CANADIAN ENCYCLOPEDIA OF SOCIAL WORK

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Francis J. Turner, editor

For Jamie, Madeline, Luke, and Teya

—our grandchildren—

who have brought much joy

and fulfilment to Joanne and me.

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Acknowledgments

As we finally go to press with this project, I want to express in the most enthusiastic and heartfelt manner possible my gratitude and appreciation to the more than three hundred colleagues who contributed their wise counsel and or sensitive writing to this task. In particular, I want to thank three individuals who made particular significant contributions from an operational perspective. First, I want to mention Rob Jones and Carlos Pereira, who contributed greatly to the setting up, managing, and editing of the computer data bases and hard copy; Carlos Pereira also assisted with research and verifying numerous facts and details in the months leading to publication. Second, Michael Woodford from St. John's, Newfoundland, a doctoral student at the University of Toronto Faculty of Social Work, who proved to be an excellent sleuth in tracking down material and a writer of entries. I personally have gained much through the process of interacting with this cadre of our profession.

I am also most grateful to Wilfrid Laurier University Press throughout this process, in particular the support of the director, Dr. Brian Henderson, the assistance of managing editor Carroll Klein, and contractual copy editor Susan Quirk. Their knowledge and perception greatly helped to bring the original manuscript into a much more polished format, with a much higher level of consistency in style.

As always, I have greatly appreciated, of course, the support of Joanne Turner throughout this process of mail, fax, couriers, phone calls, parcels at the door, and hand-delivered material that became part of our daily lives for several years. I am truly grateful. As well, I learned much about our profession. In particular, the idea that first began this endeavour was confirmed: there is indeed a distinct profile of social work, which in its unity also reflects that diversity of

values, history, life styles, beliefs, regionality, geography, climate, ethnicity, and cultures that comes together in that exciting entity known as Canada. *A mari usque ad mare.*

Francis J. Turner

Introduction

THE IDEA FOR THIS ENDEAVOUR emerged from a visit to the book display at the annual Learned Societies meeting at Brock University in 1996. Among the many works on display was a Canadian encyclopedia of music and as I glanced over its table of contents, I thought, Why not social work? Although I believe that that was the first time a definite concept of an encyclopedia of Canadian social work came to mind in a concrete way, I know that the project had been germinating for some time without my being fully aware of it. I now think that this preconscious cognitive process had actually begun with the publication of the nineteenth edition of *The Social Work Encyclopedia* edited by Dr. Dick Edwards and published by the NASW Press in 1995. I continue to be as impressed with this work as I have been over the years when I have frequently turned to it for information. Comprehensive and useful as this excellent work is, it clearly reflects an American view of our profession and, in so doing, omits the rich and distinctly different profile of social work as it has developed and exists in Canada. This omission ought not to be construed as a criticism of the prestigious US encyclopedia but, rather, an observation of an appropriate limitation inherent in the effort to focus a clear spotlight on the profession in one part of the world. In earlier editions of the NASW Press project, two or three entries usually spoke to Canadian issues; as the profession has expanded in scope and complexity— as manifested by the growth of this work from the single volume fifteenth edition to the current three-volume format—even these few have been eliminated. Thus, in the nineteenth edition, Canada appears only once: a brief description of social work education in our country located in the index.

Determining the Content

The process that produced the volume you are now reading reflects a developmental purview of growth, in that it has matured through several sequential stages. In its early conception, this work was envisaged as a supplement to the American encyclopedia. I presumed that producing a similar or parallel volume might involve considerable redundancy, given the many similarities in the profession as it exists in these two countries. Even from the first draft of a possible table of contents, I recognized that the concept of a supplemental volume was not feasible. In the project's formative stages, I consulted several senior colleagues, too numerous to mention individually. Very early in our deliberations the question of a supplement versus a stand-alone volume emerged. Its resolution represented an important step toward a unique work rather different from what had first been envisaged. As this issue was considered, the possible redundancy dwindled as my colleagues and I realized how much could be said about the social work profession from a Canadian perspective. I am grateful to Julie Foley, then president of the Canadian Association of Social Workers, who brought this issue more clearly into focus and led to the decision to work toward a stand-alone work. The entity called "Canadian social work" that is truly distinct from the profession in other countries does exist. Thus, while the initial draft table of contents drew heavily on that of the American volume, subsequent versions quickly began took on a life of their own—including the final one, which emerged after some twenty-three prior drafts, each of which emerged from suggestions by my colleagues; the final draft seemed to capture the spectrum for which we had collectively been searching.

As my colleagues and I examined other discipline-oriented encyclopedia, we became aware that an important function of this endeavour would be that it serve as a repository of information about certain personages who have played a significant role in the development of the profession in Canada. Glittering stars light our firmament but no single guide to share information about them has been produced. One of the fascinating facets of the project's development was watching the list of these personages emerge, as colleagues throughout the country made suggestions about whom to include. In true Canadian fashion, we tend to hide rather than celebrate our accomplishments. The work of Dr. Don Bellamy, Dr. Howard Irving, and Dr. Joanne Turner in *Canadian Social Welfare* is an exception to this; from their writing, I came to realize how many are our heroes and how quickly we seem to forget them. In particular, I became aware that, because of the size of the country, persons of note in one region may be unknown elsewhere. Contacts with colleagues everywhere helped to ensure that many of these lesser-known persons are identified. The list that finally emerged is impressive, even though it is clear some have been missed; per-

Scholarly Editing

A fourth challenge that emerged as the encyclopedia entries were being organized as they arrived was the issue of just how they should be shaped. Several encyclopedia were examined to compare and contrast their approach to presentation of information. Each work had a profile of its own with some similarities. There emerged a perception that the purpose of a professionally focused encyclopedia like this one should provide a reader with a snapshot of each topic as it exists at the time of publication—here, the beginning of a new millennium. Further thought devoted to the desired form and content of a social work encyclopedia resulted in a determination that the main goal is to give an instant reference to the ordinary reader and to students, rather than to persons who are already expert in our field. Thus, the encyclopedia strives to give readers sufficient facts and information about each topic to advance their knowledge without attempting to be exhaustive. Implicit is the provision of a resource to check facts about which the reader is cognizant but seeks confirmation. In particular, we impressed on contributors that an encyclopedia is not a purveyor of opinion; rather, as described in the Columbia Encyclopedia, it ought aim at presenting generally accepted judgments. Thus, this encyclopedia is not an instrument for the presentation and defence of theories; it does report on the role of theories as has been done in this work. This encyclopedia is not a place to argue viewpoints or present solutions to issues; rather it gives readers in a succinct form a description of a particular person, event, or aspect of social work as it currently exists in Canada. Where appropriate, some historical perspective or a presentation of critical issues is offered. These are not argumentative nor ideological in perspective but strive to describe and inform what is, rather than what should be. This of course does not rule out the identification of trends or speculation. To assist readers who wish to pursue more detail or trends beyond our publication date, relevant entries close with a reference to a Web site and a list of works cited in entry references. Entries on persons begin with a synopsis of vital biographical data. Each entry begins with a succinct definition or description of the topic, and is followed by the author's identity and a list of cross-references to related entries in this volume. In several of the specialized encyclopedic works consulted, the entries were often unsigned; typically, the explanation given was that it avoided an undue influence on the reader carried by the reputation of a particular writer. While this rationale is understandable, my colleagues and I did not feel compelled to follow it; rather, we realized that, as this publication was a first for our profession, it was important that the authors be identified by name and professional

locus of practice. Our reasons were twofold: to ensure that their contribution was acknowledged and to reflect the scope of representivity.

In examining other encyclopedia, the one that appeared closest to what was envisioned for this work was the second edition of *The Canadian Encyclopedia* (2000). I am most appreciative to the staff of McClelland and Stewart for their co-operation in permitting us to draw on some entries for this volume. Having their co-operation and permission to use a number of entries directly from their volume gives this work an additional Canadian flavour. As this was envisaged as a first step in the development of a Canadian work about our profession, by design, few restrictions were imposed on the entry authors. Hence the variety of formats is broad. One of the strengths of this diversity is that it truly portrays a mosaic of professional perceptions as diverse as the reality of our country. Another is the resulting amalgam of styles, content, viewpoints, and perceptions to present an integrated picture of social work in Canada in the year 2004.

One of the realities of a book such as this is that, once in print, it is fixed in time. Discussions with colleagues throughout the preparation process frequently raised the proposition that we use available technology such as CD-ROM to expand access to the work and to facilitate revisions and updates. Dr. Rob McFadden of the University of Toronto was particularly helpful in this regard. Should the resources become available, this stands as a high priority for this work. Overall, I have learned much throughout the stages of this work's maturation in an effort to present Canadian social work to Canadians—and, I trust to interested readers elsewhere. Although I write this introduction at the end of a long and complex process, I anticipate that it may be the beginning of a further process that will ensure subsequent editions.

Users of This Encyclopedia

The *Canadian Encyclopedia of Social Work* in its present format will be of assistance to those many persons and systems in society directly and indirectly related to that complex societal network called social welfare. Virtually every member of Canadian society at some time comes into contact with the social welfare system. Therefore, in addition to the vast quantity of professional social work literature that abounds, we are offering this much more accessible resource that surveys the total spectrum of the field. Individuals and groups involved in this system—or who want to understand aspects of it more thoroughly—can find information readily available in this single knowledge source. Beyond Canada, there is considerable interest in the Canadian welfare system, social work education, and social work profession. Practitioners, educators,

and policy makers elsewhere in the world often look to the Canadian experience when they are developing or refining their own approaches to social work services. This encyclopedia stands as a useful first level of information for persons and groups seeking to become better informed about Canadian social work.

A

Aboriginal issues

Understanding current issues facing Aboriginal peoples requires an understanding of history, as Aboriginal peoples have had to struggle to maintain their languages, cultures, traditions, and land rights throughout the periods of contact with Europeans and Canadians. For more than a century, the peoples indigenous to the lands that became Canada have been subjected to oppression and colonization by dominating societies, as has occurred and is occurring in many other countries. Oppressing and colonizing practices have been initiated by church, government, education, economic, and justice institutions, as well as health and social systems, including services provided by social workers. Repeated attempts to impose values, beliefs, knowledge, and ways of doing by such institutions within the dominant societies have been devastating to Aboriginal societies and their ancestral lands. Residential schooling provides an example of such practices, when Aboriginal children were removed from their families and communities and sent to schools intent on stripping them of their language and culture; tragically, about half the children taken to these schools lost their lives there, mostly from infectious diseases. The history of social work with Aboriginal peoples has often not been supportive of the peoples' rights to self-government and self-determination. In the 1960s, for example, child welfare workers participated in a widespread "scoop" that removed Aboriginal children from their families and placed them into the care of provincial social service systems. To move from these negative experiences from the past, Aboriginal peoples have articulated the need for models of social practice that are congruent with and complimentary to the peoples' diverse ways of life, belief, knowledge, and values.

Aboriginal social work practice, an emerging profession, has grown out of the need to develop culturally based solutions to the existing issues in Aboriginal communities. Issues that Aboriginal peoples face include: high rate of poverty and social dependency (Williams 1997; WUNSKA 1997; Canada 1996b), substandard housing and lack of adequate water systems (Barsh 1994), lower levels of and lack of access to education, high rates of unemployment (Canada 1996a; AFN 1988; Canada 1991a), poorer health (CICH 1994; CMA 1994; Canada 1991b; Canada 1991c), and such social issues as high rates of suicide (Canada 1991c), and drug and alcohol abuse (Canada 1996a). Aboriginal solutions to such issues need to come from within Aboriginal communities with support from Canadian society. What needs to be understood clearly is that Aboriginal societies know best what has happened to them, what the effects have been, and what they need to do. Central to guiding the practice of Aboriginal social work is the development of processes and structures that support the pursuit of Aboriginal governance and self-determination. The inherent right of Aboriginal self-government, which is recognized by the government of Canada, includes for Aboriginal peoples the provision of community caring through delivery of Aboriginal social, health, and justice programs. The report of the 1993 Royal Commission on Aboriginal Peoples outlines four specific elements for social change: "healing of individuals, families, communities and nations; improving economic opportunity and living conditions in urban and rural Aboriginal communities; developing human resources; and developing Aboriginal institutions and adapting institutions" (Canada 1996b). Groups such as WUNSKA, a national association of Aboriginal social workers and educators in Canada, promote the practice of social work with Aboriginal peoples that is built on the diverse values, beliefs, ways of doing, knowledge, and being of Aboriginal cultures. This practice recognizes that the methods and resultant ways that practice is expressed and carried out may differ substantially from non-Aboriginal practice. The work of building a more appropriate practice for social work in Aboriginal communities—which requires, requires human and financial resources, as well as a revised knowledge base—is well underway.

[*Sheila Hardy*]

RELATED ENTRIES

Aboriginal Services, Assembly of First Nations, Canadian Charter of Rights and Freedoms, Culture, Diversity, Education in Social Work, Ethnic-Sensitive Practice, Ethnocultural Communities Services, Healing Theory (Cree), Indian & Northern Affairs Canada,

Marital & Family Problems, Poverty, Practice Methods, Racism-Sensitive Social Work, Remote Practice, Remote & Rural Practice Methods, Sensitizing Concepts, Services for Women, Social Welfare Context, Social Welfare History, Theory & Practice, Wellness

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Aboriginal services

For almost as long as human beings have inhabited North America, Aboriginal peoples have looked after themselves. "Almost" is an important qualifier, reflecting how recent the time has been during which Aboriginal peoples and their lands have been colonized, when they have not been in control of the resources necessary to care for themselves. Pre-colonial Aboriginal societies developed and implemented diverse systems of governance and distribution of resources and wealth. Aboriginal peoples' systems to care for one another were inspired and guided by relationships with the land and its natural wealth, and those relationships were formalized and regulated through spiritual ceremonial practices. For example, such west coast nations as the kwakwaka'wakw and Wet'suwet'en used a hereditary system of leadership with delineated custodial responsibilities for resources and elaborate means to record and effect the distribution of those resources. East coast nations such as the Mik'maq and Rotinohshonni organized formal confederacies as a means of mutual support and protection. The primary mechanism by which Aboriginal societies throughout the continent served and supported one another was the family and clan, a system that differs considerably from non-Aboriginal social welfare systems. Aboriginal communities were largely left out of the development of the Canadian welfare state that emerged in the first half of the twentieth century for two reasons: as a responsibility of the federal government under the Indian Act, Indians—but not other Aboriginal peoples—were controlled in an all-encompassing fashion through the Department of Indian Affairs with little contact from other government agencies. Second, the interest promoting the development of Aboriginal lands was not the well-being of Aboriginal residents but colonial settlement and natural resource exploitation. In the 1950s, the federal government began to wind down the churches' operation of residential schools for Aboriginal children and to increase delegation of its constitutional responsibility for Aboriginal peoples and lands to the provinces (and, later, territories). Mainly as a means to cut costs, such services as education, health care, social assistance, and child welfare were transferred to the provinces and given legitimacy under section 88 of the Indian Act. Later delegation from the provinces to Band and Tribal councils on reserve has created a jurisdictional quagmire that Aboriginal peoples have been left to overcome; this delegation has also resulted in Aboriginal peoples delivering

Association of Social Workers in Northern Canada

The Association of Social Workers in Northern Canada (est. 1974) represents professionals in Canada's three northern territories: Northwest Territories, Yukon, and Nunavut. Before 1974 social workers from the Yukon and Northwest Territories were members of and represented as individuals by the Canadian Association of Social Workers; the association for northern social workers was established when the national association no longer accepted individual memberships. Although the association has existed in name since then, it has had extended periods of inactivity. The creation of Nunavut in 1999 provided the impetus to consider resurrecting the association, which had been dormant since the late 1980s. A report identified the barriers to maintaining a professional association of northern social workers, including:

- constraints of distance and geography;
- the lack of sufficient financial support;
- a small membership base;
- a consistently high turnover of social workers in northern communities;
- a high turnover of original association board members;
- an inability to agree on association membership requirements;
- vast differences in the educational and experiential backgrounds of northern social work practitioners;
- the division of the Northwest Territories to create Nunavut;
- the perception of social workers as paraprofessionals rather than as professionals;
- lack of a strong social work presence within territorial ministries of health and social services;
- dilemma in handling complaints regarding ethical conduct;
- a dilution of the role of social work education; and
- a backlash due to past social work decisions with northern and Aboriginal populations.

A meeting of territorial social workers was held in Inuvik in 1998. Supported by the national association, a decision was made to proceed with establishing a new northern association and an executive was chosen, along with three directors, one from each territory, to work with the executive. As the cost of holding face-to-face meetings is prohibitive, the board of directors meets monthly via teleconference. An annual conference has been held each year, combining an educational component with the annual general meeting. Membership in the association, which is voluntary, is open to graduates of university and community college social work programs and to others employed in social work. The association endeavours to promote the profession of social work in the territories and advocates for improved social conditions, provides advice to government bodies, attempts to raise awareness of social issues, and provides a communication link for northern social workers. To date, there has been no legislative regulation of territorial social work practice. As the Government of the Northwest Territories is considering introducing a health professions Act in 2003, it is possible that social workers there will have to be licensed and have their practice regulated under this Act. The association has full membership in the Canadian Association of Social Workers. Information about the Association of Social Workers in Northern Canada can be found online at <www.socialworknorth.com>.

[*Blair Dunbar*]

Attention Deficit Hyperactivity Disorder

The inattentive, impulsive, and hyperactive behaviour of children more troublesome to others than to themselves was addressed prior to the twentieth century by punitive measures essentially aimed at suppressing bad conduct: beating the "devil" out of such children reflects the manner in which misconduct was perceived and "treated." The predictably less than optimal re-

sults obtained and changes in societal conceptualizations of childhood eventually gave rise to two diverse views and concomitant interventions, one being grounded in a medical model, the other from a psychosocial systems perspective.

The first effect of the medical model was the diagnostic label Attention Deficit Disorder, later broadened to Attention Deficit Hyperactivity Disorder (ADHD). Problems with concentration, impulsivity, and hyperactivity were transformed by the act of labelling into numerous criteria, six of which must be satisfied according to the prescripts of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* in order for the label to be applied. The medical model is based on an elaboration of the reality that all children are born with certain natural propensities. Troublesome children in particular are believed to be born with inherited factors that are manifested in abnormal brain morphology associated with an underlying neurological dysregulation and underarousal of the frontal lobes. While the purported physiological innate factors do not readily translate into biochemical factors, the medical intervention for children with ADHD is essentially pharmacological, along with the introduction of behavioural strategies in the child's academic and, sometimes, home environment. The most commonly used drug is methylphenidate (Ritalin™), which is available in both short-acting and long-acting forms. This and similar drugs are reported to increase attention span and make it easier for a child to focus on a task. Teachers and parents report academic and behavioural improvements. Often the drugs are not prescribed for weekends or during the summer break from school. The prevalence of the medical response to ADHD is attributable to two broad reasons. The first pertains to the environmental etiology of the troublesome behaviours and the effect these have on the adults in the child's life: the fussy, demanding, and difficult temperament of a newborn combined with inadequate parenting rapidly escalates into progressively more troublesome behaviours, culminating in either a cry for help and/or an external identification of a problem. The second reason pertains to the almost immediate relief produced by pharmacological intervention. Side effects of the drugs vary and include reduced appetite and difficulty going to sleep. While the side effects are claimed to be controlled or to subside in time, there are nevertheless short and prolonged consequences. Appetite loss and sleep deprivation can create their own performance problems. Attention Deficit Hyperactivity Disorder often occurs with other problems such as depressive or anxiety disorders. Especially with depressed or anxious children, stimulant-like drugs most often fail to produce the intended results. In such cases, the stimulant like drugs can make the behaviour of children worse. The pharmacological treatment of choice in these cases is antidepressants and/ or major tranquillizers, drugs that have their own type of side effects. Moreover, it has been argued that major tranquillizers and antidepressants used with children produce no better results than the administering of a placebo. The course of ADHD primarily addressed with the use of pharmacological intervention is worrisome. In one study 66 percent of children with ADHD continued to have symptoms of the "disorder" in adulthood and 23 percent were found to have developed an antisocial personality disorder (Weiss et al. 1985). Many adults with ADHD are reported to continue to find taking stimulants such as Ritalin™ helpful.

The non-medical behaviour of troublesome children is defined within the psychosocial systems perspective, which reflects the dynamic nature of interactions between the child and his/her environment, with particular importance given to developmental processes (Sroufe 1997). Specifically, poor attachment relationships and subsequent negative experiences are identified as culminating in the manifestation of progressively debilitating troublesome behaviours, as well as cognitive, perceptual, and attributional dysfunctionalities. This perspective contextualizes troublesome behaviour without negating the reality of natural innate propensities. Furthermore, the emphasis on environmental factors is reinforced by research concerning brain development. There is physiological evidence that sustained traumatic experiences (i.e., childhood abuse), neglect, or failure to form secure attachment in the early years of life can create a chronic state of hyperarousal in a child and neuroendocrine activities in the brain that can cause devastating consequences, including ADHD (Perry 1994). Emphasis, therefore, is on environmental factors, specifically

parent/child interactions. Instead of addressing symptoms, the focus here is on the root causes of the problem. The justification of this approach is also based on the empirically established reality that environmental factors can enhance or diminish negative innate propensities. Essentially determined by the quality of parenting, a child born with a difficult temperament can grow up to be an adult no different in any way from a child born with a calmer temperament (Maziade et al. 1990). Mitigating the effects of a difficult temperament is acknowledged by the psychosocial systems perspective to be a difficult and challenging task that requires extraordinarily intuitive parents capable of recognizing and accepting in a timely manner the unusual needs of the child, and of drawing on specialized strategies and community resources. From a psychosocial systems perspective, attempts to change behaviour by means of intervention focused only on the child, without simultaneously changing the family environment by means of family therapy and other systemic interventions are considered to be futile. Early environmental intervention that is systemically focused and psychosocially grounded markedly diminishes the progressive actualization of negative innate propensities and the later life manifestation of anti-social behaviours. The determining factor is the extent to which parents can be guided to modify the nature of their interaction patterns with the troublesome child. As such, it is the response of the environment to the child's difficulties that determines the final outcome. Notwithstanding the conceptual and intervention differences between the medical and psychosocial systems models, both have markedly similar implications for the introduction of environmental measures with which to prevent the actualization of a child's innate negative propensities.

[*Alex Polgar*]

RELATED ENTRIES

Behaviour Theory, Clinical Social Work, Medication, Parenting, Person-in-Environment Perspective, Pharmacological Therapy, Practice Methods, Psychotropic Medication, Therapy, Treatment, Services for Children, Services for Youth, Wellness

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B

Reuben Baetz (1923–96)

Baetz, Reuben Conrad, social worker, Ontario MPP, Cabinet minister; b. May 09, 1923, Chelsey, Bruce County, ON (of parents Harry William Baetz, Alice F. Henrich); m. Julie Annette Anderson, Aug. 05, 1950; children: Mark Conrad, Annette Alice, Carla Patricia; d. Oct. 1996

Reuben Conrad Baetz spent a large portion of his life serving others, leaving no doubt that his heart lay in social work. Following the Second World War, when he served in the Canadian Active Service Force, he earned a bachelor's degree (*cum laude*) in political science in 1947 from the University of Western Ontario, and a master's degree in political science and history in 1948 at Columbia University. From 1949–56, he worked with the Lutheran World Federation Service to Refugees, becoming assistant director in 1952 and director in 1953. In 1957 Baetz received a bachelor of social work from the University of Toronto. Later, he was awarded honorary doctorates by both Wilfrid Laurier University and the University of Windsor. From 1957 to 1963, he was the assistant national commissioner of the Canadian Red Cross, and became a field director for the International Red Cross. In 1963 Baetz became executive director of the Canadian Welfare Council, where he led the organization through its transformation into the Canadian Council on Social Development. He remained the director until 1977, when he entered politics, and retains the distinction of being among

Table 1: Values in High- and Low-Context Cultures

High-Context Values (in Ethnocultural Communities)	Low-Context Values (in Mainstream Society)
The family is central.	The individual is central.
Members are hierarchically ordered.	Members are egalitarian.
Men and women are segregated.	Men and women are integrated.
All are highly interdependent.	Independence is paramount.
The society is religious.	Secularism is dominant.
Traditions are unquestioned.	Everything is questioned.
Time is polychronic.	Time is monochronic.
Approach is holistic.	Approach is fragmentary and analytical.
Communication is oral.	Communication is written.
Place of origin is important.	Mobility is essential.

Source: D.C. Herberg [1993] 35–51

3 *The percentage of each ethnoracial community and the entire region that are immigrants to Canada*: Immigrants have very different service needs than those in the second or later (Canadian-born) generations. And, recent immigrants need quite different kinds of services than immigrants who are long-time residents in Canada.

4 *Ethnic language—retention and use*: The diversity and nature of services need be different for ethnoracial communities possessing higher degrees of retaining and using their heritage language than in communities that have become largely linguistically assimilated.

5 *Residential concentration of the community's members*: Very different patterns of service content and locations are needed for ethno-racial communities that have a great majority of members living in proximity to other group members than for communities in which the group's members are thoroughly dispersed across the entire region.

6 *Degree of religious monopoly*: The extent that affiliation with only one religion exists in the ethnoracial community: A community whose members almost entirely belong to the same religion will have or need a different set of services than one in which religious participation is spread over many different faiths, with no one dominating.

7 *Degree of institutional completeness*: The extent of diversity in and number of ethnic social institutions existing within an ethnoracial community, parallel to the institutions of the mainstream society: The communities with a very great degree of institutional completeness will be largely self-sufficient in serving its members, compared to the great reliance on mainstream service agencies by minority communities with few or no internal community agencies. Prominent amongst ethnoracial community institutions are their own health and social agencies, educational services, community governance, and media (E.N. Herberg 1989: 93–95, 226–39).

Each of these phenomena affects different ethnocultural communities differently. Some members of ethnocultural communities have maintained a social, even geographic, separation from others so as to retain their culture (i.e., some Jewish, Muslim, Mennonite, Hutterite, Mediterranean, Asian, and Aboriginal communities), while other individuals have abandoned much or most of their heritage, culture, and community boundaries. In turn, the pattern each minority ethnocultural community develops in its members' adaptation to Canadian society has strongly influenced the nature and depth of its own internal social services as well as the form and content of services in

mainstream institutions delivered to each ethno-cultural community. As in the past, ethnocultural communities continue to develop social services to meet objectives shared by many community members, or to meet their universal needs in ways traditional to their culture. The first such services to emerge are usually mutual-benefit organiza-tions, often were established under the aegis of clergy or/and congregants of a religion prominent within the community (Harney 1978). Faced with few people to serve and few resources, recent immigrants, for instance, organize themselves to provide the kinds of assistance that in their home country was provided by the extended family, vil-lage, or national government (Canada 1970: 107–108; Harney 1979); soon a formal immigrant-aid agency is organized to help subsequent mem-bers of this community who emigrate, especially with orientation, getting around the city, finding employment, obtaining health care and school-ing for their children. As each immigrant commu-nity develops—and especially as their Canadian-born children form their own families—a variety of other organizations emerge to guide adapta-tion to their adopted homeland or development of ways to continue to practise their traditional culture. Thus, distinct social services formed with-in ethnocultural communities are distinguishable from mainstream services. Usually, services are provided by people from the same background who speak the communities' language(s). Official language provision in mainstream social services tends to be in English and French in most of Canada; Quebec and the territories provide serv-ices in the official languages under their jurisdic-tions. These policies, however, can be a challenge for members of ethnocultural communities who may have little proficiency in these official lan-guages. Further, some people may have poor liter-acy skills in official languages and be unable to read vital information or complete forms to get services from mainstream social services.

Social workers from many mainstream social services may also use such terms as "relationship," "personality," "aptitude," "motivation," "early childhood," or "empowerment" assuming that all clients understand them and their underlying pre-sumptions. A treatment centre may expect par-ents of a disturbed child, for example, to report on or keep written notes about their child's early developmental experiences in the expectation that the parents are able to read, write, and complete forms, and/or have some knowledge of psychol-ogy fundamentals. People may feel reluctant to give personal information about an individual's problems social workers who are perceived to be ethnocultural strangers. Furthermore, services are provided strictly at prearranged appointment times, because clock-time is important to most caregivers and many clients in institutions focused on efficiency. By contrast, minority ethnocultural community services may operate under different assumptions and values, drawing on cultural expectations of the ethnocultural community they serve, with the flexibility to use oral and written reporting in appropriate languages and behav-iours. Non-linear high-context modes of thought are still likely to be held by recent immigrants and elderly people; even among the second and third generations, linear thought patterns common in mainstream society are often not deeply in-grained. Caregivers, accordingly, are expected to act as extended family members or, at least, peo-ple of their own ethnocultural community who can be entrusted with personal information. If a person cannot be helped by family members, then he/she may believe that service from an agency within their ethnocultural community is their sole acceptable resource. The values in Table 1 based on the theories of Hall (1984) sketch several dimen-sions of how ideas and beliefs of the traditional societies (from which many of the immigrants to Canada have come since the introduction of the colour-blind Immigration Act, 1968 (repealed in 2001) vary from the low-context expectations and values of post-industrial Canadian society. High-context values are generally found in ethnocul-tural community service agencies—and only in rare instances in mainstream social services.

To complicate the situation, each ethnocultural community is to some extent divided by religious and political ideologies. In addition while immi-grants come here with the similar objectives of achieving a better life for themselves and their children, the disparate means by which they achieve them create other differences within the community. Some people try to adapt to Cana-dian ways by making significant personal changes, while others expect and try to achieve their objec-tives with very little change to their values or cul-

mutual aid group that is confident and mature can be semi-autonomous in one season. That is, do not expect to have them flying solo in less than three months. Even then the worker will have to judge how long a tether they will tolerate. All persons, as Peter Kropotkin said, have that mutual aid feeling … social work can expedites the process.

[*Ken Banks*]

RELATED ENTRIES

Citizen Participation, Natural Helping Networks, Non-governmental Organizations, Organizational Theory, Peer Counselling, Self-Help Groups, Self Help & Mutual Aid, Voluntarism

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My Neighbour

My Neighbour was a book written by J.S. Woodsworth in 1911 at the request of F.C. Stephenson for the Young People's Foreword Movement for Missions. In it, Woodsworth urged Canadians to begin rethinking traditions in relation to the responsibility to care for the needy in society. It served to establish Woodsworth as a leading personage in the social gospel movement with its strong commitment to social problems and their proposed solutions.

[*FJT*]

RELATED ENTRIES

Social Gospel Movement, Social Welfare History, J.E. Woodsworth

N

narrative theory

Narrative theory refers to the use of story as a metaphor for explaining how knowledge and experience are structured (Bruner 1990). Narrative theory, while not specifically associated with social work, spans a number of approaches to working with people as well as having a rich history and an independent research tradition (Manning & Cullum-Swan 1994). Two ideas are central to the narrative metaphor, the first bring that "reality"—or, what a person knows about the world and his/her experience of it—is constructed through personal proactive mental processes. The second central idea is that a person's understanding of the world is organized in the form of stories, which give meaning to experience, and shape relationships and behaviour. The constructionist position is often explained by distinguishing between the philosophical traditions of John Locke and Immanuel Kant. Lockean philosophy, associated with empiricism, assumes that people, their thoughts, and behaviour are a product of exposure and reaction to a single objective reality, which is an external environment; Lockean philosophers assume that, through a process of discovery, reality can gradually become known objectively. In contrast, Kantian philosophers assume that knowledge is wholly created by the organism/person and that what is regarded as reality is a product of a person's own active constructions; that is, all that a person can really know about the world is his/her own experience of it and the way in which he/she makes sense of it. Narrative theory assumes that story has a central role in forming the sense that a person makes of his/her experience, and in influencing a person's reactions and behaviour toward others. It is held that the sense a person makes is always an act of interpretation in which he/she arranges events in a sequence across time and in a way that provides a coherent description of him/herself and the surrounding world (White & Epston 1990). Stories are inseparable from language, which includes shared meanings and agreed-on descriptions that direct perceptions toward certain elements and omit others. Within social work, narrative theory is mostly associated with social constructionism,

and non-coercive in nature, and that designated work experiences be meaningful rather than make-work projects. Programs that have helped people learn or update skills required to hold regular employment have a strong educative component with backup counselling services. Social workers also recognize, however, that many persons receiving public assistance for unemployability are unlikely to find regular employment for a number of personal and systemic reasons (e.g., single parent with several young children, trauma recovery, illiteracy, substance abuse, mental illness). Clearly, most persons who are unemployed but capable of employment and who are on public assistance would prefer to be employed, and would be employed if positions existed to match their capabilities. In fact, abusers of the welfare system comprise only a small percentage of all recipients (research suggests about 5%). Punitive workfare programs deny the reality that all persons have a right to resources to live, just as individuals have a right to other societal services such as health care and education, which are free from such punitive attitudes.

[*FJT*]

RELATED ENTRIES
Employment, Income Security, Vocational Rehabilitation

Y

Shankar Yelaja (1936–92)

Yaleja, Shankar, social work educator: b. Aug. 11, 1936, India; d. Sept. 14, 1992, Waterloo, ON

Dr. Shankar Yelaja received a master of social work degree in Bombay, India, and a doctorate in social work focusing on social policy from the University of Pennsylvania in Philadelphia. After teaching in social work at the University of Western Virginia, Dr. Yelaja joined the newly established graduate school (now, faculty) of social work at Waterloo Lutheran University in Waterloo, Ontario, in 1967. That university is now Wilfrid Laurier University. While at Wilfrid Laurier, Dr. Yelaja contributed much to the development of the social work program. He taught courses in social policy and social work ethics. As well as publishing numerous articles for professional journals and contributing chapters to books, he published three books:

Canadian Social Policy, Authority and Social Work, and *An Introduction to Social Work Practice in Canada*. Dr. Yelaja also acted as consultant to several social service organizations. Dr. Yelaja was appointed acting dean in 1983 and dean in 1984. As dean, Dr. Yelaja was instrumental in establishing in 1987 a doctoral program in social work. As well, the Centre for Social Welfare Studies was instituted in 1986 with support from Wilfrid Laurier University and the Ontario government. Throughout his term as dean, which he held until his death in September 1992, Dr. Yelaja maintained the high standards in all aspects of the social work program.

[*Rose Blackmore*]

RELATED ENTRIES
Functional Theory

Young Offenders Act

The Young Offenders Act, 1982, came into effect on April 2, 1984 to replace the Juvenile Delinquents Act originally enacted in 1908 and amended several times. As new legislation to deal with young persons who break the law in Canada, the Young Offenders Act changed the minimum age of liability from seven to twelve, and the legal upper age limit for an adolescent from sixteen to eighteen throughout Canada. The objective of the new Act was to provide a law to deal with young people that balanced the protection and interests of society with the rights and needs of young persons. The Young Offenders Act tended to place more emphasis on the protection of society than did the preceding legislation but maintained the concept of youth courts having a distinctive identity that held onto the ideal of rehabilitation of young persons brought before the courts. Rather than charging youth with the all-encompassing charge of delinquency, as under the Juvenile Delinquents Act, the Young Offenders Act legislated the charging of the young person with an offence under the Criminal Code or another statute. Youth court judges acted as impartial arbiters between the Crown and the accused, allowing judges to consider the special needs of young persons on a case-by-case basis. Judges were not only expected to rule on guilt but also to decide what was to be done with the accused once a guilty verdict was established. Judges could then request more information to help with their disposition of the young

organized in Saint John, NB, in 1870, and a national body was created in 1895. Sharing the Protestant evangelical orientation of the YMCA, early YWCA programs combined attempts to increase employment and educational opportunities available to young women, with a concern for their physical and moral welfare. The Canadian YWCA today is actively working to improve the social legal and economic position of all Canadian women. Some half million Canadian annually make use of YWCA facilities in one way or another.

[*Diana Pedersen*]

* Used unedited by permission from *The Canadian Encyclopedia*. 2000. Toronto: McClelland and Stewart.

RELATED ENTRIES

B'Nai Brith, Church-Based Services, Cults, Jewish Social Services, Meditation, I. Munroe-Smith, Religion, Sectarian Social Services, Social Gospel Movement, Spirituality, Women's Christian Temperance Union, YMCA

Youth Criminal Justice Act

The federal Youth Criminal Justice Act, 2002, received royal assent on February 19, 2003, and came into effect in April 2003, as an attempt to respond to the concerns of Canadians about the effectiveness of the previous legislation, the Young Offenders Act, 1982, which the Youth Criminal Justice Act replaced. Following country-wide consultation, the Act stands as the government's commitment to renewal of youth justice. As before, accused young people between the ages of twelve and eighteen are subject to the provisions of this new Act. They are dealt with in courts separate from adults and, if convicted, are subject to different penalties and usually held in separate custodial facilities. Sentences for youth, similarly to adults, can range from absolute discharge to a period in custody. Custodial sentences can be in open or secure facilities and can be imposed for up to ten years in the most serious of crimes, first-degree murder. Young offenders can be transferred to the adult court system and receive adult penalties if a judge in a hearing is convinced that such a move would be in the interests of justice. Youth are not entitled to parole but can have their sentences reviewed by a judge, perhaps gaining access to a less restrictive custodial sentence.

The new legislation has four principal features.

First, within a framework that ensures consistency throughout the country, the Act recognizes the different needs within provinces and territories. Second, the Act treats violent and non-violent crimes differently and, in the case of less serious crimes, underlines the importance of accountability and the effectiveness of responses that involve the offender's community, victims, and family. Third, the Act stresses an integrated approach that focuses on all aspects of youth crime, including prevention, education, and employment. Fourth, underlying the legislation is a strong emphasis on the priority of children and youth for the country, to protect their rights and to ensure opportunities to develop their full potential. In the application of the Act, the courts are permitted considerable variation in decisions, particularly regarding the seriousness of the crime and if/when a youth can be dealt with in an adult manner including publication of his/her name. Throughout, taking responsibility for one's actions is stressed. In addition to formal court proceedings, emphasis is placed on community structures that can offer a range of options for dealing with youth offenders; instead of court proceedings, these options might include such things as diversion programs, community service, or repair of harm done (i.e., restitution). Roles of social workers within these community structures and options are likely to be enhanced. Funding has also been allotted to support federal youth justice strategies. A period of five years has been set as an implementation phase to ensure optimum effectiveness of this new regime, especially in families, schools, and communities.

[*FJT*]

RELATED ENTRIES

E.H. Blois, Bullying, Correctional Services, Criminal Justice, Forensic Practice, Family & Youth Courts, Gangs, J.J. Kelso, Legal Issues, Parenting, Practice Methods, Probation, Services for Offenders, Services for Youth, School Social Workers, Wellness, Young Offenders Act

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