
Human Services Critical Social Change Issue

The Centre for Research and Education in Human Services was established in 1982 by a small group of concerned Canadians. An independent non-profit organization, the Centre represents researchers, advocates, educators, service providers, and individuals who use human services.

We live in an era when many different organizations provide human services, whether they be related to health, education, recreation, or social services. The Centre's concern is the need for research and education which will facilitate constructive social change and the development of human services which are responsive to all Canadians.

Many people wonder why human services are a critical social change issue. A few of the reasons, which help frame the Centre's research and education, will be briefly highlighted:

- There are almost 40,000 human service organizations in Canada.
- Many of these organizations are based upon "models" which segregate and isolate people considered disadvantaged or devalued.
- Many human services address "symptoms" rather than root causes of issues.
- Values and procedures which guide human services have, in many cases, become extremely bureaucratic.
- Human services generally reflect the values of our society; for example, the rejection of people considered unproductive such as many older adults.

Centre research analyzes the context of human services in Canadian society, and tries to understand the impact of human services on the lives of individual citizens and communities. This work includes policy analysis papers of major social issues or legislation, qualitative research to better understand the lives of people affected by human services, and comprehensive documentation of human service alternatives. It is significant to note that some of the most profound human service alternatives reflect visions of positive human values and a caring community.

Centre education and networking also involve participation with community groups or human service agencies. This collaborative planning and strategy development includes values education, problem-solving, and participatory research or evaluation. This News Report will highlight Centre research and education, as well as other related issues of importance to friends of the Centre. We welcome comments or contributions from our growing network.

Centre for Research & Education
in Human Services
P.O. Box 3036, Stn. C.
Kitchener, Ontario N2G 4R5

Board of Directors: Deb Dufresne,
Peggy Hutchison, Frank Maidman,
Judy Sandys, Harvey Savage,
John Lord (Coordinator)

Analysis of Institution Closures

Major Centre Theme

The theme "Institutions and Alternatives" has been a concern of Centre Board members and many friends of the Centre. There are three main reasons for the development and importance of this work:

- Many people are institutionalized in this society (in fact, Canada has the highest rate of institutionalization anywhere in the Western world), and this includes not only disabled and handicapped people but increasingly elderly people and young offenders.
- The issues, values, and planning concerns related to deinstitutionalization are similar across many sectors of human service. The recognition of these commonalities, however, is seldom understood or used as the basis for planning.
- There is growing documentation of exciting alternatives to institutionalization which clearly demonstrate that people's lives are enhanced by being able to live in the community with support as needed.

The Centre's research and education efforts on "institutions and alternatives" have focused on three main fronts.

First, in 1983 the Centre published its first Policy Analysis Paper, entitled Closing Institutions: Implications for Policy Development, Human Services and Community Planning. This paper utilized the Ontario Five Year Plan as the basis for analyzing policies which the Centre considered to be in the 'right direction' but which were incomplete or being implemented for the wrong reasons. Several issues were noted in the paper including the lack of planning, the importance of values to guide policy, the need for implementation and renewal mechanisms for community service development, the importance of funding patterns which can be flexible, and the need for retraining staff. Essentially, this paper emphasized that community integration, deinstitutionalization, and decentralization of

services must be corner stones of public policy related to institutional closures. It has been apparent, in the implementation of institutional closures in Ontario, that proper safeguards have not been built in to ensure that the kind of community services that evolve will maximize the development of each individual who is returning to the community.

Second, many community groups and agencies have used the Policy Analysis Paper and other Centre resources to assist them in planning and thinking about institutional closure issues. Centre people have assisted some of these groups in learning how services can be based upon comprehensive individual service plans for each person. As the Centre and others have found in this process, however, there are limitations to what is possible for a community group to achieve. For example, when safeguards such as case managers are not in place, there is little assurance of service quality.

Third, Centre research efforts are currently being directed at documenting both the *process* and *outcomes* of institutional closures. The process of planning closures significantly impacts on community service systems which are developed. An abundance of research in the United States has focused on the degree to which previously institutionalized individuals have adjusted to community living. The focus of the Centre research is more on the kinds of environments in which individuals are participating in the community and using a range of community resources.

John Lord
Center Coordinator

Re-Institutionalization

During institutional closures in Ontario and B.C., several residents have been moved to other institutions. As a result, residents of large institutions will increasingly be people with more complex needs, where they will receive less stimulation than they would in community settings.

Telling Their Own Story: Excerpts from a Qualitative Evaluation

The Centre has been involved since the Spring of 1984 in an evaluation of refugee resettlement services in Kitchener-Waterloo. One important purpose of this study has been to gain as full and rich an understanding as possible of what resettlement has been like for refugees including their fears and hopes for the future. Approximately 30 in-depth interviews were held with the two major groups under study: Southeast Asian and Central American refugees. Evaluators met each family in their own home, were welcomed warmly, and in many cases were able to draw responses from children, parents and grandparents.

The qualitative research, refugees' own stories about resettlement, formed the basis of a session with the community including refugees, advocates and service providers. An excerpt from the report illustrates the vivid reality that qualitative data can lend to evaluation research. A number of quantitative measures, including a participation survey, were also used in this study to broaden the understanding generated by the qualitative material.

Searching for jobs was a difficult process for many refugees. Of the Southeast Asians surveyed who had found work, the average length of time spent in searching for their first job was just over 8 months. A few people indicated they had received assistance from Manpower centres; most people reported getting assistance in finding jobs from friends, friendship families (an official support programme), or from human service workers. In interviews, great frustration was expressed about the job search process. One Central American complained, "I've filled out lots of applications. Sometimes I think they throw them away." A Laotian woman who had been a teacher and who was finding it hard to obtain any work at all commented:

Experience is a barrier for refugees.
Refugees get upset and depressed

about this. Counsellors might try to promote refugees who have qualifications but not the experience.

Refugees see fluency in English as a key to many of their other problems. 'If I spoke English, you'd see what I'm able to do', one unemployed Central American asserted. Some, particularly older family members, despaired of their futures because of the difficulty in learning the new language. Particularly for the Hmong and Mien, pre-literate people from the mountains of northern Laos, the very idea of reading and writing is quite alien.

Listening to the voices of refugees (or any other group) describing their own concerns and needs generally produces in-depth and detailed information which can serve as the basis for the identification of common issues. In this Refugee Settlement Evaluation, perceptions of people who have been refugees were also compared with perceptions of service providers. Differences and contradictions from this comparison were used as another framework for issue identification and resolution.

Deb Dufresne
Centre Board Member

Growing Crisis for Older Canadians

Poverty amongst elderly persons is very severe and growing. In a recent report, it was estimated that over 600,000 people over 65 years of age live below the poverty line; in other words, one elderly person in four in Canada lives on an excessively low income (National Council of Welfare, 65 and over.)

Contradictions & Dilemmas in Human Services

One current Centre research project is a study of the needs and perceptions of individuals who have previously been institutionalized in mental hospitals. In-depth interviews have been conducted with several former patients (or ex-inmates as many individuals refer to themselves).

The mental health field, perhaps more than any other human service area, exemplifies the contradictions and dilemmas in human services. As Estroff has pointed out, everything can and does work "both ways" in mental health. Ex-patients may perceive and experience hospitalization as a refuge, a help, and a support, and yet alternatively or even concurrently view and experience it as a frightening method of social control and/or as the dreaded initiator of stigma which so negatively affects identity and self-esteem.

The use of medication itself also poses dilemmas. Human service workers and many ex-patients acknowledge the efficacy of drugs, but it is people who have taken psychoactive medications who particularly point out their devastating effects on a person's well-being and ability to function. Moreover, the most recent research indicates that we should examine the use of drugs from a sociological perspective. This would include looking at the role medication plays in devaluing people. Psycho-active drugs alter the appearance and behaviour of people, who then because they look and act differently, are treated as "different" by others. Thus, a person's interpersonal and societal difficulties can actually be increased by the use of medication. In general, because many human service workers are enmeshed in the medical model's diagnosis, treatment, and cure paradigm, researchers have not given this issue the attention it deserves.

Researchers and ex-patients do agree on the overwhelming importance of support and the need for housing and jobs. Yet the two groups have differing perspectives.

Professionals tend to be more procedural and agency-oriented, and by nature of their positions and tasks, somewhat distanced from the people they study and serve. Even the most provocative and influential studies (Rosenhan, Estroff) do not have as great an impact as the actual words of the consumer. Ex-patients who have been interviewed speak profoundly of the need for more control over their own lives. Poverty and powerlessness frame many of the comments and struggles for community living. I think it is very important to listen to the consumer, to the person caught in the maelstrom of the mental health system. His or her concerns should serve as the foundation on which we build our research and practice. Only in this way will we be able to begin to resolve the dilemmas and contradictions in the mental health area of human services.

Ann Szendrovits
Centre Researcher

NEXT ISSUE OF NEWS REPORT

Self-Help & Informal Sharing in Human Services

"Professionals create languages in which they talk about the problems; thus everyday troubles are made into problems which they know how to handle.. self-help groups start from a different perspective...with this change in approach, changes in the use of language have occurred...the experiences of people are related to their own natural use of language. Thus, the obstacle of a complex professional translation can be avoided."

Bert Babber and Mattieu Karel

▪ A recent study in Saskatchewan showed that native families tend to change doctors frequently and often end up in emergency wards. In a report on the CBC radio program Our Native Land, native health workers who interviewed a number of families said that the native people were intimidated by the doctors, the medical terminology they use, and the hospital environment in general. This finding confirms other studies which have shown that the medical establishment has a dismal track record in relating to people who are members of minority or disadvantaged groups.

▪ An illustration of addressing symptoms in human services occurs in the Abella Report on Access to Legal Services by the Disabled in Ontario. Abella calls for an expanded network of lawyers and resources to assist persons with disabilities to address legal grievances. While some of these recommendations have positive overtones, and if implemented carefully, could be an important safeguard for human rights, one can also envision a new group of human service workers (lawyers) being paternalistic to disabled persons. And, in all of this new flurry of activity, hardly a word has been spoken about changing unjust laws which might make the need for all these lawyers redundant.

▪ Recent research reports confirm what many people in human services and mental health have long suspected. Labels, diagnostic categories, clinical symptoms, and intelligence are all poor predictors of work performance and job functions. Despite the overwhelming nature of this research, most vocational rehabilitation continues to assume that future work performance can be predicted from one or several of these variables. A recent study suggests in fact that the ideology of vocational evaluators is often devaluing and ill defined. For an excellent analysis of these issues and some alternatives, see:

Employment Opportunities for Persons Labelled Psychiatrically Disabled. Canadian Mental Health Association, 1984. (2160 Yonge Street, Toronto, Ontario M4S 2Z3).

S. Murphy & A. Ursprung. "The Politics of Vocational Evaluation: A Qualitative Study". Rehabilitation Literature 44:1-2, 1983.

▪ Poverty is perhaps the most punishing of hardships. Without money, people have little access to resources, including food and shelter, and have minimal opportunity for change in their lives. And yet, of all the issues in human services, poverty is the most neglected. In what can be hoped is a renewal of the fight on poverty, several Canadian efforts have recently been directed at changing this condition. Two of the best analyses are:

The Other Ontario. A Report on Poverty by the NDP of Ontario (NDP, c/o Queen's Park, Toronto, Ontario).

Poverty: The Forgotten Reality of the 1980's. Canadian Council on Social Development (55 Parkdale Avenue, Ottawa, Ontario K1Y 4G1).

In addition, the National Anti-Poverty Organization based in Ottawa is growing in membership and is increasing its policy positions.

Part of the challenge in the 1980's, however, is to also learn from the anti-poverty efforts of the 1960's. Will provincial and national coalitions, for example, be able to be formed which might include groups which all believe poverty is a common injustice?

▪ Judge Monnin of Winnipeg recently dismissed an appeal from a 33 year old man who had been convicted for stealing a sweater. In the appeal hearing, extensive psychiatric evidence was used including this note from the psychiatrist:

Each time he has gone to jail his mental and emotional condition has improved and he usually looks quite well when he is discharged, but when he is not in jail his condition deteriorates.

In an astonishing judgement, the judge came to "the reluctant conclusion that it would be cruel to send this man out of jail back to the street." The judge also noted that it was obvious that, "for a significant number of persons an institution can be a place of refuge...and that for these persons, exclusion from an institution may be a passport to loneliness and wretchedness." A sentence of six months was thus seen as "the only available alternative to sending a poor man out on the street with a situation where he just cannot cope." This classic analysis of "blaming the victim" ignored the poverty of the individual and the fact that this occurred in a province where less than 3% of the provincial mental health budget is spent on community care and services, and over ninety percent is spent on institutions.

▪ The growth of the hospice movement in North America has been generally accompanied by positive reviews. Supposedly places where people can "die with dignity", the hospice is also considered by many to be an immediate, direct threat to persons with disabilities. Donald Gibson, in the August 1984 edition of Mental Retardation (USA) emphasizes that this is so because the hospice undermines the medical profession's official commitment to life, while it reinforces a death acceptance which will make it harder to defend the rights of people at risk, such as children born with mental retardation. Gibson argues that the growing pro-death literature, combined with the hospice as a practice and a movement, feed this problem. He also points out that one of the difficulties is that there is no legal or practical impediment to prevent the use of hospices for individuals of any age who are denied treatment.

Wolfensberger (1980) and others, of course, have already observed that it is common practice in hospitals to deny routine treatment to patients with mental retardation. The Stephen Dawson case in British Columbia is the most recent and dramatic Canadian example which has been widely publicized.

FRANK & ERNEST



I CAN'T AFFORD TO
RETIRE-----FOR THE
LAST FORTY YEARS I'VE
BEEN BLOWING ALL MY
MONEY ON FOOD, CLOTHING
AND SHELTER.

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