

THE UNIVERSITY OF CALGARY

**Is the Community Ready to Assume  
the Social Responsibilities?  
An Evaluation of a Community  
Volunteer Organization**

by

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## **Abstract**

This study examined if a community volunteer organization can be effective in assisting families in becoming less dependent on public services, and increasing their social support. To do so, an exploratory pretest-posttest design using both quantitative and qualitative data collection methods was employed. Although these two objectives were not clearly achieved, findings indicate that the Program is moving in the expected direction in increasing social support, and that social workers are using the Program with their ongoing caseload. Drawn from the current political context in Alberta, the literature related to the topic, the findings are further discussed and future recommendations and considerations are made.

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## **Dedication**

To my parents. Hervé and Francine Morin

À ma mère pour le goût des études

À mon père pour le goût du travail bien fait

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## CHAPTER ONE

### Introduction

This study is about families and children living in poverty who use public services to assist them in their day-to-day life. In the current political context, the government is disengaging from its social responsibilities by transferring them back to the community. In doing so, the government is giving the burden of the social problems to the community which in turn, they hope, will reduce the dependency on public services. However, based on the little empirical and practical knowledge in that field, we can wonder if the community through the use of volunteers is ready for such a challenge.

Because this is a complex question and that there is a lack of empirical knowledge, a formative evaluation of a community volunteer organization, namely Action by Churches Together with Social Services (ACTSS), was conducted using an exploratory research design. More specifically, the purpose of this study was to examine if a community volunteer organization can be effective in assisting individuals and families in becoming less dependent on public services, and in increasing their social support. Drawn from the current political context and the literature related to this topic, the findings are discussed and future recommendations and considerations are made.

### **State of individuals and families in poverty**

With the election of Ralph Klein as premier of the Alberta government in 1993, it was hoped that social problems in Alberta would lessen. While the economy of the province has blossomed, paradoxically the introduction of the new right ideology (Denis, 1995) has not achieved its goal of reducing the social problems. Indeed, poverty has remained an important social problem in Alberta.

The strategy adopted by the government to reduce poverty, i.e., the drastic cuts in welfare caseloads, did not achieve its goal. While the government proudly announced a decrease in welfare caseloads across the province, dropping from 94 000 to 40 000 during the period of March 1993 to October 1996, it does not look at its impact on the recipients (Calgary Herald, December, 1996). Perhaps some recipients were transferred to training courses and others went to job programs, but according to the executive director of the Edmonton's social planning council, it is difficult to know where former welfare clients have ended up and many are now earning little or no income (Calgary Herald, December, 1996).

Furthermore, the increasing use of the food banks by families and the high level of poverty that has remained since Klein's election in 1993 both indicate that poverty is still an important problem in Alberta. According to Statistics Canada (December, 1996), the

percentage of low income families was of 20 percent in Alberta in 1993 and of 21 percent in 1995. Furthermore, seventeen community groups concluded in their report "The Alberta Disadvantaged: State of Alberta's Children", that 40 percent of all recipients of social assistance in Alberta are children, that social assistance is not covering their basic needs and that almost one in five children in Alberta live in poverty today (Calgary Herald, February, 1996).

Different social-economic characteristics are associated with high incidence of child poverty (Canadian Institute of Child Health, 1994 cited in Policy and Planning Branch, Alberta Education, 1996). For children under age 7, the incidence of child poverty is highest in families headed by a single-mother, never married. In Alberta, 71 percent of children under 18 years old living in female lone-parent families are poor (Statistics Canada, December, 1996). The incidence of child poverty is also the highest in large urban center with populations of 500,000 or more, like Calgary, when the family head has less than high school completion, is unemployed and on social assistance (Policy and Planning Branch Alberta Education, 1996).

In the literature, research on poverty indicates that poor children experience increasing rates of delinquency, school failure, and developmental problems (Chow & Coulton, 1992; Wilson, 1987 cited in Coulton et al., 1995). Single-parenthood, social isolation, lack of support, unemployment, poor living conditions and high level of stress are also

among the characteristics found in the poor population (Chamberland et al., 1986; Coulton et al., 1995; DiLeonardi, 1993). Furthermore, these children are more at risk of abuse and neglect (Coulton et al., 1995). Although child abuse can be found in all social classes, violence toward children, especially severe violence, is more likely to occur in families with an income below the poverty line (Gelles, 1992). A strong relation also exists between poverty and the incidence of neglect (DiLeonardi, 1993).

Among the characteristics associated with poor families, social isolation is an important one. “[These families] lack support and contact with the extended family, and community and social agencies” (DiLeonardi, 1993, p.557-558). Because of their social isolation and lack of support, these families are difficult to reach and serve. DiLeonardi (1993) writes that “social isolation is manifested in part as a lack of trust of persons outside the family (...). The hopelessness and helplessness of these families make it extremely difficult for workers to initiate and follow through on plans that might alleviate the families’ situations” (p.558-559). Additionally, social isolation tends to inhibit an individual’s or family’s ability to take advantage of informal resources (Ballew, 1985).

## **The political context in Alberta**

Since the reorganization of public service delivery in Alberta, the relationship between the government and the community has been redefined. Indeed, with the election of the Klein government in 1993 the social responsibility has been transferred to communities, families and individuals. To do so, the government has reduced its role in providing services directly to individuals and families by shrinking the public sector. Instead, the government is seeking a partnership with municipalities, business and industry, and/or volunteer organizations to replace services previously offered. It is important to note, the government's reorganization of services has not been based on a change in individuals' and families' needs but rather on a conservative ideology that promotes government disengagement in its social responsibilities. Furthermore, according to the Premier's Council on the status of persons with disabilities (1996), the private and volunteer sectors do not seem "appreciative, capable, or willing to play such role" (p.9).

Interestingly, in Alberta, self-reliance has been traditionally part of the individual responsibility. However, when individuals were unable to be self-reliant because of a disadvantage resulting from illness or disability, the community was traditionally meeting its social responsibility. For instance, if a farmer broke his leg at harvest time, it was expected that the individual would receive community assistance in harvesting his crop. If the disadvantage was more permanent, funded voluntary organizations could also

take on the social responsibility. Given the strong Christian tradition in Alberta, these voluntary organizations were often church based and reflected a Christian obligation to be charitable (Premier's Council on the status of persons with disabilities, 1996).

Individual responsibility for social problems diminished with the increasing role of government after the 1930s. Indeed, following the "Great Depression" in the 1930s until the beginning of the 1980s, the federal government in Canada adopted a "keynesian policy" (Deslauriers, 1991). With this policy it was believed that the government could have a stabilizing effect on the economy through its social policies. This was the beginning of the welfare state where social responsibility became primarily the role of government rather than the communities' and individual's. During that period, different social policies/programs emerged such as the universal health system and the unemployment insurance programs. This direction was also followed by the provinces.

However, at the beginning of the 1980s, there was a change in direction of government policy due to a serious economic crisis which demanded a redefinition of the links between the social and economical policies. After the keynesian period, there was a return to the liberalism<sup>1</sup> characterized by important cutbacks in social policies and by privatization of services. The government was thus giving up its social responsibilities, hoping to save money. To do so, the government gave part of the social policies cost to

volunteer and community groups (Deslauriers, 1991).

By the end of the 1980s the liberalism was on the wane as people were asking for a move back to more social policies. Despite this wane, the liberalism did not die with the 1980s. More recently in Alberta, with the election of Ralph Klein in 1993 this was the introduction of the political/cultural project of the new right (Denis, 1995). Immediately after its election, the Klein government pursued its goals of deficit-cutting, of reducing the government's role and dependence of Albertans on government. In fact, The Klein Government sees the government's role in social responsibility as a last resort. Communities are the preferred definition for such collective action (The Premier's Council on the status of persons with disabilities, December 1995). The Premier's Council on the status of persons with disabilities writes about the Klein's government (1996):

“The essence of the Klein Revolution is reduction of the role of government. The vision of Alberta inherent in the Revolution is one in which the public sector does less while the private and voluntary sectors do more. It is one which the government assumes less responsibility and individuals, families, and communities assume more” (p.15).

This preference for a non-interventionist government necessarily implies that communities must be more involved in planning and determination of their own futures. In social development, if “big government” does not provide permanent income support

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<sup>1</sup> Term translated from a French article (Deslauriers, 1991) and refers to conservatism in English.



for the disadvantaged, then communities must do more (Premier's Council on status of persons with disabilities, 1996). With regard to child protection services, in the current context it implies that when situations are not serious enough to warrant immediate interventions they are closed at investigation or referred to family services such as volunteer program in their community even though the criteria have stayed the same since the new Child Welfare Act in 1984.

### **Problem**

In this political and economical context in Alberta, the means to provide services to families and children, such as to prevent family dissolution and to reduce dependency on social services, must be creative, bringing together different and, perhaps new, combinations of resources (Andrews & Linden, 1984). Not surprisingly, the promotion of the use of volunteers to substitute for the services of professionals and to fill some void left by a shrinking public sector are currently popular. This resulted in "rediscovering" the importance of community-based models and the use of informal help (Ballew, 1985).

While the current government is promoting the use of volunteers to work with individuals and families at-risk of becoming involved or already involved with social services, some authors question their effectiveness. They believe that volunteers might be overmatched by the multiple problems of these families by not having the skills and training to work with such problems (Barth, 1991).

Despite these criticisms, many authors advocated the use of volunteers as mentors to support at-risk individuals and families, especially abusing and neglectful parents (Dore & Harnett, 1995). Little has been written about the use of volunteers as a form of social support with at-risk individuals and families (Dore & Harnett, 1995). Therefore, it becomes difficult, almost impossible, to claim their effectiveness with such population, thus the need to evaluate their work.

Given that the poor and at-risk families are difficult to reach and to serve, even by well trained professionals, that the actual government is promoting the use of community volunteer services to work with these families, and that little research has been done on this field, is it realistic to have the community, through its volunteers, to provide services to a population at-risk?

### **Purpose of this study**

To further the knowledge base in this area is to conduct an outcome evaluation of a community-based volunteer service, namely, Action by Churches Together with Social Services (ACTSS). ACTSS has been providing services to a population at-risk mostly in the North West community of Calgary since 1994. Different services are provided by the agency but only the family support program is here evaluated. A more detailed description of the program is presented in Chapter 3.

The purpose of this study is thus to assess whether this community-based volunteer service can effectively serve at-risk families according to its objectives of increasing community support and reducing the dependency on public services as well as to assess the level of satisfaction among the clients and the social workers who made referrals to the Program.

This study also provides practitioners with an opportunity to review if community-based services can provide families at-risk with the support they need and to prevent dependency on government programs. Additionally, it provides stakeholders with outcome of the ACTSS' family-support program and the opportunity to make decisions concerning the future development of the Program.

## CHAPTER TWO

### LITERATURE REVIEW

This literature review addresses a number of concepts in relation to the purpose of this study. These concepts include the incidence of poverty, the characteristics of the poor and the impact of poverty on individuals, families and communities which, in turn, enhance the possibility to create and/or maintain dependency on public services. A review of programs and interventions designed for a population at-risk provided by volunteers and/or professionals is also discussed.

#### **Incidence of poverty**

It has been well documented that child poverty is an alarming and increasing problem in the United States (Duncan et al., 1994; Hao, 1995; Korenman et al., 1995). According to the second annual UNICEF report, *The Progress of Nations* (1994), Canada does not do better, ranking second only to the United States. According to the report, about 9 percent of Canadian children live below the poverty line. However, there is no mention on how poverty is measured in that report, therefore it is difficult to comment on this claim.

In Canada, Statistics Canada's "Low Income Cut-offs" (LICO), a relative approach, is used to measure poverty. Under LICO, families are considered low income if they need

to spend 20 percent or more of their income than the Canadian average on the essentials of life, i.e., food, clothing and shelter (Calgary Herald, August, 1997). Any individuals with an income at or below the relevant income cut-offs is defined as low income. However, the use of LICO has been criticized by different groups. Among others, the Fraser Institute and other assorted right wingers claim that poverty can be easily measured as an absolute phenomenon and simply consists of determining whether a person or family can or cannot buy the basic necessities of life. It does not take into account average income or relative wealth distribution. By abandoning LICO in favor of the Fraser Institute approach, "it risks increasing social insecurity and class conflict" (Calgary Herald, August, 1997, p. A19). Despite its relativeness, the LICO continues to be the official Canadian measure of poverty.

According to this measure described above, data from Statistics Canada indicated that for 1995, 21 percent of the families were living on a low income. In Alberta for the same period (1995), 22 percent of families were considered to have a low income. Data from Campaign 2000 (1997), a non-partisan coalition of 18 national partners and a Canada-wide network of 31 community partners, indicate that child poverty in Canada climbed from 14.5 percent to 19.5 percent between 1989 and 1994.

Child poverty seems to be influenced by the unemployment rates. Indeed, in 1994 when there were 457,000 new full-time jobs, the number of poor children dropped by 125, 000

(Campaign 2000, 1997). However, jobs alone do not eliminate child poverty as over one half of Canada's poor children live in families in which a parent had some work in 1994. Some conditions appear to increase an individual or family likelihood to become poor. Here three of the most commonly discussed preconditions are presented, i.e., unemployment, single parenthood, and mental health problems.

### **Poverty preconditions**

#### *Unemployment*

Although unemployment is not the unique factor to child poverty, it is a major social and economical concern. Unemployment affects individuals, families and communities in a myriad ways. To be unemployed is to face economic uncertainty and poverty (Dorin, 1994). Anxiety, boredom, depression, interpersonal problems, social isolation, low self-esteem and self perception are common responses to unemployment (Briar et al., 1978 cited in Dorin, 1994).

Unemployment affects not only the unemployed person, but the family as well. Different studies concluded that the economic uncertainty of unemployment is one of the principal reasons for the deterioration of family relations (Dail, 1988; Furstenburg, 1973; Harris, 1984; Mackay, 1983 cited in Dorin, 1994). Consequently, it impacts the children. Studies reported that these children often experience problems in relation with peers, at school, and that they exhibit symptoms of depression and isolation similar to those in their parents (Dail, 1988; Liam & Raymond, 1982 cited in Dorin, 1994). High levels of

unemployment also impact communities. Studies show areas characterized by high levels of unemployment are more likely to be victims of rising crime rates, drug abuse, and family violence (Dorin, 1994).

### *Single parenthood*

“Single-parent families account for a growing proportion of families in Canada, and overwhelming majority of them are headed by single-mothers” (Canadian Social Trends, 1997, p.7). Indeed, single mothers are more likely to be poor than any other group. In Alberta, the incidence of low income in female lone-parent families was of 71.6 percent (Statistics Canada, 1996). Obstacles to adequate earnings, lack of child support, and low rates of social assistance are all contributing factors to the single mother’s exceptional vulnerability to poverty. Most importantly, the barriers to adequate earnings make it extremely difficult for single mothers to earn an income that allows them to escape poverty (Evans, 1991).

When compared with children from two-parent families, children from lone-mother families are considerably disadvantaged (Canadian Social Trends, 1997). They are more likely to encounter emotional or behavioral problems, academic and social difficulties. Furthermore, because single-mothers are more likely to be poor, socially isolated and stressed with the burden of single parenthood, they are more vulnerable to become

abusive or neglectful (Young & Gately, 1988). Research has also shown that single-motherhood when combined with poverty affects the physical, cognitive and emotional development of a child as well as school achievement and completion (Hao, 1995). Furthermore, the difficulty of these women to take care of their children is not only produced by some personal deficits but also by societal factors. In fact, because women have always played a central role as caregivers therefore it is not surprising that historically and still now they are held responsible for their children's problems (Swift, 1991).

### *Mental health*

Research studies have also repeatedly demonstrated the inverse relationship between socioeconomic status and mental health (Dore, 1995). Studies show that women are twice as likely as men to be depressed at some time in their life (Gelfand & Teti, 1990 cited in Dore, 1995). When poverty is combined with single parenthood, it increases the probability of depression in women (Dore, 1995).

Not surprisingly, findings indicate that an association exists between parental depression and child maltreatment. Indeed, depressed mothers tend to be more hostile and punitive with their children, and more withdrawn and psychologically absent. Either response leads potentially to child abuse in the first instance and neglect in the second (Dore, 1995). In addition to a greater prevalence to be abused or neglected, children who have a



parent having mental health problems are more at risk to develop a variety of behavioural problems (Emery, 1982).

### **Impacts of poverty**

#### *Child development*

Living in poverty, especially on a long-term basis, can be detrimental to the child's development. In fact, findings indicate that these children suffer significant disadvantages in physical and mental development, including higher mortality rates, poor nutritional status, impaired cognitive development (Korenman, Miller, & Sjaastad, 1993), and intensified problems in socioemotional functioning (McLeod & Shanahan, 1993; Parcel & Menaghan, 1994, all cited in Hao, 1995).

The long-term negative effects of poverty on children, when combined to other factors such as single-parenthood, and welfare dependency, have been well documented (Hao, 1995). Research suggests that these children are likely to experience problems such as low academic achievement, dropping out high school, teenage pregnancy and child bearing, delinquent behavior, poverty and welfare dependency once they reach adolescence (Hao, 1995).

Recently, Hao (1995) examined the effects of poverty, public assistance, and family structure on school-age children's home environment and developmental outcomes. It

was found that long duration, late timing of poverty and single-parenthood have detrimental effect on home environment and child developmental outcomes. Poverty appeared to play a more important role in cognitive development while single-parenthood was on the emotional one. Interestingly, public assistance enhanced the cognitive and emotional environment and had a greater effect on the emotional environment for single-mother families.

Previous research has also shown the effects of poverty on child development in broader social contexts other than the family, such as day care centers, schools, neighborhoods, and parents' workplace. For example, children in poor neighborhoods are more likely to have lower IQs as they are less likely to be stimulated by their environment (Duncan et al., 1994).

### *Malnutrition*

With regard to the impact of poverty on nutritional status, low income makes difficult the acquisition of food. Findings of different studies on children with histories of malnutrition suggest that the effects of poor environment cannot be separated from those of nutritional deprivation (Barrett & Frank, 1987). Poor nutrition among the poor may also be caused by a lack of knowledge. A study suggested that knowledge of nutrition varied greatly with social class (Barrett & Frank, 1987). In addition to poverty, social isolation, crowded living conditions, occupational instability and increased family size

are related to malnutrition (Barrett & Frank, 1987).

### *Stress*

Being poor often means living in uncertainty which can lead to stress. Research on stress has demonstrated that the control an individual believes has over stressful life events appear to increase the level of adjustment (Dore, 1995). However, individuals who are poor are more likely to experience a sense of powerlessness in relation to the world. Indeed, individuals and families living below the poverty line are often confronted to the stress of not being able to pay for all of their basic necessities including food, rent, utilities, etc. For people living in such an environment when accompanied by chronic conflict, drug and alcohol abuse, or violence, it may engender low self-esteem and a sense of personal ineffectiveness and hopelessness (Vosler, 1996).

A debate currently exists as to know whether persistent or current poverty predicts a higher level of stress. A common theory promotes that persistent poverty is more harmful than transient poverty because of the greater economic deprivation it implies (McLeod & Shanahan, 1993). Indeed, the accumulation of stress in association with chronic poverty can result in physical and mental health problems, in family relationships problems such as marital instability and family dissolution (Vosler, 1996). Furthermore, when compared to episodic stressful events, constant stress is most associated with depression in persons who are poor and, by extension, with abusive and neglectful

parenting (Dore, 1995).

Alternatively, current poverty may be more harmful than persistent poverty because it most strongly predicts current level of stress. This is based on the argument that poor individuals and families reach an emotional equilibrium within persistent poverty whereas in transient poverty these individuals need to adapt to the shock of the economic loss (McLeod & Shanahan, 1993).

A similar debate exists to explain the effect of the stress caused by either current and chronic poverty on the development of child maltreatment. Because poor parents experience relatively high levels of stress, it was also suggested that they are more punitive towards their children than nonpoor parents (Kruttschnitt et al., 1994). However, evidence for the relationship between poverty and abuse is generally provided by comparisons of the prevalence of physical abuse in poor and nonpoor populations at one point in time (Kruttschnitt et al., 1994). To further the knowledge in that area, Kruttschnitt and her colleagues (1994) were interested in the severity and reoccurrence of abuse as they are predicted by the length of impoverishment. They found that poverty at the time of the abuse was related to severity when considered alone, such that poor children were abused more severely than nonpoor children. Secondly, they found that the length of time in poverty was related to the risk of recurrent abuse. Long-term impoverishment better explained subsequent abuse than current impoverishment.

### *Mental health*

It is well documented that a greater prevalence of mental health problems exists among lower socioeconomic groups (Bruce et al., 1991). If as previously indicated it was true that people having a mental illness have a higher probability to be poor, the inverse is also true. Because women, children, and the minorities are disproportionately poor, they are at significantly greater risk for psychiatric illness than is the general population.

A study examining the effects of poverty found that rates of most specific psychiatric disorder were comparably higher for adults meeting poverty criteria compared with those not in poverty (Bruce et al., 1991). Evidence also exists that poor children experience high levels of mental health problems such as conduct disorder, behaviour problems, depression, and social adaptation problems when compared to nonpoor peers (McLeod & Shanahan, 1993).

Again, previous research leads to contradictory hypotheses about relative effects of persistent poverty and current poverty on mental health. Economic deprivation from persistent poverty has been linked to poor mental health through the chronic stress deprivation created. Other theorists believe that current poverty should have a stronger relationship with mental health in families who recently became poor because of the shock created by the economic loss (McLeod & Shanahan, 1993). In their study on the effects of poverty on children's mental health, McLeod & Shanahan (1993) found that

persistent poverty significantly predicts children's internalizing symptoms above and beyond the effect of current poverty, whereas only current poverty predicts externalizing symptoms.

### *Child abuse and neglect*

Poverty has long been recognized as an important condition in child maltreatment (Gabarino, 1977; Dore, 1993). Although child abuse and neglect can be found across the socioeconomic spectrum, research shows that incidence of reported maltreatment (both for child abuse and neglect) is disproportionately large among poor families (Chamberland et al., 1986; Dore, 1993; Gelles, 1992; Hashima & Amato, 1994). However, poverty alone is not sufficient. It appears that additional factors combined with poverty result in child maltreatment (Chamberland et al., 1986; Dore, 1993).

In addition to poverty, the literature describes at-risk families to be characterized by great distress and frequently to suffer from multiple problems. In terms of the individual and interpersonal characteristics, these parents often present with deficits in caregiving, problem-solving skills, knowledge and realistic expectations of child development, low self-esteem and unmet dependency needs, all contributing factors in the decrease capacity for coping in their parenting role (Dore & Harnett, 1995). In turn, it influences their children as they experience increasing rates of delinquency, school failure, and developmental problems (Coulton et al., 1995).

Andrew and Linden (1984) reported similar characteristics for these families. Additionally, the authors linked the family's decrease in its capacity to cope to community and environmental factors such as job layoffs, insufficient housing and daycare facilities and inadequate relief funds. Isolation from the extended family, lack of recreational facilities and the decreasing influence of Churches were all important factors in the families' inability to be effective in the parenting role. At one time it was the extended family who was the support system providing services such as baby-sitting, advice, care for the sick but with mobility and/or family breakdown, this support is no longer available.

While poverty plays a predominant role in the development of child maltreatment, its specific effect appears to be somewhat different when it is associated to either child abuse or child neglect. When comparing to other types of maltreatment, neglect is most strongly associated with poverty. "Many of the manifestations of physical neglect (e.g. inadequate clothing, exposure to environment hazards, poor hygiene) may be primarily due to poverty" (Dubowitz, 1994, p.557). Although child neglect is the most common form of child maltreatment, it has been largely ignored by researchers and policy makers. As a result, there is little information on the causes or consequences of neglect when compared to the knowledge in child abuse (Dubowitz et al., 1993).

Research suggests severe and long-lasting consequences for these children. DiLeonardi (1993) mentioned a longitudinal study (Egeland et al., 1981, 1983) that found that children who had been neglected “had poorer attachments to their mothers, low self-esteem and self-assertion, and difficulty coping with frustration and school situations” (p.557). Furthermore, neglect has been associated with child, parent, community, and societal factors (Dubowitz et al., 1993). Among the child and parent factors, neglect is most strongly associated to disabilities in children, parent’s lack of knowledge about the children’s needs and/or their unrealistic expectations of children’s behavior and emotional development (Feshback, 1980; Jaudes & Diamond, 1986; Jones & McNeely, 1980 cited in Dubowitz et al., 1993). Most importantly, community and societal factors must be incorporated to provide a better picture of this association.

When conceptualizing neglect within an ecological framework (Gabarino, 1977), factors such as stresses of poverty and social isolation of family, including decreased contact with extended family and decreased involvement with support networks, might compromise a parent’s nurturing abilities. These stresses are compounded by associated risk factors, such as inadequate nutrition and inferior educational opportunities. All these factors increase the likelihood that children raised in poverty may not have one or more of their basic needs adequately met (Dubowitz et al., 1993).



With respect to the more specific association between child abuse and poverty, research shows that poor children are more likely than nonpoor children to be physically abused (Kruttschnitt et al., 1994). Although child abuse can be found in all social classes, violence toward children, especially severe violence, is more likely to occur in families with annual income below the poverty line (Gelles, 1993).

As with neglect, the association between child abuse and poverty is complex, thus the need to take into account the contributing factors both at a family and societal level. Among these factors, persistence of poverty (Kruttschnitt et al., 1994), social isolation of these families, the high level of stress caused by unemployment, “specialness” of the child (e.g., prematurity, disabilities, etc.), difficulties in marital relationship, cultural acceptance for the use of force against children (Gabarino, 1977) are all contributing to this association.

#### *Social isolation*

Studies of the poor, in general, indicate a lack in the social support and reliance on kinship network for people living in impoverished settings. Impoverished settings are not only where the poor tend to live, but they also tend to be places where resources are scarce, there is a high incidence of social disorganization and conflictual relationships among its members (Chamberland et al., 1986; Fisher, 1995). As a result, these individuals are isolated from their immediate community.

The low level of social support within the community may decrease the effectiveness of the social control which, in turn, may result in increasing rates of crimes, family violence, child maltreatment (Coulton et al., 1995). In fact, social isolation from “potent support systems” is described as a necessary condition to child maltreatment (Garbarino, 1977). Indeed, numerous studies have shown that isolated families have higher rates of child abuse than do others (Hashima & Amato, 1994).

However, some research report contradictory findings concerning the lack of support in impoverished communities. Stack (1974 cited in Gambrill & Paquin, 1992) reported considerable helping behaviors exchanged among poor black families while Belle (1983 cited in Gambrill & Paquin, 1992) found more dependency and intense contact between neighbors in poverty. It appears that some conditions need to be present in order to find support in impoverished settings. Gambrill & Paquin (1992) suggest that “the length of stay in residence, having children, and neighborhood homogeneity influences the mutual aid function among neighbors” (p.261). In contrast, poverty, ethnic heterogeneity, family disruption and residential mobility are negatively affecting the social organization of a community, therefore its support network (Coulton et al., 1995; Gambrill & Paquin, 1992).

Furthermore, a distinction exists between lack of social support and failure to use available supports (Garbarino, 1977). In fact, studies examining the effect of social

isolation on the development of child maltreatment have suggested that the failure to use social support is common among abusive and neglectful families. Studies found such parents to distrust and retreat from society, and to prefer to resolve crisis alone (Garbarino, 1977). Additionally, lack of social skills to elicit and to maintain supportive relationships, and transiency which disrupts social networks seem to inhibit them from using the social networks surrounding them (Tracy, 1990).

How an individual is perceived by his/her community may also impact the availability of the social support. Polansky et al. (1995), when studying neglectful mothers, found that these mothers reported less support available. However, this report was not related to living in impoverished settings but rather that they were often isolated by those around them because they were perceived as deviant and unlikely to reciprocate help.

In summary, isolation produced by lack of social supports may be more related to environmental factors, such as living in impoverished areas in which neighborly exchanges are not encouraged (Garbarino & Sherman, 1980). On the other hand, failure to use the available social support is produced by more individual characteristics such as deficits in interpersonal skills.

*Dependency on public services*

Many believe that being poor means being unemployed, therefore depending on public assistance. However, as it was previously discussed, many working families live under the poverty line. According to Campaign 2000, over one half of Canada's poor children live in families in which a parent had some work in 1994.

For those who depend on public assistance, in addition to being poor it means to be confronted to social prejudice. Indeed, many myths exist concerning the dependency on public services. A common belief in North America holds the poor to be personally responsible for their condition, through their lack of ability, efforts or morals (Wilson, 1996). In their day-to-day life, welfare recipients may face greater prejudice than any other impoverished groups. Because they are viewed as blameworthy, it becomes more difficult for them to access adequate housing and securing stable employment, therefore contributing to their instability and mobility (Wilson, 1996).

Also part of the myth of dependency is the belief that there is a long-term, intergenerational use of welfare. The reality in Alberta for those considered available to work, is that the vast majority depends on the government assistance for less than three months (Alberta Family & Social Services, 1992).

Furthermore, Hao's findings (1995) on the effects of poverty, social assistance and family structure on school-age children suggest that "the process of intergenerational transmission of welfare dependency during school-age years is primarily attributable to poverty and single-motherhood rather than the duration of public assistance" (p.181).

In their study concerning the patterns of welfare use among poor women, Salomon, Bassuk, and Brooks (1996) found that two-thirds of the respondents' mothers had never used welfare. What differentiated the short-term users to the long-term ones was the greater difficulties that the long-term group had to face. Indeed, the long-term users presented with a smaller social support network, higher rates of victimization, both in childhood and in adulthood, and they were more likely to have a history of substance abuse.

Because low-income mothers are confronted with a number of difficulties such as living in violent situation, having to balance the demands of childcare and the workplace, it is not surprising to see these women being unable to remain economically independent for long periods. As a result, these women are caught in the vicious circle of cycling dependency on welfare (Salomon et al., 1996).

## **Summary**

The review of literature on poverty suggests that certain groups are more vulnerable than others. These groups are the unemployed, the single-mothers, and individuals with mental health problems. This review also describes the detrimental effects of poverty on individuals, families and communities.

Living in poverty means to be at greater risk to be stressed and socially isolated which in turn, increase the incidence of developing a mental problem, and for the ones with children, to become abusive and/or neglectful. For children raised in poverty, it means to be at greater risk to be malnourished and abused and/or neglected, to experience developmental problems at the emotional, cognitive and social levels. All these conditions can impair their competencies as children and consequently as future adults. For the impoverished communities, it means to be confronted with increasing rates of violence and crimes and lack of social support among the residents.

To be poor and living in impoverished settings also increases the incidence to become dependent on public services, namely, Child Welfare and Social Assistance. Until services and programs devoted for the poor change by addressing the multiplicity and complexity of the factors involved, by providing adequate security income, and high-quality child care, especially for single-mothers, these people will likely remain poor and

dysfunctional. Consequently, it increases the likelihood of perpetuating the cycle of dependency on public services.

### **Helping services for families living in poverty**

#### *Brief history*

As described above, individuals and families at risk present with a multiplicity of problems related to living in poverty and influenced by the different individual, interpersonal, community and societal factors. Schorr (1988) underscored this point stating “that persistent and concentrated poverty virtually guarantees the presence of a vast collection of risk factors and their continuing destructive impact overtime” (in Hanson & Carta, 1995, p.30). Therefore, bringing change in these individuals and families may be long and complex (Harnett, 1989). Indeed, it requires that the complexity of the multiple factors involved be taken into account, and that a broad range of community services be provided by a variety of helpers (Barth, 1985; Gaudin, 1993; Unger & Powell, 1991).

However, interventions are not only influenced by the empirical and practical knowledge but also by the political, economical and ideological context of the time. As a result, services to the poor have been fragmented, narrow and too difficult to access preventing these unfortunate individuals and families to obtain the kinds of supports that could serve to buffer these risks (Hanson & Carta, 1995).

It has not always been this way where services were fragmented. Community social work practice has its roots in working with the poor through the settlement-house movement in the early 1900s. This movement was created in poor neighborhoods to build interdependence and commonality through education and mutual aid (Lightburn & Kemp, 1994). By the 1920s, the settlements began to experience side effects of professionalization, i.e., the fragmentation of services. Specialists gradually began to redefine the services from a multi-faceted treatment to an individual focus. Although the community-based services and generalist helping approaches did not disappear entirely, the mainstream ideology has remained on the professionalization and specialization of the services provided to families and children until recently.

In fact, human services in North America shifted from "an almost exclusive preoccupation with formal (professional) helping to a growing recognition of the importance of informal (lay) helping for children and families" (Whittaker, 1986, p.18). The professionalization and specialization of the services resulted in an increasingly fragmented and unresponsive system of services and a move to return to community-based models in an effort to provide better services to families (Halpern, 1991). In addition to the fragmentation of services, the important cutbacks affecting social services are fundamental to the return to community-based models.



*The community-based model*

The importance of establishing a supportive community to help at-risk families is now well recognized (Lightburn & Kemp, 1984). Indeed, there has been a growing recognition that the resources of the community and the extended family are correlated with successful outcomes (Tracy, 1990). In fact, social support can play a buffer role to stress and aid in coping with life transitions, in providing emotional and material support to parents, serving as role models for parenting behavior, and linking parents outside sources of child-rearing information (Tracy, 1990; Wittaker, 1986). For families at-risk of child maltreatment, it may also have the potential to help families at-risk to avoid placement, decrease the duration of placement, or help the transition of the child return (Tracy, 1990). Consequently, developing services that attempt to enhance the social support of these families has been increasing.

The community-based model is drawn from the community social organization theory and research. Coulton and her colleagues (1995) define the term community social organization as “patterns and functions of formal and informal networks and institutions and organizations in a locale” (p.1263). Community social organization is perceived to be strong when the structures are able to exert social control within the community. The authors argued that “rapid structural change has led to a lowering of levels of community social organization in many urban neighborhoods” (p.1262).

Alternatively, increasing the level of community social organization such as through the ability of residents to guide the behavior of others has been found to lessen the incidence of deviance (Coulton et al., 1995). Considering this, it can be argued that volunteers can play this role with the deviants of a community. In fact, in the current political context the promotion of community-based services through the use of volunteers as substitutes for the services of professionals is popular (Ballew, 1985).

*Pros and cons of the use of volunteers*

Before debating the possible contributions of volunteers, it is important to define the concepts of professionalism and volunteerism. Interestingly, these two roles are often overlooked and consequently not properly defined in the literature. In fact, there is no consensus among the authors on the specific activities related to either role. As it will be described later, volunteers are used in many different ways, i.e., from a mentor/friendship role to a therapist role.

Among the different authors here presented, only Ballew (1985) clearly distinguishes these two roles. For the purpose of her study, Ballew (1985) defined the professionals as “constrained by policies and regulations that are necessary for the efficient management of organizations” (p.38). While volunteers “tend to be less limited, more spontaneous, and more adaptable in meeting individual needs” (p.38). Despite a variation in the definition of the concepts, the authors seem to agree that the money factor is what

distinguishes the professionals from the volunteers. Other than this factor, no clear distinction exists in the literature presented here.

The use of volunteers as mentors for the poor and at-risk individuals and families has long existed (Dore & Harnett, 1995). Indeed, child welfare work in Canada had their antecedents in the “friendly visitors” of Canadian volunteers. The roles of the friendly visitors were to offer moral advice and charitable assistance (Swift, 1995). However as noted before, this volunteer work was supplanted by a more professionally oriented work during the early part of the twentieth century which resulted in the professionalization and fragmentation of the services (Halpern, 1991).

More recently, there was a call for the use of volunteers to support at-risk families (Anderson, & Lauderdale, 1980; Kempe, 1973, cited in Dore & Harnett, 1995). Beside this recognition, little has been written about the use of volunteers as a form of social support with maltreating families (Dore & Harnett, 1995). Therefore, it becomes difficult, almost impossible, to claim their effectiveness thus the need to evaluate these programs. Although the following is mostly based on the child abuse and neglect literature, the author believes that this may also be applied to a poor non-at-risk population.

Despite this lack of empirical knowledge, different authors (cited in Dore & Harnett, 1995) advocated the use of volunteers to support abusing parents based on the assumption that social support plays an important role in the prevention as well as in the treatment of child maltreatment. In the United States, child abuse programs using volunteers are described to be successful to improve parental functioning and to prevent out-of-home placement. Volunteers are used in a wide variety of ways though most use in a mentoring model, i.e., “to reparent the parent” (Withey et al., 1980).

Other than their role as social support and mentor, volunteers have also been targeted as a resource to provide relief to front-line workers due to management problems in the child protection system such as insufficient number of staff and burnout among the workers (Andrews & Linden, 1984). Despite this political reason for using volunteers, their contribution can be important.

Volunteers are often expected to provide more informal, caring environment for maltreating parents than would paid workers (Wharton, 1991). Some authors believe that “the presence of volunteers can act as a deterrent for maltreating parents as well as a consistent, nonjudgemental resource for releasing pent-up emotions when pressure builds” (Dore & Harnett, 1995, p.70).

Wittaker (1986) suggested that the social support provided by volunteers involves different functions, including advice, material assistance, positive social interaction and non-directive support. Furthermore, volunteers are considered to be more easily accepted by the abusing parents than professional helpers because of the reciprocity, mutuality and informality marking the relationship. In addition, the flexible hours, practical help, characteristics rated by clients as more helpful over technique characteristics such as teaching communication skills can be an advantage for the volunteers over the professionals (Frankel, 1988).

Different studies have demonstrated positive outcome of using volunteers in family-support programs. Some studies suggest that the use of volunteers as parent-aides is probably the most effective intervention for abusing and neglectful parents (Ballew, 1985). In addition, home visitor services using volunteers have been found to be most successful in assisting mothers with young children who were found at risk for biological or social problems. As a result, these interventions increased the mothers' involvement with their infants (Aaronson, 1989).

Gibbons & Thorpe (1989), in their exploratory study of a branch of Home-Start program, compared the work of volunteers to social workers' case-loads. They found that volunteers were able to spend significantly more time with their clients than were social workers. However, the authors cautioned that too much should be made of the

comparisons between the volunteers and the social workers' outcome. In fact, this can be impacted by the different focus and type of help that each provided. Social workers' primary responsibility was the protection of the interests of the child which was not for the volunteers. Although this difference in their approach, the authors recommended the use of volunteers with high-risk families because of their complementary role to the statutory programs.

Another positive example of the use of volunteers was described by Harnett (1989). The author informally evaluated a Intergenerational Support System (ISS) program "in which senior volunteers serve as support persons for problem families, including many single mothers" (Harnett, 1989, p.347). The outcomes appeared to be positive as clients for the first time in their life might have experienced a nurturing and caring relationship with an older person. The authors suspect that this new experience might have enhanced clients' self-esteem and bring positive changes in their lives. Interestingly, the major problem found in the program was the difficulty for the volunteers and clients to terminate because of the close relationship developed during the six month involvement. Despite these positive outcomes, the author cautioned that this might only be a step forward toward independence and healthy functioning for these families, not an end, because of the multiplicity and long-standing history of these families' problems.

A Swedish contact family program, that was informally evaluated, also found positive outcome in using informal help in working with vulnerable families (Barth, 1991). Contact families (volunteers) were to provide respite care for the child or children of the clients' families. Clients reported to be satisfied with the type of support they received. Social workers were also satisfied with the program, but did not perceive the program as preventing foster care placements but mostly as a primary prevention program.

To be effective, Dore & Harnett (1995) emphasizes the importance of ongoing training for the volunteers. Volunteers need constant help to avoid joining in these "families' crisis-prone style" of functioning. They also caution that the volunteers must be well prepared to deal with atypical behaviors or attitudes on the part of families. Additionally, the matching process is also an important condition to positive outcomes. Harnett (1989) recommended that location be considered in the matching process. She recommended to match people as closely as possible to education and life experience as the most important factor.

While some authors believe in the value of using volunteers to work with high-risk families, others question their effectiveness with such a population. In fact, "best outcome seem to arise with professional staff, longer services, and a service population that is at enough risk to need services but not at such risk that home-visitor approaches, whether staffed by professionals or paraprofessionals (volunteers), have no chance to

succeed” (Barth, 1991, p.372).

Barth (1991) wondered the efficacy of volunteers with this population after evaluating a perinatal child abuse prevention project. Although clients reported a high consumer satisfaction, when compared with the control group both groups were similar in the number of families reported for maltreatment. There were no significant differences in the increases in reports or “closed on screenings” since the program, or substantiated reports. From these results, Barth suspected that volunteers might have been overmatched by the multiple problems of families. Like other authors (Dore & Harnett, 1995; Harnett, 1989), he recommended that to be successful, volunteers would need skills to help clients in a wide variety of problems ranging from mental health problem to substance abuse.

It is well documented that working with abusive and neglectful families requires a long commitment (Harnett, 1989). On the other hand, the volunteer role is often ephemeral. “Consequently, the individual is likely not to persevere in maintaining the ephemeral role if there are minor frustrations and impediments” (Wharton, 1991, p.83). Families at-risk often present with multiple and complex problems as well as resistant to change which can demotivate the well-intentioned individual. For this reason, volunteers might not be the most suitable in working with this difficult population.



Despite these conclusions, different authors claim the effectiveness of volunteers to supplement and improve the intervention of professionals rather than to replace the essential counselling by trained professional helpers (Dore & Harnett, 1995; Gaudin, 1993). However, again little has been written about the use of volunteers to increase the efficacy of professionally delivered family-preservation programs (Dore & Harnett 1995). Dore & Harnett (1995) suggested that using volunteers "as long-term, supportive resources with distressed families at risk of child placement in conjunction with short-term professional interventions such as preservations services is a feasible way to address unmet needs" (p.74).

Although this collaboration is underinvestigated, there are some examples of this type of work between volunteers and professionals in the literature. Marcenko & Spence (1994) studied the efficacy of an interdisciplinary home visitation model for women at risk of out-of home placement of their newborns. Part of the interdisciplinary team were a peer home visitor (volunteer), a social worker and a nurse. The role of the volunteer was to provide peer support, assistance in identification of service needs and through home-visits, to give health education and parenting training. After an average of 10 month exposure, the results showed a significant increase in social support, greater access to services and a decreased psychological distress for the experimental group. Although the apparent successes, maternal self-esteem was unchanged as well as the quality of the home environment. There was no indication that the intervention was preventing out-of-

home placement.

Pillay, Allison, & Morgan (1982) provide a good example of cooperation between volunteers and professionals in their evaluation of a family walk-in center in Britain. Volunteer and professional support were provided at the center and at the client's home. Primary data found a significant reduction in the report of new cases of child abuse, an increase in self-referrals, improvement in child care after a 3 month involvement. The authors attributed these successes to the close cooperation between the volunteers and the professionals which enabled them to reach a wider range of the population including those who distrusted professional services.

An Alaskan project (Brown, 1982) also reported positive change on rural community attitudes. According to the author (Brown, 1982), these successes were influenced by the use of volunteers to enhance professional services. Volunteers were recruited to work as parent-aides in cooperation with the child protection services. By showing that they care, volunteers helped families to overcome social isolation and helped their clients to become self-sufficient. However, there is no mention if their intervention helped to decrease the incidence of child abuse.

## Summary

As described earlier, working with a poor and at-risk population can be a long and complex journey because of the complexity and multiplicity of the problems found in this population. It is believed that by providing these individuals and families with social support, it will alleviate their problems. To do so, there has been recently a call for volunteers. In other words, it was a return to the community-based model.

Despite the long history of volunteers' work with this population, there is a lack of empirical knowledge concerning their effectiveness. What it is known to date is the apparent lack of consensus among the different authors concerning the role of volunteers with such a population. Some argue that volunteers might be overmatched by the multiplicity and complexity of the problems while others advocate their use with a high-risk population, alone or in complementing the professionals' role.

In summary, because of the lack of empirical knowledge and the difference in opinion among the authors, it is difficult to claim the effectiveness of volunteers with a population at-risk at this time. Research needs to be done to further explore the specific role that volunteers can play and with what types of problems.

As mentioned in Chapter 1, the present study attempted to explore that issue by evaluating a community-based volunteer service according to its objectives of increasing community support and reducing the dependency on public services. More specifically, the research questions relating to these objectives are:

1. Does community support for families increase after receiving ACTSS' family support services?
2. Do families change their involvement with Alberta Family and Social Services (AF&SS) after receiving ACTSS' family-support services?

A question to measure the level of satisfaction among the clients and the social workers who made referrals was also asked. This research question is:

3. Are clients and social workers satisfied with the services offered by ACTSS' family support services?

## CHAPTER 3

### METHODOLOGY

#### **Considerations of evaluation research**

Over the last twenty years, there has been an increasing interest for evaluation research. More specifically to social work, the interest for evaluation research was primarily based on the need for social programs to demonstrate their accountability and efficiency in spending the government's money. In addition, evaluation research has been increasing in popularity because of its perceived usefulness by stakeholders in policy planning and implementation (Rutman, 1982).

With its increasing popularity, evaluation research has rapidly evolved since its beginning. Indeed, at its beginning there was mainly only one method used, i.e., the administration of standardized test to experimental and control groups (Lecompte, 1982). Today the evaluator may be required to use different methods, including quantitative and qualitative approaches, the application of standardized test, experimental and quasi-experimental models, and so on to obtain the best possible picture of the phenomenon studied (Lecompte, 1982). As a result, the proliferation of models and approaches

contributed to the very diversified role and nature of evaluation in the field of social work.

*What is evaluation research?*

Rutman (1977) defines evaluation research as “first and foremost, a process of applying scientific procedures to accumulate reliable and valid evidence on the manner and the extent to which specified activities produce particular effects or outcomes” (p.16).

Indeed, when compared to other types of research, evaluation applies similar design methods, measurements and analysis, and it is expected to adhere as closely as possible to accepted standards of research methodology (Rutman, 1977). Like in basic research, there are some constraints to achieving the “ideal” design. The particular constraints of evaluation research include, among others: costs, administrative factors, legal requirements, and ethical considerations (Rutman, 1977).

What distinguishes evaluation research is not method or subject matter, but intent; that is, the purpose for which it is done (Weiss, 1972). Indeed, the purpose of evaluation research is to measure the effects of a program at its different stages. Also part of the distinction is the important role played by the decision makers in the development of the research design (Weiss, 1972). Improving decision making, leading to planning a better program, and serving program participants in more relevant, and more efficient ways are beneficial

effects expected from the evaluation research (Weiss, 1972). In addition, it can increase the base knowledge in working with a specific population, and can demonstrate accountability and satisfaction that goals are being achieved (Gabor, Unrau, and Grinnell, 1998).

### *The current debate*

With the rapid evolution of evaluation research there was a proliferation of methods and approaches which led to an important ideological and philosophical debate among different authors. Since its beginning evaluation research has predominantly used a deductive approach where quantitative measures, experimental or quasi-experimental design and complex statistic testing were utilized (Beaudry, 1990). However, the important place occupied by this approach in the evaluation field has been challenged recently. On one hand, evaluators noted that the context of their study made it difficult to use experimental or quasi-experimental design without experiencing important methodological problems. On the other hand, this approach demonstrates the causality of the objective achievement without explaining the process.

To alleviate the problem it was suggested by some authors to complement the deductive approach with the inductive one (Beaudry, 1990). The inductive approach uses qualitative methods in collecting data such as questionnaires with open-ended questions, and participating observations. According to Lecompte (1982), the qualitative method can

be beneficial to the evaluation research because it can serve as the basis and/or confirmation to the quantitative evaluation, and be a substitute to the latter in searching for the same objectives (e.g., the development of the theory as well as to verify the outcome of an intervention). Furthermore, by providing different data to the ones found with a quantitative approach when studying the same phenomenon, the qualitative approach can help to obtain a more complete picture of the phenomenon.

However, not all authors agree in employing mixed-method evaluation which has created a debate in the field of evaluation. The current debate occurs at 3 levels, i.e., at the political, philosophical and technical levels. The issue seems to concentrate most importantly on the second level, i.e. philosophical or the level of paradigm. Greene & Carcelli (1997) describe the current debate as:

“The mixed-method discussion within the evaluation community has been dominated to date by two paradigms—the interpretivist, or constructivist, paradigm (exemplified by Lincoln and Guba, 1985), and the postpositivist, or postempirist, paradigm (exemplified by Campbell, 1969; Cook, 1985). These two paradigms have cornered much of the discourse, characteristically dubbed the *quantitative- qualitative debate*” (p.6).

Because the qualitative and quantitative approaches share different paradigms we can wonder if they are compatible. According to Greene & Caracelli (1997) and Creswell (1997) there are three stances on the matter. First, the purists like Guba & Lincoln (1989) argue that the two paradigms are fundamentally incompatible. Hence, it is impossible to mix the different paradigms in a single study but acknowledge the possibility of mixing



methods. Alternatively the situationalists believe that “certain research approaches are appropriate for specific situations; and the pragmatists integrate both approaches in a single study” (p.148, Creswell, 1997).

Despite the recognition in using the mixed-method evaluation, there is no consensus among the authors on how both approaches should be incorporated in a single study. Some authors use the term triangulation when talking about the combination of both approaches in a single study. Triangulation is “based on the assumption that any bias inherent in any particular data source, in any particular researcher, and in research approach would be neutralized when used in conjunction with other data sources, other researchers, and other research approaches” (Creswell, 1997, p.148).

Different models exist for combined methods designs. Only Creswell’s models are here presented. Creswell (1997) offers three models. First, the two-phase model in which the qualitative and quantitative are used separately at different times. Secondly, the dominant-less dominant model where there is a single dominant approach with a complementary one. As it will be described later in this chapter, this research used this model where the qualitative approach was complementary to the quantitative one. Finally, there is the mixed-model approach in which aspects of the quantitative and qualitative approaches are mixed throughout the different stages of the study.

In summary, the author presented here only a brief overview of the current debate. The reader is invited to refer to Cook & Reinhart (1985), Creswell (1997), and Greene & Caracelli (1997) for a more detailed description and explanation. Based on what was presented above, it can be stated that the qualitative and quantitative approaches are philosophically different but they can be compatible and complementary. However, there is no consensus on how to combine both approaches in a single research. Assuming that the two approaches are compatible, different authors (cited in Lecompte, 1982) indicated not only the possibility but the necessity to utilize both qualitative and quantitative approaches in all evaluation in order to explain and to evaluate the complexity of social phenomenon.

## **The Agency**

### *History and Structure*

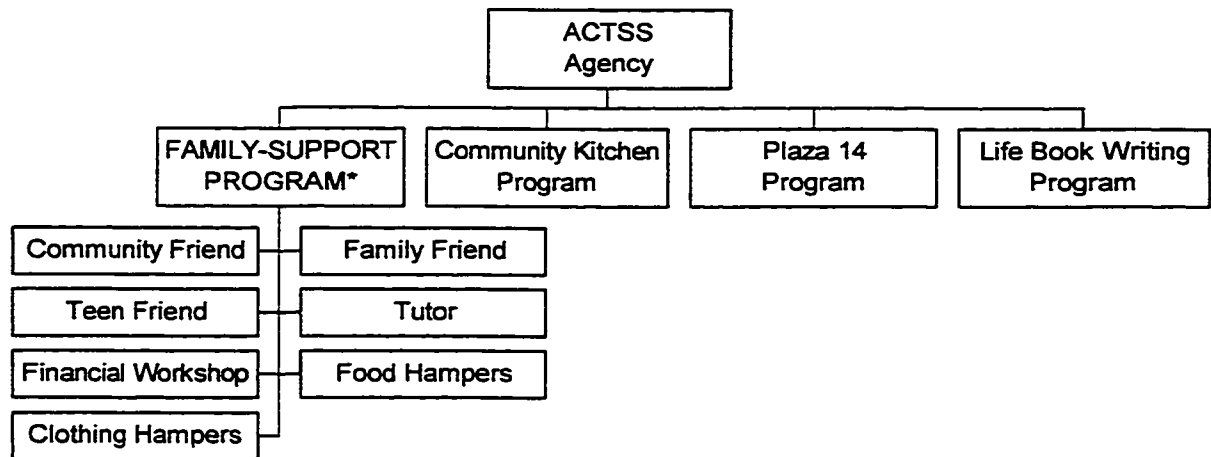
Action by Churches Together with Social Services (ACTSS) was initiated in November of 1993 to respond to the change in service delivery for social services in Alberta, particularly in assisting with the Child Welfare caseload. ACTSS is a collaboration among nine Northwest Calgary Churches and Alberta Family & Social Services (AF&SS) offering volunteer services to a population already involved with or at risk to become involved with AF&SS. As mentioned in Chapter 1, the combination of Church and State working together related to the fiscal reality of the current state of government within Alberta and the need to stretch fewer dollars into more services. Given its

traditional role, the Church was perceived to have the ability to meet social responsibilities by providing volunteer services and by linking people into the community.

After taking into consideration the different aspects where ACTSS could assist AF&SS, the different stakeholders (Churches, Steering Committee and AF&SS) decided to narrow its scope to working in home support areas only. Since its foundation ACTSS has offered services that AF&SS does not provide such as food hamper, family friend, financial workshop.

ACTSS started its operation in September 1994 with a primary focus on family-support services but always held the idea to develop other services. As demonstrated in Figure 3.1, after 3 years of operation, ACTSS offered different programs in addition to the family-support area with the community kitchen, Plaza 14 family visiting rooms and life book writing. All these programs are provided by volunteers recruited from the nine Churches currently involved in the project. For the purpose of this study, only the family-support program was included in the evaluation. In addition to the volunteers, two paid staff work for the Agency: the coordinator who holds the administrative functions, and the director of the community kitchen who holds a mostly clinical/helping function.

Figure 3.1 Organizational Chart



*The goal and objectives of the family-support program*

In order to accomplish the goals of evaluation research, some preconditions need to be present. Authors (Rutman, 1982; Weiss, 1972) agree that to be evaluable the program needs to be clearly articulated, the goal must be clear and specific so that the evaluator knows what to look for, and the goals must be able to be translated into operational terms. Therefore, this writer assisted the stakeholders (Churches, Steering Committee and AF&SS) in developing the Program goals and objectives as a first step to the evaluation process.

As mentioned earlier, family-support services were the primary focus of the ACTSS Agency. The goal and objectives followed by the family-support program were as follows:

- (1) Program goal: To enhance the healthy functioning of families and individuals in the community through preventive and supportive assistance to those who are (or are at risk to be) involved with Child Welfare and Social Assistance.
- (2) Program objectives:
  - to increase community support to families,
  - to reduce the number of families involved with AF&SS.

The family-support program includes different activities. The term activities can be defined as purposeful actions taken by worker and client to achieve positive change on program objective. All activities are provided by volunteers supervised by the coordinator. The activities provided by the family-support services are the following:

- Community Friends
- Clothing Assistance
- Teen Friend
- Food hampers
- Tutor.
- Financial workshop
- Family Friend

#### *Recruitment and supervision of volunteers*

With the exception of the coordinator position, all services are provided by volunteers recruited from the nine Churches involved in the project. Each Church has its own volunteer recruiter. 72 volunteers are currently involved with ACTSS. Among them, 55 are specifically involved with the family-support program.

To be part of this project, volunteers have to meet the minimum criteria (Child Welfare Information System (CWIS) check, a criminal record check and swear an oath of confidentiality). They are then expected to take part in the three hour orientation and training session. The orientation and training session includes a description of volunteer opportunities and expectations, and a brief overview of AF&SS (Child Welfare and Support for Independent Living). The topics presented are: Communication skills, relationship building skills, and volunteer assertiveness. At the beginning of the Program, the training was offered in group session due to the high number of applicants. However, after almost two years of operation, the volunteers are coming in smaller number thereby the format of training changed. Currently the training is offered by the coordinator on an individual or small group basis as needed.

Volunteers interested in taking on roles of more responsibility within the family-support program such as family friend or teen friend were requested to take part in the advanced training courses offered by a collaboration of different community agencies such as Boys and Girls Clubs, the Red Cross, the Police, etc. This series of three courses were only offered once due to the low interest showed by the volunteers and the difficulty to coordinate the training with the different agencies.

Volunteers involved in the family-support program provide non-counseling services to families who are (or at risk of becoming) involved with Child Welfare and Social

Assistance. Instead of providing a counseling role, volunteers take a friendship, mentor and support role in networking clients to the community. Clients are matched with a volunteer after meeting with the coordinator to further assess and find the appropriate person to meet their particular needs.

Once the volunteer begins his work with a client, supervision is provided by the coordinator on an informal basis. Volunteers are invited to contact the coordinator if any questions or concerns arise and have ongoing contact with key volunteers at the Churches who report to the coordinator. For the tutor services (family-support program) the supervision is offered by the school in conjunction with the ACTSS' coordinator. In terms of volunteer-client contact, only volunteers providing tutoring and involved with the financial workshop meet clients at specific and predetermined time. For those providing other services (e.g. family friend, baby-sitting), there is no minimal expectation. Client contact depends upon the client's needs and the availability of both volunteer and client.

*The clients*

Referrals to the family-support program are generated from four basic sources:

- Child Welfare - Alberta Family and Social Services
- Supports For Independence - Alberta Family and Social Services
- Involved Churches
- Community (including self-referral).

The following chart (3.2) describes the breakdown of the referrals received during the recruitment period for the present study, from March 1997 to June 1997 (N=33). The different demographic data are described in a later section in this chapter: Population and Sample.

Table 3.2: Referrals to the family-support program

Sources	N	%
AF&SS (Child Welfare & SFI)	14	42.5
Involved Churches	1	3.0
Community (Including self-referral)	18	54.5
Total	33	100

### Research questions

Based on the objectives of increasing community support and reducing caseloads, the research questions for the family-support services were:

- 1 Does community support for families increase after receiving ACTSS' family - support services?
2. Do families change their involvement with AF&SS after receiving ACTSS' family support services?



In addition to assessing these objectives, the stakeholders wanted to explore the level of satisfaction among the clients and the social workers from AF&SS who referred clients.

To measure the level of satisfaction among clients and social workers, the question was:

3. Are clients and social workers satisfied with the services offered by the family-support services?

### **Operational definitions of variables**

The variables to be operationalized in this study include: 1) time, 2) community support, and 3) involvement with AF&SS.

#### *Independent variables*

##### Time

This is a nominal measurement that is defined as the length of time that passed between first questionnaire (beginning of Program) and the second questionnaire (2 to 3 months after services began). Pretest measures were taken mostly at the time of the Intake or at the beginning of the client's involvement with the services whereas posttest measure was taken 2 to 3 months after services began.

### *Dependent variables*

#### Community support:

This is an ordinal level of measurement. The definition used here is taken from Dunst, Trivette & Hamby, 1994). They define community support as “the resources provided by other persons and groups to children and families. More specifically, refers to the emotional, psychological, physical, informational, instrumental and material aid and assistance provided by others that directly or indirectly influences the behavior of the recipient of these various kinds of resources” (p.152). Community support was measured using the Family Support Scale (see APPENDIX C) at pre and posttest time.

#### Involvement with AF&SS

This variable is measured at the nominal level. Given that the clients were involved with AF&SS, they were asked to describe the changes in their relationship with AF&SS after 2 to 3 months of services from the family-support program. This was measured using 11 open-ended questions at posttest (see APPENDIX C).

## Design

The present study assumed an exploratory non-randomized, one-group, pretest-posttest design using both quantitative and qualitative data collection methods. The main component of this study utilized a quantitative approach. This design can be conceptualized as follows:

$$O_1 \ X \ O_2$$

$O_1$  = First measurement of the dependent variables

$X$  = The Program

$O_2$  = Second measurement of the dependent variables

Community support was measured using this design. In addition, a qualitative questionnaire/interview was used mainly at the time of the posttest (i.e., at the second measurement of the dependent variables) to measure changes in participants' involvement with AF&SS. Yes/no questions regarding any client's involvement with AF&SS were asked at pretest through the Intake form, while open-ended questions were asked to clients concerning the changes in the relationship with AF&SS after 2 to 3 months of services (posttest measure). Social workers also answered one open-ended question concerning the use of ACTSS as an alternative to open a file.

To assess the clients' satisfaction both qualitative and quantitative approaches were used at posttest. Clients were asked to fill a five-point Likert scale questionnaire that comprised 7 items which was developed by the Program with the author's assistance. Rating was ranging from "Very-Dissatisfied" = "1" to "Very-Satisfied" = "5". Each item was scored separately. Additionally, participants answered 2 open-ended questions (APPENDIX C) developed by the Program. Open-ended questions at posttest time were also asked to social workers who referred clients to the Program to measure their satisfaction with the services and to compare their results with the clients' (APPENDIX C). Table 3.3 presents the different data collection methods used.

Table 3.3

## Data collection methods

Variables	Pretest	Posttest
Community Support	Quantitative (questionnaire)	Quantitative (questionnaire)
Involvement with AF&SS	Qualitative (yes/no questions)	Qualitative (open-ended questions)
Clients Satisfaction	--	Quantitative (questionnaire) Qualitative (open-ended questions)
Social Worker Satisfaction	--	Qualitative (open-ended questions)

In summary, the above design is considered to be exploratory, where the intent of the study is simply to investigate further the area of community-based volunteer services with a population at-risk. Since there has been little research in this area to date, the use of an exploratory design is an acceptable choice. Although exploratory designs have limitations with regards to the knowledge generated, they are helpful in building a foundation of general ideas which might “pave the way” for more rigorous, experimental designs in the future (Grinnell, 1993).

### **Instrumentation**

#### *The Family Support Scale (APPENDIX C)*

This scale is an 18 item self report measure to which one question concerning ACTSS was added. It is designed to assess the degree to which potential sources of support have been helpful to families rearing young children. Ratings are made on a five-point Likert scale ranging from “Not-At-All-Helpful” = “1” to “Extremely-Helpful” = “5”. The 18 items constituting the questionnaire are divided in five categories describing different types of support. These categories are:

- 1) Informal kinship
- 2) Spousal/Partner Support
- 3) Social Organizations
- 4) Formal Kinship
- 5) Professional Services

The scale and subscales are designed so that high scores on the total or categories reflect high level of support.

The Family Support Scale (FSS) was standardized on 224 parents of children with developmental disabilities or children at-risk for poor developmental outcomes. The scale is described by the authors (Dunst, Trivett & Hamby, 1994) to be a highly reliable instrument for measuring stability in social support relationships over extended periods of time. Studies of test-retest reliability of the instrument have resulted in coefficients of .75 for an average for the 18 separate items, and of .91 for the total scale score on short-term stability, measures taken one month apart.

Long-term stability (1 to 2 years apart) has resulted an average of .42 for the 18 separate items and of .50 for the total scale score. However, psychometric standards indicate that an acceptable standardized test should attain a coefficient of about .9 for test-retest reliability (Yu, 1997). Thereby, the FSS only meets this standard on the total score in short-term stability which is how this study is using the scale.

The scale has low internal consistency with a coefficient of .79 among the 18 scale items (Yu, 1997). Alternatively, it fails to meet the minimum standards of equivalency stability of .85 (Yu, 1997) with a split-half coefficient of .77. The scale demonstrates an acceptable level of content validity with coefficients ranging from .44 to .79 on the

separate 18 items. However, criterion validity is weak with coefficients ranging from .17 to .25 relating to the Questionnaire on Resources and Stress when standards are .6 to .9 (Yu, 1997).

Despite its difficulty in meeting acceptable psychometric standards, the Family Support Scale was an acceptable choice for this study. In fact, it provides useful information about people's perceptions of their support. It also demonstrates a high level of short-term test-retest reliability on its total score which is how the scale is used in this study. The strengths of this instrument also include "its use of administration, compactness and comprehensiveness with regard to the range of support networks rated" (Dunst, Trivette & Hamby, 1994, p.158). The authors also suggest to use the scale in gauging the success of interventions designed to mediate provisions of support.

## **Population and Sample**

The sampling procedure used in this study was a convenience sample (i.e., a nonprobability sampling). From March, 1997 to June, 1997 (period of subjects recruitment for this study), 33 clients were referred to the family-support program. 18 accepted to complete the pretest while the other 15 refused. Among those who completed the pretest (N=18), 12 also completed the posttest. The reasons for not completing the posttest varied from mental health problems (N=1), whereabouts unknown at the time of the posttest (N=3), and that the services had not yet started at the time of the posttest (N=2).

Table 3.4 demonstrates the demographic data collected on family-support program's clients through the ACTSS' intake form (APPENDIX A). These data indicate that the profile of the average client is poor with an annual income below \$10, 000, is receiving social assistance, is single-parent who did not enroll his/her child in a community activity and who receive professional services for his/her family, and/or mental health problems.



Table 3.4

## Demographic data

(N=33)

Variables	Non Participants		Participants		Results
	N	%	N	%	
Child Welfare	10	30.0	4	33	n.s.*
On Welfare	16	48.5	7	58	n.s.
Annual Income below \$10,000	18	54.5	7	58	n.s.
Having Children and - enrolled in community activities**	28 11	85.0 39.0	10 4	83 40	n.s. n.s.
Separated/Divorced/Never married and - with children	23 18	70.0 78.0	8 6	67 75	n.s. n.s.
Professional services	24	72.0	10	83	n.s.

\* Not statistically significant

\*\* Pearson Chi-square

Services requested by the research participants are as followed:

- 5 requests for financial services
- 3 requests for clothing assistance and clothing hamper
- 1 request for baby-sitting
- 3 requests for family/teen friend.
- 3 requests for tutors
- 3 requests for housecare assistance

Statistical tests were completed to determine how the sample was representative of the larger family-support program population. Fisher's exact Test was used for all the characteristics tested but for community activity for children where Pearson Chi-square was used.

Because this was a convenience sample, "there is little or no support for the claim that the sample is representative of the population from which it was drawn" (p.162, Grinnell, 1994). As table 3.4 demonstrates, no statistical significance was found for all the different characteristics tested between the research participants and the non participants. This suggests that, at least for the variables listed, the clients missing (N= 15) are not so different from those who completed the pre and posttest. Therefore, data obtained from the research participants can be more confidently applied to the non participants.

In addition to the data presented in Table 3.4, other demographic data on the population and sample were available. With regard to the lone-parent families, the majority were headed by a female. In fact, among the 18 lone-parent families found in the population, women accounted for 16 families while two for the men. The ratio was of five single-mothers for one single-father for the sample. The number of children per family was ranging from one child to five children with an average of two per family for the population while the number of children was ranging from one to three with an average of two children for the research sample. These data were not presented in Table 3.4 as

no statistical testing was completed to determine the representativeness of the sample on these variables.

### **Procedure**

Due to the difficulty experienced in contacting subjects at the different stages of this study, flexibility and creativity were required in order to reach as many people as possible to participate. Subjects were recruited in three different ways. At first, research participants were contacted by the author by phone shortly after the beginning of their involvement with the Program. However, it was difficult to reach clients with that method because some clients did not have a phone or would not return the author's phone call.

In addition to this method, subjects were recruited at the time of the Intake when they were meeting with the ACTSS' coordinator to fill the Intake form (APPENDIX A). The ACTSS' coordinator invited the clients to participate and explained the rationale of the research. If they agreed to participate, they completed the consent form (APPENDIX B) at that time. Other subjects were recruited at one of the financial workshops (April 1997) where the rationale of the research was explained. For those interested, they also completed the consent form at that time.

The pretest consisted of the administration of the Family Support Scale (APPENDIX C). Its administration varied depending on the method of recruitment used. 18 subjects completed the pretest. For the ones recruited by the author through phone call (N=6), a choice was given to them as how they wanted to complete the pretest either through phone interview, or in face-to face contact at the location determined by the clients. The rationale of the study was also given during the phone conversation. All subjects recruited with that method (N=6) completed the pretest in face-to-face interview at the location of their choice. Prior to completing the scale, subjects filled the consent form (APPENDIX B). For the ones recruited by the ACTSS' coordinator at Intake time (N=7), they also completed the pretest at that time. Finally, the ones recruited at the financial workshop (N=5) completed the consent form and the scale at that time as well.

The timing of the administration of the posttest varied somewhat because of the logical constraints such as difficulties to connect with the subjects. Again, in order to obtain as many subjects as possible, flexibility was important in the administration of the posttest. To increase the response rate, research indicate that the number of contacts with respondents (e.g. telephone reminder), monetary incentives, the use of high-status postal services, type of return postage, and size of questionnaire are all predictors (Day et al., 1995).

First, subjects were contacted by phone by the author to determine if they were still interested in participating in the research project. For those that the author was unable to reach, the ACTSS' coordinator also assisted by connecting with the clients through phone calls or home visits and provided the interested clients with the posttest package. The posttest consisted of the administration of the Family Support Scale, the 11 open-questions questionnaire and the satisfaction questionnaire. Please refer to APPENDIX C for a copy.

Once they agreed to participate, research participants had a choice among a one-on-one interview at the location determined by them, a phone interview, or to have the scale and questions sent through mail. Six chose the one-on-one interview, five the mail method while one completed it through phone. Because response rate is generally lower when questionnaires are sent by mail, research indicates that the number of contacts with respondents (e.g. telephone reminder), monetary incentives, the use of high-status postal services, type of return postage, and size of questionnaire are all predictors to increase the response rate (Day et al., 1995).

In this study, the author with the assistance of the ACTSS' coordinator made numerous telephone contacts to research participants who chose the mail approach to remind them of completing the posttest package in which a pre-stamped envelope was included for the return postage. However, because of the lack of financial resources, no monetary

incentives nor high-status postal services were used which might have impacted the response rate. Additionally, the size of the questionnaire which might have overwhelmed the respondents as it may be perceived as too long, possibly impacted the response rate. The latter can be supported since four clients on the five who chose the mail data collection method completed the two quantitative questionnaires but failed to complete the qualitative part.

Social Workers from AF&SS (N=12) who referred clients to the Program were also interviewed at the posttest time in order to compare their results with the clients, to measure the second objective evaluated, i.e., if ACTSS reduces the number of families involved with AF&SS, and the level of satisfaction. The author contacted the social workers by phone to explain the rationale of the study. All social workers accepted to participate. To complete the qualitative interview, social workers had a choice between a 10 to 15 minute phone or face-to face interview depending on their preference and/or availability. Three chose the face-to face interview while the remaining nine completed the interview by phone.

### **Data Analysis**

Due to the nature of the data collected, the quantitative and qualitative data are understandably analyzed differently. Change in the community support was analyzed in

comparing pretest to posttest scores of the total scale, the five subscales as well as the ACTSS separate item. The paired-sample *t*-test and the Wilcoxon Ranks Test (only for ACTSS item) statistical procedures were used to analyze changes in community support for the 18 respondents who completed the pretest with the 12 who also completed the posttest.

It is important to note that the sampling method used (convenience sample) as well as the sample size affect the statistical power of a standardized test. Statistical power is “the ability of a test to correctly reject the null hypothesis; that is, its ability to correctly detect a true relationship between or among variables” (Wienbach & Grinnell, 1995, p.97). Three factors contribute to the statistical power of a research. According to Weinbach and Grinnell (1995) they are:

“a) the strength of the actual relationship between two variables that exists within the population, b) the predetermined statistical rejection level that is used with the test, and c) the size of the research sample” (p.97).

Because the strength of the relationship between two variables cannot be influenced and that it was impossible to increase the size of the sample for the present study due to difficulties in reaching clients, the only option was to select a lower level of rejection than the conventional .05 to increase the statistical power. While the .1 level of rejection used in the present study increased the chance to find a relation between or among variables, it

also increased the likelihood of committing a Type 1 error (i.e., to conclude that two variables are related when it is not the case).

To analyze quantitative data from the satisfaction questionnaire (APPENDIX C), frequency and normal distributions were used. All quantitative data were analyzed using the SPSS computer program.

The procedure used to analyze the changes in clients' involvement with AF&SS was the qualitative content analysis. Many definitions exist concerning the content analysis. According to Kelly (1990), content analysis is most often defined as a systematic, objective and quantitative description of communications. While there is a consensus around the criteria of objectivity and the systematic feature, different authors questioned the quantitative aspect. According to these authors, it is not always required that an analysis must be quantified (Mayer & Ouellet, 1991). In fact, a qualitative analysis permits the verification of themes, concepts and new hypothesis related to the goal followed.

Content analysis was also utilized to analyze qualitative responses of clients on the satisfaction questionnaire (APPENDIX C) as well as social workers results obtained from the qualitative interview (APPENDIX C). The steps followed in analyzing the qualitative data were based on Deslauriers' description of content analysis (Deslauriers, 1988). This



included: 1) a preliminary reading of the material, 2) a choice and definition of the classification units, 3) categorization using an open model (i.e., categories come from the analyzed material), and 4) interpretation of the results.

### **Methodological Limitations**

Because research in the area of community-volunteer work with a population at-risk has been underinvestigated to date, this study used an exploratory design. Exploratory designs by definition do not intend to produce statistically sound data or conclusive results (Grinnell, 1993). “Their purpose is to build a foundation of general ideas and tentative theories which can be explored later with more precise and hence more complex research designs and their corresponding data-gathering techniques” (Grinnell, 1993, p.119). Therefore, because exploratory designs are found at the lowest level of the knowledge continuum, there are inherent limitations as they do not respond to the conditions of “true” experiments. These limitations are presented as threats for internal and external validity.

#### *Internal Validity*

There are five threats to the internal validity due to the design used in the present study (Campbell & Stanely, 1963). As no control for rival hypothesis was used, it cannot be concluded whether differences in pretest-posttest scores were due to the services or to

other extraneous variables. These extraneous variables are: history, maturation, testing, instrumentation and the interaction of all the above variables. Following is a description of these factors.

With regard to history, it was not possible with this design to look at unaccounted-for events that could alternatively explain changes in the dependent variables here evaluated, i.e., community support and involvement with AF&SS. These unaccounted-for events could have been the death of a kin, finding a job, all events that could impact community support and/or the involvement with AF&SS.

In terms of maturation, mental and physical changes that occurred in participants over the course of the study were not taken into account. Due to the type of population served by the Program, it could have been possible that the respondents have experienced positive changes in their mental state such as a change in medication. As a result, it may have produced effects confounded with the effect of the participation in the Program.

With the design used, it was neither possible to control for the effect of testing, i.e., the effect of completion of the pretest on posttest scores on the Family Support Scale. However, studies of test-retest reliability of the Family Support Scale have demonstrated the reliability of the instrument on short-term stability. The short-term reliability of the instrument may have diminished the effect of testing.

Instrumentation could also explain changes in the dependent variables. The data were collected in different ways in order to obtain as many participants as possible. This may have influenced the way the subjects responded to the questions. It can be hypothesized that for the ones who responded through mail, it might have made it more difficult for them to ask for clarification when needed, although the author's phone number was provided. The variation in time between the pretest and the posttest due to the difficulty to reach some subjects at the posttest also might have had an influence in the score at the posttest. Finally, the interaction of all the above intervening variables may explain changes in the dependent variables.

### *External Validity*

According to Campbell & Stanely (1963), there are two threats to the external validity inherent to the design used in this study. First, there is the pretest-treatment interaction where the pretest may have altered subjects' response to the posttest. The pretest, i.e., the administration of the Family Support Scale, may have alerted subjects on the purpose of the study, i.e. the evaluation of the Program's objective of increasing community support. As a result, it may have led participants' responses into that direction at posttest.

The second threat came from the selection-treatment interaction factor. In the present study, clients were not randomly selected to participate. Instead, a convenience sample

was used. Consequently, clients who agreed to participate in the research could be somewhat different than the non participants in terms of motivation and problems experienced.

## CHAPTER 4

### RESULTS

The purpose of this chapter is to present the research findings from this study. This includes quantitative results on community support of the research respondents, qualitative data on the different areas of change in their involvement with AF&SS, both quantitative and qualitative results on respondents satisfaction with the services provided, as well as social workers results will be presented.

#### **Community Support**

The community support was measured by the Family Support Scale (FSS). Change in the community support was analyzed in comparing pretest to posttest scores of the total scale, the five subscales as well as the ACTSS separate item. The paired-sample *t*-test and the Wilcoxon Ranks Test (only for ACTSS item) statistical procedures were used to analyze changes in community support for the 17 respondents who completed the pretest with the 12 who also completed the posttest.

The hypothesis tested was:

Community support for families will increase after receiving 2 to 3 months of services from the family-support program.

As it is demonstrated in Table 4.1, an increase of the mean scores for most of the variables but the formal kinship subscales was found from pretest to posttest. However, no statistically significant changes at the .1 level of rejection were found in the total scores nor in any of the community support subscales and ACTSS' item following the clients' participation to family-support program.

The decrease in the formal kinship score could be explained by the mobility and multiplicity of problems found in a population such as served by the Program. In fact, if research participants moved during the 2 to 3 month period of services, they might have been removed from their own relatives and parents. Furthermore, if they experience a myriad of problems, it might exacerbate parents and relatives to the point they removed themselves from the respondents as they are unlikely to reciprocate the assistance provided.

As no statistical significance was found, increase of the mean can simply be related to the effect of the completion of the pretest on the posttest scores or to other extraneous variables inherent to the design used and that are threats to the internal and external

validity to this study. It is also important to note that the lack of statistical significance can be attributed to the small sample size available for the present study.

In answer to the Program's objective of increasing community support, as no statistical significance was found in the different scores, we have to say that the family-support services did not clearly meet this objective. However, the increase of the mean scores suggests that change is moving toward the expected direction.

Table 4.1

Statistical significance of total score  
and subscale scores

Variables	Mean pretest score	<i>sd</i>	Mean posttest score	<i>sd</i>	<i>df</i>	<i>t</i> -value	1-tailed probability level
Total score	32.50	13.93	34.33	14.56	11	- .483	n.s.**
Formal Kinship	2.83	2.66	2.67	2.27	11	.692	n.s.
Informal Kinship	8.50	5.93	8.58	5.04	11	- .064	n.s.
Professional Service	7.75	4.94	9.00	4.69	11	- .855	n.s.
Spouse/Part- ner Support	3.50	3.70	3.58	3.70	11	- .140	n.s.
Social Organization	3.58	3.23	4.33	4.05	11	- .594	n.s.
ACTSS*	3.00	1.75	3.92	1.00	11		n.s.

\*Wilcoxon Signed Ranks Test used

\*\* Not statistically significant

### **Involvement with AF&SS**

To measure this dependent variable, a qualitative approach was used. Questions regarding clients' involvement with AF&SS were asked at pretest through the Intake form (APPNEDIX A). Open-ended questions concerning changes in the client relationship with AF&SS after 2 to 3 months services from the family-support program were asked at posttest. The relationship with AF&SS was explored with 11 questions on different aspects of the clients' lives such as changes in the direct relationship with AF&SS, in the clients' day-to-day life, in their parenting, their family relationships. Questions on their learning from the Program and on their involvement with the family-support services were also part of the interview. The participants responded with short answers to these questions. Please refer to APPENDIX C for a copy of these questions.

Among the 12 clients who participated in posttest, eight completed the open-ended questions part through a face-to-face interview. A possible explanation for the four missing is that the posttest was sent through mail to these clients. Research indicate a low rate of response when questionnaires are sent by mail (Day et al., 1995). These four research participants completed the two quantitative questionnaires but failed to answer the open-ended questions relating the involvement with AF&SS.



Because of its exploratory design, the goal of the present study was to explore the different themes describing how respondents perceived the impact of ACTSS' family-support program on their relationship with AF&SS. The content analysis of these 8 interviews reported the following on the different aspects of the changes in the clients' involvement with AF&SS. It is important to note that among the 8 who responded to the questions, 5 were involved with AF&SS.

*Changes in clients' direct relationship with AF&SS*

After 2 to 3 months of services, 3 clients who were involved with AF&SS reported no change while two indicated some changes. Among the changes reported, there was a decrease in dependency and reliance on public assistance. One client attributed this change to the skills gained in the area of money management through the financial workshop. As he indicated: "I have now more money at the end of the month." Another client also reported less dependency and reliance on public assistance due to a return to the job market. As a result, this respondent generates some of her own money. It was, however, unclear if the return to the work place was directly associated to receiving family-support services or to external variables.

Only one respondent was involved with Child Welfare and this respondent did not comment on the relationship with Child Welfare. Therefore, it is impossible to comment on the Program's impacts in the relationship with Child Welfare.

### *Day-to-day life*

Concerning how family-support program has helped clients in their day-to-day life, budget skills and instrumental assistance (such as childcare and housework) provided are the two items the most often reported. Four clients indicated that budget skills taught through the financial workshop have helped them to learn “to keep track of expenses” and to better manage their money. It would have been interesting to measure how the clients applied their new skills as one client indicated: “it is more difficult to put that (the budget skills) into practice.”

Concerning the instrumental assistance provided, it assisted a mother in recovering from an important surgery. Another client indicated how the instrumental assistance allowed her to attend important meetings as well as to obtain relief from her children. Material assistance such as food hamper and clothing voucher and the coordinator’s advocacy to AF&SS on behalf of a client were also reported as helpful in meeting some families’ basic necessities of life.

### *Parenting*

It is difficult to comment on this area of change since seven out of the eight research participants who completed the qualitative interview were not involved with the family-support program for that motive. Instead, it was mostly for the financial services and material and instrumental assistance offered. Only one research participant who

completed the interview was involved with the Program for its help in the parenting area. This client reported some changes in that area through the learning of stress management strategies and of children's developmental stages while working with the volunteer.

### *Family relationships*

In terms of family relationships, the instrumental assistance such as childcare have been reported as helpful by three clients. Indeed, one client indicated that the free baby-sitting service allowed her to attend meetings which in turn "may have improve my overall disposition." For a couple, learning strategies to manage their own stress as well as to better budget have contributed to decrease family stress level which helped the family to better getting along. Similarly, a client learned through the Program "not to take things to seriously" which decreased the level of stress at home. On the other hand, a client reported that the skills learned to better budget did not help her family relationships because she had to cut on things her children like such as renting movies. Four clients did not answer this question since they were not involved with the Program for that reason and/or did not perceive any change in that area.

### *Distinction between services offered by ACTSS and AF&SS*

For clients involved with AF&SS (N=5), the financial services provided by ACTSS family-support services appear to be what distinguishes the Program from services offered by AF&SS.

*Learning from the family-support services*

Community awareness and budget skills were two important learning reported. More specifically to community awareness, two clients indicated that knowing that “other people are in the same boat” and that “there is help in the community” have been helpful to clients. Regarding the budget skills, three clients learned to “look for cheaper items”, “to stick to my list when shopping”, “to take time to write my expenses”, and “to better manage my money.”

*Involvement with ACTSS*

During the period of clients’ involvement with the family-support program, the number of contacts with the Program (phone and face-to-face) varied greatly. Six clients had little contact while two had more intensive contacts. The variation in the volunteer/client contact might be explained by the different nature of the clients’ involvement with the Program.

As clients who completed the qualitative questionnaire were mostly involved with the family-support program for their financial workshop or for “one-time” assistance such as food hamper or clothing assistance (N=6), it is understandable that the volunteer/client contacts were less intensive. For clients (N=2) who were involved in more intensive services such as family friend and tutoring, volunteer/client contacts were more intensive and frequent.

It also worth mentioning that one client reported some frustration in being unable to meet with the volunteer on a weekly basis as planned. These contacts were changed to once every second week. Other clients also indicated not being confident to contact volunteers as they were afraid “to bother them.”

#### *Involvement with other ACTSS' services*

Regarding clients' involvement with other services offered by ACTSS in addition to the family-support program, only one client indicated to have used others. The remaining 7 did not use them, mainly because they were unaware that ACTSS provided other services. Clients indicated an interest to know more about the different services offered by ACTSS.

#### *Summary*

According to the research participants' responses, we can say that ACTSS' family-support program had some impact on their relationship with AF&SS but only for those on social assistance. In fact, some respondents reported less dependency on social assistance. However, nothing can be stated on the Program's impact on the relationship with Child Welfare due to the lack of response in that area.

The area where the Program appeared to have had the greatest impact was on the clients' day-to-day lives while some changes were reported in family relationships and little in

parenting. Among the different services provided, financial services through the learning of budget skills were reported as contributing to less dependency on public assistance, decreasing the family level of stress which helped the family members in better getting along. Financial services were also perceived as what distinguishes the Program from AF&SS.

In summary, ACTSS' family-support program shows some promise in decreasing clients' involvement with AF&SS, but only for clients on public assistance. The financial services, the instrumental and material assistance were most often reported as having an impact in the different aspects of the respondents' lives. Finally, the fact that clients reported community support as helpful supports the quantitative data. Indeed, this suggests that the Program is moving in the expected direction with regard to its objective of increasing community support.

### **Satisfaction**

The 12 research participants completed the satisfaction measures. To measure clients' satisfaction on the services provided by the family-support program, both qualitative and quantitative approaches were used. Please refer to APPENDIX C for a copy of the questionnaire.

### *Quantitative data*

Descriptive quantitative data as demonstrated in Table 4.2 show a low level of satisfaction regarding the help in the area of parenting with a mean of 1.50 and a standard deviation of 2.15. This result should be interpreted with care since 7 subjects out of 12 indicated that this item did not apply to their situation. A possible explanation could be that clients did not use family-support services for this purpose but for others such as the financial services or the instrumental and material assistance.

For the separate item on the satisfaction of the Program's response to their family's needs, the mean of 3.92 and a standard deviation of 1.51 indicate that clients are moderately satisfied in that area.

Interestingly, the separate item regarding the Program's help in managing their finances is not as high as it could be expected from the responses obtained in the qualitative interview with a mean of 3.00 and a standard deviation of 2.22. The mean of 3.00 can be interpreted as respondents being neither satisfied nor dissatisfied. This result is somewhat surprising as the qualitative data obtained with the open-ended questions on both satisfaction and on the changes in the clients' involvement with AF&SS repeatedly indicate clients' appreciation on the skills learned through the financial workshop. This result can be attributed to the variability of data with a standard deviation of 2.22. The frequencies indicated that 6 respondents were very satisfied with the help provided in that

area while 3 indicated that this item did not apply to their situation. The remaining 3 reported to be dissatisfied with the services.

The mean score of 3.42 despite a standard deviation of 2.15 indicate a moderate level satisfaction on the Program possible help with family problem. This result suggests that respondents would possibly use ACTSS in case of family problems. Concerning the clients' understanding of the services that ACTSS offers, the mean of 3.00 and standard deviation of 1.41 indicate that research participants were neither satisfied nor dissatisfied. This can possibly be explained by the lack of knowledge of the different services offered by ACTSS as reported by clients during the qualitative interview.

With regard to the volunteers' availability, clients appear moderately satisfied as show the 3.33 mean and standard deviation of 1.56. The separate item regarding the overall satisfaction with the help received from the Program indicate a high level of satisfaction with a mean of 4.17 and a standard deviation of 1.19. Only one client indicated to be very dissatisfied with the services provided while 10 indicated to be satisfied or very satisfied.



Tableau 4.2

## Clients' General Satisfaction (N=12)

Variables	Mean	s.d.
Overall Satisfaction	4.17	1.19
Response to Family's Needs	3.92	1.51
Help in Managing Finances	3.00	2.22
Help with Parenting	1.50	2.02
Help with Family Problem	3.42	2.15
Understanding of the Services Offered by ACTSS	3.00	1.41
Availability of Volunteers	3.33	1.56

rating scale: 1= "Very Dissatisfied" 5= "Very Satisfied"

*Qualitative data*

The same qualitative procedure, i.e., content analysis, as described in section *Data Analysis* in chapter 3 was used to analyze clients' responses. Clients' responses concerning what they found most helpful from the Program can be classified in four categories. The most important category appears to be related to the informational assistance provided. Indeed, five clients indicated that the information on financial matters such as learning budget skills and "working out a budget in class", providing names of the different stores "to shop cheaply", helping clients realizing where they spend their money and where to cut were all found helpful. Also part of this category are

the strategies learned through the Program to better manage stress.

Another important category relates to the material and instrumental assistance provided. Four clients indicated to have found helpful the childcare/baby-sitting services, the assistance with housework and cooking (e.g. preparation for Christmas dinner) provided by the volunteers. For one client, the free baby-sitting services allowed her “to be able to attend meetings”, and “to get away from the kids and to save money.”

The attitude of the volunteers was also found helpful. Two clients described volunteers’ attitudes as polite, caring and helpful. One mother indicated how the volunteer’s caring attitude helped her son to “talk about things with the volunteer that he did not with me” and to provide him with a positive role model. The last category relates to the community support. One client found helpful the opportunity to connect her child to community activities.

Among what have been found least helpful, three research participants indicated concerning the financial workshop, the lack of one-to-one contact, the classes being too far apart, and the work on mathematics. More generally to the family-support program, two clients reported as least helpful the lack of follow-up, the constant change in baby-sitters, lack of availability of volunteers, i.e., “no guarantee that the volunteer would show up and/or cancel”, and “not to be able to use the volunteer more often.”

### *General Comments*

It is worth mentioning additional comments from the clients on the general functioning of the Program. One client qualified the family-support program as a great program and hopes that other children like her son can have the opportunity to use it. Different clients showed an interest in knowing the different services offered by ACTSS as many indicated not being aware of the different services provided by the agency. To do so, one client suggested to give clients a pamphlet to clients at Intake with the different programs offered.

### **Social workers' answers**

A total of 12 social workers from Child Welfare (N= 7) and working for SFI (N=5) were interviewed in order to measure their level of satisfaction, the Program's achievement of their objective of decreasing AF&SS caseload as well as to compare the social workers' results with the ones obtained from the 12 research participants. These 15 minute interviews were either done by phone or through face-to-face contact depending of the social workers' preference and availability. These interviews included three open-ended questions. Please refer to APPENDIX C for a copy of these questions. Again, the qualitative content analysis was used to analyze the data. Please refer to the section *Data Analysis* in chapter 3 for more details.

*Help from ACTSS to their clients*

All 12 social workers agreed that in most cases the Program helped their clients. The ways in which the Program was helpful to their clients can be divided in four categories. First, the Program was helpful in providing material and instrumental assistance to their clients. Activities such as providing food for a funeral reception for one client, providing baby-sitting and driving services for a child medical appointment, clothing and food hamper as well as an alarm service to wake up a deaf client to attend work are all included in that category.

The second category relates to the community and emotional support provided. Social workers indicated that the Program helped their clients in meeting other people and to feel part of the community therefore decreasing their feelings of isolation and loneliness, especially for single-mothers. The emotional support provided by the volunteers also contributed to the decrease of these feelings.

Thirdly, social workers indicated that the informational assistance helped their clients in different areas such as parenting, nutrition, and budgeting. The accessibility and flexibility of the Program were also reported as helpful. Social workers indicated that the Program was able to provide services that they could not access elsewhere, that the Program was flexible around their clients' needs, and that they were accepting most of their referrals. One social worker also appreciated the short-term services as it did not

create dependency while another indicated how the Program's services are more easily accepted by their clients because they are provided by the community rather than by AF&SS.

Although social workers reported positive outcome of the Program with their clients, they also indicated that the Program might not be always able to help their clients. In fact, social workers indicated that clients with emotional instability, who are not motivated to participate and reluctant to change may not be best suitable for the type of services the Program provides. Furthermore, a social worker indicated that the Program experiences sometimes difficulties to come up with a suitable volunteer to meet their clients' needs.

*ACTSS as an alternative to opening a new case file*

Interestingly, when some clients stated to depend less on AF&SS since receiving services from the family-support services, only one of the social workers reported to have used the Program as an alternative to opening a new file. Social workers from both Child Welfare and Social Assistance indicated to use the Program's services with their ongoing caseload. Only the social worker from Child Welfare 24 hours crisis unit indicated to have used the family-support program as an alternative to opening a new case file. However, in these situations there were no child protection concerns and clients required more instrumental and material assistance. Therefore, it does not appear that the

Program is generally used as an alternative to opening a new case file for both Child Welfare and SFI workers.

*ACTSS as community service after clients' exit from AF&SS*

The majority of social workers believe that the Program can help clients after they exit from AF&SS. Social workers perceived the Program's most important role in that instance would be through the community support, i.e. linking these individuals and families to the community. They believe that the family-support program can be helpful in assisting isolated individuals and families to meet people, to access resources and to provide them with emotional support. It is also believed that by providing social support it could prevent crimes and encourage safety and security as well as forcing community development (Neighbors helping Neighbors approach).

Another role for the Program in helping clients after their exit from AF&SS relates to the instrumental assistance in the area of parenting. Social workers from Child Welfare perceived that the family-support program can provide ongoing support to families who no longer require intensive help as provided by Child Welfare but who are still at some risks to return into the child protection system without some assistance. Tutoring for children with school difficulties is also seen as an area where the Program can help. Finally, instrumental and informational assistance on financial issues, i.e., guiding low

income families in budgeting, is also perceived by SFI workers as where the family-support program can help after clients exit from AF&SS.

## CHAPTER 5

### DISCUSSION AND CONCLUSIONS

The purpose of this study was to examine if a volunteer organization can be effective in meeting its objectives of assisting individuals and families in increasing social support and decreasing dependency on public services. Due to its exploratory and formative nature, this evaluation study did not pretend to totally answer this complex question. Instead, this study intended to explore whether the Program is achieving its objectives and to build foundations in the area of volunteer work with a population at-risk that could be further explored in the future.

The reader is reminded that this study is subject to a number of limitations associated to its exploratory design. The small sample size, the non-randomized sampling method used, the absence of a control group are important limitations to this study. Consequently, results can only apply to the population served by the family-support program and the findings should be interpreted cautiously. Despite these limitations, this study was useful in exploring the Program's achievement of its objectives and the effectiveness of volunteers in working with a population at-risk. Following are a discussion of the results, recommendations for the Program and implications for social work practice and future research.



## **Discussion of the results**

Demographic data of the population indicated the success of the Program in reaching and serving a poor and at-risk population. Statistical tests comparing the research participants and non participants demonstrated the similarities between the two groups on the 7 characteristics tested. As a result, findings can be more confidently applied to the family-support program population. Demographic characteristics and the two objectives studied are further discussed. Possible explanations of the results are also made.

### *Demographic characteristics of the population*

Research indicates that single-parenthood, social isolation, lack of support, mental health problems, unemployment, poor living conditions, high incidence of abuse and neglect, children's developmental delays or problems are among characteristics found in the poor population (Chamberland et al., 1986; Coulton et al., 1995; DiLeonardi, 1993; Dore, 1995). Furthermore, all these conditions increase the incidence of dependency on public services, i.e., Child Welfare and Social Assistance (Hao, 1995; Wilson, 1996).

The demographic data of the population studied (N=33) indicated the success of the family-support program in reaching a poor and at-risk population. In fact, a high incidence of poverty, single-parenthood, dependency on public services and involvement with professionals for problems such as mental health, family problems, and/or children's

problems were found in the population. Furthermore, for those with children, a small percentage enrolled them in community activities suggesting some form of social isolation for these families.

The fact that the family-support program is able to at least access a poor and at-risk population is important because this is a hard population to reach due to their distrust and social isolation from the society and their transiency. This is encouraging as it is the first step to be able to bring some change with such a population.

*Objective #1: Increasing community support*

In terms of the Program's objective of increasing community support, the combination of both qualitative and quantitative findings suggests that the family-support program is moving in the expected direction. Quantitative data showed increases of the mean from pretest to posttest for four of the subscales (informal kinship, professional service, spouse/partner and social organization). Only the formal kinship subscale showed a decrease in its mean score from pretest to posttest. The decrease of the mean for the formal kinship subscale tends to support studies of the poor that indicate, in general, a lack of reliance on kinship network for these individuals and families (Chamberland et al., 1986).

Qualitative data from both clients and social workers reported that the Program was helpful in providing community support. Despite these positive findings, this was not reflected as statistically significant in the analysis of the quantitative data. The findings show some promise in increasing community support for a poor and at-risk population. It is important to keep in mind that this is an exploratory design therefore the promise should not be taken too far until further explorations are made.

*Objective 2: To reduce the number of families involved with AF&SS*

Analysis of findings from social workers alone indicated that the family-support program did not reduce the number of families involved with AF&SS for both Child Welfare and SFI programs. Instead, the social workers use the Program along with their ongoing caseload. Additionally, they perceive the Program as a resource for their clients once they exit from AF&SS through the community and emotional support, instrumental and informational assistance, and tutoring services offered.

While no decrease in caseload was reported, qualitative data from clients suggest that the family-support program was helpful in decreasing feelings of dependency on public assistance for some clients. This was mostly attributed to the skills gained in financial management through the financial workshop. Findings from both social workers and clients also suggest that the Program is helping families with their day-to-day life by providing financial, instrumental and material assistance.

Given the population served and the nature of the services provided by the family-support program, it can be wondered how realistic this objective is for the program. As it will be discussed later in this chapter, the program might need to review, and perhaps change, this objective toward a more realistic one such as assisting AF&SS with their ongoing caseload.

### *Satisfaction*

Both quantitative and qualitative results indicated that respondents were generally satisfied with the Program's services provided. Quantitative data showed different degrees of satisfaction on the separate item of overall satisfaction, ACTSS' response to family's needs, ACTSS help with possible family problems and the availability of volunteers. The areas where clients appear most satisfied are with the material and instrumental provided.

The only area where clients clearly reported dissatisfaction in the quantitative data was with regard to the parenting item. Again, this needs to be analyzed carefully since 7 respondents indicated that this item did not apply to them and that it was not reported in the qualitative data among the least helpful things about the Program.

It is important to note that measure of consumer satisfaction, such as used in the present study, and indicators of measurable change are not necessarily related (Gibbons &

Thorpe, 1989). Therefore, caution is necessary when considering these data. Accordingly, these data suggest that people are generally satisfied with the services provided but it can not be assumed that it led to changes for these families.

### *Explanation of the results*

The demographic characteristics of the population served by the Program can help understanding the results described above. The characteristics found in the population of this study corroborate those found in a population poor and at-risk as described in the literature. Indeed, demographic data of the population suggest that the individuals and families served by the Program experienced a multiplicity and complexity of problems.

Due to the multiplicity of their problems, these people often experience low-esteem, feelings of powerlessness, ineffectiveness and hopelessness (Vosler, 1996). They also present with distrust, lack of social skill, transiency, and failure to use available support (Garbarino, 1977; Tracy, 1990). Given these characteristics, these individuals and families are perhaps less likely to ask for help. Indeed, this was found among the research participants. Some complained about the lack of contact with the volunteer but indicated they did not want to initiate the contact as they “did not want to bother them (volunteers)”. As a result, clients might not have been provided with the support needed therefore partly explaining the inconclusive results.

Furthermore, families involved with public services, particularly with Child Welfare, are often found at the end of the spectrum in terms of multiplicity and complexity of problems. Therefore, the greater difficulty in working with this population. Given this, volunteers might feel overwhelmed by the clients' problems. To alleviate the problem, research underscores the importance of intensive and ongoing training and supervision for volunteers in dealing with and understanding such a population (Dore & Harnett, 1995). However, volunteers involved in the Program are provided with a 3 hour orientation training and supervision as needed. As a result, it might not prepare enough the volunteers for such a challenge. Therefore, making it difficult for volunteers to bring change in these individuals and families which could also partly explain the findings from these studies.

Due to characteristics described above, these families are understandably difficult to reach and serve (DiLeonardi, 1993). This was experienced by the author. Indeed, it was difficult to reach clients, particularly for posttest testing, because they had moved, did not have a phone or were reluctant to meet the author. Additionally, social workers acknowledged that the services provided by the Program might not be best suited for those who have emotional instability, are not motivated and reluctant to change. Accordingly, it can be hypothesized that volunteers are experiencing similar problems in working with these families. If this is the case, it may help to understand the inconclusive results.

Finally, if these families experience such a complexity and multiplicity of problems, it can be hypothesized that a 2 to 3 month period of services was not long enough to contribute to bringing change in families. This tends to support evidence that indicate that long term commitment is required in working with a population at-risk (Harnett, 1989). In addition to the length of involvement with the Program, the intensity relating to the services requested by the research respondents might also explain the results. In fact, among the services requested by the research respondents (N=16), 3 were for more intensive involvement (Family/Teen Friend). The majority of services requested related more to concrete help and/or "one-time" assistance. It is perhaps not surprising to obtain these results when the literature show that intensive involvement is needed in working with such a population (Harnett, 1989).

In summary, findings from this study tend to support the few other evaluations of volunteer services in suggesting a collaboration between the professional and volunteer sector since social workers mainly use the Program with their ongoing caseload. Furthermore, the results indicate that the Program did not clearly achieve its objective of increasing community support but is moving toward that direction. These findings can be explained by the characteristics of this population, the difficulty to reach and serve them, the minimal training provided to volunteers, the short period and low intensity of involvement with the Program as well as the interaction among all the above variables.

## **Recommendations**

The purpose of this study was to explore how the Program met its objectives of increasing community support and reducing AF&SS caseload. Although qualitative analysis of both clients and social workers' reports demonstrated the success of the Program in providing concrete assistance and in assisting AF&SS with their caseload as well as in moving in the expected direction in terms of community support, results were generally inconclusive in regards to these two objectives.

These findings are useful in the current political context in Alberta with an increasing use of volunteer services. Indeed, with the important cutbacks statutory services such as Child Welfare and Social Assistance, social workers need to look at less expensive ways such as volunteer organizations to meet their clients' needs. However, there is a danger for these organizations such as the family-support program to feel the pressure from the government to be flexible and to provide services that cannot be accessed elsewhere.

By wanting to be as flexible as possible, there is a price to pay which is the lack of definition of objectives a program wants to achieve. As a result, a program like the family-support might be pulled in many different avenues which may make the achievement of its objectives difficult. To alleviate the problem, volunteer programs need to clearly define and review their objectives and activities. In doing so, it will lead



to programs that can better serve participants in more relevant and more efficient ways.

Based on the research findings and the dangers encountered by a possible lack of definition of objectives, four recommendations are made for future program development for the family-support program. The first two relate to considerations for program evaluation while the next two concern the considerations for client service delivery. Following is a discussion of these recommendations.

#### *Considerations for Program Evaluation*

As described previously, the characteristics of the population served, the length and intensity of services provided, i.e., mostly short-term and/or “one-time” assistance, and the type of services requested all possibly contributed to the results obtained.

More specifically to its objective of increasing community support, results indicated that participation in the Program for a 2 to 3 month period suggested an increase of community support for families but not significant enough to be reported by statistical tests. What it suggests though is that the Program is going toward that direction. If the stakeholders decide to pursue this objective, activities provided will need to be reviewed.

While the literature indicates that long-term, intensive services are required to bring change in population at-risk (Harnett, 1989; Barth, 1991), the services provided by the

Program to the research participants were short-term and/or “one-time” type of assistance. Accordingly, to have greater impact on the community support of the families served, the Program would need to focus more on providing intensive activities, such as family and teen friend.

Furthermore, research findings indicate that the concrete assistance provided by the Program contributed to an increase of community awareness for some respondents. Since the concrete assistance appears to be an area where the Program is successful, stakeholders might want to pursue an objective of being available as a community resource for a population at-risk instead of an objective of increasing community support per say. As result, this would concord with the Program areas of success and activities most often requested by the respondents, i.e., less intensive.

Concerning the objective of decreasing AF&SS caseload, it would be perhaps more realistic to change it toward an objective of assisting AF&SS with their caseload. This can be possibly attributed to the nature of the population served by the Program. Demographic data indicate that the population served by the Program experiences a multiplicity and complexity of problems which puts them in a high-risk category. As a result, they are more likely to depend on public services. Nevertheless, some SFI clients reported a decrease in feelings of dependency on social assistance after participating in the Program. Additionally, social workers appear to find the Program helpful with their

ongoing caseload and for their clients once they exit from AF&SS. Therefore, the Program could look at an objective of assisting AF&SS with their ongoing caseload and assisting clients once they exit from AF&SS rather than reducing AF&SS caseload. To do so, the Program could provide clients with concrete assistance since it appears to be an area of success.

*Considerations for client service delivery*

In terms of considerations for client service delivery, two recommendations are made. First, if the Program chooses to pursue its objectives of increasing community support and decreasing AF&SS caseload, it is recommended to develop a training Program for volunteers. It is important to note that this particular recommendation is based on the empirical findings of other studies and not from the present one. Volunteers receive a 3 hour orientation training and supervision when needed. On the other hand, research indicate that volunteers have more chance to succeed with a population at-risk when they are provided with intensive training and supervision (Dore & Harnett, 1995; Harnett, 1989). Consequently, by providing training and supervision it decreases the chances for volunteers to feel overwhelmed by the multiplicity of problems experienced by clients. If the Program decides to follow this direction, the ideal would be to hire a volunteer coordinator to provide the training and supervision.

The second recommendation relates to the number of volunteer/client contacts. Because the population at-risk often experiences feelings of hopelessness and powerlessness, they are less likely to contact their volunteer when they need help (Vosler, 1996). Research shows that intensive involvement is needed when working with a population at-risk (Harnett, 1989). Analysis of the qualitative interviews indicated that some research participants felt powerless in contacting their volunteer and that the majority of services requested were non intensive.

Assuming that the Program wants to pursue the two objectives here evaluated, services would need to be more intensive and volunteer/client contact to occur on a regular basis. To do so, volunteers might need to initiate contact with their clients to develop trust. One way to achieve this is perhaps by establishing pre-determined number of volunteer/client contacts, especially for activities such as family and teen friend.

In summary, it is hoped that these findings will assist the stakeholders in choosing the direction they want to undergo in the future with the Program. It is important for the Program to clearly define its objectives in order to avoid becoming a “dumping ground” for AF&SS due to the shortage of money in the current political context. By defining its objectives, it will assist the stakeholders in screening the clients and volunteers and in providing activities that would be best suited to achieve the Program’s objectives. Consequently, it will increase the likelihood of the Program to be focused and successful.

### **Implications for social work practice**

As discussed previously, in the current political context in Alberta the government is shrinking the public sector and is reducing its expenses. Consequently, social workers will be asked more frequently to use volunteer organization services to meet the needs of their clients. However, caution should be taken. The government should be careful in giving too much of its social responsibilities to the volunteer sector.

The provision of alternatives to public services is desirable in itself, but voluntary organizations like the family-support program are not totally independent of the government (Gibbons & Thorpe, 1989). They depend on the government for financial support. As a result, volunteer organizations might feel the pressure to meet the increasing demands from the public sector to see their financial support preserved. The danger in this is a growing misunderstanding by the referring agencies of the volunteer services' roles in putting unrealistic expectations on them (Gibbons & Thorpe, 1989). Thus, the importance for these programs to clearly define their objectives and activities to avoid becoming a "dumping ground" for the public sector.

If policy makers want to have the volunteer sector to take a more important role in fulfilling the social responsibilities, financial support is necessary to these organizations in order to evaluate their work. Indeed, both summative and formative evaluations of

process and outcome are needed (Frankel, 1988). Consequently, it will assist these organizations to clearly define their objectives and activities to be more effective.

The evaluation of ACTSS' family-support program is a first step in this direction. Findings of the present study suggest that the volunteer program here evaluated is most successful in helping families with their day-to day life through concrete help. On the other hand, the family-support program alone might not bring conclusive results for families facing a multiplicity and complexity of problems in terms of community support and in reducing dependency on public services on a short-term basis. If future research support these findings, this type of program can be valuable in assisting professionals with their ongoing caseload through the concrete help. Future research is therefore needed to explore this further.

### **Implications for future research**

Prior to this study, little had been written concerning the effectiveness of volunteers with a population at-risk. This study intended to explore this area further by examining if a volunteer organization could be effective in increasing community support and reducing AF&SS caseload. To do so, an exploratory design was used. As indicated previously, there are inherent limitations to this design which are threats to both internal and external validity. Despite these limitations, this study provided with useful information that will

need to be further explored in future research.

Indeed, future research using more complex design need to be conducted. The small sample size and the non-randomized method used in the present study did not allow generalization of the findings. This was not only a problem found in this study as in the past few evaluations of volunteer services have utilized random assignment to groups (Barth, 1991). In the future, random sampling method is required.

More specifically to the Program examined, replication studies will need to include a bigger sample size. In order to obtain more participants, incentives and alternatives to mail data collection method might be necessary. The use of incentives was unfortunately not the case in the present study. Research indicates that to increase the participation rate when questionnaires are sent by mail is to use monetary incentives, and high-status services (Day et al., 1995). In a future research, these predictors will need to be included if mail data collection method is again considered. However, the mail method is perhaps not the best suited to use with a population such as the one served by the Program. Alternatives to mail will be required.

Furthermore, financial incentives might also be required if longitudinal studies are conducted in the future. Although results were generally inconclusive, findings from this study indicate that after 2 to 3 month of services the change in community support is

going in the expected direction and that some changes were reported by participants in their involvement with AF&SS. On the other hand, the literature indicates that long-term involvement with a population at-risk is needed to bring change. Therefore, a recommendation for future research would be to carry out a study with a longer period of involvement to examine changes over extended period of time. However if such design is employed, problems may occur in reaching research participants on an extended period of time due to their mobility. Therefore, the need to use incentive to retain a higher level of participation over time.

Also part of a more complex design would be the use of comparison groups. Findings from this study join with the few other evaluations of volunteer services in suggesting a collaboration between the professional and volunteer sectors. To see if this will be supported, future research will need to compare the collaboration between volunteers and professionals with the work of volunteers alone. Additionally, this study suggests that the Program is more effective in providing concrete help. Future studies might be required to compare different services provided by volunteers to find out the areas where volunteers are more likely to be successful and efficient.

Additional sources of measurement are also needed. This could include the use of archival records from AF&SS if the Program desires to explore further the changes in relationship with AF&SS for clients after participating in the Program over an extended



period of time. It would be also interesting to incorporate volunteers in future research such as interviewing clients and their specific volunteers to compare their results. Furthermore, the present study did not interview clients and their specific social workers. Instead, social workers were interviewed with no regard to the particular client they referred to the Program. In the future, it would be interesting to interview clients, the social worker who referred them and their specific volunteer. As a result, it would provide with a more accurate picture of the changes in clients.

If future research uses a qualitative approach, more in depth interview might be required since this study only used short answers to open-ended questions. Additionally, it will be necessary to take into consideration extraneous variables such as clients' stress, recent events, changes in the different areas of their lives.

Finally, changes in the relationship between clients and Child Welfare need to be explored in the future. Since the Program was created to assist more specifically Child Welfare with their caseload, findings from the present study do not allow to comment on the relationship. To do so, research participants involved with Child Welfare might need to be recruited more intensively. The use of a different sampling method than the convenience sample here used may be a solution.

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**APPENDIX A**  
**INTAKE FORM**

## ACTSS INTAKE INFORMATION

### PARENT INFORMATION

1. Your Name \_\_\_\_\_ Your Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
year month day
2. Name of Partner \_\_\_\_\_ Partner's Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
year month day
3. Address: \_\_\_\_\_ Postal Code \_\_\_\_\_
4. Telephone: \_\_\_\_\_(home) \_\_\_\_\_(work) \_\_\_\_\_(other)
5. What is your current marital status? (Circle one)
- 1 married
  - 2 common-law
  - 3 separated
  - 4 divorced
  - 5 widowed
  - 6 single
8. Are you currently receiving Child Welfare Services? (Circle one)
- 1 No
  - 2 Yes
9. What was your last year of education completed?  
 \_\_\_\_\_
6. What is your family's ethnicity?
- 1 Caucasian
  - 2 Native
  - 3 Metis
  - 4 Asian
  - 5 Other (Specify)
10. What is your family's gross annual income? (Circle one)
- 1 \$10,000 and under
  - 2 \$10,001 to \$20,000
  - 3 \$20,001 to \$30,000
  - 4 \$30,001 to \$40,000
  - 5 over \$40,000
7. Are you currently receiving welfare? (Circle one)
- 1 No
  - 2 Yes
11. How long have you lived in Calgary?  
 \_\_\_\_\_ years
12. Who referred you to ACTSS?  
 \_\_\_\_\_

**CHILD INFORMATION**

Child's Name	Birth date year/month/day	Gender	Grade at school	Name of School
1. _____	_____	boy girl	_____	_____
2. _____	_____	boy girl	_____	_____
3. _____	_____	boy girl	_____	_____
4. _____	_____	boy girl	_____	_____
5. _____	_____	boy girl	_____	_____

\*\*\*\*\*

**SERVICES**

1. What community programs do your children *currently* participate in? (Circle all that apply)

- 1 Boys and Girls Clubs
- 2 Big Brothers/Big Sisters
- 3 Community Sports (e.g., swimming, soccer, baseball)
- 4 Boy Scouts, Girl Guides
- 5 Sunday School
- 6 Cadets
- 7 Other (Please specify: \_\_\_\_\_)
- 8 Other (Please specify: \_\_\_\_\_)

2. What helping services has your family used in the *past year*? (Circle all that apply)

- 1 None
- 2 Individual counselling
- 3 Group counselling
- 4 Family counselling
- 5 Parent support groups
- 6 In-home support (worker has come to your home)
- 7 Crisis services
- 8 Hospital setting (for mental health concerns)
- 9 Residential treatment setting
- 10 Child Welfare
- 11 Other (Please specify: \_\_\_\_\_)
- 12 Other (Please specify: \_\_\_\_\_)

3. Are you or your partner *currently* receiving any counselling services? (Circle one)

- 1 No
- 2 Yes

If yes, please list the services:

---

---

4. Are your children *currently* receiving any counselling services? (Circle one)

- 1 No
- 2 Yes

If yes, please list the services:

---

---

5. What services are you requesting from ACTSS? (Circle all that apply)

- 1 Family friend
- 2 Teen friend
- 3 Community Kitchen
- 4 Tutor
- 5 Respite Care
- 6 Ethnic Services
- 7 Clothing Assistance
- 8 Food Hamper
- 9 Baby-sitting
- 10 Financial Services
- 11 Financial Counselling
- 12 Life Book Writing
- 13 Other

**ADDITIONAL COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, authorize ACTSS & AF&SS to share information between their programs in regard to my circumstances.

**DATED** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**APPENDIX B**  
**CONSENT FORM**

**CONSENT FORM**

I, \_\_\_\_\_, understand that:

- the purpose of the research was explained to me prior to answering any questionnaire;
- the information that I will give will be confidential;
- the information will be used for research purposes to evaluate the ACTSS program in which I am a participant;
- I will be interviewed twice, at the beginning of my involvement with ACTSS and approximately 3 months later;
- my participation is voluntary;
- I can decide to stop my participation in this research project or decide not to answer certain questions at any time. This decision will not affect the services I receive from ACTSS;
- I can contact Colin Penman , ACTSS coordinator, at 295-0973 or Yvonne Unrau, thesis advisor, at 220-4695 at the University of Calgary to obtain further information about the research;
- I can contact Colin Penman at 295-0973 for assistance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Copy given to family.*

**APPENDIX C**  
**QUESTIONNAIRES**



### Family Support Scale

**INSTRUCTIONS:** Listed below are people and groups that oftentimes are helpful in raising a child(ren). This questionnaire asks you to indicate the amount of help each of the following people or groups offered to your family.

In the last 3 to 6 months,

	Not Available	Not at all helpful	Somewhat helpful	Generally helpful	Very helpful	Extremely helpful
1. My parents were...	0	1	2	3	4	5
2. My spouse or partner's parents were...	0	1	2	3	4	5
3. My relatives/kin were...	0	1	2	3	4	5
4. My spouse or partner's relatives/kin were...	0	1	2	3	4	5
5. My spouse or partner was...	0	1	2	3	4	5
6. My friends were...	0	1	2	3	4	5
7. My spouse or partner's friends were...	0	1	2	3	4	5
8. My own children were...	0	1	2	3	4	5
9. Other parents were...	0	1	2	3	4	5
10. Co-workers were...	0	1	2	3	4	5
11. Parent groups were...	0	1	2	3	4	5
12. Social groups/clubs were...	0	1	2	3	4	5
13. Church members/minister were...	0	1	2	3	4	5
14. My family or child's physician was...	0	1	2	3	4	5
15. An early childhood program was...	0	1	2	3	4	5
16. My school/daycare centre was...	0	1	2	3	4	5
17. Professional helpers (social worker, therapist, teacher, etc.) were...	0	1	2	3	4	5
18. Professional agencies (social services, mental health, health clinic, etc.) were...	0	1	2	3	4	5
19. ACTSS staff were...	0	1	2	3	4	5
20. Others were...	0	1	2	3	4	5
21. Others were...	0	1	2	3	4	5

Source: Reference to be recorded here.

**ACTSS - FAMILY SUPPORT PROGRAM  
INTERVIEW SCHEDULE - CLIENTS**

*The following questions are to be asked in a one-to-one interview, lasting approximately 20 minutes. Participation is voluntary and location of the interview is determined by the client.*

**A. Objective #2: Decreasing clients involvement with AF&SS.**

**POSTTEST QUESTIONS**

- Has your relationship with AF&SS changed since coming to ACTSS? If so, how?
- Do you rely on AF&SS less since coming to ACTSS? If so, why?
- How has ACTSS helped you in your day-to-day life?
- Has ACTSS helped you in parenting your child(ren)? If so, how?
- What services does ACTSS provide you that AF&SS does not?
  
- What have you learned from the Family Support Program?
- Has the Family Support Program helped you get along better as a family? If so, how?
  
- How long have you been involved with ACTSS?
- During the time you have been involved with ACTSS, how often do you meet with your volunteer? (*daily, weekly, monthly, etc.*)
- How many contacts (telephone or face-to-face) have you had with the program in the last month?
- What other services have your received from ACTSS in the past month?

**ACTSS - GENERAL SATISFACTION QUESTIONS  
- CLIENTS -**

*The following questions are to be asked of clients in the Community Kitchen's Program and the Family Support Program during the posttest interview.*

1. What 3 things about ACTSS helped you most?
2. What 3 things about ACTSS helped you least?

*Use rating scale - 1=very dissatisfied to 5=very satisfied or Does not apply.*

1. Overall, how satisfied are you with the help you have received from ACTSS?  

Very Dissatisfied	1	2	3	4	5	Very Satisfied	8	Does not Apply
-------------------	---	---	---	---	---	----------------	---	----------------
2. How satisfied are you that ACTSS has responded to your family's needs?  

Very Dissatisfied	1	2	3	4	5	Very Satisfied	8	Does not Apply
-------------------	---	---	---	---	---	----------------	---	----------------
3. How satisfied are you that ACTSS has helped you with managing your finances?  

Very Dissatisfied	1	2	3	4	5	Very Satisfied	8	Does not Apply
-------------------	---	---	---	---	---	----------------	---	----------------
4. How satisfied are you that ACTSS has helped you with your parenting?  

Very Dissatisfied	1	2	3	4	5	Very Satisfied	8	Does not Apply
-------------------	---	---	---	---	---	----------------	---	----------------
5. How satisfied are you that you could call ACTSS for help if you had a family problem?  

Very Dissatisfied	1	2	3	4	5	Very Satisfied	8	Does not Apply
-------------------	---	---	---	---	---	----------------	---	----------------
6. How satisfied are you with your understanding of the services that ACTSS offers?  

Very Dissatisfied	1	2	3	4	5	Very Satisfied	8	Does not Apply
-------------------	---	---	---	---	---	----------------	---	----------------
7. How satisfied are you with the availability of ACTSS volunteers and staff?  

Very Dissatisfied	1	2	3	4	5	Very Satisfied	8	Does not Apply
-------------------	---	---	---	---	---	----------------	---	----------------

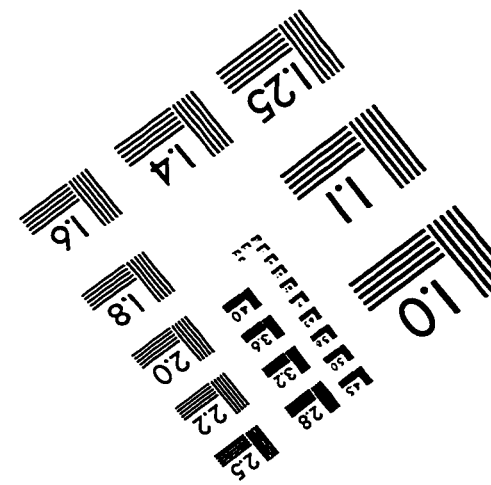
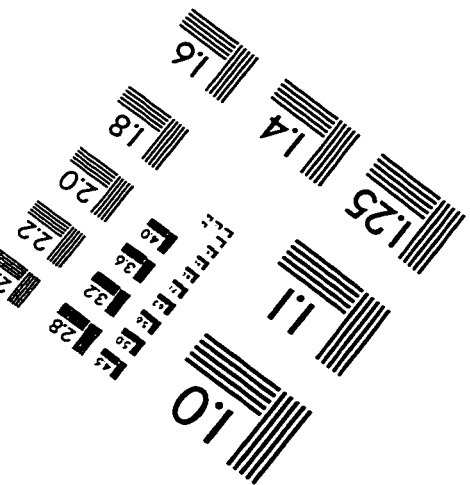
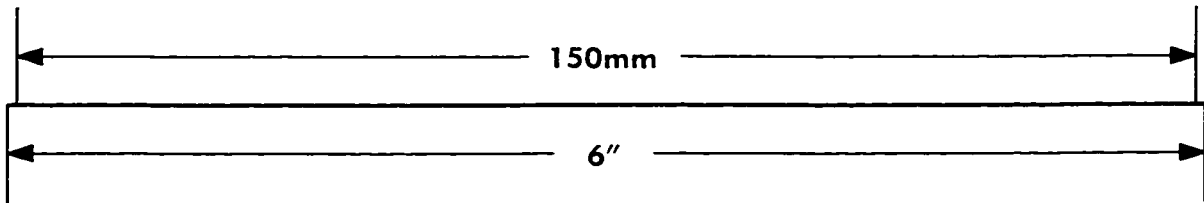
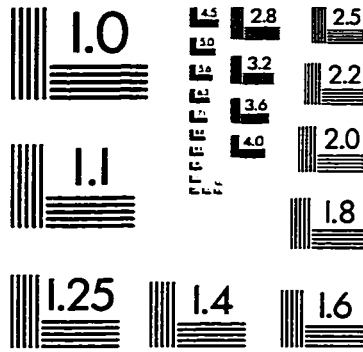
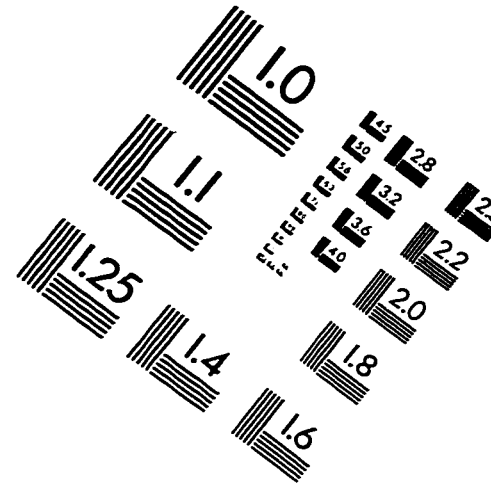
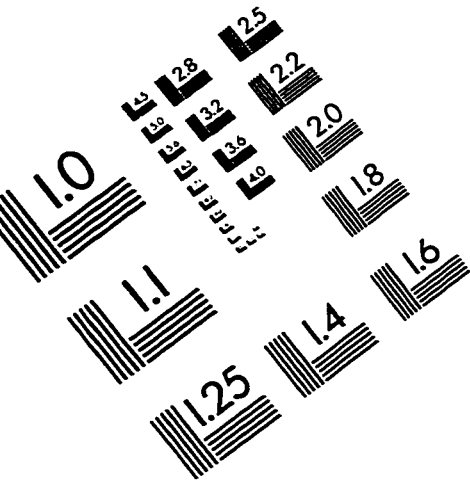
**ACTSS - FAMILY SUPPORT PROGRAM  
INTERVIEW SCHEDULE - SOCIAL WORKERS**

*The following questions are to be asked in a group interview during a regular staff meeting among the group of social workers. Participation is voluntary.*

*Social Workers*

- Has ACTSS helped your clients? If so, in what ways?
- Have you ever used ACTSS as an alternative to opening a new case file?
- Do you perceive ACTSS as a community service that can help families after they exit from AF&SS?

# IMAGE EVALUATION TEST TARGET (QA-3)



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