions that parents, communities, and families are their own best experts; that they are competent or will become competent with the appropriate consultation and support; that easy, user-friendly access to services that are community based, community administered, and culturally appropriate enhances relationship building and reduces

alienation; and that community empowerment requires a commitment and willingness to share and relinquish power.

Advocacy and education are associated with integrating feminist thinking. As such, the rights and needs of women and children have to be acknowledged and acted upon. Embracing feminist thinking in policy and practice is essential if there is to be a move away from patriarchal thinking. This is particularly important given that women and children comprise the majority of child welfare caseloads. Acknowledgement of rights reflects values that support and endorse equality, individual needs, sharing of power, and protection. Concomitant to this acknowledgement is the realization that child welfare practices must focus on women as individuals rather than merely women as mothers (Hutchison, 1992). Hence there is a need to be as equally concerned about the hopes and dreams of mothers as there is about their parenting skills. Understanding the variety of roles that women play and the strains and stresses that accompany these roles are of crucial importance. Likewise, by placing emphasis on the rights of children, as opposed to just their needs, reflects recognizing them as equal persons under the law and as persons with distinctive developmental needs and interests (Goffin, 1983). With a more definitive stance on advocacy and education, and a renewed understanding of the needs and rights of women and children, advances would be made toward addressing many of the issues associated with child abuse prevention.

Integrating Aboriginal thinking is equally important in establishing relationships with relevant stakeholders to build community for the purposes of child abuse prevention. Red Horse (1985) provides a good conceptual understanding of family and family systems in the Aboriginal culture. The curvilinear pattern of extended family supports three major life-span phases: being cared for; preparing to care for; and assuming care for. According to Red Horse (1985) the term care is a continuing thread that *“denotes cultural and spiritual maintenance as well as physical and emotional needs satisfaction”* (p. 464). All three phases of care identify comprehensive family strengthening roles throughout the life span. Being cared for starts with a child assuming a name and identity. It is a family event involving all extended family members and others within the family network and community. Preparing for care identifies with the stages of adolescence and sorting through issues of self-reliance and independence. However, the family becomes an integral part of striving for independence and ties within the family remain strong through frequent visiting, ceremonies, and celebrating family functions. The phase of caring for captures the essence of respect and wisdom. Elders play an essential role in this regard and they are *“reminders of heritage and survival and strength”* (p.466). Caring for involves the resources of the broader community.

This conceptual understanding of development speaks for a philosophy of life that sees the importance of relationships, identity, family, and community. This philosophy speaks for a core Aboriginal culture that remains an essential feature in the lives of Aboriginal Peoples regardless of whether they identify with the traditional, neo-traditional, or the non-traditional expression of Aboriginality. Raising children within this philosophical framework respects the individuality and freedom to develop as opposed to the non-aboriginal style of directing and controlling. There is a respect for shared parenting and a collective community responsibility for children. If there was to be a significant value shift in child welfare in the non-aboriginal culture, it is one of seeing children as a community resource who are to be invested in through the collective efforts of education, health, recreation, and protection in collaboration with the family. The collective

investment mentality would be a beginning paradigm to realize a better distribution of resources in terms of money, power, and social privilege. Aboriginal Peoples hold the collective and community value premise. As such there is an established foundation upon which to assume control of child welfare service delivery under the autonomous model.

Concomitant to the collective investment and sharing approach of the Aboriginal culture is the sense of community and harmony with nature. We constantly are faced in today's current environment with the challenge of regenerating community. Maintaining a balance between the environment, resources, and people is a critical challenge facing community. Achieving this balance requires cooperation as opposed to competition; harmony with nature as opposed to control over it; valuing nature through experience and tradition as opposed to scientific explanations for everything; and striving for the collective good of nature and community as opposed to striving for personal gain. Aboriginal Peoples have core values that support the balance of people, resources, and community. People are embedded in nature and everything is interconnected according to their culture beliefs. As such, it is important to be empowered as a community. Sharing power and resources is fundamental to establishing and sustaining a sense of community. Survival, a sense of belonging, making a contribution, respect, and a willingness to give are all-important dimensions to this community empowerment. These values are seen as essential in child welfare service delivery. Not having this value premise speaks for: an unwillingness to relinquish and/or share power; a lack of trust; protecting professional turf; and for operating without a common focus and direction.

The basic philosophy and core values of Aboriginal Peoples are seen as in line with where values need to be with the non-aboriginal culture that currently controls child welfare. For example, if the Aboriginal Peoples values in relation to: spirituality, collective identity, community support, shared parenting, significance of relationship, respect for elders, harmony with nature, cooperation, sharing wealth, decision-making based on building consensus, and the interdependent and collective approach to balancing survival needs with the needs of the family, community, and nation were integrated into child and family welfare practices, a firm philosophical base would be in place. These values would not only be a step in the right direction to realize a more equitable distribution of power and resources and community empowerment but would serve advocacy and prevention initiatives as well. These values would likewise facilitate any endeavours to address the context of child abuse prevention as discussed above.

An overview to distinguish the difference between Aboriginal values and non-aboriginal values is as follows (Barter, 1996, a):

Non-Aboriginal	Aboriginal
Competition	Cooperation
Children as family responsibility	Children as community responsibility
Isolation and protectiveness	Belonging and sharing
Power and control	Consensus and autonomy
Territorial	Interdependent
Mastery over nature	Harmony with nature
Saving for the future	Sharing wealth
Individual gain	Collective gain
Win all the time	Win once, let others win
Scientific explanations for everything	Experience and tradition

From a child welfare perspective the values underpinning the Aboriginal Peoples culture are the value orientations that are required if fundamental changes and shifts are to take place in the delivery of child welfare services. The CAPC/CPNP participants identified the importance and relevance of Aboriginal thinking in their resource centres.

Bellefeuille et al. (1997) in their book *Breaking the Rules: Transforming Governance in Social Services* discuss the importance of shifting thinking from a *knowing-in-action* approach to one of *reflection-in-action*. These authors suggest that there has to be a better way to approach social services in Aboriginal communities. The most common beliefs they identify as important in a shared vision to seek out a better way are as follows:

- ▶ **Respect for Differences:** Although our racial, religious, and gender differences are apparent and sometimes intrusive, they have never been impediments. We genuinely believe that our lives are gifts which need to be respected and cared for.
- ▶ **Relationships:** Everything that happens is a function of relationships. It is within relationships that we plan and execute our plans. It is critical to attend to relationships at work because without them, nothing happens, or worse still, disaster happens.
- ▶ **Best Interests of the People:** We believe that work of any kind is to benefit others and must be in their best interests. The joy of our work is in making a difference with others to improve “what is”. Any improvement is based on being in relationships, and the reward is in seeing the improvement.
- ▶ **People Have the Capacity:** We believe that people have the capacity to learn and change. We believe that people want healthy lives and want to work. Therefore, we believe that people can work together in achieving change.

- ▶ **Quick Fixes Don't Work:** We realize that opportunities require reflection, synthesis, and thoughtful preparation. The quick solution is often an application of what someone else did, which usually does not apply in this case. To figure out what needs to happen in this case takes time and the flexibility to “do it differently” (p. 6).

These values reflect what the CAPC/CPNP participants experience as important in addressing child abuse prevention. These are also the values that underpin the theoretical orientations of empowerment, strengths perspective, feminist thinking, Aboriginal thinking, and building community.

The consensus for innovation in current practices in child abuse prevention by the CAPC/CPNP participants in order to address the context and themes and meet the challenge of building community calls for a definition of child welfare from which a new paradigm can begin to unfold. The participants acknowledge that current definitions are too narrow. The definition proposed by Barter (2000, a) serves to conceptualize a vision of doing things differently and reflects what the participants see as important to not only sustain the programs and services within their family/community resource centres but to further enhance them. The definition is as follows:

Child welfare is a process of inter-professional collaboration and service integration for purposes of reclaiming capacities in communities, families, professionals, and organizations by ensuring that necessary preventative, supportive, supplementary, and substitute services are available that respect and act upon children's rights to care and protection and that require active advocacy to influence and change social, economic, and political policies that affect children and their families. (In Press)

The challenge is clear. The above definition represents a direction to meet the challenge of building community to prevent child abuse and neglect. It likewise presents a direction for child serving organizations to renegotiate relationships (Barter, 2000, b) to work collaboratively with community-based services such as the CAPC/CPNP projects. These project support services that identify with community building concepts and reflect the following in terms of their practices and where practices in child abuse prevention need to go:

- ▶ To formally acknowledge that services and programs must support a process of community building.
- ▶ To understand that those seeking services, the parents, families, children and youth who are overburdened are critical resources and partners and they must be welcomed in organizations in a way that not only focuses on their problems or issues but to tap into their creative talents and strengths.
- ▶ For helping professionals to demonstrate a willingness to cross traditional professional and bureaucratic boundaries in order to provide a continuum of services. It is recognized that individuals and families must be seen in the context of their environment. Flexibility must exist whereby professionals, systems, and the people they serve can work collaboratively on common issues of concern. This willingness means challenging traditional practices and assuming new roles and expectations.

- ▶ Professionals and their respective systems must be seen as credible and genuine in their efforts to work with individuals, families, and communities. This credibility comes from seeing and experiencing behaviours that are indicative of commitment, caring, modelling, respect, trust, and sharing resources and power.
- ▶ Professionals must be prepared to venture away from familiar practices and move toward nontraditional settings and hours of work. Activities outside of the ivory tower offices and the bureaucracy are deemed essential. Professionals, in collaboration with all relevant stakeholders, need to redefine their roles and expectations in order to assume these activities.
- ▶ To make a commitment to prevention and early intervention/outreach services. These services are to complement and supplement a service continuum that is user-friendly, accessible, coherent, culturally appropriate, flexible and responsive to the needs of community as defined by them.

Many of the experiences of CAPC/CPNP participants are reflected in the Seven Attributes of Highly Effective Programs identified by Schorr (1998): Successful programs according to Schorr:

- ▶ are comprehensive, flexible, responsive, and persevering,
- ▶ see children in the context of their families,
- ▶ deal with families as parts of neighbourhoods and communities,
- ▶ have a long-term, preventive orientation, a clear mission, and continue to evolve over time,
- ▶ are well managed by competent and committed individuals with clearly identifiable skills,
- ▶ staffs of successful programs are trained and supported to provide high-quality, responsive services,
- ▶ operate in settings that encourage practitioners to build strong relationships based on mutual trust and respect (p. 5-12).

These attributes were mentioned repeatedly by the CAPC/CPNP participants as they identified their learnings and experiences within their family/community resource centres.

Recapitulation

There is ample evidence in Canada that many hundreds of thousands of children and families are not faring well. Child protection systems continually work with these children and families in order to challenge issues related to poverty, discrimination, human rights, inequality, and oppression. CAPC/CPNP participants are likewise working to address the same issues. The participants recognize that society's continuing tolerance for major social injustices must become the focus of any work in child abuse prevention and work with child serving organizations. The realities of the context and themes associated with child abuse must be acknowledged and acted upon. Of importance is the acceptance and realization that children are a community responsibility and the issue of their protection from abuse and neglect must be a collective concern. Community building is a process to develop this collective concern. Fundamental to the

community building process is the recognition that past practices in child protection need to be challenged. Engaging in this challenge means a willingness to be innovative, to do things differently, and to re-think values and beliefs. Community building promotes a process built on the concepts of empowerment, collaboration, feminist and strengths perspectives, and healthy communities. Of significance is the willingness to relinquish power and control. To do this appropriately means operating on the understanding that individuals, families, and communities understand their own needs. Extending them the trust, respect, autonomy, and the opportunity to develop this understanding is essential to the community building process. CAPC/CPNP participants realize the benefits of working in this manner.

Extending the child protection mandate from the protection of children in their own families to the protection of children and families from the social, economic, and political forces that affect them is fundamental to the community building process. Bringing child protection forward as a community issue, necessitating community action at all levels, reinforces the all important connection that needs to be made between personal troubles and public issues (Weil, 1996). Making this connection requires a fundamental shift in beliefs. The innovation that underpins community building stems from the belief that injustices and inequalities are wrong. Society's tolerance for the inequalities and injustices that exist suggest a reluctance and/or inaction to right this wrong. There is a false impression that there is equality in the same way as there is a false impression that child protection agencies are well equipped to protect children. The message that the status-quo is acceptable is inadvertently portrayed by the child protection systems and in turn believed by the community.

Assumptions that fit with community building and with the experiences and learnings of the CAPC/CPNP participants include:

- ▶ the status-quo in child welfare service delivery is no longer acceptable,
- ▶ child protection services are in crisis (multi-dimensional),
- ▶ child protection is not responsive to contemporary context and themes,
- ▶ past interventions have been too narrow in focus concentrating on children and families exclusive of organizations, professionals, community,
- ▶ the definition of child welfare is not sufficiently defined to encompass the realities of practice,
- ▶ child protection has not kept abreast of research and knowledge developments,
- ▶ child protection is too important to be left to any one profession or agency, and
- ▶ child protection requires collaboration on the part of several child serving agencies and the community.

These assumptions are given more credibility by the participants in light of the following:

- ▶ For too long community has remained as an afterthought and not necessarily integrated into services, programs or human service organizations. The community role seems to end with the idea that their involvement in problem-solving does not need to go beyond funding systems and employing people to solve community problems. **This has to change.**

- ▶ Many public services are crisis-oriented and attempt to remediate or ameliorate events that already have transpired, that is, they are reactive in nature. Crises absorb the bulk of resources with little remaining to invest in primary prevention and early intervention strategies. **This does not make sense.**
- ▶ Many programs are categorical, divide problems into distinct entities, and have rigidly defined rules for service eligibility. **This fragmentation is unnecessary.**
- ▶ To a large extent, public agencies have been negligent in communicating with each other in a timely and accurate manner. **Agencies cannot deal with their mandates alone.**
- ▶ Existing services are insufficiently funded. As a result, public agencies are in a serious bind. They are expected to address and manage social problems on behalf of society, yet with reduced resources they are forced into making critical decisions that effect quality and accessibility. **The community and clients need to be involved in these decisions.**
- ▶ For too long issues of poverty, discrimination, violence, and other injustices have remained hidden in the planning and implementation of children’s protection services. **It is no longer acceptable to deal with symptoms independent of the causes.**

It is easy in the current environment to become cynical, to blame others, and to avoid the hassles of confrontation and innovation. The sense of powerlessness, frustration, and hopelessness that exist within communities, in organizations, and with many helping professionals working in these organizations are indicative of a hesitancy to challenge. Often when the values and principles of community building with its attendant concepts of partnership, collaboration, innovation, and empowerment are articulated, the response is often met with statements of “being idealistic”, “naive”, and “radical”. These statements can be challenged if there is a genuine belief that innovation is possible, that there has to be a better way, and that community, in partnership with government, can be a viable environment to do things differently. Idealism is a purposeful, powerful belief. Like values, idealism is the belief that things should be better, how the world *ought to be*. It is no longer acceptable for those providing services to adjust to become tools of social control to enforce conformity to norms that may not be relevant to empowering those most in need.

Community building sounds the call to create opportunities for children, youth, families, service providers, child serving organizations, and community to reclaim community for purposes of protecting its children. Concepts that capture community building and fit with the experiences of CAPC/CPNP participants include:

- ▶ it is not a welfare approach but a justice approach;
- ▶ it requires all parents looking beyond just their own children;
- ▶ it is not a change but an innovation;
- ▶ it is not pathology based but strengths based;
- ▶ parents and families are not clients but essential resources and partners;
- ▶ it is partnerships built on collaboration not cooperation;
- ▶ it is not reactive but proactive;

- ▶ it is a recognition that the protection of children is too important to be left to any one profession or agency,
- ▶ it is not about wielding power but discovering it,
- ▶ it is about community accountability – how we protect children as a collective,
- ▶ it is not about community-focused practice but about community-driven practice,
- ▶ it is a framework that works with families and children in situations of risk and violence in the context of their neighbourhood and community and
- ▶ it is about a conceptual revolution in children’s protection – changing values and emphasis.

Conclusions and Recommendations

Conclusions and Recommendations

CAPC/CPNP participants were in unanimous agreement that their experiences and practices within their community/family resource centres have identified significant challenges with respect to identifying, responding to, and preventing child abuse and neglect. They recognize that child abuse/neglect is on a continuum of services that extends from the least intrusive in terms of prevention, early intervention and outreach, to the most intrusive in terms of assessment and investigation with families experiencing difficulties and who require protective intervention services for purposes of preventing further maltreatment of children. Considering the range of programs, activities and interventions along this continuum, their experiences, supported by the literature and research, suggest that the complexity of issues associated with child abuse prevention dictate a collective community response requiring the investment of all stakeholders. The participants operate under the umbrella of community development/community capacity building and see and experience the advantages connected to this approach. They see the importance of the learnings they identified with respect the shifts required in terms of moving from the professional/bureaucratic paradigm to the client/family/community paradigm; from a knowing-in-action approach to a reflection-in-action approach; from co-operation to collaboration; from client as a problem to client as a critical resource and mutual partner; from exclusion of communities to inclusion; from working in isolation to ensuring their work is connected to the larger picture; from reactive approaches to proactive approaches; and from the importance of building trusting and respectful working relationships that take into account respect for differences in values, and cultural beliefs.

Recommendations

- I. To advance the community building approach as an approach to identify, respond to, and prevent child abuse and neglect. This requires a full conceptualization of the community building process that is grounded in the experiences of the participants as well as in the research and literature.
- II. To adopt the community building framework as a framework for sustaining and further development of CAPC/CPNP type projects. Principles of promotion, prevention, partnership, and protection for children and youth of all ages are important considerations in interventions with children, youth, and families required assistance and help.
- III. To encourage and invest in research proposals with the primary goals and objectives to build on the learnings and experiences of the CAPC/CPNP participants. These proposals should stem from community collaboratives involving all the relevant stakeholders. This would mean investing in initiatives to redesign child protection practices and systems in Canada. CAPC/CPNP initiatives, based on their experiences and knowledge, are invaluable resources and partners in this process.
- IV. To develop a shared vision with respect to interventions in families to identify, respond to, and prevent child abuse and neglect. A shared vision would mean a shared responsibility for a comprehensive and responsive continuum of services.

These recommendations are all encompassing. They clearly suggest that the work being done by CAPC/CPNP initiatives are indeed a worthwhile investment and should not only be sustained but further developed to enhance a comprehensive continuum of services. Contemporary child welfare literature and research would support these developments.

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CAPC/CPNP Think Tank 2000

Common Themes and Observations

Common Themes and Observations: CAPC/CPNP Think Tank 2000

Each Think Tank Working Group addressed a specific issue, and identified “learnings” relevant to that issue. These learnings are reported, in the language of the participants themselves, in the individual Working Group reports. The hope is that these will provide insights, ideas and guidance to other CAPC/CPNP projects that are dealing with similar issues and challenges.

In addition to project representatives, each Working Group included an academic researcher with a particular knowledge of and expertise in community-based research. The role of the researchers was to link the experience-based learnings identified by the project representatives with broader, research-based findings drawn from well-known and well-respected national and international sources. Thus, each Working Group report is supplemented by a “literature review” conducted by the researcher following the Think Tank.

Over the course of the two-day Think Tank, project representatives emphasized that each project had its own dynamic and unique flavour. The culture of the local community, the demographics of the target population, the specific needs and life experiences of the participants (and of the staff) – factors such as these affect the way each project is designed, how it works, and what it achieves. In the context of a community-based project, the representatives cautioned, the critical success factors are *flexibility* and *adaptability*. A cookie-cutter, rigid methodology just does not work.

At the same time, however, a number of common themes and elements are evident throughout the four Working Group reports, regardless of the specific issue under discussion. These same themes and elements are identified in the literature reviews conducted by the individual researchers. Clearly, there is validity and consistency to the approaches and strategies of CAPC/CPNP projects across the country.

Some of these shared observations and themes, with representative supporting literature references, are summarized below. Please note that the themes are not “ranked” to reflect any order of significance.

Common Themes and Observations	Representative Supporting Literature*
<p>Flexibility and adaptability: in program development, in project management, and in evaluation criteria and methodology</p>	<ul style="list-style-type: none"> ▶ Gaba & Lincoln, 1990 ▶ Allard, 1993 ▶ Massé, 1993 ▶ Smith, 1994 ▶ Fetterman, 1996 ▶ Hembrof et al., 1999
<p>Recognition that it takes TIME: to build confidence and trusting relationships, to make progress and achieve and measure results</p>	<ul style="list-style-type: none"> ▶ Guba & Lincoln, 1990 ▶ Allard, 1993
<p>Commitment to “partnership” approach: parents/families as partners; also, partnership with other agencies, and with other people in the community (e.g. businesses, media, churches)</p>	<ul style="list-style-type: none"> ▶ Kiefer, 1984 ▶ Freed et al., 1992 ▶ Bernstein et al., 1994 ▶ Peters & Russell, 1994 ▶ Hooper-Briar, 1996 ▶ Servian, 1996 ▶ Barter, 1998 ▶ Howell, Devany, McCormick, Raykovich, 1998 ▶ Le Bossé et al., 1998
<p>Continuum of services and programs</p>	<ul style="list-style-type: none"> ▶ Goffin, 1983 ▶ Carniol, 1995 ▶ Le Bossé, 1998 ▶ O’Donnel et al., 1998 ▶ Rifkin et al., 1998
<p>Governance; direct involvement and empowerment of participants in all aspects of the program, from program development to decision-making and evaluation processes</p>	<ul style="list-style-type: none"> ▶ Dunst & Trivette, 1987 ▶ Berkowiyz, 1990 ▶ Rodal & Mulder, 1993 ▶ Lee, 1994 ▶ Pantoja & Perry, 1995 ▶ Bellefeuille & Ricks, 1997 ▶ Waler, 1998 ▶ Barter, 1999

Common Themes and Observations	Representative Supporting Literature*
Values, principles, and attitudes of staff; strength-focused and family-focused; non-judgemental, positive language and terminology	<ul style="list-style-type: none"> ▶ Bracht & Gleason, 1991 ▶ Smale, 1995 ▶ Saleebey, 1996, 1997 ▶ O'Donnel et al., 1998 ▶ Robbins, Chatterjee & Canda, 1998 ▶ Arcury et al., 1999 ▶ Seita, 2000
Staff retention, continuity	<ul style="list-style-type: none"> ▶ Noted in all papers, but not specifically referenced
Adequate and appropriate levels of resources (human, financial, in-kind)	<ul style="list-style-type: none"> ▶ Callahan, 1993 ▶ Ozawa, 1995 ▶ Schorr, 1998 ▶ Arcury et al., 1999 ▶ Seita, 2000 ▶ Waldfogel, 2000, 1998
“Fun”: celebrate successes, participate in special family events, creative activities relevant to target groups	<ul style="list-style-type: none"> ▶ Carpenter, 1990 ▶ Bracht & Gleason, 1991 ▶ Landerhold & Lowenthal, 1993 ▶ Mattiani, 1993
Open-door, friendly, non-threatening, home-like environment/space	<ul style="list-style-type: none"> ▶ Scorr, 1998 ▶ Barter, 2000
Accessibility of the program: location, transportation, child-care, home visits, on-site visits	<ul style="list-style-type: none"> ▶ Thomas et al., 1997 ▶ Altpeter et al., 1998 ▶ Lauder, 1998 ▶ MacDonald, 1998 ▶ Arcury et al., 1999 ▶ Ciliska et al., 1999

Common Themes and Observations	Representative Supporting Literature*
<p>Culturally-appropriate and socially-appropriate programs, services (this referenced Aboriginal communities; but also isolated, Northern, rural communities, and target populations with specific problems and needs such as FAS, single parents, abusive relationships, also illiteracy/poor literacy levels, and so on)</p>	<ul style="list-style-type: none"> ▶ Taylor-Henley & Hudson, 1992 ▶ Morrissette et al., 1993 ▶ CCSD, 1995 ▶ Norton et al., 1995 ▶ Red Horse, 1995 ▶ Barter, 1996 ▶ Huff & Kline, 1996 ▶ Loos et al., 1996 ▶ Strickland & Strickland, 1996 ▶ Battaglini et al., 1997 ▶ Holland et al., 1997
<p>Peer support, mentoring programs</p>	<ul style="list-style-type: none"> ▶ Parsons et al., 1993 ▶ McFarlane et al., 1997 ▶ Orrell-Valente et al., 1999 ▶ Wade et al., 1999
<p>Education, training and development opportunities, for participants as well as for staff/workers</p>	<ul style="list-style-type: none"> ▶ Lowe, 1990 ▶ Crowder, 1991 ▶ Westphal et al., 1995 ▶ Davies-Adetugo & Adebawa, 1997 ▶ Beshgetoor et al., 1999

* The references identified here are *representative only* of the sources identified by the academic researchers who worked with each Working Group on the four issues discussed. It must be emphasized that each researcher provided extensive bibliographies of source material. These bibliographies are included with the Literature Reviews appended to each Working Group report.