Exploring Human Service Practitioners' Community Work

by

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B.A., University of Victoria, 1981

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We accept this thesis as conforming
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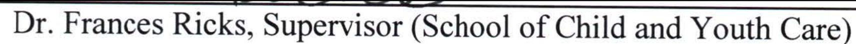

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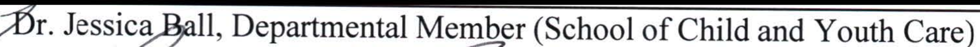

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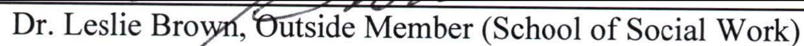

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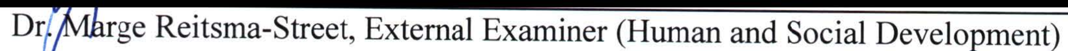

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ABSTRACT

This study was inspired by the author's work experience within an inner-city community in Victoria, B.C. where she became troubled by the ineffectiveness of individualized problem-focused human service approaches to working with families. While the literature of alternative human service approaches revealed some promising possibilities for effective community building work, there appeared to be a lack of information about how practitioners actually perform their everyday community work. This study focused on the experiences of six human service practitioners who demonstrated a different orientation in their work with families, that was collaborative, strengths-focused and community involved. The research goal was to understand how they experienced their community work and the conditions that supported or impeded their approach. A series of focus groups were used to explore the practitioners' experiences. Three general theme categories emerged that captured the breadth of their community work: *Nature of Community Work*, *Supports and Barriers to Community Work* and *Particular Kind of Practitioner*. The participants valued building mutual and caring relationships with community members, which enabled them to work together to meet individual and collective needs and to discover community solutions to common issues. Practice implications arising from this project are discussed and further research questions to address the promotion of effective community work are presented.

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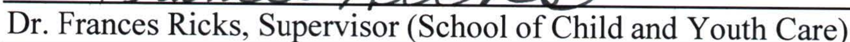

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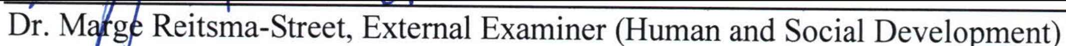

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CHAPTER ONE

Introduction

My interest in alternative human service approaches that encompass a community building focus stems from my experience working for twenty years in an inner-city community in Victoria, B.C. As a youth and family counsellor, my work within the local schools and broader community has focused on providing support services to children and their families. Many of these families live in impoverished circumstances and face complex difficulties on a daily basis. Frequently their difficulties arise from external barriers such as unemployment, inadequate housing, poverty, lack of vocational and educational training opportunities, and extreme social isolation.

Over the years I have observed that when families need additional community support in raising their children they are often classified on the basis of problem-focussed criterion in order to receive services. As well, the approach commonly utilized by human service practitioners has tended to rely primarily upon the provision of counselling and skill development to respond to families' difficulties, thus maintaining an individual-family focus. Viewing and responding to families' difficulties as separate from the broader community's needs and resources has, in my experience, failed to promote families' strengths and functioning over the long term.

The following story of a family situation encountered in my work illustrates some of the limitations that I believe are inherent in using a problem-focused individual approach.

> *A family, composed of a mother and four elementary school aged children, was referred to me for counselling support by the school-based team (composed*

of teachers, administrators, a school counsellor and a public health nurse). The reason for the referral was based on the administrator and teachers' meeting with the mother and their observations that the children 'frequently had head lice, wore dirty clothes, missed a significant amount of school and were often hungry'. These observations were formulated as 'the mother was neglecting her children'. The team members, without meeting the mother in her home or spending much time with the family, determined the identified problem as 'neglectful mother'. After identifying the problem, the team offered several solutions for my 'intervention' with this family. Their recommendations included assisting the mother to develop effective parenting skills, discussing the children's hygiene and diet, and having the public health nurse demonstrate to the mother how to check for head lice and shampoo the children's hair. The team members assumed that if the mother improved her parenting skills and was shown how to provide basic hygiene and nutrition for her children the 'identified problem' would be resolved.

At my first meeting with the mother it became clear that her needs and problems varied significantly from what the school team had determined. Her daily life was one of struggling to support her four children on the limited funds she received from income assistance. Her children's head lice, dirty clothes, and periodic hunger related to the fact that there were certain times during the month she lacked the financial resources to buy the special shampoo, wash their clothes at the laundry mat, and provide them with enough food to eat. Consequently the children missed school during these times. Since the mother had recently moved into the community she lacked connections to other families, was isolated from

her extended family and needed information about community resources. Contrary to training in parenting and health care skills, the solutions that the mother identified were needed to effectively respond to her daily reality were additional financial and support resources, connections to other families and some time away from her four children.

As illustrated in the preceding story an individual focus tends to narrowly view problems as a deficit or fault of an individual or of a family. Consequently, many families' difficulties are often responded to in isolation, rather than as a reflection of the greater community's needs. Attention to strengthening families' relationships and connections with their surrounding community, addressing their basic survival needs or challenging the structural inequities that give rise to many of their problems has not been the central mandate of human service work. Private troubles remain hidden and are not exposed as public issues shared by others. As a result, many families continue to experience ongoing difficulties and struggle to provide quality care for their children.

In order to support families' abilities to sufficiently care for their children, to address their extreme social isolation, and to alter their economic circumstances, it became apparent to me that an individualistic human service approach was not effective. Our tendency to approach families with blinders to the structural barriers and broader community context has troubled me for many years. However, I believe that as first-line practitioners, we do have choices about how we respond to peoples' concerns, how we conceptualize the dilemmas people face, and ultimately how we treat people who are in vulnerable circumstances. As Lipskey (1980) aptly noted, first-line practitioners are often

the first-line 'policy makers' and as a result have significant influence on peoples' daily lives.

Consequently, greater attention could be focused on both the community's role to enhance families' capacity as well as on the structural barriers that impede families' provision of a basic standard of care. To accomplish this goal and to facilitate ongoing family wellness requires that human service practitioners shift and expand their approach. My realization of this dilemma inspired me to explore whether there were alternative approaches to human service delivery within the literature.

In light of my observations regarding the ineffectiveness of a problem-focused individual approach I was particularly interested in examining those approaches in the literature that encompassed both a strengths-based and a community capacity building orientation. I wanted to glean some understanding of ways human service practitioners, working from an expanded premise, are doing their everyday work with families.

To begin, Chapter Two will situate and describe several human service approaches that represent, to varying degrees, a shift from traditional problem oriented approaches. Particular emphasis will be on the degree that these approaches encompass a community building orientation. Several key aspects that distinguish these approaches along a strengths and community building continuum will be highlighted. Finally, the human service literature, along with my community experience, is discussed in terms of its influence on my subsequent research focus.

Chapter Three outlines my research focus, questions and methodology. My rationale for selecting a qualitative methodology and my choice of method for this study is discussed. I identify the procedure for selecting participants and comment on their

suitability for the study. Certain ethical and political issues that need to be addressed throughout the course of the study are discussed. Following, my interview process, data analysis approach and data verification strategies are described. Limitations of my research design conclude this chapter.

Chapter Four presents the findings collected from the participants' regarding their community work experiences. The findings are discussed according to three overall thematic categories, which emerged from the group interview process. Descriptive accounts of the participants' experiences highlight the salient themes and stories that capture the nature and complexities of their community work with families.

In Chapter Five the research findings are discussed in relation to my original questions, the literature and my own experience. I highlight particular issues derived from the participants' experiences, which increase our understanding of ways to promote effective human service work within communities. Implications of this study's findings for human service community practice are discussed. In conclusion, I raise questions for consideration and future research in this area.

CHAPTER TWO

Alternative Human Service Approaches

Consistent with my experience as a practitioner, I have noticed that much of the current human service literature continues to reflect traditional medical and professional 'treatment' orientations. Services are typically designed according to problem criteria, are delivered to families in isolation from their community context, and are often crisis driven. Although some services may be delivered in the community, such as in community centers, the service approach often consists of individual treatment within an office environment. Since my primary interest is identifying approaches that represent a shift from traditional deficit models, I have specifically focused on those that incorporate a strengths perspective. To set the context for my review I begin with a synopsis of a strengths orientation to human service practice. Some of the key elements, which distinguish this perspective from more traditional problem oriented helping approaches, are presented.

I then discuss three distinct alternative human service approaches, which encompass both a strengths and community orientation, that were evident within the literature: *family preservation, family support, and community-centered.* A fourth approach, which I refer to as *community-driven*, evolved from my literature review in light of contemporary criticism regarding the prevailing human service delivery models (Barter, 2000; Kretzmann & McKnight, 1993; McKnight, 1995; Ricks, Charlesworth, Bellefeuille & Field, 1999; Smale, 1995; Wharf, 2000). I will describe the rationale, principle focus and features of each practice approach. Apparent effectiveness and limitations of these approaches will be discussed as they are noted in the literature.

I have represented these approaches along a strengths and community building continuum in order to highlight their distinct features and illustrate the nature of human service work.

Strengths Orientation

A strengths orientation, or 'strengths perspective' as coined in much of the literature, represents a major philosophical shift for understanding and working with individuals, families and communities (Chapin, 1995; Cowger, 1994; Early & GlenMaye, 2000; Saleebey, 1996; Weick et al., 1989). Proponents of this orientation assert that the long standing emphasis on problem definition, as evident within social policy, assessment methods, professional language and practice approaches, has shaped our cultural tendency to explain peoples' life struggles and problems in individualistic terms rather than on broader ecological (social, political, and cultural) explanations of human predicaments (Chapin, 1995; Cohen, 1999; Saleebey, 1996; Weick & Saleebey, 1995). A result of this tendency has been to hold the individual, family and/or community responsible for problems, deficits, and inadequacies. As a consequence, social, political, and economic barriers to peoples' opportunities have received little attention and continue to perpetuate inequities within society (Chapin, 1995; Saleebey, 1996; Sullivan & Rapp, 1994; Weick & Saleebey, 1995).

The strengths perspective evolved to address the limitations of the problem/ deficit model and sought instead to develop a more holistic, value driven, and capacity building approach to conceptualizing and working with individuals, families, and communities. This perspective distinguishes itself as a different way to envision people and communities, one that is based on their strengths and possibilities for growth. Key

contributions supporting the strengths orientation have been drawn from a wide range of theoretical and research areas, which include developmental resilience, health and wellness promotion, social constructionist approach to understanding social problems and recognizing the significance of peoples' stories and cultural narratives, the ecological/systems perspective for understanding people in terms of their inter-relationships within their environmental contexts, and the acknowledgement of family diversity (Chapin, 1995; Early & GlenMaye, 2000; Saleebey, 1996; Sullivan & Rapp, 1994; Weick & Saleeby, 1995).

Given the broad knowledge base informing the strengths perspective it is useful to examine the particular assumptions, values and elements that guide and distinguish this approach from traditional practice models. A central assumption of the strengths perspective is that people and communities have inherent strengths, resources, talents and possibilities for growth which are often untapped or unrecognized (Chapin, 1995; Cowger, 1994; Early & GlenMaye, 2000; Saleebey, 1996; Sullivan & Rapp, 1994; Weick & Saleebey, 1995). Strengths can be defined as personal or communal qualities and talents, self knowledge and skills gained from life experiences, and cultural and personal stories, narratives and rituals (Chapin, 1995; Cowger, 1994; Saleebey, 1996; Weick & Saleebey, 1995). These personal and communal assets, when nurtured and promoted, are considered to have the potential for enhancing the everyday lives of families within their communities and ensuring their opportunities for positive growth are maximized.

Fundamental values such as respecting the dignity and worth of people, appreciating their capacity for growth, honoring their right for self-determination regarding their life choices, and promoting their entitlement for equal opportunities and

access to resources represent the central threads that connects the strengths perspective's philosophy and principles to practice (Chapin, 1995; Cohen, 1999; Early & GlenMaye, 2000; Saleebey, 1996; Weick & Saleebey, 1995).

Certain elements are key to the actualization of these values in practice which promotes peoples' strengths and potential and expands the community's capacity to care for its members. Practice that fosters both the personal and social empowerment of individuals, families and communities is a central aim. On an individual level empowerment is viewed as a transforming process, where individuals and families gain mastery over their lives, thus realizing and utilizing their own and their collective power as a community (Ackerson & Harrison, 2000; Chapin, 1995; Cohen, 1999; Cowger, 1994; Saleebey, 1996; Sullivan & Rapp, 1994; Weick & Saleebey, 1995). On a broader level, social and political empowerment directed at economic and social justice issues is considered an important goal of practice (Ackerson & Harrison, 2000; Cowger, 1997; Dodd & Gutierrez, 1990; Gutierriz, Delois, & Glenmaye, 1995).

Collaborative relationships are also considered to be an imperative element of strengths based practice (Chapin, 1995; Cowger, 1997; Early & GlenMaye, 2000; Saleebey, 1996; Sullivan & Rapp, 1994; Weick & Saleebey, 1995). These relationships are characterized by mutual respect, where peoples' stories and realities are viewed as central, and where they are active participants in defining the change process. The practitioner is not viewed as an 'expert' but rather as a resource, agent and catalyst whose prime objective, through a joint assessment process, is to discover the strengths and assets of people, from their personal and communal contexts, which can be utilized for

enhancing their life situations and opportunities for growth (Chapin, 1995; Cohen, 1999; Cowger, 1994; Saleebey, 1996; Sullivan & Rapp, 1994; Weick & Saleebey, 1995).

The role of community in promoting members' strengths is an essential component of translating the strengths perspective into practice (Chapin, 1995; Cowger, 1994; Saleebey, 1996; Sullivan & Rapp, 1994; Weick & Saleebey, 1995). Envisioning communities as potential 'enabling niches' where members can feel valued and supported, expand their competencies, have meaningful relationships with others, and participate in a collective purpose is key to this orientation (Saleebey, 1996; Sullivan & Rapp, 1994; Weick & Saleebey, 1995). Strengthening the community's capacity to care for its members requires those community members, practitioners, and others within the community work together toward this purpose. Working together involves identifying and promoting the informal and formal support networks, the community stories, mentors, leaders, and common interests and resources necessary to optimize and mobilize existing community assets (Saleebey, 1996). Community building thus reflects a different orientation, where people living and working within the community "participate in common practices, depend on one another, make decisions together, identify themselves as something larger than the sum of their individual relationships, and commit themselves for the long term to their own, one another's, and the group's well-being" (Shaffer & Anundsen, 1993, p. 10 cited in Saleebey, 1997, p.201).

Family Preservation Model

Since the early 1980's, the family preservation approach has evolved to provide intensive services to families with the primary purpose to prevent out of home placement of children. Several conditions, such as the growing rate of children in government care,

dissatisfaction with child welfare responses to families in need, increasing complexity of families' concerns, combined with legislative directives to reduce and prevent out of home placement of children, provided the impetus for the family preservation movement (Cole, 1995; Wells & Biegel, 1991).

Family preservation programs share a common philosophy that the most beneficial arrangement for the majority of children is to be cared for by their family, and as such, families should be supported sufficiently to meet their parenting responsibilities (Cole, 1995; Nelson & Allen, 1994; Wells & Biegel, 1991). Representing a shift from child welfare's traditional focus on families' deficits, the family preservation approach incorporates families' unique "ethnic, cultural, religious background, values, and community ties as essential resources in the helping process" (Ronnau & Marlow, 1993, p. 540). The central purpose is to identify and enhance family members competencies and to assist their acquisition of effective parenting skills in order for them to care more effectively for their children (Cole, 1995; Ronnau & Marlow, 1993).

Although programs vary in structural features, theoretical perspectives which influence practice stem from ecological-systems, social learning, and crisis intervention theory (Wells & Biegel, 1991). Families are viewed within their social contexts and networks and helping strategies are designed to actively model and facilitate the learning of new behaviors. The incident of a crisis is assumed to present the catalyst for engaging the family in the treatment process (Wells & Biegel, 1991).

Family preservation programs, delivered through both public and private agencies, are categorically funded services that have specific eligibility criteria (Nelson & Allen, 1994; Wells & Biegel, 1991). Child welfare agencies refer families for these

intensive services when there have been incidents of child maltreatment (e.g., either child abuse or neglect) which will likely result in the future removal of their child(ren). Many families served by family preservation programs are experiencing additional difficulties such as poverty, social isolation, inadequate housing, health concerns, and/or substance use concerns (Berry & Cash, 1998; Dore, 1993; Ronnau & Marlow, 1993). In most cases family preservation services are offered as a last resort when other services have proven to be unsuccessful.

The central goals of service are to ensure children are safe within their families, to assist families to resolve the crisis that jeopardize the child's safety, and to strengthen their parental skills and functioning (Cole, 1995). To accomplish this, family preservation programs provide short-term (ranging from eight to twelve weeks), intensive, in-home service to families. Practitioners have small caseloads and often provide daily contact to families and twenty-four hour availability to respond to any crisis. The service focus is family-centered and goal oriented rather than being individual focused and open ended, which is characteristic of traditional child welfare services (Cole, 1995). Practitioners engage family members in identifying the goals and plans for service which are best suited for meeting their particular needs, that acknowledge their strengths and expand their personal and parental competencies (Nelson & Allen, 1994). Clinical services, such as crisis intervention, individual counselling and family therapy, the teaching of practical parenting skills, and the provision of concrete services (e.g., child care, home making assistance, transportation, short term financial assistance) are the most commonly utilized strategies to respond to families' needs (Wells & Biegel, 1991).

Connecting family members to other social networks and resources in the community is viewed as an important component of service provision (Nelson & Allen, 1994). However, there appear to be variations to the degree family preservation practitioners focus on expanding families' social networks and resources within the community context (Nelson & Allen, 1994).

Analysis of Family Preservation Model

Outcome research on family preservation services' effectiveness to reduce or prevent out of home placement of children appears to have generated a mixed review (Pecora, Fraser, & Haapala, 1991). Some studies have suggested there has been a reduction of out of home placements and others have stated there was not any change (Cole, 1995; Littell, 1996). Wells and Tracy (1996) cite research findings from several experimental investigations that found the "rate of placement in families receiving intensive family preservation services is not consistently lower than the rate in families receiving regular child welfare services at any point in time" (p. 676). Further, it was discovered that the percentage of placements increased over time for both the control and experimental families (Wells & Tracy, 1996).

A recent evaluation of two family preservation programs, which assessed parents' perspectives and experiences of service, sheds some light on what service aspects families considered most beneficial (Drisko, 1998). What was most positive for parents was their relationship with the practitioner, especially their experience of being cared about, and having their individual needs as well as their parental needs considered. The combination of emotional support and the provision of concrete services were perceived as more beneficial than their previous experiences with child welfare services,

which according to the parents, had tended to blame them and focused totally on the children's needs. Approximately half of the parents expressed their concern regarding the short duration of the service and had substantial worries about how they would manage when services ended, as few families were connected to other community supports. One quarter of the parents had great concerns about their future ability to care for their children as a result of inadequate finances and housing. As well, many parents considered that the program would have been more effective for them if it was offered at their initial contact with child welfare services, as earlier preventive support might have sufficiently reduced their parenting and personal difficulties (Drisko, 1998).

These outcome results and parent evaluations are not surprising given the fact that many families receiving family preservation services have complex, multiple, and long standing difficulties that are entrenched in larger societal issues regarding equitable access to social power and resources (Kemp, 1997; Ronnau & Marlow, 1993). Addressing families' social isolation along with the general health of the broader community is necessary to strengthen families' capacity to care for their children (Cole, 1995). Several authors recommend that ongoing efforts to build social supports and resources are essential to the longer term well being of this particular group of families (Drisko, 1998; Kemp, 1997; Nelson & Allen, 1994).

One of the most frequently cited challenges to family preservation programs is the need for service strategies to more fully promote and build families' social networks within their community (Cole, 1995; Nelson & Allen, 1994). Nelson and Allen (1994) note that "although workers use an ecological approach and consider many system levels in assessing problems and planning interventions, most work is still done at the individual

or family level and often consists of counselling....Crucial work linking families to community resources, overcoming barriers to use of these services, and developing new resources is often left undone" (p. 114). Expanding practice to include fostering social and community networks is essential given the brief nature of family preservation support, the range and complexity of families' needs and the recognition that social isolation presents a major barrier to many families' efforts to raise healthy children.

Although family preservation programs have shown some promise in enhancing families' functioning (Wells & Tracy, 1996), albeit for the short term, and they represent an improvement over traditional child welfare services (Drisko, 1998), there are some significant limitations to the degree that this approach enhances family wellness over the long term. These limitations are primarily due to the categorical and residual nature of the service provision and to the absence of an integrated effort to expand families' participation and connection within their community. Consequently, several authors recommend that family preservation programs be integrated into a preventive continuum of family support services, in which the service goals are broadened to enhance child development, and families' eligibility for service is based on their request for assistance rather than being contingent on child maltreatment (Cole, 1995; Drisko, 1998; Wells & Tracy, 1996).

Another limitation not explicitly identified or discussed within the family preservation literature concerns the particular values that underpin this approach. Although practitioners focus on families' strengths, family preservation services reflect a professional and problem focused orientation, driven by the values of the dominant culture. Value conflicts arise between the services' narrow focus and rigid eligibility and

the actual life realities, values and needs of many families. To begin to address this limitation family preservation approaches need to pay more attention to respecting the wide diversity of families' values.

Family Support Programs

Since the 1970's the family support movement has evolved in response to the challenges and changing needs of families. Its origins can be traced through history, from the early 1900's settlement house movement, which focused on improving the educational and environmental conditions of citizens in disadvantaged neighborhoods, to the self help, parent education, and grassroots advocacy movements of the 1960's (Kagen & Shelley, 1987; Lightburn & Kemp, 1994). The impetus for family support programs transpired within the fields of early childhood education and health, which promoted prevention rather than a treatment orientation for service delivery (Kagen & Shelley, 1987).

Although family support programs reflect a wide range of approaches and practices they all share some fundamental assumptions that underpin their service provision:

- all families undergo transitions and require support (Kagen & Shelley, 1987; Weissbourd, 1987);
- access to social networks is essential to a family's ability to facilitate child development (Dunst & Trivette, 1994);
- information on child development helps to enhance the parental role (Kagen & Shelley, 1987);

- support programs that build on families' strengths optimize parental functioning (Corner & Fraser, 1998; Dunst & Trivette, 1994);
- early intervention support prevents future problems (Kagen & Shelley, 1987; Weissbourd, 1987);
- families' needs should be met within their community context and through connections with community resources (Dunst & Trivette, 1994; Weissbourd, 1987).

Theoretical perspectives, which provide the basis for these assumptions and service focus, are drawn from ecological/systems, social learning and child developmental theories.

In contrast to child welfare's residual and categorical approach to service delivery (e.g., services offered post crisis and families' needs must match service), family support programs operate from a commitment to universal access and emphasize a preventive and family-centered orientation (Kagen & Shelley, 1987; Leon, 1999; Lightburn and Kemp, 1994). Programs are usually community or neighborhood based and are operated by consumer and private agencies (Cole, 1995; Leon, 1999).

The central purpose of family support programs is to "enable and empower people by enhancing and promoting individual and family capabilities that support and strengthen family functioning" (Dunst & Trivette, 1994, p. 31). To accomplish this, family support programs usually rely on multidisciplinary teams of service providers and employ a wide range of services to meet the diverse needs of families. These services are typically organized along health, education and social dimensions and may include: early intervention focused services such as child and family health, child developmental screening, and nutrition education; parent education and support services which include

parent training, vocational and life skills training, peer support, child care, and respite care; clinical services which provide counselling, home visiting, and crisis intervention services; recreational and social enhancement activities (Cole, 1995; Corner & Fraser, 1998; Lightburn & Kemp, 1994).

Also central to supporting and strengthening family functioning is the utilization by family support programs of an extensive array of community members for responding to families' needs and promoting their healthy development (Dunst & Trivette, 1994). Many programs involve community members as volunteers, paraprofessionals, or mentors who provide practical assistance and support, and create relationships with families (Corner & Fraser, 1998).

In addition, family support programs emphasize developing and strengthening families' formal and informal support networks within their community to promote and maintain healthy family functioning over the long term. Practitioners assist families in making connections with other formal organizations to address their needs in such areas as employment, education, housing, and health. Building informal social networks is facilitated through group opportunities, such as parenting groups and learning collectives, where parents can develop new friendships, have opportunities to help others, and establish a sense of community among their peers (Lightburn & Kemp, 1994; Morrison et al., 1997).

In essence, family support programs attempt to promote family wellness by enhancing personal and parental competencies, promoting the healthy development of children, and expanding families' supportive connections and relationships within their community (Corner & Fraser, 1998; Leon, 1999).

Analysis of Family Support Programs

Family support programs have received a favorable review in the literature for their comprehensive approach and commitment to supporting and strengthening families' capacity to care for their children (Corner & Fraser, 1998; Kagen & Shelley, 1987; Lightburn & Kemp, 1994). Compared to traditional human service provision, family support programs have shown innovation and flexibility in developing services that respond to families' needs and enable families to participate and benefit from a wide array of resources and opportunities. As well, families' involvement in services is voluntary, and they are viewed as 'consumers' rather than 'clients' (Corner & Fraser, 1998). Consequently, families have a more active role in determining the plan and nature of service (Corner & Fraser, 1998).

Evaluating family support programs is complex and somewhat difficult to conduct due to the multi-dimensionality of the services (Corner & Fraser, 1998). Recently Corner and Fraser (1998) examined outcome research of six family support programs to determine the effectiveness of the services. They concluded that these programs had produced positive gains in child, parent and family functioning especially in the areas of prenatal care, parent/child interactions, parental knowledge, child health and development, and parental self-esteem and self-sufficiency. However, it appears that the effects of family support programs may be moderated by various social conditions such as poverty, as children from socioeconomic disadvantaged families did not improve to the same extent as other children. This difference may be due to the fact that many families living in poverty do not have the financial means for nutritious food, vitamins, and social and recreational opportunities.

Although family support programs espouse a universalistic philosophy, in reality, many of the families they serve experience chronic complications associated with poverty (Lightburn & Kemp, 1994). Certain societal trends such as increased alienation and a declining sense of community, changes in social values away from collective responsibility for one another, along with increased stresses due to changing work patterns and fewer supports for families serve to intensify the difficulties families face (Sviridoff & Ryan, 1997). Strengthening families' capacity to raise healthy children ultimately requires supportive and healthy communities. This necessitates expanding efforts to confront the problems and conditions affecting communities. Family support programs' focus on fostering families' links with community networks and resources is an important first step in the strengthening process, but it is not enough. According to a recent U.S. national survey of family service agencies, counselling was the service offered 90% of the time in addressing community related problems (e.g., poverty, inadequate housing, crime) and community building and organizing strategies were utilized only 10% of the time (Sviridoff & Ryan, 1997).

Improving the quality of community life for families requires multilevel systemic change. This necessitates a different orientation to practice. First of all, practitioners need to include community along with family, and utilize more community organizing and building strategies in their practice. Secondly, the community must be actively involved in the change process. This requires the inclusion and participation of community members in a collective effort to create an environment more conducive to healthy family and community life.

Community-Centered Practice

Community-centered practice has evolved over the past twenty years as a more comprehensive approach to working with families and communities. It developed in response to the profound and increasingly complex problems besetting families and communities and to the growing dissatisfaction with the human service systems' fragmented and crisis oriented approach to family service provision (Adams & Nelson, 1994). Community-centered practice represents a shift and broadening of perspective, from focusing on the individual and family level, to encompassing and integrating a community orientation in all aspects of human service practice (Adams & Nelson, 1994). Also referred to as 'community-family-centered' practice in the literature, it draws upon community organizing and community action work aimed at strengthening and empowering communities, which was particularly widespread during the 1960's (Gulati & Guest, 1990).

Within the literature certain key assumptions that guide and distinguish this approach were apparent:

- care of children is a collective responsibility that involves families, local communities, and government (Adams & Nelson, 1994; Rosenthal & Cairns, 1994);
- most of the caring, supervision, and controlling functions in the community are carried out informally by community members rather than professional helpers (Adams & Nelson, 1994; Smale, 1994);
- building on the strengths and assets of people and communities can enhance their capacity to care for one another (Gulati & Guest, 1990; Smale, 1994);

- the community is both the focus and the vehicle of change necessary for creating a supportive healthy environment for families (Rosenthal & Cairns, 1994);
- service users and residents are essential partners and contributors in the change and community building process (Adams & Nelson, 1994; Gulati & Guest, 1990; Smale, 1994);
- effective prevention efforts require the engagement and participation of the total environment (Gulati & Guest, 1990).

These assumptions convey the values of inclusion and participation of community members, collective responsibility for supporting families, shared decision making, and focus on multi-system levels for change.

Community-centered practice represents an orientation and process rather than a distinct model of practice. There is not a blueprint, specific framework or formula for community-centered practice that can be transposed from one community to another (Poole, 1997; Smale, 1994). Participating in a partnership with diverse community participants "means that there can be no externally generated fixed destination" (Smale, 1993, p. 17). What is crucial are the mutual processes that the practitioners engage in, the relationships they establish with community members and others vital to the community well being, and how they sustain and transform those relationships and processes (Smale, 1993). Practitioners need to jointly plan, with residents, agency managers, representatives from local organizations, politicians, and others, the approach and strategies that fit with the circumstance of their community's unique situation (Adams & Krauth, 1994; Smale, 1994).

In order to distinguish community-centered practice from other human service approaches it is useful to examine certain features, that when integrated, provide direction for strengthening family and community capacity.

First of all, a redefinition and expansion of human service practitioners' focus and role is required for effective community-centered practice. Redefining the professional role from clinical expert to one of facilitator, mediator, change agent and consultant has been identified as necessary to community-centered work (Smale, 1994; Sviridoff & Ryan, 1997). Rather than viewing professional expertise as responsible for the solutions to social problems, the emphasis is shifted to encourage a collective responsibility that is shared among citizens, community networks and organizations (Adams & Krauth, 1994). The relationships between practitioners and community members are "personalized, informal and egalitarian" and are characterized by flexibility, interchange and a sharing of roles and tasks (Gulati & Guest, 1990, p. 65). Community-centered practice requires more of an outreach approach, rather than a traditional agency based one, so that practitioners become visible within the community through their involvement in activities and exchanges with residents and other community representatives (Gulati & Guest, 1990).

In family work, practitioners expand their response to individual family troubles in relation to the broader community context. For instance, how a troubled family can contribute to the efforts of community enhancement is considered an important aspect of strengthening that family's competencies and social networks (Smale, 1994). Strategies for family and community building are examined for their effectiveness in "connecting residents to one another as resources for one another" (Sviridoff & Ryan, 1997, p. 130).

As well, practitioners advocate, with the community, for changes to organizational policies and procedures that present barriers for families and community members meeting their basic economic and social needs (e.g., narrow eligibility requirements for child care support, insufficient income support, need for vocational and employment training, and affordable housing). Promotion of mutual support, common interest and action groups are examples of strategies that foster personal networks and address collective family needs (Smale, 1994).

Another central feature of community-centered practice is a change in attitude that recognizes that "the 'clients,' 'carers,' 'service users,' or 'customers' of social services are all citizens and the same sort of beings as professional workers and other members of the community" (Smale, 1994, p. 72). By working with and supporting the community in caring for its members, practitioners move beyond the recognition of peoples' expertise to recognizing their capacity as key contributors to the community's well being (Adams & Nelson, 1994; Feikema, Segalavich, & Jefferies, 1997). Practitioners' shift in perspective is demonstrated by valuing and respecting community members as fellow citizens and involving them as legitimate partners in the community building process (Gulati & Guest, 1990; Smale, 1994).

Citizen participation and partnership are promoted by both formal and informal means. Formally, community members are encouraged to participate in governing structures such as program boards and committees to assist in determining policy and service provision for responding to the community's needs (Gulati & Guest, 1990). Informally, citizens engage in a wide range of roles and activities, which include working in the capacity of paraprofessionals to provide direct services to other community

members (e.g., facilitating groups and operating programs), providing volunteer outreach (e.g., recreational activities, parent action groups, mentoring activities), and participating in community coalition endeavors (e.g., resident groups to reduce crime, operating food and clothing collectives, advocating for recreational opportunities). In addition, a community-centered orientation necessitates that practitioners and community members are involved in an ongoing exchange to share ideas, concerns, and resources. Mutual exchange is fostered through community meetings, informal interchanges, and by the inclusion of residents in the teamwork of community building (Adams & Krauth, 1994).

A third feature that is essential for community-centered practice is the establishment of a team approach (Adams & Krauth, 1994; Gulati & Guest, 1990; Smale, 1993, 1994). A "team is defined as a group of people who work together to solve a problem or get a job done" (Smale, 1993, p. 24). Teamwork in this context differs from inter-agency teams and multidisciplinary teams, composed of professionals, whose purposes are to share information or provide certain components of service. In a community-centered orientation, collaborative teamwork among practitioners and community members is considered integral to achieving the aims of strengthening family and community capacity since the range of the responsibilities and activities required are beyond the capability of any one person or organization (Adams & Krauth, 1994; Smale, 1994). Effective teamwork demands the involvement and commitment of all partners with diverse competencies and knowledge, and needs to be developed at all levels within community networks and agencies as well as across organizational structures (Smale, 1994).

A team approach also requires a shift from individual work to collective work where practitioners turn "from working *as* individuals toward *teamwork*" (Smalle, 1994, p. 71). This shift enables practitioners to bring together a wide range of skills to develop a "common vision and strategy" (Adams & Krauth, 1994, p. 98). To be effective teams need to include all partners in the process (e.g., practitioners, agency representatives, community leaders and residents) in a combined effort to respond to the community concerns and to determine appropriate solutions (Smale, 1994).

Examples of community initiatives in the literature which demonstrate a community-centered approach to practice include: the patch approach (Adams & Krauth, 1994; Smale, 1994); community coalition building approach (Rosenthal & Cairns, 1994); local community service centers in Quebec (Gulati & Guest, 1990); a community development approach applied in a large housing project (Feikema et al., 1997). Although these community building initiatives vary in several aspects such as funding arrangements, particular strategies utilized, and the initial focus of the project, they all encompass a redefinition and expansion of professionals' focus and role, promote the inclusion and participation of community members and other partners vital to community enhancement, and adopt a collaborative teamwork approach to strengthening family and community capacity.

Analysis of Community-Centered Practice

A community-centered approach to practice has been shown to be an effective means to strengthen family functioning and to resolve some of the broader social problems affecting neighborhoods and communities (Adams & Krauth, 1994; Feikema et al., 1997; Gulati & Guest, 1990; Rosenthal & Cairns, 1994). For example, the efforts of a

community development project to enhance child development and strengthen parental capacity resulted in a sharp decrease in the number of child maltreatment incidents, an increase in children's performance at school and a substantial increase in parental support networks and family enrichment opportunities (Feikema et al., 1997). As well, Rosenthal and Cairns (1994) found that the preliminary data from a community coalition building initiative to reduce child abuse and neglect showed successful results in promoting positive family life values across the community, organizing and enlisting the broader community's support of family concerns, and reducing violence against children.

Another advantage of utilizing a community building orientation is the synergistic effects that can emerge from a collective effort. For instance, Feikema, Segalavich and Jefferies (1997), in their description of the Sheldon Park community development project, found that the community's initial project evolved from focusing on child and family issues to address broader family and community economic and educational needs. The expansion of their project resulted in increasing connections with adjacent communities and the development of collective business enterprises that provided employment and skill training for unemployed community members. It appears that shifting practice to encompass a community orientation and creating an inclusive partnership with citizens and organizations can result in community members developing a sense of ownership and commitment, which enables them to discover their own solutions that best promote their community's well being.

There are certain barriers and challenges that confront human service practitioners and community agencies adopting a community-centered approach. First of all, many community-centered initiatives rely on temporary funding sources such as special

government or foundation grants, and often experience difficulty maintaining funding over the long term (Sviridoff & Ryan, 1997). Since "community building initiatives are highly customized efforts to build on local assets" they do not fit well with standardized evaluation methods that many funders require (Sviridoff & Ryan, 1997, p.135). Consequently, many innovative and worthwhile projects exist only briefly due to a lack of financial and organizational support (Schorr, 1988).

Another area which presents challenges concerns the difficulties practitioners may experience in adjusting their practice to encompass a community-centered approach (Adams & Krauth, 1994). The educational training of human service practitioners is typically based on a clinical casework model, where services to families are provided on an individual basis and in isolation of their community context (Adams & Krauth, 1994). Changing the nature of practitioners' relationships with families, as well as expanding their repertoire of skills to work in partnership with a wide range of community members and organizations could seem like an overwhelming prospect (Smale, 1994). As a result, a move to community-centered practice may require additional training and support at all levels of the agency or organization (Sviridoff & Ryan, 1997).

Although a community-centered approach attempts to promote citizen participation some limitations have been noted, especially regarding the effectiveness of formal participation structures. Several authors identified that formal structures, such as governing boards and committees, are not as conducive to facilitating a high degree of citizen participation due to the predominance of professionals (Adams & Krauth, 1994; Gulati & Guest, 1990). Gulati and Guest (1990) note studies "have found that in practice, [service] users defer to the judgments of the professionals on the board" (p. 63). Other

community initiatives in health care reform have experienced similar difficulties in promoting broad based inclusive citizen participation in public processes (Wharf-Higgins, 1997). A recent study of volunteers working in community resource centres in Ontario found that ensuring there was substantial community participation, which included majority representation of volunteers on steering committees and in the actual negotiation of important decisions, was crucial to sustaining volunteers' involvement (Reitsma-Street, Maczewski, & Neysmith, 2000). As a result, greater attention must be paid to ensuring participation structures are more accessible, inclusive, promote democratic decision-making and are truly conducive to citizen involvement. Addressing this issue is imperative to foster a collective effort for community enhancement.

Proposing a Community-driven Approach

In my literature review a number of concerns were evident regarding the negative impact human service provision has had on the general well-being and self-sufficiency of communities. Some critics of the human service system argue that system/professional driven approaches to solving social problems have inevitably resulted in weakening communities' capacity to problem solve and care for its members (Barter, 2000; Kretzmann & McKnight, 1993). Significant relationships among community members, characterized by interdependence, reciprocity and a sense of belonging, have been replaced by their reliance on service systems for support (McKnight, 1995). As a result people are seen as clients and consumers of services to meet their needs, rather than as citizens with rights, talents and capacities to contribute to community development (Barter, 2000; Kretzmann & McKnight, 1993). Further, treating and labeling people as

'clients' and 'cases' is dehumanizing and "allows them to be counted, classified and controlled" (Wharf, 2000, p. 133).

On a broader note, organizational and professional responses to social problems have often neglected to expose and address the larger public issues in which personal troubles are embedded (Barter, 2000; Wharf, 2000). "Social problems tend to be individualized for the professional and compartmentalized for the system" (Barter, 2000, p. 10). Focusing mainly on personal troubles "clientizes" (Smale, 1994, p.65) people and as a result systems and professionals tend to assume "responsibility for resolutions and change" (Barter, 2000, p.10).

In light of these criticisms it seems imperative that human service policies and interventions focus on building family and community capacity from within communities rather than continuing to implement policies and strategies from outside (McKnight, 1995). Relying mainly on categorical and residual approaches to providing social support services has proven to be ineffective over the long term.

If the purpose of human service provision is to truly assist communities to strengthen their own capacity to care adequately for their members and to achieve an optimum level of health and wellness, a further revision of the role of human services is necessary. This revision would necessitate that the paradigm for human service provision shifts from being 'system driven' to 'community-driven'. Consequently, the promotion of community leadership and governance over social and health resources would need to become our primary focus.

The community-centered approach illustrates a shift and expansion in human service practice, from focusing mainly on individual and family needs, to recognition of

the importance of engaging community members' participation in the change process. Although this approach represents a significant improvement over traditional approaches, it fails to address some critical issues that impede efforts to fully optimize community capacity. One of these issues, not explicitly identified in the literature, concerns the difference in power relations between community members and professionals. For example, the influence of social power was evident in the difficulty professionals' often experienced establishing effective and representative community participation processes (Adams & Krauth, 1994; Gulati & Guest, 1990).

Confronting and minimizing power imbalances is essential to ensure community members participate as full citizens. As practitioners, we need to critically examine the ways in which we perpetuate power imbalances in our practice and work toward minimizing these inequities. For instance, on a personal level we can lessen power imbalances by developing egalitarian relationships with families and community members and ensuring that we are genuinely honest, respectful, inclusive and caring. Our actions need to demonstrate these values, which are visible in the degree that we promote people's active participation and legitimate role in decision making. This may require that we step out of our 'professional' stance to give space and voice to the community members themselves. Addressing power imbalances is crucial, in my opinion, in order to facilitate ongoing community commitment and investment to creating community change.

I believe related to the issue of power is the need to question the overall aim of human service provision. This question deserves our serious attention especially considering that many human service endeavors have not resulted in strengthening and

building the long term health of communities and have, in some cases, weakened the natural support relationships of community members (Kretzmann & McKnight, 1993; McKnight, 1995). Part of this problem results from the fact that, although well meaning, many human service practitioners and programs start from a position of 'knowing' what the community needs and proceed with their professional agenda despite evidence to the contrary (Ricks et al., 1999).

As practitioners, I suggest that it would become necessary to put aside our respective professional boundaries and self imposed restrictions (e.g., not being able to do certain activities because of 'job mandate') and be open to a new way of working, one in which we utilize our competencies for the identified benefit of the community. Further it would be imperative that we are grounded in reflective practice, in which we continually examine our motives and actions as helpers and how these are congruent with the aims of promoting community capacity and leadership. We would need to start from a position of inquiry and engage in an ongoing dialogue with community members in order to identity the elements that are collectively considered essential to foster a healthier community.

By starting from a position of 'not knowing' we provide the opportunity for community members to take on the challenge of defining *their* agenda. Also, by engaging a wide representation of community members the potential for sustained commitment and ownership of community issues and solutions becomes more possible. Thus the common saying 'It takes the whole community to raise a child' may be realized through this orientation, which alters the foundation of community relationships and responsibilities. Fostering the vision and values of shared responsibility for health and wellness requires

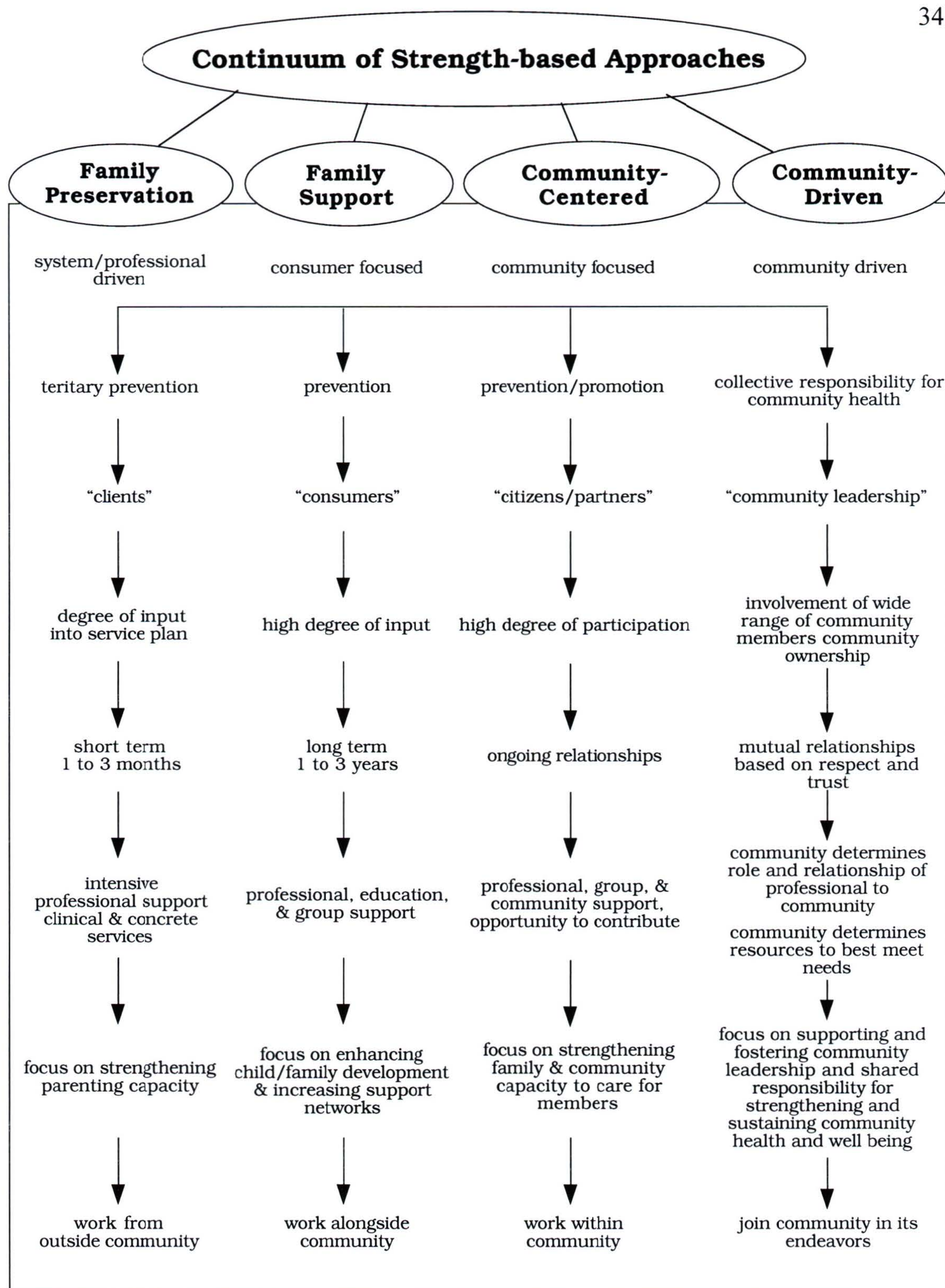
widespread recognition that *all* community members are vital to this realization and that each member has something of value to contribute (McKnight, 1995). Ownership for the well-being of the community is located within and among community members rather than among the professional elite.

Redefining the role of human services thus requires a paradigm shift to a *community-driven* approach, which fosters community leadership, citizen ownership, and collective responsibility for the health and well being of community members. A *community-driven* orientation represents an alternate vision for creating and sustaining healthy communities.

Comparison of Approaches

Distinct from more traditional human service orientations, *family preservation*, *family support*, *community-centered* and *community-driven* approaches all embrace a strength perspective in practice. However there are considerable differences to the degree each integrates a community building orientation and fosters community participation. In order to highlight the key aspects that characterize each approach it is useful to conceptualize them along a strengths and community building continuum (see page 34). It is important to note that these approaches are not totally exclusive from one another and overlap in several areas.

Situated on the far left of the continuum is the *family preservation approach*. This system driven approach provides tertiary prevention in which families receive help *after* the occurrence of a crisis or problem. Since family preservation support is typically offered when there is considerable risk for out of home placement of children, it can be seen as only semi-voluntary. Families are perceived as 'clients' and have some degree of



Continuum of Strength-based Approaches
Family Preservation
Family Support
Community-Centered
Community-Driven
system/professional driven
consumer focused
community focused
community driven
teritary prevention
prevention
prevention/promotion
collective responsibility for community health
"clients"
"consumers"
"citizens/partners"
"community leadership"
degree of input into service plan
high degree of input
high degree of participation
involvement of wide range of community members community ownership
short term 1 to 3 months
long term 1 to 3 years
ongoing relationships
mutual relationships based on respect and trust
intensive professional support clinical & concrete services
professional, education, & group support
professional, group, & community support, opportunity to contribute
community determines role and relationship of professional to community
community determines resources to best meet needs
focus on strengthening parenting capacity
focus on enhancing child/family development & increasing support networks
focus on strengthening family & community capacity to care for members
focus on supporting and fostering community leadership and shared responsibility for strengthening and sustaining community health and well being
work from outside community
work alongside community
work within community
join community in its endeavors

input into the service plan. Focus of intervention is to strengthen parental capacity to care for children. Practitioners provide short-term intensive support to families with the provision of some concrete services (Wells & Biegel, 1991). Family preservation practice can be characterized as working from 'outside the community' as the practitioner's focus is mainly on clinical treatment rather than the promotion of community relationships, networks or resources (Adams & Krauth, 1994).

Next along the continuum is the *family support approach* where families are considered to be consumers rather than clients. Service involvement is voluntary and families have a high degree of input in choosing services suited to their needs. Programs using this approach provide preventive services aimed at enhancing child and family development and parental support networks (Dunst & Trivette, 1994; Kagen & Shelley, 1987). Timeframe of service varies but can range from several months to several years. Family support practice can be viewed as working 'alongside the community' as the practitioners' focus includes strengthening families' networks and resources (Adams & Krauth, 1994).

Near the end of the continuum is the *community-centered approach*. It represents a community/team collaborative approach, focusing on prevention of social concerns and the promotion of family and community capacity (Rosenthal & Cairns 1994; Smale, 1994). The focus of human service practice in this approach is quite different. Rather than solely targeting the individual family, the focus is expanded to include the community. The goal is to reduce or prevent problems through enhancing the community's capacity to address both individual and collective needs. Families are viewed as 'citizens' and they are encouraged to participate in community endeavors. Their involvement is voluntary

and evolves according to their needs and interests. Community members have a voice in determining necessary resources for the community and are partners in the team effort for community change (Adams & Krauth, 1994; Gulati & Guest 1990; Sviridoff & Ryan, 1997). Human service practitioners work with community members to address broader socioeconomic issues and concerns (Smale, 1993). Community-centered practice works 'within the community' to promote capacity (Adams & Krauth, 1994).

At the end of the continuum is the *community-driven approach,* representing a revision of the role of human services needed to sustain healthy communities. The aim of human service work is to promote community leadership and governance over social and health resources. Practitioners' roles would be quite different within a community-driven context, reflecting a more educative rather than 'expert' role. Their competencies would be viewed as resources the community may choose to draw upon. In this approach practitioners must examine their motives and actions to ensure these are congruent with the aims of promoting community leadership and capacity. To achieve this practitioners engage in an ongoing dialogue with community members in order to understand what they identify as essential to foster a healthy community. By supporting the engagement of a wide representation of community members the potential for sustained commitment and ownership of community issues and solutions becomes more possible. Practitioners 'join with' community members in their efforts to strengthen community leadership and capacity.

Examining these approaches along a continuum highlights how moving toward a *community-centered* or *community-driven* orientation significantly changes the nature of human service practice, and consequently may optimize both families' and communities'

capacity to care for its members. Shifting from a system driven approach which attempts to resolve social problems after the fact, to one that is preventive, community focused and community involved, may have greater potential to reengage citizens as active participants in community life, as well as to resolve many of the complex issues facing contemporary communities.

Conclusion

Among these approaches there is significant variation regarding the nature of the practitioner/family/community relationship and the value placed on the role of the broader community in supporting families (Smale, 1994). The community-driven approach, in my assessment, illustrates an ideal for us to strive for in promoting and sustaining community health and wellbeing. In order to move toward that ideal, I am particularly interested in further exploring the community-centered approach since it represents what I consider as the first significant shift from traditional models of human service provision towards a more collaborative and inclusive model.

Much of the current literature on community-centered practice has been written by academics in the fields of social work and community development. These articles have generally focused on discussing the philosophical premise underpinning community-centered work and identifying the inadequacies of traditional human service models to support the need for practitioners to expand their perspective and role (Adams & Krauth, 1994; Smale, 1993, 1994; Sviridoff & Ryan,1997). Several studies have cited some actual community initiatives that demonstrate this approach (Adams & Krauth, 1994; Feikema et al., 1997; Gulati & Guest, 1990; Rosenthal & Cairns, 1994).

However, there is limited information regarding how human service practitioners carry out their everyday work with families and community members. Few studies specifically explore the actual experiences of human service practitioners, or community members themselves, regarding the nature of coactive community work. For instance, how practitioners foster collaborative relationships, how they deal with and minimize power imbalances in their relationships with community members, how they promote effective community participation and ways they work in partnership with others to strengthen family and community capacity is not clearly described or understood. As well, it is not explicit in the literature whether there are particular skills and knowledge or specific conditions that may serve to facilitate and support practitioners' efforts to work from a broader community perspective.

Consequently, learning directly from first-line practitioners about their community experience might help to further our understanding about what works well and what hinders the promotion of a collaborative and more inclusive approach in our work with communities.

CHAPTER THREE

Research Focus and Methodology

During the years that I have worked within this particular community it became apparent to me that certain human service practitioners have incorporated a collaborative and community focused approach in their work. I was interested in learning about how these practitioners actually did their everyday work with families and the broader community. I thought that by facilitating an exchange with these practitioners about their community experience would further our understanding about the nature and complexities of community work. Discovering the personal qualities, values, knowledge and skills that these first-line practitioners consider essential for effective community practice might serve to benefit other community workers. Identifying the particular issues, needs, and problems that they confronted when their practice shifted from an individual to an expanded community focus may provide some important insights and learning. Exploring the actual reality of these practitioners' community work could increase our understanding of how to facilitate and sustain a different approach to working with families. In light of these ideas the following research questions were explored:

- How do human service practitioners describe their community practice?
- How do human service practitioners describe the conditions that support or impede their community practice?

Research Design

Methodology

My research objective was to explore community practitioners' perspectives and experiences to understand the nature of their community work. I utilized a descriptive qualitative methodology to guide my inquiry. Qualitative methodology is considered to be especially suited for research where the central purpose is to increase understanding about how people in a particular context make sense of their everyday experiences (Creswell, 1994, 1998; Maxwell, 1996). A central assumption inherent in qualitative approaches is that knowledge is socially constructed based on the multiple perspectives or realities of the participants' experience (Creswell, 1994; Maxwell, 1996). Since my intention was to explore community practitioners' perceptions and experiences of their community work the inductive, flexible and emerging process of a qualitative research design presented the most suitable methodological fit for my inquiry.

Participants

I purposefully selected six human service practitioners with extensive experience working with families within this particular inner-city community. Selection of these practitioners was based on my observations of their work as well as community members and colleagues positive comments about their community work with families. I considered that these practitioners represented the most knowledgeable informants for the purposes of this study (Creswell, 1998).

An invitation letter was sent to the participants (Appendix A), which informed them about the research objectives, their rights as participants and the process for protecting their confidentiality. All six practitioners that were contacted agreed to

participate in the research project. The participants represented a multi-disciplinary group of human service practitioners. They included:

- Community social worker working at the Community Centre for 8 1/2 years;
- Ministry of Children and Families social worker working within the community for 5 years;
- School-based youth and family counsellor working within the community at various schools for 19 years;
- Youth worker working at the Community Centre for 12 years, who also grew up in the community;
- Public health nurse from Capital Health Region working in the community for 31/2 years;
- Executive director of the Community Centre, working at the centre for 6 years and living in the community for over 20 years

The participants had worked together in various capacities within the community for a number of years. All the participants were women between the ages of twenty-nine and fifty-five years; most of the women had some degree of educational training within the human service disciplines (e.g., degrees in social work, child and youth care, nursing, and education). As well, the participants were long standing members of the community's Inter-Agency Team, a group composed of practitioners and others working within the community to address local needs and issues.

Ethics and Politics of Research

Certain ethical and political issues needed to be addressed throughout my inquiry. I had to ensure that the participants were fully informed about the research project, and

provided their informed consent regarding their participation (Appendix B). During the course of the study I checked back with the participants regarding their willingness to continue. Participants were informed that if they withdrew from the study they had complete ownership of their data and could remove it.

Privacy of the participants' information was carefully maintained to protect their identities and to ensure that their responses remained anonymous. Any identifying information, such as participants' names or the name of the community, was not included in the final write up of the study. However, participants were informed that due to the nature of group interviews and the fact that the participants knew each other, complete guarantee of their anonymity and confidentiality was not possible (Kitzinger & Barbour, 1999). Setting guidelines regarding confidentiality prior to the group interviews addressed this concern. All audio-tapes of the interviews were erased once the research project was completed.

A political issue that arose for me concerned my prior relationship with the participants and my role as researcher. Historically my relationship with the participants was one of community colleagues. It was of critical importance to me that a power differential did not arise when our roles shifted to that of researcher and participants. To minimize any potential power imbalances I established a respectful collaborative exchange during the interview process where participants were regarded as co-researchers in the project (Osborne, 1994). Shifting the balance of power in favor of the participants was facilitated by my choice of research method as well as by my solicitation and integration of their feedback.

Method: Focus Groups

To learn about the participants' community work I utilized focus groups, which proved to be an especially useful method for facilitating an exploratory exchange among the participants. Self-contained focus groups were well suited to my research goal to further my understanding about the participants' community work since they "reveal aspects of experiences and perspectives that would be not as accessible without group interaction" (Morgan, 1997, p. 20). As a distinct form of group interview, focus groups rely on the groups' interaction to generate data as participants are encouraged to discuss the research topic among one another and comment on their experiences (Kitzinger & Barbour, 1999; Krueger & Casey, 2000; Morgan, 1997).

> Focus groups are ideal for exploring people's experiences, opinions, wishes and concerns. The method is particularly useful for allowing participants to generate their own questions, frames and concepts and to pursue their own priorities on their own terms, in their own vocabulary. Focus groups also enable researchers to examine people's different perspectives as they operate within a social network (Kitzinger & Barbour, 1999, p.5).

Another advantage of focus groups was that they represented a 'contextual' method, which meant that the participants were not devoid of social context or separate from interactions with others (Wilkinson, 1999). The contextual and relational features of focus groups appealed to me as opposed to individual interviews. The tension I experienced in my work with individualizing approaches that isolated people from their broader life context was implicitly addressed in this method. In other words there was congruency with my values and methods as researcher and as practitioner.

Furthermore, in focus groups people take their contrasting and similar experiences and endeavor to make 'collective sense' of them (Morgan and Spanish, 1984, p.259). As a research strategy, focus groups are conducive to promoting a collaborative reflection on practice. "Focus group participants have the opportunity to explore issues, identify common problems and suggest potential solutions through sharing and comparing their experiences" (Kitzinger & Barbour, 1999, p.19). This process of collective sense-making fit with my overall research purpose to understand the participants' personal and collective experiences of their community work.

Another appealing feature of focus groups as a data collection method concerned my role as researcher and the issue of power. "Compared with most traditional methods, including the one-to-one interview, focus groups inevitably reduce the researcher's power and control" (Wilkinson, 1999, p.70). The researcher's control over the focus group process is moderated due to the fact that the participants define the nature of the group interaction (Morgan, 1997). Since the aim of focus groups is to facilitate an interactive exchange among the participants, the researcher's influence over the group process is as a result diffused. Shifting the balance of power from the researcher to the participants allows for the opportunity to hear the interests and perspectives of the participants themselves (Kitzinger & Barbour, 1999; Morgan, 1997). The advantage of emphasizing the participants' perspectives enables them to "assert their own interpretations and agendas.... Reduction in the relative power of the researcher also allows the researcher better to access, understand and take account of the opinions and conceptual worlds of the research participants" (Wilkinson, 1999, p.73). Since my goal in this exploratory inquiry was to learn about the participants' experiences "then it is best to let them speak

for themselves" (Morgan, 1997, p. 40). As well, the relatively non-hierarchical feature of focus groups corresponded with my values about establishing a collaborative research inquiry with the participants.

I considered several issues before deciding to rely solely on focus groups for data collection. Originally I had planned to follow the first set of focus groups with individual interviews. I had thought that some participants might be constrained within the group discussions and consequently not forthcoming with their experiences and perspectives. However, it was apparent to me after the first focus group sessions that the participants were comfortable with each other, as evident through their lively discussions, and that they enjoyed discussing the topic within the group setting. Another important factor influencing my decision to follow up with a second focus group rather than individual interviews was due to the richness of the participants' stories and the synergistic affect their group interaction had on expanding their perspectives on the topic. According to Morgan (1997) the real test of whether self-contained focus groups represented a suitable method for a research project required consideration regarding how actively and easily the participants would discuss the research topic.

Data Collection and Analysis

My data collection and analysis process are presented together since I believe that one continually informs the other and that separating them into different sections might inaccurately convey that a linear analytic process was involved. Analyzing focus group data involves similar processes to other qualitative data analysis except that the researcher also references the group context (Kitzinger & Barbour, 1999; Morgan, 1997). Referencing the group context requires that my analysis portray a balance between the

meaning and picture provided by the groups as a whole while recognizing the individual voices within it (Kitzinger & Barbour, 1999).

Preliminary pilot of interview questions. To begin, I drafted a set of focus group interview questions, which were piloted with two human service colleagues. I wanted their feedback regarding question clarity and interpretation. After several revisions, four interview questions were finalized for the first focus groups (Appendix C).

Composition of focus groups. In order to lessen the likelihood that group dynamics might be responsible for the content of the participants' discussion it was important to have two groups of three participants rather than one group of six. A minimum of two groups provided safer ground in concluding that any similarities in their discussions about their experiences was not due solely to group dynamics (Morgan, 1997).

I paid careful attention to the arrangement of the two focus groups. I wanted to ensure that the participants were as comfortable as possible with each other for discussing the topic. I purposefully arranged that the participants were in a group where there was no perceived power differential among group members. This required that the two participants working at the Community Centre were in a different group than the executive director participant.

Process of first set of focus groups. Permission was granted to conduct the focus groups at the Community Centre. The Centre was selected for the interview location since it was accessible for all the participants. One focus group was held during the evening and other was held mid afternoon. Participants signed the consent form, which outlined the overall purpose of the research project, their rights as participants, and the

process for ensuring their privacy and confidentiality (Appendix B). The focus groups were audio taped with the permission of the participants.

To begin each focus group an overall introduction to the topic was presented. The participants were requested to refrain from using any personal names in their discussions about their work. We set a two-hour time frame for the discussions. Their discussion was initiated with the first interview question and proceeded, when appropriate, with the remaining three questions. Participants were encouraged to provide examples or stories from their work that brought clarity and understanding about their experiences. As moderator my approach was fairly unstructured, which provided the participants opportunity to fully discuss and explore their experiences among one another. At the conclusion of each focus group I summarized their discussion to check for clarity and accuracy of my understanding. Refreshments were provided to thank the participants for their involvement.

Data analysis. The audio-tapes of both focus groups were fully transcribed. I listened to the tapes a second time while rereading through the transcripts and made memos about areas that required further clarification. The participants' responses in both sets of transcripts were summarized according to the interview questions and I noted where their responses corresponded to more than one question. In my summarization possible themes were highlighted that emerged from their stories about their experiences. As well, I identified certain areas to probe for further elaboration and understanding. Each participant was sent a copy of my summary to read before the follow-up focus groups.

Process of second set of focus groups. At the second focus group sessions participants were asked for their feedback regarding how accurately their previous group discussions had been reflected. All the participants agreed that the summary represented their discussions about their work. A few participants added further comments to more fully clarify their meaning about certain areas they had discussed. With both groups participants were asked for further elaboration concerning particular aspects of their community work, which was not clear from the first interviews. In closing I summarized their responses to check the accuracy of my understanding.

Data Analysis. The second set of audio-tapes was fully transcribed. During the transcription process I made memos for further refection, developed some tentative ideas about categories and relationships and highlighted key phrases and concepts (Maxwell, 1996).

The second set of transcripts was summarized and integrated with the first sets. Again I reviewed the transcripts and summaries from both sets of focus groups identifying common categories that were discussed within both focus groups. Categorizing the data was an inductive process in which the data was coded and sorted into broader themes and substantive issues (Frankland & Bloor, 1999; Knodel, 1993; Maxwell, 1996). Identifying the grounded categories of meaning held by the participants involved distinguishing the salient themes, recurring concepts and key stories that captured the participants' experiences and perspectives (Marshall & Rossman, 1995; Maxwell, 1996). To ensure my coding strategy was grounded in the data and the original context was not lost codes were cross-referenced to the transcript data.

The themes that emerged from my analytic process were emphasized by both groups of participants. Direct quotations from the participants, that spoke to a particular category or theme, were included to ground the data in the participants' own experiences (Maxwell, 1996; Morgan, 1997). As well, my analysis focused on capturing the interactive richness of the participants' discussions and their generation of meaning by including, where appropriate, excerpts from their discussions (Wilkinson, 1999). I also noted underlying tensions or contradictions about certain aspects of the participants' experiences that were common to both groups. In a few instances where one participant's experience was unique, whether to her job role or organizational setting, I made note of that distinction. Grounding the data in the participants' experiences established a degree of transparency so that others could follow my analytic process.

After categorizing the data I also contextualized or linked the data by identifying connections between the categories and themes. Noting the connections and relationships between categories and themes helped to provide a well-rounded account of the participants' experience (Maxwell, 1996).

Data verification. A draft version of my analysis was given to the participants in order for them to check that it was representative of their discussions about their community work. Establishing the trustworthiness of my analysis required that the participants verified that my account accurately portrayed their collective and individual meanings and was understandable and credible to their own experiences. Soliciting feedback from the participants, referred to as member checks, was crucial to determine the possibility that I had misinterpreted the meaning of what the participants had said and their perspective about what had occurred in the focus groups (Creswell, 1998; Maxwell,

1996; Morgan, 1993). Member checks are considered to be an important means of verifying the trustworthiness and credibility of qualitative research (Creswell, 1998; Maxwell, 1996; Morgan, 1993). It was especially critical that I checked my findings with the participants since my research design relied on self-contained focus groups as the sole method for data collection.

Limitations of the Research

Limitations of this research project concerned both my personal role as researcher and certain aspects of my research design. A personal limitation inherent in my role as researcher related to the nature of my other role as a first-line practitioner within this particular community. I hold certain beliefs, values and biases that are based on my long-term history with this community. Consequently, my own location, as an 'insider' within the community, influenced my approach to the research process, my data collection strategies and interpretation of the research findings. For example, some contradictions within the data may not have stood out for me because of my familiarity with the participants and the community. My previous relationships with the participants likely influenced what I focused on during their discussions and in my subsequent analysis. Our prior relationship also influenced how the participants responded to me. While these influences might have had some positive implications, such as the participants' familiarity with me making it more conducive to discuss their work, there might have been other drawbacks. It was therefore crucial that I engaged in a reflexive analysis to ensure that my own values and beliefs were visible within the research process. I tried to accomplish this by checking my understanding with the participants and by clearly

identifying my own viewpoints throughout the analysis and discussion of the research findings.

Focus groups presented some potential limitations as a data collection method. One concern related to the tendency of participants toward conformity in their group responses, and that they may withhold information that they would share in private (Carey, 1994; Morgan, 1997). Since all data are context bound, and the participants likely answer questions differently depending on whether individual or group approaches are used, it was necessary that I considered how the group context facilitated or suppressed the participants' points of view (Kitzinger & Barbour, 1999). As expressed previously, I decided that the group context was conducive to the participants' full expression as I attempted as moderator to create an open atmosphere that facilitated the participants sharing their points of view (Morgan & Kruger, 1993). However, in retrospect, including individual interviews as a follow-up to the focus groups might have addressed concerns about the group context influencing the participants' responses.

Another limitation in my research design related to the relatively small sample size and the number of groups. Although three participants in a group are considered to be a minimum acceptable number for exploratory focus groups, since smaller numbers allowed for more opportunity for individual expression (Kitzinger & Barbour, 1999), the fact that I had only two groups may have limited the scope of the study (Morgan, 1997).

A further limitation of my research design concerned my reliance on one data collection method and the implications this had for the verification and transferability of my research findings. Utilizing only self-contained focus groups for data collection meant that I was not able to triangulate my data with other methods for verification purposes.

Triangulating or comparing the findings from different data methods within a research project strengthens the transferability of the findings and "strengthens the study's usefulness to other settings" (Marshall & Rossman. 1995, p.144). Thus, my reliance on one source of data presented limitations to relating the research findings to other people and contexts. However, my research purpose was to understand this particular group of practitioners' community work, not to make generalizations to the experiences of other human service practitioners. Consequently, verification of the research findings was confined to the participants' own critique that my analysis was credible and reflective of their experience.

CHAPTER FOUR

Participants' Community Work

This chapter presents the findings revealed by the six participants regarding their community work experiences. Out of the participants rich portrayal of their work experiences I discovered many salient themes that captured the breadth and complexities of their community practice. These themes corresponded to three central categories that emerged from the groups' discussions. The first category, *Nature of Community Work*, describes both *what* participants do and *how* they do their community work. The second, *Barriers and Supports to Community Work*, specifically focuses on what helped and impeded the participants' efforts to work from a community approach. Finally, *Particular Kind of Practitioner*, highlights the personal qualities and values that the participants considered to be key for effective community practice.

Nature of Community Work: What Participants Do

"*Like I swear to God, if I die tomorrow, no one would know what the hell I'm doing*!"

As illustrated in the preceding comment from one of the participants, community work was often not clearly understood by those outside the community. It seemed to encompass a myriad of activities that were always changing and evolving. To bring clarity about what these participants do in their everyday community work I have presented their descriptions according to three overall themes: building relationships, working together meeting community needs, and problem solving.

Building Relationships

"It's in our relationships that we do our work."

A central theme throughout the participants' descriptions of their community work focused on the importance of building relationships with people within their community. A range of relationship building activities were encompassed within their descriptions of their work as was an underlying tension they encountered in relation to perceptions about 'real work'.

These included:

- Building quality relationships with community members.
- Creating mutual support networks among community members.
- Establishing relationships with community colleagues.
- Promoting atmosphere of community belonging.
- The underlying tension or contradiction between participants' perception of the importance of 'quality relationships' in their work as opposed to their perception of what others valued as 'real work'.

Quality relationships. Working within the community was described as a great opportunity, as well as a privilege, for participants to become connected to community members and work together on their home turf.

> *The advantage of working with people within their community is that they at least feel that they're respected on their home place. Often within low income areas people don't have a position of power anywhere except for the place they live. From a nursing perspective when I am working with a family then I'm essentially working with their community. I think that the important part is where they are*

based. One of the great privileges of working with people within their community is you get to respect them from that place and help them make their community better.

According to the participants, creating relationships involved a mutual informal process in which personal connections were initiated and developed with community members. "*Doing things with them, being part of what their lives are and being there when they need you to be there. But not thinking of yourself as a professional as such in the sense of being out of their reach. Working together and each having something to offer.*" Relationships were seen as the vehicle in which their work of supporting and strengthening families and community members' capacity to care for each other was realized.

A key aspect of relationship building, as identified by the participants, concerned the importance of assisting people to identify what they needed and starting from that place. Encouraging people to make their own decisions and supporting them to carry out what was needed took time and commitment, which was evident in one participant's description of assisting a young parent.

A young adolescent parent was having difficulty interfacing with a program that she was mandated to take. Getting her to at least feel like she could trust two people in the community that were professionals. Eventually through time we would talk together and just ask her, "What is it that you want?" and when she's able to identify things, like "I want this and this," then we helped her do this and this. Everyone else was telling her what to do and because she's an adolescent she wasn't going to listen. So now she connects. Like she wants to learn about

Workstreams program so we do those kinds of things with her. She identified them. It takes time and I think that's what's probably the difference between working in an office where you can go sit and achieve, and in the community because there's that relationship building that carries out, it takes a long time.

Relationships with community members were described as ongoing and evolving over time. Developing relationships with people went beyond the roles of 'worker and client' and involved regular times of relating informally with each other. "*For some professionals it's difficult because they think that this is my 'client' so I can't sit down and have coffee and just chat about what they did yesterday, and I think that's the key to working with families at the community level, being able to identify the times where you just sit down and shoot the breeze with them.*"

Relationships continued between participants and community members even when they were not receiving direct support services or participating in Centre programs. However, sustaining relationships once a person was not considered a 'client' was not commonplace among some practitioners working in the community. One participant described the reactions by some Center workers to a woman who was no longer receiving formal services.

The people who saw themselves as more professional decided on a time limit that they would talk to her – one to two, two to three minutes...she told me she felt shunned and I was able to tell them that and I think then they started to see that. One person now exchanges books with her and things like that, so I think that it changed. It was like if we're no longer working with the family, we should back off...the fact that continuing that relationship with her is good work.

At times sustaining relationships was seen as a struggle for Ministry of Children and Family (MCF) social workers as their legislative child protection mandate interfered with their ability to establish trust and connection with community members. This was especially the case when a social worker had removed children from their parents; it could be very challenging and difficult for both parties to continue association. One of the participants described the nature of this dilemma and her effort to maintain a relationship with a parent.

> *I straddle two worlds. The world of bureaucracy and the world of community. And sometimes I've had to make difficult decisions about whether children can stay safe. I worked with a woman who I felt was not safe to continue to parent her child but I still see her regularly even though I made that really difficult decision and there was a lot of anger and hurt from her. I think that we have been able to continue to have a relationship of mutual respect. I see her quite often in the community and we'll talk about what she is doing and how her volunteering is going at the center, and we'll talk about how her daughter is doing. We're able to have that communication and to me that's been really successful because most social workers tend to push people away once they've made that difficult decision. Because they lose a sense that this person has any kind of worth of continuing any kind of relationship.*

Creating mutual support networks. Creating mutual support networks was considered by the participants to be akin to relationship building but on a broader scale. One participant described her experience of facilitating a woman's group and how eventually the women took ownership over the group, deciding the group's agenda and

focus. Concrete supports of childcare and food made the group accessible to the women and the participant's open and welcoming approach encouraged the women's sense of belonging.

> *With the women's group we started with four women and we provided food. And then as the weeks go on all of a sudden there's ten women and the average now is anywhere from ten to fifteen a week. But they don't have to sign up, they aren't going to be turned away, so they come. They sense a welcoming. You have to be very embracing, very warm, very sensitive to where they're coming from walking through the door for the first time. My approach is to bring them in, talk to them, 'come on in', introduce them and make them feel comfortable. And you feed them food and have childcare for them, and no expectations. They've had enough expectations; they don't need any more. So you don't have any of that stuff and then they come, and they start forming friendships and they start talking, 'You know my friend is in a similar position, do you mind if she comes?' 'Sure bring her along'. And I think it's being open to that. That's why we talk about flexibility. You have to be open, flexible to those on-the-spot things happening. And then they start to bring in their own ideas and you have to be able to run with those.... One woman used to come in with a box of sayings and she'd read one to the group. They got right into this and if she didn't show up they brought in their own thing. Every week now it's like the ritual, they pass this box around and they all take out a card and they read it. They have created a ritual that's meaningful to them. It's important to them. Then the group becomes theirs. It's not your group; it's theirs.*

Several participants described how the youth workers created ongoing networks for youth in the community through the Centre's work crew program. A key aspect of the group was to create a safe nurturing place for youth. Youth developed a sense of community belonging and formed connections with others as they participated in a wide range of activities. Throughout the year youth worked on fundraising projects to raise money for a summer trip to California.

You talk to them and they join. Then the ones that get hooked on the program, cause they've formed friendships just in that group, they keep coming back. They all work together to accomplish their goals. And they make connections with the youth workers. And if there's stuff going on at home then they feel more connected to this group because they aren't being judged.

Creating networks for community members focused on meeting community members' social and health needs. According to one participant, for example, the lack of any prenatal groups within the community meant that many young parents needing follow-up did not have easy access to health information and peer support. As the community public health nurse, she found providing prenatal care on an individual basis did not address young parents' need for social support. After a long struggle to obtain a commitment to a multi-disciplinary team approach between her employer and other community support programs she initiated a prenatal support group to bring parents together.

To try and create a network for these people, that's what this prenatal group has been about. It's taken a long time, first we had just one that kept coming, and then two, and then all the friends show up and come for lunch and prenatal. Like today

there was nine. But you know the big key is food. It really makes a difference. And the relationship, I mean it's this relationship thing and boom it takes off.

Establishing relationships with other practitioners. Establishing positive working relationships with other human service practitioners who share a similar approach to working with families was also considered to be a necessary aspect of the participants' community work. Participants emphasized establishing relationships with other practitioners served to facilitate working more collaboratively to support families. They were much more likely to alert community colleagues to connect with a family in a preventive way when they already had a personal connection with them. As two participants noted their community work was *"also about building relationships and having good relationships with other people in the field." "And knowing where to find those people. Because you're right, you know, you can talk to some social workers and you might as well talk to that wall."*

Promote atmosphere of community belonging. The participants saw establishing a welcoming informal atmosphere in the community centre as critical for creating a sense of belonging, connection and involvement for community members. Attention to the physical surroundings and the ambience generated was especially important.

I think the physical setting of this Centre is crucial because when you walk into this Centre compared with other centers you're not faced with that sort of bureaucratic type of mentality when you come in. Even the table is round and people sit around the table and we'll have coffee. And you don't have a receptionist answering the phone. I've even been here and the phone's been

ringing and I figure, jeez, I better answer it. And that's what happens in people's homes.

When the new Centre was built staff had to make some adjustments in the physical set up to create a more comfortable and informal setting.

We ripped out the wall that was put up at the front by the architect, which was a four foot high receptionist wall....and even though there was nobody behind the wall stopping anyone, the day after the wall came down someone walked in and the first thing they said was "Oh great, I thought I had to show a pass or ticket to get into here."

When we first moved into the new Centre we had this lovely living room and no one would go in it, everyone would be in the clothing exchange talking. And so we ended up taking the boxes of clothes and sticking them in the living room and that's why the living room gets quite messy looking. But if there's no boxes or bags in the living room, it's less likely that people will sit in it. It's like that allows people to feel a little more comfortable.

'Real work.' Throughout the participants' discussions of relationship building an underlying tension emerged which reflected the contradiction between what the participants deemed critical in their work as opposed to their perception of what was valued as 'real work' by others. In their opinion, ongoing relationship building was viewed as invisible work and as such was seen as not valued by organizations and funding bodies. Instead the visible documentation of case plans and written records was more valued. "*I think it's the difference between visible and invisible, what's visible is the documents and what's invisible is the relationship. The written word is what's valued.*

The work you do in going out and having a coffee and sitting down and chatting is not. That's not considered work."

According to the participants, their work of relationship building and assisting people in the community to meet their needs was not widely understood or adequately measured by those involved in administering and funding human services. One participant described this dilemma in an exchange about her work with her administrator.

> *You are respectful of them. Like making something happen now, when there's an immediate need, like I cannot get any money....But the fact that they don't have any money is at least what they need. And that baby step of "okay, I will take you and do that," that is the connection on the personal level. Those things are left not measured like the relationship, that connection, from funding or outside members – "Well what do you mean you took them to go and get their this or their that?" I think that is not reflected respectfully or understood enough outside.*

Participants discussed that they experienced 'real work' as involving those informal unscheduled 'bumping into' kinds of contacts with families, that occurred when they were working outside an office and were active within the community setting.

> *I see how efficient it is, you're out here [in the community] and you talk to staff in the out-of-school program and you do check ins just on the side with families, because you are seeing them on the sidewalk and saying hi to them.*
>
> *Exactly, yeah. But that's not considered real work.*
>
> *But it's such valuable work.*

Sometimes workers themselves experienced conflict in how they perceived their exchanges with community members. *"A staff member once said, 'I'll be talking to*

someone at the entrance and I'll be thinking, gee, I should get back to work.' And then they realize that what they were doing was work." Not recognizing the value of informally connecting with people was also reflected in the formal approach taken by some workers in the community. *"I think sometimes people feel that they're only doing the real work when they're one to one at a desk with another person.*" One participant, who supervised Centre workers, frequently told staff that time spent in informal exchanges and doing things together with community members helped to develop trusting relationships.

Working Together to Meet Community Need

"We do things together in terms of community, around events, having fun, around food. All of those things that everyone does as a family, we just do it on a larger scale."

An important aspect of community work for the participants was working together with a wide range of community people to meet the community's needs and goals. Active participation and involvement of community members to determine community needs and how to best meet those needs was a key factor. An example of working together to meet the community's goals was illustrated by the collective effort of community members and professionals to obtain funding for the original community centre.

> *From my own experience of being a parent and getting involved with the community, at the time that I got involved we didn't have anything like a community centre. We were concerned about making things better in our community because of such high need and so many kids were on probation, and then the police were involved with a lot of people. There was a lot of bad press*

about this neighbourhood.... I think what was great about this community is that it was the people in the community, parents in the community that came together with professionals working in the community, and it was the goodwill of everyone working together to get a place. People used to call it an extension of their living room, that was the term they were using, a place that people wanted. It was really like part of their home as opposed to being a place that they would come and register, and we have worked hard to maintain that kind of atmosphere.

Working together with community members to identify common needs was considered essential by the participants to ensure the development of effective and responsive programs and services. For instance, the community food store originated with the community identifying the need for an economical food store in the neighbourhood. The Center staff, with the involvement of community members, obtained a grant to operate a food store, selling the food at cost. A community member was employed to manage the store and provided job skill training for unemployed people in the community.

The food store is a good example based on community need. The community identified that they needed a food store in the neighbourhood and then we all sort of started. It was all based on things they wanted and it trains people who are living in the community and have few skills. People get $100 a month to learn job skills and some people have gone on to go back to school. It gives people confidence... and it's comfortable because it's their own community and they know everybody here.

Collaboratively developing projects that met community needs established a sense of community ownership. When the store program's funding was threatened, community members lobbied the government to have the project reinstated. Centre staff supported their lobbying but the community's efforts actually accomplished the goal.

> *When we lost the funding for the store program nobody wanted to listen to anybody about getting the money reinstated. So the community took it on. The residents wrote letters, went to the media, went on TV and radio. The community took it on and all we did was support them around faxing stuff and using the photocopier. They got the funding back.*

Projects for meeting community needs sometimes got off the ground with the initial efforts of practitioners and later more community people became involved and took over. This was the case with the development of a free clothing exchange at the Centre, where a community social worker initiated the project with the support of the executive director. The clothing exchange was eventually operated and organized by the community members.

> *I'd been to some other neighbourhood-houses that had clothing rooms. I went to him [executive director] and he said, "okay', we'd use the shed for the clothing room." And within a week we had it up and running. And we had word out to everybody that we needed clothing and we had volunteers who phoned around to all these consignment stores, and finally found one that sends all these clothes to us.*

Supporting community members' own initiatives was also an important aspect of the participants' community work. A participant described how Centre staff and other

community practitioners and residents assisted a community member in her efforts to convince the municipal government to offer low-income families free access to municipal recreational facilities.

She thought it was unjust because families with low-incomes can't afford to use recreational facilities on a regular basis. So she started this lobbying and getting information and wrote papers and went to different levels of government and it took her over two years to do it. But she went to all levels of bureaucracy and gained more momentum in the community and talked to people and most people were supporting her. We helped with photocopying, faxing, having meetings here at the Center, talking to people and handing things out. And I think we supported her just morally and encouraged her to keep going. Because it's hard doing it on your own if you haven't got that kind of support. There were lots of people around helping her. And now every community in Victoria has the program.

Working effectively with community members to meet collective needs required that practitioners and others working within the community welcomed and embraced all community members' points of view, as well as being flexible, innovative and creative in how they worked together to meet those needs.

Problem Solving

"Generally in our society people go to officials to solve their problems so they're not working as community members to try and solve problems."

Problem solving was distinguished throughout the participants' discussions as having several key aspects. These included:

- Personal conflict between their community and professional problem solving approach.
- Encouraging community members to problem solve.
- Assisting professionals to problem solve with community.

Personal conflict between professional and community problem solving approach. Participants employed by government organizations at times experienced tension between their organizational role and community role. One participant identified an ongoing struggle she experienced between what she saw as the professional role and the community-helping role in solving problems.

> *The professional role has become disjointed from the community helping role because professionalism denotes a certain way of defining problems and solving problems, that when I look at my own life experiences don't really make sense....And I think that the key for people, professionals and non professionals working within communities, is to really stay connected to what is really problem identification – how do you identify problems without it being put in this kind of bureaucratic context. That's my constant struggle as a professional. I try and stay connected to this community and not get pulled into that professional problem identification, but try and keep connected to identifying solutions that are holistic based, that are about relationship.*

Encouraging community members to problem solve. Participants described how they attempted to encourage and assist community members to work together, rather than taking over themselves as the 'professional' to find solutions. One example of

community members responding to a person's difficulty and helping him find a solution was described by a participant working at the Centre as extremely successful.

> *One day I just came out of my office and the volunteers wanted to tell me about this person who had come into the Centre and looked really upset and down. They asked him to have coffee and they got him a donut and then he told them he was out of work. They showed him the classified ads and he found something. And he said, "But I don't have a phone." They showed him a phone to use. He went and made a call, and then he got called for an interview right away. They were so excited because they had seen this problem and then solved it themselves. This guy went away with coffee and donuts and a job interview. And the community did it.*

Another participant discussed that in her role as a MCF social worker she often received requests from community members to solve a problem they were experiencing with a neighbour. She encouraged them to approach the other person to sort out their concern, rather than becoming directly involved.

> *My work is in the area of child protection but one of the things that I really try to work with people about is getting community members to solve their own problems related to family matters or matters of children. I try to encourage people to look at it from a different perspective…as opposed to getting the bureaucrat to step in. But it's much easier for the bureaucrats just to take the information and say, "I'll deal with it." As opposed to working with people to get people themselves to try and solve the problem or talk to their neighbour.*

Holding back from solving the issue demonstrated participants' appreciation and respect for community members' capacity to work out their own solutions. In some circumstances when a problem was challenging, such as involving the safety or care of children, participants' support and assistance to plan a course of action might be needed.

I just had a phone call this morning from a mom who was upset because she felt that her 8-year-old son had been sexually sort of interfered with by her 9-year-old neighbour. So she was calling me in the capacity of a social worker because she knew who I was. So we had a lot of discussion, "Let's look at how would these situations better be resolved. Have you spoken to your neighbour? Maybe your neighbour doesn't know that their son is doing this." And she said, "Yeah, I think I'd feel okay about doing that." And I said, "So you do that but you're also very clear with the parents that you're going to protect your son....and if it does happen again you may have to take some further action which is more officious in nature." And so the parent did that and I felt comfortable with that.

Assisting professionals to problem solve with community. One of the participants, working in the capacity of a MCF social worker, observed that school or public health professionals working within the community often reported non-safety concerns they had about a child or family directly to MCF. She found that by assisting these professionals to discuss non-safety concerns they had about a child with the parents first, rather than directly reporting concerns to MCF, helped to prevent parents' isolation and feeling stigmatized within the community.

I often get calls from teachers or from public health nurses...and it's not a real child protection matter. I will say to the professional, "Have spoken to the parent

about some of your concerns?" Because there seems to be a difference between what a teacher or a nurse would discuss with a middle-class parent as with a poorer parent. I've raised two children and there's things the teachers have had to discuss with me, like for instance, my grade 8 son refused to take a lunch and the teacher was a little concerned so she approached me. Whereas for poorer families, the first report is to the social worker, because there must somehow be child neglect. We get a lot of phone calls around what may be perceived as neglect but in a middle class family the teacher will just discuss it with the parents. I'm often trying to help professionals and I've actually had some professionals say, "No I really don't feel comfortable doing that." So again they want the official to deal with it. I've tried to explain to a lot of professionals that when a parent has a social worker knock on the door, a parent often feels threatened by the community and will isolate themselves because there's these reports going out. I said it's often better if you do sit down and talk to the parent and say you know I'm a little concerned about Johnny's behavior, Johnny's not coming with lunch, or whatever. As opposed to the social worker knocking on the door and saying, "We've had a complaint." That really puts parents in a tizzy because they don't know where that complaints coming from, they'll become fearful, become frightened, they'll isolate themselves and that's not helpful.

Nature of Community Work: How Participants Do Their Work

"You have to be very embracing, very warm, and very sensitive to where they're coming from walking through the door for the first time."

How participants do their community work was evident in how they described building relationships, working with others to meet community needs and promoting problem solving among community members. Several themes emerged from their discussions that speak to the process participants' embraced:

- Being flexible and creative.
- Actively reaching out.
- Building trusting and honest relationships.
- Taking risks.
- The responsible use of power.

Being Flexible and Creative

The ability to be flexible, innovative and creative was considered to be a key facet of effective community practice. Flexibility and creativity required workers to go beyond their job mandate in order to respond effectively to the community's needs. An example of the community health nurse's approach to organizing a lice team at the elementary school demonstrated her flexibility and creativity. Although checking lice was not in her job mandate she discovered by talking to children that they only felt comfortable having their heads checked when the information was kept confidential. The nurse had to go beyond mandated duties to effectively respond to the needs of the school children.

When I first started working in the community we were told as nurses that our job was not to do anything with lice. Lice were not a health issue. When I started at

the school they wanted to have a lice team to check the children's hair.... Then I heard from members in the community that one of the big worries is people talk, and they tell other people things. So then I asked the kids, "What is the hardest part about getting your head checked?" "Well so and so's mom told so and so." So the only way to solve it was to have key people in the community that the kids trusted check their heads, a couple of the youth workers and myself.... You have to take what your organization stands for and then interface that with how you are going to work best within the community.

In responding to the individual concerns of the students the public health nurse also met the broader community's needs, not only about health but also about confidentiality.

Being flexible and creative in how participants' supported families also required an appreciation of the most effective way to meet their needs. For one participant, a school-based youth and family counsellor, assisting a youth to clean his house and prepare for his ill mother's return from the hospital was instrumental in supporting the youth's ability to cope with his mother's illness. Her willingness to respond to the youth's immediate needs also strengthened their relationship.

I worked with a young man whose mother was dying of breast cancer and she was coming home from hospice for a few days. He was in quite a dither about the situation in the house because he was about 16 and he was on his own. So I said, "I'll go over with you and maybe we could tidy up." A lot of people wouldn't see that as their role. But we went in there and we did dishes and the laundry and just really tidied the place up so that when his mom came home it was in a good state. And to me, that was some of the most effective work that I ever did with that

young man. And it shifted our relationship considerably afterwards. And I think that you have to be flexible. That's a real key to this work.

Flexibility also referred to the participants' willingness to accommodate people in a welcoming respectful way, not turning them away because they did not have a prescheduled appointment. As one participant stated, "*I can think of people who I work with that if they had somebody just drop in, 'Well, you're not on my list.' What is that going to do? That's going to teach the person right away not to come. Like I'm, 'Yeah, have a seat, are you hungry?'*"

Actively Reaching Out

Participants indicated they actively reached out to community members, connected with them and facilitated their participation in community activities. This was especially necessary in the previous Centre, which according to one of the participants had an uninviting exterior entrance. *"The old building was like a fortress, and if I saw someone on the sidewalk sort of peeking up I would literally go out on the sidewalk and talk to them and invite them in.... That kind of reaching out to people."*

Actively reaching out to people increased participants' visibility, approachability and presence within the community. As two participants noted, reaching out and being extremely receptive to community members was crucial.

> *I think you have to be very flexible and you have to be able to think on your feet when you're in the community. You have to be open to all sorts of ideas and suggestions and you have to get along with people no matter where they come from. Being able to work with them and being with them and have a very open approach to doing that.*

And if you're seen, like outside in the community, they see you working with others. Visibility is huge.

One participant discussed how she went out into the community and located youth that had not recently been around the Centre, checking up on how they were doing and encouraging them to participate. Activity reaching out also involved creating broad-based community support for youth, involving their parents and other key people in the community.

We go and look for the kids in the community and make sure everything's all right. Try and keep them on track. We also work with their parents or school counsellors and bring in everyone to keep an eye on them and keep them focussed on getting there. Kind of community effort. And even if things go wrong we'll just keep trying and trying and trying to get them to California.

Building Trust

Building trust in relationships with community members was considered to be a crucial aspect of participants' community practice. How workers presented themselves and the degree to which they were respectful and honoring of community members influenced the nature of the ensuing relationship. Building trust in relationships with community members took time and required a nonjudgmental approach. One participant described the importance of building trust.

This particular community is very vulnerable and it doesn't take much to really turn people off, or upset people, or have things go wrong. And I think when you come in, its going back to this attitude and relationship building, and if you don't have the right personality to work here, and really be able to be non-judgmental,

and you have to be very caring with people. You have to build trust with people. You can't expect to stand up right off the bat. And if you don't build trust, you can forget it, and you could just destroy a whole lot of work very quickly.

The importance of building trust with community members was also evident in one participant's story about conducting a survey for respite services in the community. She discovered that the thirty residents interviewed would use respite services at the Centre because they trusted the workers with the care of their children.

A couple of years ago I did a research paper around doing respite care [in this community]. And I interviewed thirty parents and asked if we have a respite program at [the Centre] why would you use it and all that kind of stuff. And the answer out of all of them was because "I trust the workers at [the Centre] I trust leaving my children there for a few hours." That was the most humbling experience I had because I didn't know people actually felt that way. That's about relationships. That's about seeing a community working. That's about trust.

Developing trust assisted workers to be honest and straightforward in their relationships with community members. When conflict occurred the basis of mutual trust made it easier for both parties to work through difficult issues. One participant described the consequence of having established trust in her relationship with a woman who was experiencing some parenting difficulties.

I was working with a woman who had real difficulty parenting. On one occasion I called her on something and she actually told me to 'fuck off' and then walked out of the building and didn't want to see me again. I thought okay, I've got to let it go and give her time to cool off. And I tried to get a hold of her after that, and

nothing. But about two months later she came to see me in tears. She had been evicted and she gave me the eviction notice and she said, "I know I swore at you but nobody I know will be able to help me like you'd be able to help me." So of course I did help her with it. And she said to me afterwards, "How come you didn't hold it against me?" I said, "Well why should I? What's the point of that?" She was a bit shocked at the fact that I wouldn't say, "To heck with it, I'm not going to." And I think that shows that you are trusted in the neighbourhood.

Honesty

Fostering quality relationships involved participants' being honest and straightforward in their relationships with community members. Understanding what the participants meant by honesty in their relationships is captured in their following discussion.

There's an authenticity to what you're doing.

And honesty.

I guess quality of relationship is for me to be honest with somebody and to be able to be honest in as respectful way as possible, which often doesn't mean about agreeing. It could be about disagreeing and still having that person be able to come back and relate with you. I am trying to think of what does quality of relationship mean.

So that people are able to hear each other, not necessarily always agree, but still be able to come back to one another.

And that's about respect too.

Yeah. It's about integrity, integrity with them.

Yeah it's about honesty and integrity. And it does challenge relationships even in our personal life being able to say honestly to a close friend, seeing something that they're doing that may be damaging to them, and being able to say that to them without fear.

Being honest and straightforward posed challenges in relationships. Nevertheless, as one participant described in her work with youth, being honest and open with the youth did not negatively impact their relationships. *"There was a bad group a few years ago and I had to keep phoning the police on them and working with their probation officers, and yet they'd see me calling the police and they'd come back to see me the next day after they swore at me."*

Being honest conveyed respect for peoples' capacity. It involved the participants' being up front with people about what they were thinking. *"I always think it's important to be honest with people. Like I'm worried about this. And don't talk behind their back and say to me, 'Did you know this and this?' 'Well have you talked to them about it?' 'Well no.' "*

People appreciated honesty in relationships. One participant discovered from interviews with a group of parents that honesty was what they wanted most in their relationships with their social workers.

When I did my thesis on the practices of child welfare workers the very basic thing that parents said to me that they wanted was honesty, and they didn't get it from their social workers. They would ask a question, and I think parents felt that they had a better capacity to hear negative information than the social workers often gave them credit for. Social workers would engage in avoidance behavior –

not returning calls, not engaging. The parents said to me if they said 'no' that was okay, but I was just asking.

Taking Risks

According to the participants, taking risks referred to making decisions or taking actions in support of people that may not be received favorably by those within authority positions or in other organizations. Taking risks involved challenging how people are treated and working to ensure people are treated with respect and fairness.

I was quite critical of an income assistance worker once, as she had treated a parent very poorly. But when the system came down, they sided with her, and I had to apologize to her. But that's often what happens, I had advocated on behalf of this parent but sometimes you take those risks.

In discussing taking risks in their work one participant noted that the degree of a worker's personal confidence and security seemed to be an important factor.

It's about how secure you are as a person because some people are more able to take risks than other people and step out and say "hey!" Like about the organization you're working for not agreeing to certain things and then you take a risk by saying, "I don't care that they're not agreeing with this, I'm going to try this anyway, and I'll worry later about how I'll deal with the organization." I'll do whatever I need to support myself in that position. But there are some people who can't do that.

As well, to effectively challenge how organizations respond to people "*you need to be very well informed in all kinds of areas then you can take those kinds of risks and step forward because you know your stuff.*" One participant described that being

informed of relevant government policies and procedures, and sharing that information with families, assisted them receiving entitled resources.

> *I'll push the boundaries because maybe I feel kind of secure in that I've never done anything wrong. I know how to balance the confidentiality of the system but also giving information to the public, and I strongly believe information is power. Working in a system gives you huge amounts of information, you know the policies, you know the procedures and that stuff is all public knowledge. So I give it out, the information that can help people get what they need. A lot of people choose to hold onto it. And I know the policies of other systems that directly impact on families. A lot of families I work with are poor; they're involved in the income assistance system. I know the appeal processes and I give that information to families and I tell them where they can go to get help.... You can't hold parents accountable and not hold the systems accountable that are suppose to respond to their needs. So I think I've developed respect in the community, a credibility I think I've developed in the community and in systems, but there's also a fear of me I think within my system.*

Responsible Use of Power

Responsible use of power referred to participants' recognizing and utilizing their power in the 'right' way to benefit community members. Recognizing the times that using the power of their position was necessary required careful consideration. As one participant noted using her power was a way to help people access what they needed, but not to impose authority or control over them.

Using power in the right way. Someone's being cut off income assistance and there's a problem. If you phone income assistance and say, "I'm the social worker from the Community Centre," immediately the whole attitude changes over there in the income assistance office. Or you take the person to the income assistance office to find out where their cheque is. I'll come on strong then because I know it's going to benefit the person and it's legitimately using the power you have to do that. But I definitely wouldn't go into someone's home saying, "Hey, I'm the social worker from [the Community Centre]." So it's knowing when to use your power in the way to help them.

Another participant noted that sharing power with people can pose challenges and value conflicts but was critical for effective community work. "*Power with people, that's how I think real community work happens, when those are the values held. Because as long as you have this hierarchical approach it's not going to be community inclusive work that happens, it's going to be different.*"

To fully appreciate and understand the nature of the participants' community work the various aspects they have identified about what they do and how they do their work can not be viewed in isolation from one another. Their unified positioning of inclusion, respect and care portrays their relationships with community members. Integrating all of these critical aspects together captures the full essence of their community work.

Barriers and Supports to Community Work

Barriers

In discussing what hindered or got in the way of effective community work the participants identified both personal and organizational difficulties. Personal barriers included attitudes, values, views of professionalism, and personal fears. Organizational deterrents to community practice included evaluation approaches to human service work and lack of organizational support.

Attitudes, values and professionalism. Certain practitioners' attitudes and values and how they perceived and enacted 'professionalism' in their dealings with people were seen as major obstacles to community work. For example, some practitioners' perceptions of their professional role created a degree of rigidity, authority and separation from people they worked with.

> *When you are working in bureaucracies and you're sitting behind a desk, you are given a certain amount of authority and power and there's prestige that comes with that. And you know for a lot of workers they want to hold onto that, and there's separation that sets the barrier from the people they're working with. Because it gives them a sense of well, I have a purpose and I have to take care of this, and I have to keep charge of this. And I know how I felt when I've dealt with bureaucracies, that I felt disrespected by them.*

Participants also discussed that some professionals appeared to be inaccessible or disrespectful to community members, which interfered with people having positive experiences and having their needs met effectively.

You can't find them, they're not visible and you can't reach them by phone and things aren't getting done, people are being left in limbo.

The way they talk about families, it's all negative and always negative.

Brushing them off. "Oh they can wait." "They don't need that."

Or not being honest with them.

And you can tell by the families too, because they never go to them [the professionals] and they won't talk about them. And if you ask, "Do you learn anything when you go there?" They'll say, "No, they just do this and this." You can't pick anything positive, you become skilled getting people to identify positives and they won't be able to. And you can tell in their vibe too, you can tell in their body language. Like they don't feel respected and they don't like that.

Several participants discussed experiences where they had observed professionals treat people differently, based on their class, race or gender.

For instance if you took a young single white parent and a young single First Nations parent and there was some parenting difficulty that had been perceived, quite often the First Nations child is removed and the white child stays, even though it could be the same problem. I've seen that and it's very disturbing so I think that the barriers have to do with people's attitudes and belief systems and values.

The participants observed that professionals often reframe people's difficulties according to their personal values regarding class or race. This was commonly seen in how poorer families were treated by professionals; instead of talking directly to the

parent their concern was reported to MCF, *"as there's automatically the assumption that the poorer parent must be doing something wrong."*

Discriminatory practices were seen by the participants to be partly due to the fact that many human service practitioners are not encouraged within their organizations to examine their values and beliefs and how these impacted the way they responded to people.

> *Unfortunately our bureaucracies do not provide the kind of forum to encourage professionals to be diligent around our own internalized racism, classism, sexism. They don't encourage self-insight and if you are not aware of your own values, and that we all carry these beliefs to a degree, then you'll never understand how you're projecting yourself to others.*

Working with other professionals who do not work from a broader community perspective but operate from an expert position of 'knowing' what is best for the community was also identified as a major barrier to community work.

> *Sometimes you get new workers coming in and they don't have the respect for the community or the understanding of the community that maybe someone who's been there for awhile or someone who had an experience in a community like this growing up. So sometimes workers will come in thinking they know it all and they're just going to fix the community. No, you're not going to fix the community. The community doesn't need fixing in that sense. And if you start off with that type of attitude then people are not going to want to work with you. They don't want you around. And you are going to get labeled because, you know, it's the wrong place to start from.*

They are not working from the broader picture. Their attitudes and their thinking this is my way – they've tunnel vision, that they see the best solution. Instead of sitting down at the table and thinking about what are the solutions that work that is going to be best for this community, not for this worker. And that is very frustrating and I find that's a huge barrier.

One participant described that over the years some school administrators have come into the community with an expert stance and how that attitude alienated the community members.

We have had principals come in who tell this community how it's going to be. They soon learn that they can't do that but the point is they come in like that at the beginning. And the community...has a real problem with school. A lot of them had bad experiences in the school system, and all of a sudden you've got someone coming in and saying, " Oh blah, blah, blah!" Well that's not going to work and it all just falls apart. There's often the attitude, "You just fix them." or "They've got to learn it this way." and it doesn't work that way.

Fear. The participants suggested that personal fear was the underlying stumbling block that got in the way of practitioners working through difficulties and constraints that they came up against in their work. Fear was discussed as coming from a number of situations, such as fear of appearing ignorant or fear of getting reprimanded from those in authority.

Fear is a big one.

Fear of authority.

Fear of appearing ignorant, one of the barriers is that people put forward that they know.

In a hierarchical system the levels of authority might create fear for people. So people are less inclined to go with their values on something or move in a direction that they might feel was right, thinking that the system would not be happy if they did that. So they are afraid to move out of that because of repercussion.

You don't want to rock the boat, so I think fear is a big one.

According to the participants, fear of not making the 'right' decision and only doing what they were told interfered with practitioners critically examining what the most effective response to a family's situation might be. One participant discussed how fear prevented a social worker from taking responsibility for her decisions and fully considering the impact and consequences her decision to investigate had on a family.

There was a family I've worked with in this neighbourhood for many years and there was this very lacking credibility report that came in through an investigation worker. The investigation worker came to talk to me cause the record shows that I am the worker. And I said this is not a credible report. I know this family; they are visible within the community. But they chose to investigate that family. They actually went out and interviewed the kids, and I was very angry about the intrusive nature of what happened. What was important was the investigation social worker's response to me when I asked her what her assessment was as to whether this needs to go into an investigation. Her response was, "Well it doesn't really matter. I'll just do as I am told." And I am thinking it

really does matter, you are a professional and you need to make a recommendation. But she really didn't care – it didn't really matter the impact the investigation may have on the family or child. But it is really about fear.

Participants suggested that fear of self- examination and not being liked by others was another impediment to effective practice.

Sometimes I think it's out of fear of actually having to question your value base. I've been through a lot where you really do have to question, "Oh okay, well why do I believe this?" And then you alter your work with people accordingly. And I think people don't like to, people feel nervous about doing that. That's because introspection is not always friendly. So instead of doing that, it's easier just not to do it.

Well that's true. And I also think not calling people on their stuff. You have to be very up front with people in the community about what's really going on. And I think that can be very hard for some people because they want everyone to like them. Sometimes you have to say things that people might not necessarily like, so the person saying the stuff feels that the other person doesn't like them anymore and they can't deal with that. So it's insecurity about their own stuff, fear of not being liked.

<u>How human service work is evaluated</u>. Another barrier participants identified had to do with how human service work was evaluated both within community and government agencies. Organizational reporting requirements created a dilemma for one participant at the Centre. She was often torn between spending her time with community

members doing the work that she believed was most important as opposed to writing the reports demanded by the funding bodies.

> *Pressures are on the funding bodies to make sure that their dollars are being spent right and then us having to respond and give them the information they need and I think that's one of the trade-offs. I skirt around that one all the time. Like how little I can get away with doing? I could spend all my time working on reports. But I have to say what is really the value? I think it's more important that I talk to this person that comes in the door for the first time and needs to make a connection.*

How human service work was evaluated within MCF also created a barrier for one participant using a community approach. Her work with children and families was evaluated solely on the documentation in the file.

> *Our work is evaluated by the reports that are in files. We are evaluated on the written word. What ends up happening is workers now do the comprehensive plans of care just for the sake of doing them so when the auditors come in they can say that they are done. So the process and the framework about how to work with kids gets lost. And so one of the things that I have argued is maybe we need to really look at how you judge our practice as opposed to having these bean counters come in and read written words. Talk to my kids, talk to the foster parents I'm working with, talk to the parents, find out. Talk to me about the children I am working with, because to me what's important is the relation*

building. If I get the time I'll write about it. I think it's important that I know the kids, but what you're asking is to take valuable time away from really getting to know my kids and them getting to know me. They use that bean counter approach and that's a real barrier.

Lack of organizational support. The MCF participant identified organizational workload demands as a real barrier to her community involvement. The amount of report writing and the number of families she was responsible for made it difficult at times to actually get out of her office and actively work with people within the community. *"It's easy to get sucked into staying in the office because workload is obviously an issue. If you've got twenty minutes to get somewhere and back, oh my God, it's just as well if I had the person come into my office because then it saves me time."*

Lack of organizational support was also a barrier to community work when administrators within government organizations did not actively support community initiatives identified by both community members and first-line practitioners working within the community. For instance, one participant expressed her frustration about the time and effort involved to convince administrators and other community partners that a prenatal program was needed within the community to make the services accessible and accommodating to the residents. *"Five years just to try and get [xxx] and anybody to acknowledge the there should be a [prenatal] program here! I mean people all go, 'Yeah, yeah, yeah.' But where were we getting? And every nurse in the neighbourhood wanted it done, and nothing!"*

Supports

The participants not only identified relationship building as the central focus of their work but also as the major support sustaining their community work. Primarily their discussion focused on the support they received in their relationships with community members, like-minded colleagues and effective leaders.

In discussing additional ways to further enhance their community work the participants proposed that focusing on the strength of a community approach and having families evaluate their experiences with practitioners might promote their work becoming more valued and understood by those outside the community. As well, ensuring there were opportunities to have fun with each other and celebrating occasions with community members were suggested as other ways to support their community work.

Relationships with community members. Relationships with community members were instrumental in supporting participants' community work. Having connections with community members prompted participants to work more within the community, rather than from their office. As one participant noted, *"I've developed relationships with people in the community and I enjoy people in the community so that's another impetus for me to get out of the office."*

Staying connected to the community especially helped to support MCF and CHR participants whose main offices were located outside the community. *"I know by staying connected to the community keeps me human. I suspect if I didn't have a community I was connected to I would probably increasingly spend time in my office, behind my desk, behind my computer."*

Not only were relationships with community members essential in supporting participants actively working within the community. In one situation the community's efforts to support one participant prevented her from being transferred out of the community. Several participants described how the employer's plan to transfer the participant was responded to by the community. Through a letter campaign to her administrators the community members successfully lobbied them to reverse their decision.

> *They were going to move me out of this area, and letters were written to my organization. And I got in trouble for that.*
>
> *The community responded and said that they didn't want this [xxx] removed. And they said you don't need to be telling people – they don't have any choice as to what goes on with you...*
>
> *But you're still here, because that had an impact.*
>
> *Yeah I'm sure it did because we faxed a lot of letters through. Where all these people from all over the community said, 'Please let her stay!'*

<u>Working with like-minded people</u>. Working with a team of like-minded people that share a similar "*philosophy and work with the community members in the best interest of the community*" was seen as critical to support participants' community work. Support from a team of people included both colleagues and community members.

Effective leadership, from supervisors who shared their vision of community work, was also considered to be an invaluable support to participants' ability to work from a community approach. This was especially the case for the MCF participant; her supervisor's active support of her work within the community and provision of the

necessary resources to work out of the office was critical to maintaining her connection and involvement with the community.

I work in an office where that value is espoused by the leader of the office. I've been fortunate because I've been given tools that allow me to leave the office. I have a laptop and a cell-phone so I have a way of people getting in touch with me. The leader of the office is a major support. It's quite interesting because within our office there is two other teams, an investigation team, our team and another team. The other two teams have developed very insular relationships with each other, which means that they don't really want to go out in the community because they rely on each other. I see myself as having two teams, a team of people that I work with and a team of people within the community. So I think that you need to have a leader who's helping you because it's easy to get sucked into staying in your office.

Effective and supportive leadership was considered a major source of support for several of the participants' community work. However, it was not imperative that it was present for workers to work from a community approach. For instance, one participant identified that she did not receive a great deal of encouragement from her supervisor for her community involved work. In spite of the lack of support she found ways to meet the requirements of her organization while at the same time working with the community to meet their needs.

Strength of community approach. Participants suggested that another way to promote their community work might be to focus on the positive outcomes and strengths of using a community approach. Focusing on the benefit of forming ongoing

relationships with community members was seen as a potential support for practitioners' sustaining their community work.

> *I think that one of the big supports is seeing the success that comes from working that way. Seeing the families…Like being able to see through where someone will maybe not speak to [you] for awhile and then will speak to [you]. Seeing that [relationship] process through actually gives support and strength to keeping working that way. Sometimes it's really tough because you're dealing with things and you are not liked about your decision or whatever. But the success part of it actually helps strengthen that approach. Seeing the relationship outcome, seeing its success.*

As well, the participants recommended that learning directly from the families about the nature of their relationships and experiences with practitioners could promote understanding of those aspects viewed as beneficial. Community members' feedback and evaluation of their experience with community practitioners might make relationship building more visible, valued and understood.

> *If families evaluated the services – families aren't ever asked to evaluate the people who work with them.*
>
> *People want to look at tangible things…how many people came through the door. They don't talk to the kids, they don't talk to the parents, or the schools you are connecting with to find out what kind of work you are doing. That's the work. Not the other stuff like the work you hand in. It's about quality of the work, not the quantity of the work. And nobody really captures that to understand it. The people*

we work with get it because they feel good at the end of the day or at the end of whatever you have helped them with. But there's no one to tell it to.

Having fun and celebrating. Taking time to have fun with each other was suggested by several of the participants as another way to support their ongoing community work. At times participants' found their work to be quite stressful. Consequently, taking time to have fun with each other helped them to cope more effectively with difficult situations.

It's pretty difficult work at times. You're dealing with all these problems constantly and I think having fun at work helps a lot.

Or just do silly crazy things sometimes. And it helps because we all go through similar situations so we are able to download to each other.

According to several of the participants, *"Celebrations is a way of creating more supports too."* Celebrating more of people's successes was mentioned as a further possibility to support participants' community work. As well, people coming together to celebrate positive events served to strengthen relationships and connections among both community members and practitioners. One participant described a recent initiative of community volunteers to have monthly potluck lunches to celebrate volunteers' and staff members' birthdays.

We celebrate birthdays here once a month and because we have such a hard time remembering everyone's birthday and we didn't want people to be left out, so we do it at the end of the month. And at a volunteer meeting on Friday they decided they want to turn that into a potluck lunch too. So when they said that I thought I'm so glad. It was so neat. It just came from someone in the community.

Particular Kind of Practitioner

"I think there's something special about people who are able to work in communities like this and walk the walk that allows them to go beyond the stuff that can piss them off."

In discussing the qualities, values and skills necessary for effective community work several participants initially raised the notion of practitioners' 'personality type' as being critical. Further exploration of 'personality type' revealed that what they considered to be important was a person's 'core', which seemed to be about their values, personal qualities and their way of being in the world.

> *I think personality type has a huge amount to do with it. I can't identify it right now but a certain piece of that personality. Because when you look at this table we all have different presenting personalities, but there's something in that core that allows us to be good at what we do and effective for the members of the community, and then effective as a team.*

The participants identified a number of personal qualities and values that they considered were essential for effective community practice:

- Liking people.
- Being authentic in self.
- Having compassion and sensitivity.
- Having a broad vision.
- Valuing people's strengths and capacity.
- Engaging in critical self-reflection.

They suggested that it takes a certain kind of person to be able to work collaboratively and respectfully with community members. The participants encountered

a number of human service workers who did not demonstrate these qualities and values in their work.

Liking People

Liking and being comfortable with people were seen as key to community work. Liking people participants suggested meant treating them as another human being, and not as a 'client'. Being at ease and interested in the diversity of people from all walks of life was considered to be an important part of this and was not always apparent in the actions of some practitioners.

> *You've got to like people. I think some people don't really like people much. People effective at doing this kind of work are interested in all sorts of different kinds of people no matter what income level or whatever their problems. They're just interested in people and maybe how they tick or how they do things or whatever. I mean connecting, meeting people in the street and in the community and saying hi to them, I know people who won't do that.*

Being able to informally connect with people was demonstrated in worker's friendliness and ease initiating informal conversations with community members. *"You have to talk to everyone, you have to talk to everyone who walks in here, and not be afraid to. You just do it. I think it's part of who you are as a person to be able to do that. To be able to go up and say hi to people."*

According to the participants some practitioners appeared to not really like or be at ease with the people they worked with and consequently they maintained a more formal 'client-worker' relationship.

A lot of people I work with really don't like people. And I think it comes across. I had one social worker say to me, who had worked with a family that I am now working with, the social worker said to me, "Oh my God, I saw such and such at the store and she yelled hi at me and I was so embarrassed!" And I had another social worker say to me, " I was on my way back from holidays and one of my clients was on the plane and I didn't know what to say or do. Should I go up and speak to them?" And I thought to myself of course you do! That's actual responses from social workers. When I am in the community and I see a parent I'm working with I'll go up and talk to them about how things are going. And if my husband is there I'll introduce them and say this is such and such, someone I know through work.

Authentic in Self

Being authentic in self was discussed by the participants to mean "*that you are solid in yourself and that you are open and you present right away exactly who you are. You are what you are.*" Presenting themselves congruently in all aspects of their life, both at work and outside of work, was considered by the participants to be vitally important.

We are who we are right now, like that's who we are outside of work as well. Like if we run into people that we work with we are going to say hi and ask them how they are doing. And others, that's their work life. They just get out and make sure that they are not to be seen in the community. But I think that people in this community know that we are real genuine and a lot of people aren't.

Compassion and Sensitivity

In their discussions the participants emphasized the necessity of practitioners being compassionate and sensitive in their relationships with community members. These personal qualities referred to their ability to imagine and relate to what another person's life was like, and conveying empathy in their interactions with them.

> *Being able to have real compassion and empathy for people's situations and putting yourself in their shoes. Where you can say, yeah I've walked in that place or something very similar so I can relate to it. Maybe that it's relating to people's issues even if it's not exactly the same as yours. You draw on something in your own life that can make you understand. But I think there are some people that don't, they may have had the experiences but they are not able to make those connections.*
>
> *Putting yourself in someone's position and how would that feel for you. Of actually saying how well would I deal with that situation? Would I be a good parent if I were dealing with all that stuff? Would I be a good citizen in the community if I were dealing with all that stuff? Not necessarily, right.*

Being compassionate and sensitive to people's situations also required that practitioners had awareness and understanding of the basic essentials that all people need.

> *I think being able to go back to the importance of basics. If you look at our situations. Like you know you're going to wake up and have something to eat, and your pay cheque will be in, and you've got people who are going to phone you, and you've got something you're going to do and wear, and those things that we just don't even think about. And I think being able to remember what basics mean*

to somebody to feel safe, to have food and shelter, and to have a contact and to feel good about what they do.

<u>Broad Vision</u>

According to the participants, holding a broad vision referred to their ability to see the big picture in human situations. They described this as not focusing on the presenting details but pulling back and questioning what it all means and how it is interrelated. One participant defined broad vision as "*the ability to look at all the circumstantial things and the broader things, how they all move together.*" A person's vision impacted on how situations were perceived. One participant described how a colleague's narrow outlook impacted the way she identified problems and solutions.

It's how they see. I'm talking with somebody and I say, "You know I went into this house and there was animal feces all over it." And you talk a bit about how that is for the kid. "Well the kid should just not be there!" That's their answer and that's how they see it. Instead of even wanting to think about why would somebody allow that to happen in their house and kind of work from there. It's all in how your vision is. I think it's whether you see the big picture or whether you see the little picture as you're going through the front door and there is animal feces everywhere or do you see the bigger picture that's going on, what's brought them to this point?

Seeing the big picture assisted participants in translating individual personal problems into broader public issues that could be shared by others.

For several participants, broad vision was related to having a spiritual basis that grounded them in their work with people, that they drew on and gave them strength. As

one participant expressed some practitioners that are effective have "*a kind of spiritual basis, and it doesn't have to be any specific religion, but just something spiritual that you draw on that gets you through all those kinds of things that you have to deal with and gives you that kind of belief and value system and caring that you have to do.*"

Strengths and Capacity

Participants indicated that valuing people's strengths, knowledge and capacity was inherent in their work.

> *I think the knowledge that people have in the community, all people have some special knowledge. I think everybody has that. And I think that sometimes when people get into the role of professional they somehow think that they're on another step of something and all of someone else's knowledge is less than their knowledge. I think that you have to always work from the strengths and find and listen for that. And believe that they have that knowledge because the evidence is there if you listen to people that they do.*

Being hopeful and optimistic was considered to be key to participants' ability to focus on people's strengths. "*Feelings of hope and having a positive outlook on things and being hopeful about stuff instead of always seeing the downside of things. Being able to try and see the positive side of things, seeing strengths instead of weakness.*"

Several participants also discussed that being passionate about working with the community and valuing the potential of the people was critical to effective community work.

> *Passion for working with the community, if you don't have that you are not going to do very well. You have to have passion to have the relationships.*

That's right. I think you have to be passionate about it or otherwise forget it, it doesn't work.

It's the passion, yeah, about the work and about the community and the potential of the people.

When you're saying passionate about working with the community I'm thinking about the fluidity and the growth of the community. Like if you're working towards a purpose when you think about a core of something and all the wheels kind of working around it and building it. I think that's more about what the commitment is to the community.

Critical Reflection

The participants stressed throughout their discussions the importance of community practitioners engaging in reflective practice. Critical reflection referred to their ability to continually examine their personal values, judgements and beliefs and recognize how these informed and affected both their perceptions and their behavior. The participants described critical reflection as a continual process of self-questioning which leads to personal understanding. One participant's story about engaging in a process of critical reflection illustrated the impact it had on her subsequent outlook and work with families.

I'll be honest with you, up until about ten years ago I wasn't really that in tune with it. I had some sense that something was wrong with what I was doing. I was working with child protection in the North. I was becoming quite angry and cynical seeing that all these multi-million dollars worth of services were going in to try and keep children safe – but nothing changed, nothing ever changed. And

so I ended up becoming angry with the very families that I was working with, and I know there was something wrong with it but I didn't have a very good sense of it. And then when I went back to school it really sort of opened my eyes as to maybe I have to look further than just the families – maybe there's some barrier for these families to achieve some sense of self-sufficiency. And then I started to recognize that I have to be alert constantly about my own stuff because it's so easy to become angry with the families that you are working with if you don't stay focused on the broader historical life experiences of the community and the people that you are working with. I still may have to take children away from parents but at least I think I am going into it having more solid sense of information – it's hard to explain - it's about critical self-refection.

Summary of Findings

The participants' reflections about their community work revealed a substantively different kind of work with families. Their work was based on strong mutual relationships with community members, which enabled them to work together to meet community needs and solve both individual and collective problems. How the participants approached their work was considered to be crucial. Participants' active connection with community members, building trusting, caring and honest relationships and using their power responsibly enabled them to work effectively within the community. At times working together with community members to meet needs and problem solve required that participants took risks by challenging inequities as well as going beyond their mandated role. The participants experienced tension regarding relationship building representing their 'real work' and their perception that others in

human service organizations perceived 'real work' as reflecting written documentation and formal procedures of human service work.

Barriers that impeded and interfered with the participants' community work included internal barriers regarding professionals' particular attitudes, values and approaches to families as well as organizational constraints on their work duties and time. The participants were supported in their community work by the strong relationships that they had with community members, which provided them the incentive to get out of their offices and work within the community. As well, the participants identified relationships with like-minded colleagues and effective leaders were instrumental in supporting their community work.

The participants considered that it took a certain kind of practitioner, with particular qualities, values and skills, to be competent working with community members. Effective practitioners were considered by the participants to demonstrate genuine regard for people, compassion and sensitivity in their interactions with community members and value their strengths and capacity. The participants emphasized the importance of practitioners holding a broad vision in how they approached identifying solutions with community members. As well, the participants stressed proficient practitioners critically reflected upon their personal beliefs and actions to understand how these affected their work and relationships with community members.

CHAPTER FIVE

Discussion

This chapter discusses my original research questions and literature review in relation to the participants' reflections about their community work. My research journey originated from my experience working with families within an inner-city community. Over the years the isolating and stigmatizing orientation of many human service approaches to families troubled me and I began to question the effectiveness of individualized problem-focused approaches to community work. Reviewing alternative approaches in the literature identified more promising possibilities for working within communities. As well, I observed that certain human service practitioners in this community demonstrated a different approach in their work with families, one that appeared more collaborative and community involved, and I was interested to discover what they were doing. I began my research study with the following questions:

1. How do human service practitioners describe their community practice?
2. How do human service practitioners describe the conditions that support or impede their community practice?

My discussion will focus on the research findings in terms of these questions, in light of the literature, as well as my own community experience and understanding. I conclude with raising issues and implications for community practice that emerge from this study and identify potential questions for further consideration.

Discussion of Participants' Community Work

Relationships were described as the fundamental foundation underlying the participants' community work. The participants defined their helping relationships in several critical ways. Above all, the participants viewed the families they worked with first as community members or citizens, with strengths and the capacity to contribute. Secondly, the participants saw that their role encompassed working with individuals as well as building support networks among community members. Furthermore, their role involved supporting those networks to define their own needs, issues and directions and to find solutions to their own problems.

In light of the participants' descriptions of their community work I was interested to determine how their work corresponded to the *Continuum of Strengths-based Approaches* (p. 34) and other formulations of community work in the professional literature. By comparing the participants' community work to the continuum of approaches we can see where their work is situated in terms of a strengths and community building orientation. The participants' community work appears to fall between the categories of community-centered and community-driven on the continuum as it overlaps and reflects certain features of both of these approaches.

There are several aspects of the participants' work experiences that correspond to the community-centered approach. For example, the participants appeared to concentrate on the prevention of social and health concerns and the promotion of family and community capacity; they viewed community members as citizens, partners, and team members; and their work involved providing professional, group and community support.

As previously mentioned in the conclusion of the literature review I initially set out to further my understanding of the intricacies involved in a community-centered approach, since I assumed that this approach represented a significant shift from more traditional human service work. I anticipated that the participants' community work would primarily reflect the community-centered model. I was therefore surprised to note that many of the participants' descriptions about their work actually exemplify more of a community-driven orientation.

For instance, relationships with community members were based on respect and trust, which more accurately reflects the community-driven approach. The participants' descriptions of the community members' active participation in determining resources to meet their needs is also closer to the community-driven orientation. The community members' key involvement in developing and maintaining the community food store, operating the clothing exchange, facilitating the women's group, and their political action to prevent the transfer of a community practitioner illustrates their evolving leadership as well as ownership of these community initiatives and services.

As well, the participants not only worked within the community but also joined the community in many of its endeavors, again similar to the community-driven formulation. For example, joining the community's endeavors was evident in the participants' active support of a community member's quest for families to freely access recreational facilities. Because the participants' approach reflects the far end of the continuum their orientation appears to be one of promoting strength and community capacity building in their work with families and community members.

Within the community-driven literature establishing mutual connections, relationships and associations among community members is discussed in general terms as being key to promote community capacity (McKnight, 1995). However, fundamental characteristics of these relationships are not explicitly described, which makes it difficult to fully comprehend what is involved in creating them. As well, the community-centered literature portrays relationships between practitioners and community members in general ways, using terms such as "personalized, informal and egalitarian" (Gulati & Guest, 1990, p.65). Although practitioners are described as being flexible and sharing roles, tasks and decision making with community members, there is no indication of the everyday intimate relations that are involved in their community work (Adams & Nelson, 1994; Gulati & Guest, 1990; Smale, 1994).

In contrast the participants' descriptions of their relationships with community members highlighted the intimate nature of these connections. For example, the participants describe informal exchanges where they frequently bump into families in the community, shoot the breeze with them, celebrate events together or had coffee and chatted about how their lives were going. In particular, the participants' personal stories about how they related in a 'down to earth' familiar way with community members depicted what their everyday community work looks like. Relationships with community members were also described as being challenging at times, not always about seeing 'eye to eye' or agreeing, but being able to work through differences in a mutually respectful way and continuing to have association. Their vivid descriptions of their work revealed the intensity, struggles and significance of their ongoing personal exchanges, which helped to further my understanding and appreciation of what their work entails.

Some of the identified core values that were central to the participants work corresponded to values mentioned within the community-centered and community-driven literature. For instance, valuing inclusion, honoring peoples' strengths, legitimate participation of community members, and shared decision making were common to both (Adams & Nelson, 1994; Gulati & Guest, 1990; McKnight, 1992; Ricks et al., 1999; Rosenthal & Cairns, 1994; Smale, 1994).

What was of particular interest to me however, was how the participants moved one step beyond the literature by further identifying certain values and personal qualities they considered essential to creating significant relationships with community members. These values and qualities, such as liking people, being honest and authentic, having compassion, seeing the big picture and maintaining their curiosity, were also considered necessary for participants to be effective at working with community members to meet needs and problem solve. Participants took risks and moved beyond their job mandate in order to support community members in meeting their needs. The participants' emphasis of these particular values and qualities was especially validating and instructive to me. As a first-line practitioner, understanding their commitment to these particular values and specific qualities helps to inform and strengthen my resolve to be 'personal' in my own community work.

In light of the participants' experiences of community work it is informative to examine two recent Canadian research projects that approached human service practice with different questions and objectives but whose outcomes reflect similar findings. A local study examining what constitutes best practice in child welfare sought the views of

clients, child welfare social workers, supervisors and their community partners (Callahan, Field, Hubbersty & Wharf, 1998). Although the context for this study focused on identifying participants' perspectives on what constituted successful practices in child welfare, the findings revealed several similar aspects that were shared by the participants' experiences of effective community work. 'Best practice' involved creating genuine relationships between parents and workers that demonstrated "respect, focussing on strengths and talking honestly about the situation" (p. iv). Other key elements of best practice that were common to the participants' perspectives in both studies included: the necessity for workers to remain curious and deepen their knowledge, addressing their fear in order to take risks, forming attachments with a purpose with the community and its' members, understanding the limits of control and building resources with clients and community.

Another research project in Ontario explored community volunteers' experiences in community resource centers (Reitsma-Street et al., 2000). Here again significant relationships among staff and volunteers were seen as instrumental in sustaining volunteers' involvement in community activities and affairs. Establishing 'profound relationships' required staff to create a respectful caring atmosphere at the centres where volunteers had a legitimate role in decision making and accomplishing "personal and collective tasks" (p. 660).

What is interesting about these two studies in relation to the participants' experiences is the shared recognition that the nature of relationships has a fundamental impact on the resulting outcomes for people and their communities. When relationships work it's effective and makes a difference to people's experiences, strengthening both

individuals and community members' capacity to support each other and participate in their community.

One unexpected and distinct finding of this study concerns the participants' perception and experience of what was considered as 'real work.' The contradiction between what the participants valued as essential, namely the relationship building activities, as opposed to their perception of what was valued as 'real work' by others, the written documentation of their work, created an underlying tension and conflict for them. In their experience many funders and administrators within government organizations view the written work as the visible valued account of human service work, which negates the significance of their 'invisible' actions of creating connections with people. What they value as 'real work' is left out of the dominant discourse and is not recognized in the evaluation methods of their human service work. Consequently, the participants had to manage this tension in their daily work. The omission of relationship building as a legitimate part of human service work has implications for promoting and sustaining effective community work.

It surprised me that all the participants experienced this dilemma. The way that they distinguished the real work tension was particularly powerful for me as it spoke to my own struggles that I had not clearly understood. I had experienced similar tensions regarding documenting my work according to statistical summaries of problem areas and in my involvement with a MCF committee to design outcome measures for school-based youth and family counsellors' work. What had troubled me was that the relational aspects of my work were left out of those processes. The participants' insightful distinction of 'real work' helped to uncover this tension for me and to understand it as a shared

experience. Naming it and seeing it as a common experience might provide us the opportunity to look at possible ways to address this dilemma.

What was noticeably absent in the participants discussions about their community work was any mention about their professional tasks or their respective professional disciplines. For example, there was no reference to attending case management conferences, professional meetings, writing client case reports or updating client files, consultations with other professionals, providing counselling or crisis intervention. This is not to suggest that they did not perform any of these functions but rather to point out that they did not include these as being a central part of their community work. Rather than focusing their work on 'doing to' or 'about people' the participants stressed 'doing with' in their descriptions about their work. Their omission of these professional tasks might indicate a shift is happening in understanding what constitutes important aspects of community work.

As well, the participants made little reference to their professional disciplines except with regard to the organizational or legislative requirements or of their role. They often used the term 'we' when discussing their work, which implied they had a shared understanding of what they did and how they did their work. The way they described their work and how they performed it cut across their professional roles and boundaries. There was no evidence of 'turf' struggles or expert positions. Instead, they shared a common approach to working with community members, based on their personal values and beliefs. This interchangeability and flexibility of roles was identified as a important feature of community-centered practice in the literature as well since it was observed that

community members were more concerned about finding a person who was helpful, having little concern regarding job descriptions or professional roles (Smale, 1993).

Another area I was curious about was how the participants dealt with the issue of power in their relationships with community members. Although the participants were not directly asked about power they made reference to it in several ways. They discussed power implicitly in the way they saw their role and by their actions. For example, the MCF participant clearly acknowledged the authority and resulting tension inherent in her role. The participants avoided professional jargon, such as 'empowerment of community members,' but rather referred to their 'responsible use of power,' which implies that they have choice over how they exercise power in their relationships. By responsibly using their power they addressed imbalances and inequities that prevented people from meeting their needs. Through creating non-hierarchical relationships they minimized their power, thus sharing power with community members. The participants demonstrated power sharing in how they actively encouraged and made room for community members to define and carry out their own agenda, needs, goals, and initiatives. Their attempts to minimize power imbalances further illustrate a community-driven orientation in their work with community members. The participants' stories about working together with community members were informative to me as power is discussed in the literature in more abstract ways. From the literature it is difficult to sift out what practitioners actually do to minimize power imbalances.

Evaluation methods, workload demands and lack of organizational support for community work were described by both the participants and the literature as barriers to practitioners' community practice (Adams & Krauth, 1994; Sviridoff & Ryan, 1997).

Barriers to community work that the participants did not mention, but the literature emphasized, included the categorical residual nature of human service policies and delivery systems and temporary funding of community initiatives (Adams & Nelson 1994; Sviridoff & Ryan, 1997).

What appeared to present the most significant challenges to the participants community work related to the impact of internal barriers (personal attitudes, values and fears) on the way people were treated. For instance, the participants discussed situations where professionals' discriminatory values or personal fears negatively impacted families, influencing how their situation was labeled and constructed. Within the literature reference to internal barriers stemming from professionals' own beliefs and values is not explicitly discussed. Rather, general reference is made to structural barriers concerning racism and sexism and problems associated with economic disparities (Adams & Nelson, 1994). Although participants acknowledged the impact of structural barriers, discussing ways that they had attempted to address inequities, internal barriers were mentioned as the main obstacles of what got in the way of their community work.

Distinct from the resource and organizational supports mentioned within the literature (Smale, 1993; Sviridoff & Ryan, 1997), relationships with people were considered central supports for sustaining the participants' active community work. Supportive relationships included the participants having meaningful connections with community members as well as other professionals and leaders who shared a similar philosophy. These relationships involved times of 'having fun' and 'celebrating' together. It was interesting that the participants identified being 'passionate' about these relationships. It could be that they see what they are doing, in creating relationships,

makes a difference in people's lives, which in turn feeds their 'passion' or energy to keep working that way. Because what they do is effective, they feel optimistic about their work, which re-energizes and at the same time validates their approach.

Implications

Several important implications regarding how to promote and sustain effective community work emerge from this study. These implications concern: the suitability and selection of practitioners for community positions, the educational training of human service practitioners, promoting and legitimizing the 'real work' involved in community work and addressing the nature of community governance.

The participants' stressed that it takes a *particular kind of practitioner* to work inclusively and collaboratively with community members. Practitioners' ability to be flexible, innovative and creative in how they approached working together with community members to meet individual and collective needs and problem solve common issues was considered to be key to effective community work. From their experience it was crucial that community practitioners' approached their work from a place of inquiry, compassion and regard for people, focusing on their strengths and capacity and continually engaging in reflective practice. Integrating and demonstrating these values, qualities and relationship skills were seen to be more important for determining practitioners' personal suitability for community work than whether they were knowledgeable in certain professional areas.

The participants' experience of ineffective community professionals implies that some people are just not suited or cut out for community work. Instead they may be more appropriately suited for traditionally structured work contexts with clearly defined roles,

rules and boundaries to govern their work activities. This study suggests suitability for community work is of key importance; simply put, you can't put human service professionals into community positions and expect them to be able to work effectively. Community work, as we have learned from the participants, is unpredictable and challenging in its very nature, and requires people who are able to work within an ever-changing environment that demands continual mutual learning and collaboration.

There are several implications that arise from this study regarding the type of educational training needed to prepare future human service practitioners who are able to work effectively in communities. These findings suggest human service faculties in universities and other institutions need to examine their curriculum in several areas. Course opportunities are needed for learners that move beyond focusing on the individual, to examining, exploring and co-creating community oriented human service practice. For example, in my own masters program required courses focused on connecting policy to practice, organizational context for practice, theories for human services and there was one elective course on community development.

It might also be instructive to examine the clinical content of the curricula to determine how relationships are defined. Relationships are central to rethinking human service work, as the participants' experience revealed. The nature of the participants' relationships might seem foreign to students when compared to traditional ideas of formal 'worker and client' relationships as currently presented. In light of these findings students need to reexamine their perspective of relationships to create new ways to effectively

work together. Such reexamination might include addressing questions such as:

- What is the nature of my work within community and in light of that work what is my relationship to others?
- What is my relationship to my 'clients' within community?
- Who are the 'clients' within community?
- Is this an artificial and useless distinction?
- Who does the distinction benefit, if anyone?

This study suggests students need to gain a critical awareness of the big picture that impacts the everyday lives of the individual families they serve. Personal troubles reflect larger public issues that must be addressed if 'personal troubles' are to be resolved. Connecting individual troubles to public issues can shift our thinking from narrowly labeling problems as belonging to individuals or communities to recognizing our collective responsibility for determining our community context and the solutions required for enhancing the welfare and health of our communities.

In accordance with this study's findings, educational training needs to provide opportunities for human service student practitioners to be self-reflective, to ensure the students understand how their belief system impacts their perspective and subsequent actions. The participants' identified reflexive practice as being critical to working effectively with diverse groups of community members.

In addition to addressing the suitability and training of human service practitioners for community work this study suggests that attention needs to focus on how 'real work' can become legitimized within government organizations and by funding bodies. All the participants described tension and conflict regarding the contradictory

covert nature surrounding their relationship building work, an experience that I also shared. In particular, the fact that the participants' were not acknowledged or given credit for their 'real work' needs to be understood and then addressed. Failure by leaders in organizations to recognize and sanction 'real work' as a legitimate aspect of work in communities will likely result in it continuing to remain a hidden aspect of their work. As a consequence, human service practitioners may concentrate less on community relationship building and more on prescribed organizational functions. This has implications for our ability to promote and sustain relationship building and building community capacity as an essential focus of practitioners' work in communities. The challenge here is to capture the benefits of a redefinition of 'real work' in relation to improved outcomes, which are always necessary for accountability purposes. To date 'process' functions are rarely used to determine accountability.

To effectively promote the value and practice of 'real work' requires that we rethink the delivery of human services at the community level. We must examine the process for formulating human services, which concerns who participates and how. Formulation and evaluation of human services needs to be co-created and negotiated with citizens within their communities to ensure services are actually responsive to community members' realities and needs, strengthen their assets and expand opportunities for others to experience successful outcomes. In order to achieve this community members must have a legitimate voice at the policy and planning table.

In addition, we need to address the overall issue of community governance in relation to the management of human service systems and the community context where the work is being carried out. Reexamining this issue requires that we rethink our current

governance paradigm, which focuses on control, reflects a 'top down' versus 'bottom up' dichotomy, where 'one size fits all' and there is comparability in terms of accountability. Instead, communities need permission to legitimately work differently. Communities have the capacity, as we have learned clearly from the participants' experiences, but require flexibility in order to develop their own local solutions to support healthy community outcomes. Developing effective solutions requires genuine opportunities for people in the community, both community members and practitioners, to mutually learn together in determining their agendas and initiatives. Shifting to a more local and inclusive style of governance over human service delivery may help to give communities the voice and room they need to legitimately go about their work of building relationships and supporting each other while working together to meet common needs and solve community problems. This change in governance is necessary to ensure that human services are responsive to communities' unique situations, reflecting what works for them.

Questions Raised

This study was limited to learning about six human service practitioners' community work. They represented a multi-disciplinary group of practitioners with considerable community experience. Their stories revealed both what their community work entailed and how they went about it. We discovered challenges they confronted that interfered with their practice as well as particular supports that maintained their community approach. From their experiences we also gained an appreciation of particular personal qualities, values and skills that they believed were essential for practitioners to be effective in their community work.

Reflecting upon the participants' community experiences raised new questions that I had not contemplated fully before I embarked on this research project. To further our understanding regarding the nature and complexities of community work, I believe it would be important to address the following questions:

1. In light of the participants' dilemma regarding their 'real work' a question arose for me concerning how the participants managed to work through this dilemma. "Real work' involved taking risks and moving beyond their job mandate, which was not necessarily supported by their organizations. Discovering how the participants dealt with this dilemma could possibly shed some understanding as well as identify useful strategies for those of us who are faced with similar quandaries in our own community work. This might also help us think through governance and accountability issues in a new way.

2. Since this study focused solely on community practitioners, it only represents one aspect of the whole picture. A fundamental question that surfaces from this study concerns how community members experience human service practitioners and the services they provide. To address this question we need to ask the families and community members what they experience as effective community services. As well, we need to understand from their perspective what constitutes effective community professionals to determine how their experiences correspond to this study's findings. It would be interesting and insightful to learn about how they describe their relationships with community practitioners and what they view as essential in these relationships.

3. On a broader note, it would be informative to address community capacity building from the community's perspective. Instead of limiting our focus to 'client' and 'professional' perspectives about human service delivery, perhaps we need to expand our focus to include a wide range of community members in order to discover how they approach supporting each other and strengthening their community's health and well-being. In particular, it would be useful to discover the key community people who are identified as leaders and learn how their contributions make a significant difference in the quality of community life.

4. This study did not intentionally set out to explore 'community-driven work'. It was interesting, however, to discover that several participants' stories about their work experiences reflected aspects of a community-driven orientation. In order to further our understanding about community-driven work it may be useful to explore how human service practitioners and community members from other local communities have attempted to incorporate a community-driven orientation in the ways that they work together. Expanding our inquiry to other communities' experiences may uncover the unique challenges and tensions involved as well as identify the particular conditions, structures and processes that facilitate and sustain a more inclusive participatory approach.

I believe addressing these questions can assist all of us, community members, practitioners, human service administrators and policy makers, to broaden our understanding of the intricacies involved in promoting effective community building

work. The participants in this study have shown us the importance of working in a substantively different way with community members, creating personal, caring and mutual relationships necessary to collaborate on common goals. In light of their experience we need to reexamine our overall purpose of human services. If our aim is to sincerely support and strengthen communities' health and capacity then we need to fundamentally change our approach to reflect a more personal, inclusive and cooperative way of working together.

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APPENDIX A

Invitation to Participants

Dear Participant,

I would like to invite you to participate in a focus group to examine human service practice with families within this community. You are being asked to participate because of your extensive community-based experience. The focus group will be held on Tuesday January 30th at 6:45 p.m. to approximately 8:30 p.m. at the Community Center, 601 Kings Road. I am conducting this study as part of my thesis requirement through the Faculty of Human and Social Development at the University of Victoria. Dr. Frances Ricks will be supervising the research study and can be reached at 721-7989 if you have any questions.

The purpose of the study is to explore with you, along with other family practitioners, how you have worked with families and the community. I am especially interested to learn about ways you have worked *with* the community to support families. The underlying aim of this inquiry is to discover how we can enhance our work with families and communities.

The process of the focus group will involve you and the other participants responding to several questions regarding your community practice. Your participation in the focus group interview is totally voluntary and you will not be under any obligation to speak to any of the questions. An opportunity to debrief the session will occur immediately following.

The focus group session will be audiotaped and later transcribed. Confidentiality of your responses will be maintained in the transcription and thesis by assigning you a code number. A follow-up group interview at a future convenient date will be arranged to critique my initial analysis of the discussions. Your feedback concerning the accuracy of my analysis would be greatly appreciated at this time.

On the following page I have provided an informed consent form which outlines all your rights as a research participant along with what you can expect to ensure your privacy. It is necessary for you to read and sign this form if you wish to participate in the focus group. If you have any questions please do not hesitate to call me at work (386-3591) or home (388-7265). If you agree to participate in the study please confirm by January 29th. Thank-you for your consideration.

Yours truly,

Anne Field

APPENDIX B

Consent Form

Human Research Ethics Consent Form

Your are being invited to participate in a study entitled *Exploring Human Service Practitioners' Community Work* that is being conducted by Anne Field. Anne Field is a graduate student in the department of Human and Social Development at the University of Victoria and you may contact her if you have further questions by calling 388-7265. As a graduate student, this research is part of the requirements for a degree in the Multi Disciplinary Masters Program in Health and Social Services and it is being conducted under the supervision of Dr Frances Ricks. You may contact the supervisor at 721-8979

The purpose of this research project is to explore how human service practitioners, working within an inner city community, incorporate a community approach in their work. An overall objective of this inquiry is to discover ways our human service work with families can be expanded and enhanced to promote family and community capacity.

Research of this type is important because within the research literature there is limited information regarding how practitioners actually work with community members and the broader community to support families. Learning directly from human service practitioners' everyday experience will serve to broaden our understanding and to increase our awareness of the conditions that support a community approach. This information may be of use to other human service practitioners who wish to improve their own practice. You are being asked to participate in this study because you have extensive experience working with families within this communtiy.

If you agree to voluntarily participate in this research, your participation will include being involved in a group interview, with approximately 2 other practitioners, as well as a follow-up group interview to critique my analysis of the interview data. These interviews will be audiotaped. The interviews will be fairly unstructured using open-ended questions regarding your practice experience. The group interviews will take between 11/2 and 2 hours.

The potential benefits of your participation in this research include providing you with the opportunity to critically reflect about your practice with other colleagues, which may be a stimulating and mutually beneficial experience. On a broader note, sharing your practice experience and knowledge may benefit other human service practitioners' community work.

Your participation in this research must be completely voluntary. If you decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will be considered your property, and will

be removed if requested. To make sure that you continue to consent to participate in this research, I will check with you after the first group interview.

In terms of protecting your anonymity I will ensure that your name is not noted anywhere in the transcription of the interview data and in the final research report. Your confidentiality and the confidentiality of the data will be protected by keeping the data secure (e.g. audiotapes and transcripts) in a locked cabinet at the university and after the completion of the thesis these tapes will be erased and the transcripts will be shredded. The only other people who will have access to the data are Dr Ricks and my thesis committee. However, be aware that by participating in the group interview your anonymity and confidentiality cannot be guaranteed.

It is anticipated that the results of this study will be shared with others in the following ways: as a participant, you will be asked to respond to my analysis and help to determine the appropriate sources for sharing the research results; my committee members will be presented with the research project in the form of a thesis as required for my Master's program. I anticipate that I may present anonymous data results at workshops and in publications.

In addition to being able to contact the researcher [and, if applicable, the supervisor] at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice President Research at the University of Victoria (250-721-7968).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher.

____________________________ _____________

Participant Signature Date

A COPY OF THIS CONSENT WILL BE LEFT WITH YOU, AND A COPY WILL BE

TAKEN BY THE RESEARCHER

APPENDIX C

Focus Group Interview Guiding Questions

Introduction to Participants:

I am interested in understanding how you have worked with the community to support families. In describing your work please provide examples or stories that best capture your community practice.

Please do not use any real names of individuals in order to protect their anonymity.

1. Please share your definition or 'world view' about what your community approach to working with families looks like.

   Please give examples of how you have approached this in your work.

2. Under what conditions is a community approach possible within your work? In your experience what are some of the supports and barriers to this type of practice?

3. What personal qualities, values, skills, and knowledge do you consider are necessary for effective community work?

4. You have shared your definition of community work, the necessary context for this approach, and the personal qualities, skills, values and knowledge that you feel are essential for effective work.
   Do you consider any one of these aspects to be more important than the other?

VITA

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Title of Thesis:

Exploring Human Service Practitioners' Community Work

Author

Anne Field
August 31, 2001