

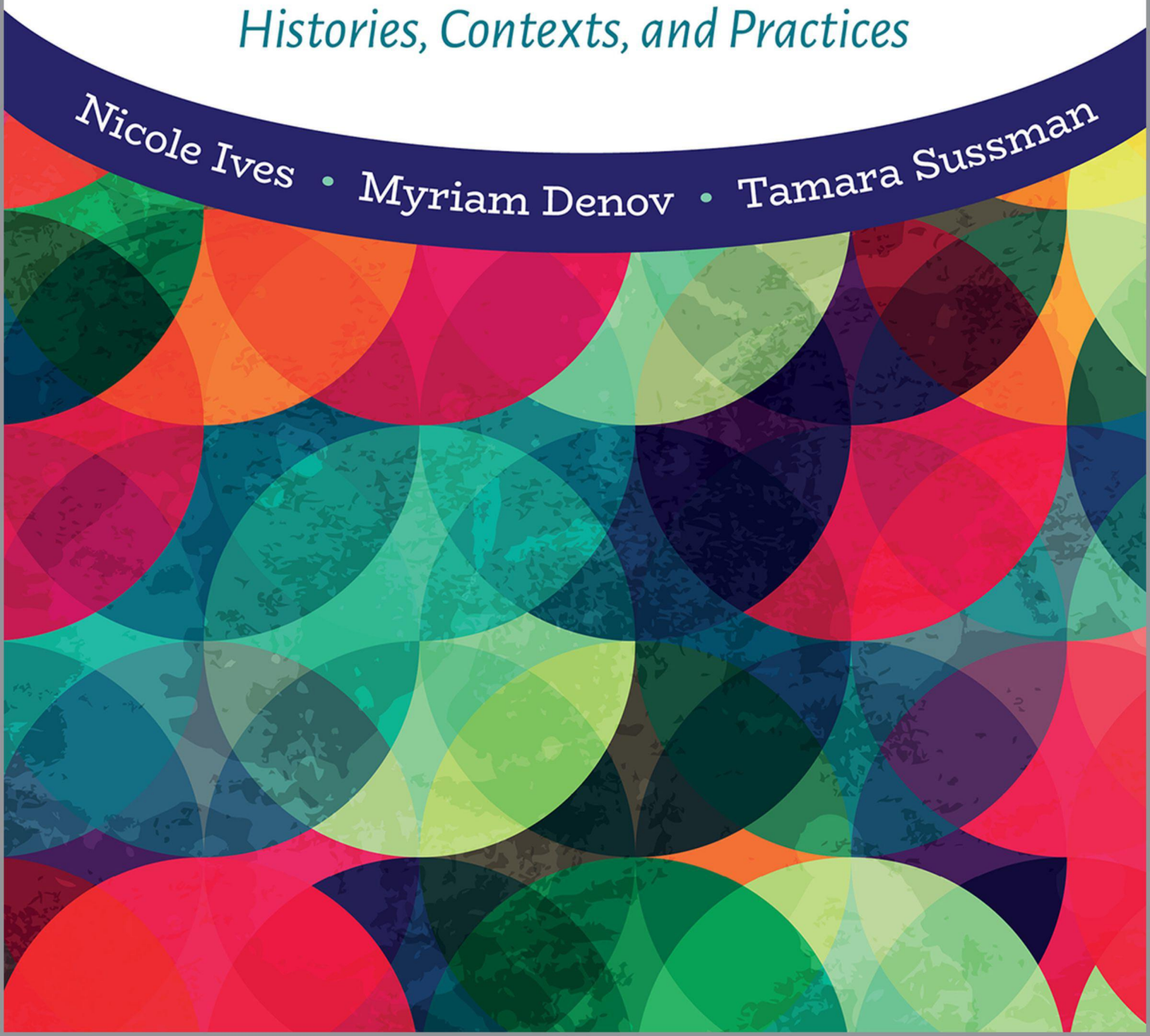
OXFORD

Second Edition

# Introduction to Social Work in Canada

*Histories, Contexts, and Practices*

Nicole Ives • Myriam Denov • Tamara Sussman



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# From the Publisher

Oxford University Press is excited to present the second edition of *Introduction to Social Work in Canada: Histories, Contexts, and Practices*, a comprehensive introductory text designed for students of social work at Canadian universities and colleges. Drawing extensively on Canadian statistics and scholarship, the book begins by examining the historical roots of social work practice in Canada before moving on to discuss contemporary theoretical perspectives, ethics, and research. Practical applications are emphasized throughout, providing students with foundational skills they can apply in a broad range of contexts, from working with families, groups, and communities, to practising social work among children, Indigenous peoples, and people with disabilities.

## Guided Tour

10

Part I | Historical, Theoretical, and Philosophical Frameworks

Table 1.1 Population with French as Their First Official Language Spoken Outside Quebec, 2016

Province	First Official Language Spoken	
	Number Francophone	Percentage Francophone
Alberta	79,840	2.0
British Columbia	64,325	1.4
Manitoba	40,975	3.2
New Brunswick	234,055	31.8
Newfoundland and Labrador	2,425	0.5
Northwest Territories	1,240	3.0
Nova Scotia	29,370	3.2
Nunavut	625	1.8
Ontario	550,600	4.1
Prince Edward Island	4,665	3.3
Saskatchewan	14,435	1.3
Yukon	1,635	4.6
Canada (less QC)	1,024,190	3.8

Source: Statistics Canada, 2017.

This section presents a history of social welfare provision in early Quebec, key figures in the development of Quebec social services (see Table 1.2), the Catholic Church's central role in the delivery of social work and social welfare, and how these historical factors shaped social welfare legislation after the Great Depression.

**Poverty Relief and the Involvement of the Roman Catholic Church**

In the seventeenth century, French-speaking colonists in New France approached early poverty relief as did their ancestors in France. Welfare in Quebec was heavily influenced by France's emphasis on the family as the primary institution given responsibility by society for providing aid to its impoverished members. When families failed in their obligations to family members, relief provision depended on the charity of local parishes of the Roman Catholic Church and Christian-based charity. Rather than through a coordinated system, relief was provided by multiple entities using their own evaluation criteria to address the needs of those living in poverty in Quebec's cities and towns. For example, in 1688, *bureaux de pauvres* were established and operated in the cities of Quebec, Montreal, and Trois-Rivières. These "offices of the poor," under a local priest's supervision, relied on funds through collections taken periodically by the parishes and then distributed to its impoverished members (Lessard, 1987).

Providers of relief believed two major tenets regarding poverty, which also guided relief across Canadian territories. First, poverty was individually driven due to a perceived inability to live within the current economic and social system in combination with unfavourable character traits. Second, the poor were either "deserving" or "undeserving." Receiving charity was not considered a right; thus, it was only conferred upon

**deserving poor** Those in poverty through no fault of their own.

**undeserving poor** Those considered physically capable of work in some form or another but who are unemployed.

An inclusive approach draws on not only English contributions to Canadian social work practice but also long-neglected Indigenous and French contributions, providing students with the most diverse and well-rounded introduction to social work on the market. This updated edition features a substantially revised and expanded chapter on Indigenous Peoples and Social Work.

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Part III | Fields of Social Work Practice

Chapter Outline

This chapter provides an overview of the most significant aspects of what social work is to **Aboriginal/Indigenous Peoples** in Canada. There has always been a troubled relationship between the social work profession and this population as social work has mostly served as an element of social control and an arm of **colonization** throughout history and into the present day. The chapter begins with Indigenous ways of helping and caring for families and communities prior to contact with European settlers and then relays social work's role in the **cultural genocide** of Indigenous Peoples primarily through the **residential school** and child welfare systems. Current challenges that Indigenous Peoples face are discussed in the context of colonization and the ongoing role of social work as an agent of social control. The chapter will then discuss how Indigenous Peoples are recreating their original ways of helping within their communities and their success in doing so.

This chapter explores how Indigenous **worldviews**, in the context of helping and healing, can, in part, work together with promising social work theories such as **structural** and **anti-oppressive social work**. The literature focused on in this chapter is based primarily on academic writing by Indigenous authors and their allies. All of these authors write passionately about past and present social work with Indigenous families and communities. Specific examples connect theories to practice and a case study provides concrete examples. The chapter concludes with a discussion of the value of Indigenous ways of helping to *all* people and the role of non-Indigenous social work allies in working with Indigenous Peoples.

**Who Are Indigenous Peoples?**

Indigenous Peoples are the original inhabitants of what the **Haudenosaunee** Nation calls **Turtle Island** or what is referred to as the continent of North America. According to the Canadian Constitution, there are three groups of Indigenous Peoples: **Indians**, **Métis**, and **Inuit**.



Celebrated Mi'kmaq artist Leonard Paul was commissioned by the province of Nova Scotia to create this welcome sign on the Trans-Canada Highway. The sign highlights the province's rich Mi'kmaq heritage and expresses Mi'kmaq culture.

## Theory in Practice

### Multidisciplinary Teams

To address living with HIV/AIDS, an individual's needs must be met on multiple levels: psychological, emotional, social, and spiritual in addition to physical (Mah & Ives, 2011). This involves focusing more on the person than on the virus; it often takes place in a hospital and medical setting with health professionals (Gebbie, 1995). One profession or area of expertise alone cannot address all the needs an HIV infection demands. Multidisciplinary teams are by their very nature biopsychosocially oriented with appropriate membership: medical doctors, nurses, and physiotherapists for the biological arena, psychologists or social workers for the psychological arena, and social workers and occupational therapists for the social arena. By bringing together professionals trained predominantly in one aspect, collective problem-solving and expertise can be holistic. A team composed of members from different disciplines combines knowledge from these diverse disciplines and can also widen each member's skill set and help them gain an appreciation of other disciplines' perspectives (Korazim-Kürösy et al., 2007). Working in collaboration amongst professions also challenges the long tradition of specialization and subsequent fragmentation of services in the health care field (Bronstein, 2003; Lasker & Weiss, 2003). HIV treatment originated within a medical model; however, a holistic model is more inclusive of the social, psychosocial, and psychological needs of patients.

A multidisciplinary team approach requires many considerations, including within-team communication (regular, periodic meetings), community collaboration, role clarification, protection of client confidentiality, and a client-centred approach. Key components to multidisciplinary collaboration include understanding the multiple perspectives involved; willingness to share one's expertise; flexibility; acknowledging work of support staff; involvement of financial, managerial, and administrative staff; implementation of staff support systems such as counselling; and knowing one's own role within the team and understanding the roles of other team members (Hinshaw & DeLeon, 1995; Lifshitz, 1996; Pinching, 1989). With true respect among members, case discussions and planning can be comprehensive. Professionals on an HIV multidisciplinary team are required to combine knowledge from their own discipline with an expertise on HIV/AIDS and be in regular, direct communication with each other to prevent fragmentation and duplication of services. When meeting, it is important to share experiences to gain meaning from their work in a compassionate, trusting environment, which can help mitigate the effects of job-related stress (Dando & Finlon, 2003). This is essential when working with vulnerable populations who have had traumatic life experiences, in addition to the inevitable loss of patients from AIDS. These teams also sometimes bring clients and their families in to discuss and plan for their situation, which honours the clients' personal values and preferences and allows them to be treated holistically (rather than reserve certain questions for certain team members).

**“Theory in Practice” boxes** demonstrate how theories and ideological approaches discussed in the chapter apply to real-world practice. **“Practical Tip” boxes** offer students advice on topics ranging from writing consent forms to enhancing group facilitation.

## Practical Tip

### How to Make an Eco-Map

To create a basic eco-map, ask a client to place themselves within a circle at the centre of the page. Ask the client to identify important relationships or organizations and represent each with a circle. Draw lines between circles where relationships exist. The lines can be solid representing a strong relationship, jagged or a line with short horizontal lines representing a tense relationship, or dotted representing a weak relationship. Finally, draw arrows toward or away from the client, or in both directions, to indicate if the person or organization is a source of energy or a strain on the client's energy. Figure 2.2 provides an example of an eco-map.

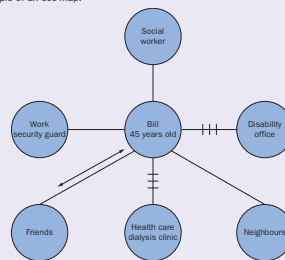


Figure 2.2 Bill's Eco-Map

to the realization of our needs and desires. Onion-peeling theories, which include psychodynamic theories and person-centred approaches, concentrate on peeling back these layers in a way that enables us to see how they shape and influence our current lives. With greater understanding of the influential layers and their origins, this theoretical perspective asserts that conscious change, greater emotional maturity, and optimal functioning become increasingly possible. Onion-peeling theories provide a rich source of complex ideas for exploring clients' inner lives, emphasizing insight and change.

Psychodynamic theory, which represents the core foundation of onion-peeling theories, reflects a literature of vast scope that has spanned more than 100 years, originally introduced by Sigmund Freud in the 1920s. While a prevalent approach among social workers during the 1950s, there was a visible “retreat from psychodynamic theory” during the 1960s and 1970s when social workers focused more on social concerns (Healy, 2005, p. 51).

Psychodynamic theorists hold the belief that our inner world—namely our dreams, fantasies, and unconscious experiences—profoundly influence who we are, how we feel,

## Case Study

### Telehealth and Mental Health Training

Access to mental health services in rural Canadian communities can be limited. Barriers to access include difficulties in creating trusting relationships with staff due to high staff turnover and burnout rates, long distances to facilities, and limited opportunities for training and support. Community members and health-care professionals often feel underprepared to manage the complex social, psychological, and psychiatric needs of their rural communities. A study by Cornish and colleagues (2003) reported the results of a demonstration project that examined the potential role of telehealth in offering mental health training and support for health professionals in the rural central-east region of Newfoundland and Labrador. Telehealth technology has been explored as a method to provide mental health training and consultation via satellite to physicians and mental health workers based in rural areas. The study, as well as the training component, was conducted by an “urban team” consisting of two psychologists, one psychiatrist, and two family physicians based at Memorial University of Newfoundland in St. John's.

The “rural team” consisted of 34 professionals representing clergy, family medicine, nursing, nurse practitioners, physiotherapy, police, psychology, school guidance counselling, social work, community youth leadership, and teaching who participated in satellite video conferences over a 14-month period. Social workers, school guidance counsellors, and nurses attended the video conferences most frequently. Video conferences, based on a community needs assessment, covered such topics as relationships, grief and bereavement, stress and burnout, anxiety and panic disorder, stress management and cognitive-behavioural therapy, sexual abuse, depression in families, adolescent depression, and using the Internet. Qualitative interviews were conducted with rural team members after video conference training.

A recurring theme after the training was the gradual development of comfort with the method of training delivered via the video conference as well as trust in other participants (members of both rural and urban teams). Also contributing to developing trust and comfort was attention paid to group process and community context. Several rural participants identified the sessions on grief and bereavement

innovations (see the following “Case Study” box), high costs of hospitalization, and advances in psychiatric medications (Government of Canada, 2006).

Mental health has also been conceptualized as a balance or harmony among the various aspects of one's physical, mental, emotional, and spiritual being, which includes the individual and community (i.e. the physical and social environment) (Smye & Mussell, 2001). A community mental health perspective sees mental health promotion and illness treatment as a public health issue, connected to issues of social justice. This approach promotes mental health by

- addressing health from a population perspective;
- seeing clients in a socio-economic context;
- generating information on primary prevention;
- focusing on individual as well as population-based prevention;

**“Case Study” boxes** present students with landmark Canadian studies that connect the concepts under discussion to in-the-field contexts.



knowledge of social suffering with faith and engagement in the world to make a difference through our helping relationships and actions for social change" (Proffitt, 2008, p. 161). Proffitt (2008) recommended creating a safe space within the workplace to practice collective self-care. First, this space should be one that facilitates sharing stories about and reflecting on one's work. Engaging in collective problem-solving can counteract feelings of isolation and stress. Second, within this space, one could process challenging emotions and work toward maintaining personal-professional balances. Third, this space

### Practitioner's Voice

#### Self-Care in Social Work Practice

As a social worker specializing in grief and bereavement, I have become acutely aware of how vital it is that I integrate time and space for self-care. Social work practice calls on us to offer empathy and support to individuals who are suffering, yet it is that very act of connecting with the pain of others that can lead us to feel the effects of burnout, compassion fatigue, and, in extreme incidences, vicarious trauma. After years of practice, I have learnt the important connections between caring for self and caring for others. In recent years, I have been imparting this message to students and clients by teaching the following skills:

*Practise self-awareness.* Recognize when an incident or situation has affected you emotionally. Know your limits. Know the signs.

*Challenge negative thought patterns* that are obstacles to taking care of yourself. Pay attention to the voice inside your head that pushes you to do more for others, and then makes you feel bad when not everyone's needs are met. This is the feeling of guilt and grief experienced when you feel you aren't able to help a client, they leave, or even die. It is important that we learn to shift from negative thinking to neutral and positive thinking. A little gratitude can go a long way.

*Learn to say "no" and stand up for yourself.* Create limits for yourself and your workload. The workload will not manage itself. Consequently, learning to maintain and practise good boundaries will help you empathize with rather than over-identify with a client's experience.

*Invest in yourself.* Incorporate activities in your schedule (not just when you have time, because you never will) that bring pleasure and joy. Identify activities that are relaxing to you. Seek support if you feel you need it.

*Listen to your body.* Identify aches and pains that won't go away, muscle tension, teeth grinding, upset stomach, and insomnia; all may be indications that you require additional self-care.

In reality there are many aspects about one's professional experience that are out of one's control, such as policies, procedures, client caseload, and unpredictability of the work. That being said, we do have control over how we invest in and take care of ourselves. Therefore, maintaining the aforementioned components related to self-care will certainly help to prevent and reduce the risk of burnout, compassion fatigue, and vicarious trauma.

—Corrie Sirote, MSW, PSW, is a clinical social worker and psychotherapist.

**Learning objectives and chapter outlines** at the beginning of each chapter provide students with a preview of the chapter contents and an overview of the concepts that will be covered

**"Practitioner's Voice" boxes** feature first-person narratives by social workers who are active in the field, giving students diverse perspectives from across the country in an up-close and personal way. Similarly, **"In Their Own Words" boxes** are written by other social work experts and service-users.



Marcia Brown Martel sings outside the Parliament buildings in Ottawa following a government news conference in October 2017 announcing a compensation package for Indigenous victims of the Sixties Scoop. She was the lead plaintiff in an Ontario class-action lawsuit related to the Sixties Scoop.

2012). It is important to note that the practices of the Sixties Scoop continue to this day. As observed by Blackstock in 2008, three times the number of Indigenous children were placed in the care of the child welfare system than were placed in residential schools at the height of their operation. Furthermore, as of 2016, Aboriginal children accounted for an astounding 51 per cent of children in care when they represent only 7.7 per cent of all children aged 0 to 4 (Statistics Canada, 2017a). This means that today Indigenous children are placed in the care of child welfare at a rate 12 times higher than non-Indigenous children (Statistics Canada, 2017a). See Chapter 7 for more on Cindy Blackstock's research on Indigenous child welfare, and for her "Practitioner's Voice: Spirit Bear's Plan to End Inequalities for First Nations Children" feature box.

### In Their Own Words

#### The Sixties Scoop

The Sixties Scoop refers to the large-scale adoption and fostering of First Nations, Métis, and Inuit children into non-Indigenous homes in Canada, the United States, and around the world between the early 1950s and the late 1960s. The term Sixties Scoop was coined by Patrick Johnston in 1983 after a conversation with Brigit Moran, a British Columbia social worker, who described her child protection work in the early 1960s as "scooping" Indigenous children and placing them "into homes about which we knew nothing." Brigit described the child welfare



## Indigenous Peoples and Social Work

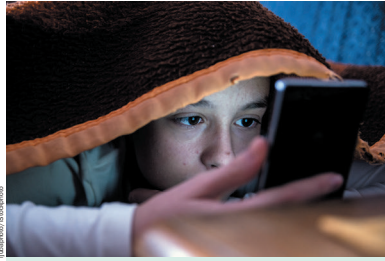
By Cyndy Baskin (Ryerson University) and  
Alyssa McLeod (Ryerson BSW Graduate)

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### Learning Objectives

- To identify who Indigenous Peoples are.
- To apply appropriate terminology to diverse populations of Indigenous Peoples.
- To identify Indigenous values and ways of helping.
- To acquire basic knowledge of Canadian history from an Indigenous perspective.
- To see current social and economic challenges of Indigenous Peoples as the impacts of colonization.
- To identify challenges of Indigenous Peoples living in urban settings.
- To become more informed about missing and murdered Indigenous women and girls.
- To introduce roles of Indigenous helpers such as Elders and traditional counsellors.
- To gain an understanding of Indigenous worldviews within helping/social work.
- To appreciate the strengths, resistance, and resiliency of Indigenous Peoples.
- To come to view yourself as a helper and ally.
- To see how all Canadians are part of truth and reconciliation.

Indigenous-centred social work continues to evolve through the collective practice wisdom of practitioners, educators, researchers, and students.



Childhood traumas, such as bullying, can create health and social obstacles into adulthood. Onion-peeling theories focus on the past to understand an individual's present reality.

ego or superego, such as an overdeveloped id (giving in to your instinctual desires) or an underdeveloped superego. In both cases, the ego is weak and unable to mediate between drives and restraints. In the case of the overdeveloped id, individual desires take precedence over societal responsibility.

#### Developmental Stages

Freud identified key stages (oral, anal, phallic, latency, and genital) through which humans move as they age. In each of these stages, an individual experiences particular challenges, which are normally resolved, and then moves on toward the next developmental stage. However, any childhood trauma that takes place during a particular stage may lead to the individual becoming "stuck" at that stage, potentially leading to future difficulties in adulthood.

#### Attachment

Theories of attachment focus on emotions and early childhood development as the basis for later relationships and emotional problems. A key interest is how early experiences of attachment are an important foundation for later social competence. John Bowlby (1984) developed a theory of how seeking attachment to others is a basic drive. Bowlby focused on how children separated from their mothers in early life later experienced anxiety, feelings of loss, and, eventually, disturbances in behaviour. In contrast, if the important attachment relationships are coherent and consistent, children learn the skill of relating to others and experience themselves as "potent," or able to have an impact on the situations they are in.

#### Person-Centred Approaches

Person-centred approaches, which also fall within the realm of onion-peeling theories, emerged from the work of Carl Rogers, who provided important building blocks for thinking about intersubjectivity and the co-creation of meaning and experience that occurs within the context of the therapeutic relationship. Similar to psychodynamic

to those without work or who had always lived in poverty: the Depression affected, albeit to different degrees, all strata of Canadian society.

Social workers across Canada were directly involved in providing relief at this time, and by necessity, focused greater attention on helping individuals and families survive than on individual casework. Significant social welfare legislation grew out of the Depression. Creating the context for the Canadian **welfare state**, these pieces of legislation were propelled by the overwhelming number of people affected, duration of profound need, and the realization that external forces could be a significant contributor to one's physical, economic, and social well-being (see Table 1.3).

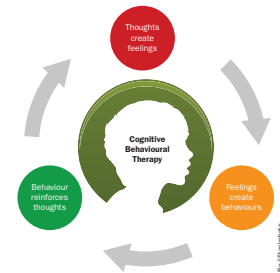
**welfare state** A country in which the government assumes responsibility for ensuring that its citizens' basic needs are met.

**Table 1.3** Timeline of Major Social Welfare Legislation in the Twentieth Century

Events in Canada	Events in Quebec
<b>1929-1939: The Great Depression</b> Marked by mass unemployment; gave rise to support for federal aid and central planning; and fueled growth of social service sector.	<b>1920s</b> <b>1921: Public Charities Act Adopted</b> Mandated government to intervene in helping the needy, an area previously restricted to church and benevolent groups.
<b>1932: Co-operative Commonwealth Federation Founded</b> Social-democratic political party that later became the New Democratic Party (NDP) in 1961. <b>1939-1945: World War II</b>	<b>1930s</b> <b>1933: Fédération des Œuvres de Charité Founded</b> Lay philanthropic association with a focus on the family maintained ideas of deserving and undeserving poor. <b>1937: Assistance for Needy Mothers Enacted</b> Provided assistance for mothers with targeted assistance for children.
<b>1943: Marsh Report on Social Security Published</b> Detailed the need for comprehensive and universal social programs to protect disadvantaged. <b>1945-1960: Baby Boom</b> Period of increased birth rates.	<b>1940s</b> <b>1944: Labour Relations Act Enacted</b> Became cornerstone of private labour relations by protecting and favouring the rights of workers to collective bargaining.
<b>1952: Old Age Security Act Enacted</b> Cornerstone of Canada's retirement income system. <b>1956: Unemployment Insurance Act Enacted</b> Provides federal assistance to the unemployed.	<b>1950s</b>
<b>1966: White Paper Published</b> Recognized immigration as a major contributor to national goals of population and economic growth. <b>1966: Canadian Assistance Plan Enacted</b> Transformed social assistance into a publicly funded and administered program.	<b>1960-1966: The Quiet Revolution</b> Represented period of rapid change characterized by secularization of society, creation of welfare state, and realignment of politics into federalist and separatist factions. <b>1963: The Boucher Report Published</b> Ended era requiring that a needy person have "good morals" to be eligible for assistance.
<b>1978: Immigration Act Amended</b> Recognized refugees as a legitimate class of immigrants to Canada.	<b>1970s</b> <b>1970: October Crisis</b> Triggered by kidnapping of government officials by members of radical political group and culminated in the peacetime use of War Measures Act.

continued

**Visually engaging photos, tables, and figures** bring topics to life and help students understand concepts and data in approachable ways.



**Figure 2.6** Cognitive-Behavioural Therapy: Thoughts, Feelings, and Behaviour

Sources: Social Emotional Resource Site for SPB Parents. (n.d.). Cognitive behavioral therapy (CBT). Retrieved from <https://sites.google.com/a/sudbury912.mia.us/social-emotional-resource-site-for-spb-parents/emotional/cognitive-behavioral-therapy-cbt>

thought and behaviour. Reframing works to "change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the 'facts' of the same concrete situation equally well or even better, and thereby change its entire meaning" (Watzlawick, Weakland, & Fisch, 1974, p. 95). By reframing a situation, a social worker creates the potential for an alternative reality and can bring forth in clients greater compassion for themselves and less attribution of blame.

From a cognitive-behavioural approach, social work interventions are structured, problem oriented, goal oriented, brief, and time limited. Moreover, treatment is specific and concrete, and the use of homework assignments and practice skills is common. There is also an emphasis on the ability to problem solve. Cognitive-behavioural practice has been used in response to conditions such as phobias, panic disorders, anorexia, and bulimia where distorted thinking prevents optimal functioning.

Cognitive-behavioural theory has a strong evidence base to support its overall effectiveness, which has led Howe (2009, p. 73) to refer to it as "a top-rank social work theory." Both behavioural and cognitive-behavioural approaches provide key insights into the here and now and address clients' immediate and pressing concerns. For example, implementing a behavioural approach and working with parents to manage a constantly screaming child is highly practical and useful. Faulty-engine theories can bring forth a sense of hope, as they underscore human capacity to learn and unlearn behaviours, providing hope for change and recovery.

At the same time, critics argue that some thinking processes are deeply entrenched and not easily amenable to quick change. It has been suggested that some belief systems or cognitions may not be irrational, but instead a natural and appropriate response to difficult life events (such as victimization, bereavement, and discrimination).



Cummings, Moody, & Benuto, 2019). Occupational exposure to stress can lead to burn-out (Urdang, 2010), “compassion fatigue” (Radey & Figley, 2007), and vicarious traumatization (Dane, 2002), which may reduce one’s practice effectiveness, hinder one’s ability to concentrate, and impair decision-making. Self-care can be “an integral part of multiple aspects of a person’s life, including health and wellness” (Collins, 2005, p. 264). (See Chapter 3 for more about self-care.) Thus, Indigenous traditions teach that it is critical to conceptualize one’s health from a holistic perspective, including the mental, physical, emotional, and spiritual, and pay attention to and acknowledge the value of multiple facets of one’s own well-being. To ignore any element of health is to ignore an important source of strength for individuals and communities.

Conclusion

Although Canada first adopted multiculturalism as official policy in 1971, its historically diverse ethnocultural and religious populations are centuries old, and for Indigenous Peoples of Canada, the history is measured in millennia. This chapter has reviewed the foundations of working with vulnerable individuals and families from three different traditions: Indigenous, French, and English. These three groupings of traditions evolved alongside or oftentimes in conflict with one another. Contemporary social work should be considered an integration of multiple histories—Indigenous, French, and English—that have contributed to the development of social work in Canada. This integration reflects a plurality that includes the political, social, or cultural realities of all who live in Canada.

Questions for Critical Thought

- 1. How are principles of early social welfare from the English and French traditions reflected in contemporary social policy and social work practice?
- 2. How can non-Indigenous social workers integrate foundational principles of healing and helping of Indigenous Peoples into their own practice? What are key considerations when exploring Indigenous approaches?
- 3. One’s beliefs and values shape how an issue is seen and whether it is considered a social problem, or, for example, a personal failing. Therefore, what is a social problem? How would you define it? What role does public opinion play in its definition?
- 4. What are the implications of a growing “scientific emphasis” in and professionalization of social work for a social worker’s role in society? Do these changes push social work in the direction of a particular approach to practice (e.g. locating problems in the individual or social structure)?

Recommended Readings

Baskin, C. (2016). *Strong helpers’ teachings: The value of Indigenous knowledges in the helping professions* (2nd ed.). Toronto, ON: Canadian Scholars’ Press. This book covers topics related to social work with Indigenous Peoples such as child welfare, justice, and holistic healing with examples of successful programs in these areas.

Questions for critical thought challenge students to engage with the content beyond the chapter pages and further explore the material, issues, and concepts. Recommended readings and websites provide links to information and other resources for further study and research that is relevant to work in the field.

Recommended Readings

*Affilia: Journal of Women and Social Work*. This is the only scholarly social work journal to address concerns of social workers and their clients from a feminist point of view, offering a unique mix of research reports, new theory, and creative approaches to challenges confronting women.

Allan, J., Briskman, L., & Pease, B. (2009). *Critical social work: Theories and practice for a socially just world*. Sydney, Australia: Allen and Unwin. *Critical Social Work* is a resource to inform progressive social work practice. It includes case study chapters on disability, older people, children, rurality, and violence and abuse.

Gray, M., Coates, J., Yellow Bird, M., & Hetherington, T. (Eds.) (2013). *Decolonizing social work*. London, UK: Ashgate. Indigenous and non-Indigenous social work scholars examine local cultures, beliefs, values, and practices as central to decolonization. Included are trends, issues, and debates in Indigenous social work theory, practice methods, and education and research models.

Razack, N., & Jeffery, D. (2002). Critical race discourse and tenets for social work. *Canadian Social Work Review*, 19(2), 257–271. This article focuses on how diversity, race, and oppression are integrated into social work pedagogy and curriculum.

Sinclair, R., Hart, M. A., & Bruyere, G. (2009). *Wichitowin: Aboriginal social work in Canada*. Halifax, NS: Fernwood. *Wichitowin* is the first Canadian social work book written by First Nations, Inuit, and Métis authors who are educators at schools of social work across Canada.

Recommended Websites

**Association of Community Organizations for Reform Now**  
[www.acorncanada.org](http://www.acorncanada.org)  
The Association of Community Organizations for Reform Now (ACORN) Canada is a community organization of low- and moderate-income families working together for social justice and stronger communities.

**Canadian Association of Cognitive and Behavioural Therapies**  
[www.cacbt.ca](http://www.cacbt.ca)  
The Canadian Association of Cognitive and Behavioural Therapies represents the multidisciplinary association working to advance the science and practice of cognitive-behavioural therapy in Canada.

**Canadian Counselling and Psychotherapy Association**  
[www.ccpa-accp.ca](http://www.ccpa-accp.ca)  
The Canadian Counselling and Psychotherapy Association is a national bilingual organization dedicated to the enhancement of the counselling profession in Canada. It offers a student membership program.

**Narrative Approaches**  
[www.narrativeapproaches.com](http://www.narrativeapproaches.com)  
Narrative Approaches provides resources on narrative therapy, including academic resources.



## Student and Instructor Supplements for the Text

*Introduction to Social Work in Canada* is accompanied by a wide range of supplementary on-line resources for students and instructors alike, all designed to enhance and complete the learning and teaching experiences. These resources are available at [www.oup.com/he/Ives2e](http://www.oup.com/he/Ives2e)

### For Instructors

- An **Instructor's Manual** provides chapter summaries, learning objectives, discussion and debate ideas, class activities and assignments, and lists of recommended videos with discussion questions.
- **PowerPoint slides** summarize key points from each chapter and may be edited to suit individual instructors' needs.
- **Test Generator** provides multiple-choice, true-or-false, short-answer, and essay questions for each chapter.

### For Students

- The **Student Study Guide** includes chapter summaries, learning objectives, review questions, lists of recommended resources, and self-grading quizzes.
- **Flashcards** of all key terms and definitions from the text help students as they study.



[www.oupcanada.com/he/Ives2e](http://www.oupcanada.com/he/Ives2e)

# From the Authors

Contemporary Canadian social work draws on foundational knowledge composed of myriad histories, theoretical frameworks, and research-based practices to understand human behaviour in countless social, cultural, political, and economic contexts. This knowledge shapes how social workers conceptualize issues needing intervention, where they locate the “problem,” and how they determine their approach to practice. Despite the multiple histories and knowledge bases informing the development of social work practice in Canada, most Canadian texts frame the site of foundational knowledge in the English roots of social work, starting with the Poor Laws of 1601. As a consequence, historical contributions of Indigenous and French peoples have been largely ignored.

The three of us came together with the idea for this text after teaching introductory social work history and practice skills courses for many years. Frustrated with the often narrow and Eurocentric focus in other Canadian texts, we decided that we wanted to write an introductory textbook that explored the evolution of social work knowledge through the lens of three interwoven histories. We also wanted to help students learn how to think about and use these multiple knowledge bases to inform their practice with individuals, families, groups, and communities, and to problematize how particular paradigms became prominent in the social work knowledge base. Our main goal in writing this textbook is to create space for the integration of multiple and diverse histories—English, French, and Indigenous—that have contributed to the development of social work in Canada, addressing directly a criticism of social work texts for providing primarily a Eurocentric perspective that does not adequately reflect the complex political, social, or cultural realities of all who live in Canada.

Thus, we have conceptualized the foundation of social work in Canada as interwoven braids, each braid representing English, Indigenous, and French histories and contemporary approaches to social work practice and policy. Each braid is composed of countless strands, or stories, that reflect Canada’s diverse history and relationships among its peoples. Including Canada’s multiple histories of and approaches to social work addresses the shortcomings of generalist texts that have tended to privilege one perspective. In addition to the existence of the English, Indigenous, and French traditions, the most recent Canadian census (2016) demonstrates that Canada’s demographic landscape has been and continues to be shaped by and transformed through international migration. Therefore, in this sense, as the landscape changes, diverse perspectives and approaches form new braids that continue to be woven into the Canadian landscape. Another goal of the book is to address such complexities, opening up opportunities for contributions from multiple communities, whether they are newly arrived in Canada or have been up-to-now un- or underrepresented populations in social work curricula. Although Canada first adopted multiculturalism as official policy in 1971, its historically diverse ethnocultural and religious population is centuries old. Many chapters describe the contexts of diverse ethnic communities that have deep roots in Canada’s history and how beliefs, values, and traditions of these communities shape contemporary social work practice. In order to provide relevant, effective services, social work students need to be aware of the historical experiences of diverse groups and communities and to understand how contemporary manifestations of racism and discrimination continue to shape lives.

## Unique Features of This Book

This book's historical backdrop includes Indigenous, English, and French histories and multicultural practice perspectives. Multiple historical foundations are an important component of Canadian history, but are rarely addressed in Canadian social work texts. We believe that an inclusive approach to teaching social work history and philosophy is strengthened by the integration of approaches by Canada's founding peoples together with the contemporary realities of the country's multicultural population.

In keeping with our commitment to featuring the foundational elements of Canadian social work practice, the text focuses on examples and references from British Columbia to Nova Scotia, from Yukon to southern Ontario, making it highly relevant to Canadian social work students. Each chapter contains boxes featuring examples from cities big and small across Canada, as well as provincial, national, and international illustrations related to the specific content of the chapter. Some chapters also contain "Practical Tips" that provide practice- and research-based suggestions for working with clients. "In Their Own Words" boxes feature short guest editorials written by individuals with lived experience who share their insights as they relate to social work practice. Also included in almost every chapter are "Case Study" boxes that draw attention to significant Canadian studies that illustrate the concepts under discussion.

Every chapter includes theoretical linkages to social work practice. Theory is addressed in a clear and engaging style, making it accessible to undergraduate students. To underscore the theoretical linkages, the majority of chapters contain "Theory in Practice" boxes that demonstrate application of social work theories and ideological approaches to the real world of practice. To help facilitate the connection of theory to practice, the book also encourages students to engage in a process of reflexivity. The practice examples and "Questions for Critical Thought" are designed to elicit how in-practice knowledge shapes actions and reactions. This practical approach will help students learn how to identify and question the social work knowledge informing their own in-practice actions and reactions—a common challenge for students.

Finally, this text interweaves foundational practice skills expected of social workers across settings with specific content. Throughout the book, social work students are provided with an overview of the contexts in which social workers typically work and of the roles they may be called on to play. Particular attention is paid to the iterative processes of reflective practice, and models of reflection that will help students learn how to link the concepts and knowledge base of the profession to case material are offered. As students move through the text, they are taken through a process to help them recognize that what they ask and what they do is tied to what they think.

## Highlights of This New Edition

This second edition has a number of new features. First, we have differentiated between the voices of persons with lived experiences and the voices of practitioners by reserving "In Their Own Words" boxes for individuals speaking from a personal perspective and adding "Practitioner's Voice" boxes to capture perspectives of social work professionals. This change allows students to appreciate the value of including multiple voices when addressing social issues.

Second, we have expanded coverage of rural and remote social work and attention to mental health and addictions. Paying more attention to rural and remote social work honours the diversity of settings wherein Canadian social work is practised. Extending coverage of mental health and addictions acknowledges the growth in demand for social

work practice in this area. In keeping with the book's philosophy of integration, this new content is interwoven throughout the text rather than offered as stand-alone chapters.

Third, we have added content related to self-care in this second edition. While there is growing recognition that self-care is a critical aspect of social work practice, self-care principles and practices have been sorely missing from the social work curriculum. We address this gap by framing self-care as an ethical responsibility and offering students and instructors tools and practice tips.

Finally, since the writing of the first edition, there have been significant social and political changes that we felt were critical to address. The National Inquiry into Missing and Murdered Indigenous Women and Girls, the pressing need for resettlement of Syrian refugees, the Truth and Reconciliation Commission's Calls to Action, the release of new census data, and a change in the federal government have all impacted the landscape in which social work is practised in Canada. All of these contemporary issues are discussed in this second edition.

## The Structure of This Book

This new edition offers section openers that outline the focus of each section of this book. Part I focuses on the historical foundations of social work and the theoretical and philosophical frameworks that guide social work practice, as well as ethics in social work practice. Part II concentrates on social work practice and foundational skills for social workers. Attention is paid to social work practice with individuals and families and social work practice with groups and communities. Although Part III is composed of chapters that highlight multiple fields of social work practice, each chapter contains examples that illustrate the interconnectedness of these fields. Each chapter ends with questions for critical thought to further engage students in discussion of and reflection on the chapter's content, as well as recommended readings and websites. Three chapters are authored by prominent scholars whose areas of expertise cover Indigenous social work practice, social work practice and sexual and gender diversity, and social work with people with disabilities.

### Part I

**Chapter 1** establishes the braided theme of the book by exploring First Nations, Métis, and Inuit foundations of helping and healing. It then addresses social welfare's French historical foundations, without which the history of Canadian social welfare cannot be fully understood. Such traditions are of particular relevance to innumerable communities living in Ontario, Quebec, Manitoba, and New Brunswick. Thus, this chapter includes the unique features of social welfare emerging from the French traditions, with a discussion of the maintenance of French culture and traditions. This is followed by the origins and evolution of social work and social welfare in English-speaking Canada. Addressing the historical realities regarding the transition from private charities to public welfare, settlement houses, and the emergence of trained social workers, the chapter also traces how English traditions and values have shaped and continue to shape service delivery in English-speaking regions of Canada. The chapter ends with a review of major Canadian social welfare legislation and a look at the contemporary professional social work landscape.

**Chapter 2** examines key theoretical perspectives that have informed social work thinking and practice over time, beginning with a discussion of the role of theory in social work. It explores theory's multiple meanings and definitions, addresses why theories are useful, their limitations, and the process of selecting theories to guide social work practice. The chapter then summarizes key theoretical perspectives in social work

followed by a discussion of four theoretical perspectives that are grouped metaphorically into “onion-peeling theories,” “faulty-engine theories,” “storytelling theories,” and “mountain-moving theories.” The chapter concludes by addressing key interconnections between theory and practice and the role of critical reflexive practice in helping to ensure interconnections, and now includes a summary chart to facilitate student learning.

The vast majority of students come into social work programs with an eye to practice (George Washington University Health Workforce Institute, 2018). Thus, we have refocused **Chapter 3** to expand the coverage of practice-based ethics. The Canadian Association of Social Workers’ *Code of Ethics* states that social workers have “a responsibility to maintain professional proficiency, to continually strive to increase their professional knowledge and skills, and to apply new knowledge in practice commensurate with their level of professional education, skill and competency, seeking consultation and supervision as appropriate” (CASW, 2005, p. 8). Thus, Chapter 3 introduces students to the guidelines for ethical behaviour in social work practice and the development of contemporary ethical standards. The chapter ends with a discussion of self-care as critical to social workers’ mental, physical, emotional, and spiritual health and a key component of ethical social work practice.

## Part II

**Chapter 4** introduces students to the foundational principles of social work practice with individuals and families. The chapter is divided into two sections: (1) an overview of different roles social workers play when practising with individuals and families in myriad contexts and settings, and (2) a review of the stages or phases of the helping process including exploration/assessment, contracting/planning, implementation/intervention, and ending/evaluation and their application to different social work settings. Particular emphasis is placed on the importance of assessment both as process (i.e. developing rapport; asking critical questions) and as product (i.e. the written record).

**Chapter 5** introduces foundational principles of social work practice with groups and communities. The first section provides an overview of different types of groups (e.g. therapeutic groups, task groups), different group structures (e.g. open ended, time limited), and different models of facilitation (e.g. self-help, professionally led). Also introduced are the stages of group development and how to apply these principles to different group types. The second section provides an overview of different approaches to working with communities and introduces principles and practices informing community development from multiple perspectives. Woven throughout is the inclusion of how personal and professional values shape work with groups and communities.

## Part III

**Chapter 6** focuses on the intersection of social work practice and health. The chapter’s beginning provides an overview of the development and contemporary delivery of health care in Canada. This section illustrates how recent transformations in health-care delivery have served to threaten the core principles on which the Canadian system has been based. Much of the chapter is then devoted to various issues related to health as explored through a social determinants of health framework.

Social work with children in Canada can be divided into three distinct, but often overlapping areas of practice: child welfare, youth justice, and prevention. **Chapter 7** explores social work practice with children and its surrounding complexities by addressing issues and realities affecting Canadian children, tracing changing conceptualizations of

childhood and the history of child welfare in Canada, and exploring social work practice in the context of child welfare. Discussion of preventive social work with children is also included, alongside practice dilemmas and tensions in relation to child welfare and youth justice.

**Chapter 8** is written by Dr Cyndy Baskin and Alyssa McLeod, BSW. Indigenous and non-Indigenous social work practitioners working with First Nations, Métis, and Inuit individuals, families, and communities need a comprehensive, grounded understanding of Indigenous Peoples in context: their histories, cultures, and political, economic, social, legal, and health issues. This expanded chapter covers the most significant aspects of what social work is to Indigenous Peoples in Canada. Current challenges that Indigenous Peoples face are discussed in the context of the impacts of colonization and the often ongoing role of social work as an agent of social control. The chapter concludes with a discussion of what Indigenous Peoples are doing to recreate their original ways of helping within their communities and their successes in doing so.

Changing demographics across Canada have created unique challenges for social workers. **Chapter 9** explores the barriers to economic, social, cultural, and political integration faced by immigrant and refugee groups that require social workers to adapt their practice in order to provide services that are culturally relevant and effective. The chapter introduces social work concepts regarding the particular needs and issues facing refugee and immigrant clients and explores the various ecological contexts in which social workers work with these populations. Intergenerational issues, challenges regarding education and employment, unique challenges for children and youth, and community organizing and direct service delivery to refugee and immigrant individuals and families are highlighted.

**Chapter 10** is written by Dr Edward Ou Jin Lee and Dr Shari Brotman. Social workers working with two-spirited, lesbian, gay, bisexual, transgender, and queer (TSLGBTQ) individuals require an understanding of the ways in which gender diversity and sexual orientation shape their clients' lives. Homophobia and discriminatory practices persist into the twenty-first century, including in the field of social work. Thus, it is imperative for social work students to analyze and address biased attitudes they may hold towards these historically marginalized communities in an effort to prevent further oppression of these communities and provide effective, relevant services. This chapter introduces students to the everyday realities of TSLGBTQ individuals and to theoretical and practice approaches used by social workers working with these communities.

**Chapter 11** is written by Dr Carl Ernst and Radha MacCulloch, MSW. The chapter begins with a discussion of the different ways disability has been conceptualized, ranging from medicalized understandings to social constructions. The prevalence and impact of disability on individuals, caregivers, and the broader society, as well as historical trends in the disability field, are discussed. Included within this discussion is the evolution of the disability movement in Canada. Examples used throughout are grounded in the context of contemporary Canadian health and social services.

Increasingly, social workers are being called on to practise with aging populations in different settings. **Chapter 12** engages students in the study of aging in the Canadian population by introducing them to the strengths and limitations of dominant paradigms in aging, such as the life-course perspective and successful aging. Alternate views on aging and their potential to inform research, service delivery, and practice are presented. An overview of the major health and social service systems that shape the lives of older adults is provided. Discussions of myths and realities in aging assist students in becoming reflective practitioners when working with this diverse population.

International migration, advances in technology and communications, and local social challenges with global implications have continued to reshape the environment in



which social workers practice. They have also introduced new responsibilities and novel opportunities for social workers and the profession as a whole. These global trends inevitably shape contemporary social work theory, research, and practice and thus require the establishment of greater awareness, new knowledge, and new approaches to the discipline. **Chapter 13** introduces students to concepts and skills relating to international social work practice, including the challenges of adequately defining international social work and the evolving definition of the concept over time. Given the complexities inherent to international social work practice, whether domestic or international in nature, issues of knowledge, values, and ethics are addressed.

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—Nicole Ives, Myriam Denov, Tamara Sussman  
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To my father, Syrophine Lamb, Jr, my mother, Faith Lamb-Parker, and my late stepfather, Judson Parker, for passing on their passions for social change. To my sister, Sarah, for always having my back. To Jeffrey for his steadfast support, encouragement, and humour, and to Sam, Ben, and Luke for filling my life with such joy and reminding me why I do what I do.

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—Myriam

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—Tamara



## Part



## I

# Historical, Theoretical, and Philosophical Frameworks

To understand current social work practice in Canada, it is imperative to explore where we as a profession come from, examining our professional, historical, theoretical, and ethical roots and origins. The first section of this text traces the key foundations of social work in Canada through the examination of three key themes. First is our professional historical roots. Chapter 1 unpacks the origins and foundational concepts of social work in Canada. As we demonstrate, these origins are not monolithic, nor do they come from a single source. Instead, in Chapter 1, we show how Indigenous, French, and English traditions have shaped and informed contemporary social work practice in Canada. Using the metaphor of a braid, we emphasize the unique ways in which these three traditions have been woven together to formulate and frame social work in Canada. In addition, we show how immigration has further contributed to the mosaic, beauty, and diversity that is Canada, compelling social workers to envision approaches to social work practice that reflect the myriad heritages of all who live in this country.

The second key theme of this section relates to theoretical approaches to social work. In Chapter 2, we address the role that social work theory plays in laying the foundation of social work practice with individuals, families, and communities. In this chapter, we introduce

the major theoretical perspectives in social work and their practical applications, as well as their strengths and limitations. A goal of this chapter is to highlight the vital interconnection between theory and practice in social work.

The third and final theme of this section is ethics. Values and ethics are at the core of professional practice. Chapter 3 traces the historical development of ethical guidelines in social work and, more specifically, introduces the *Canadian Association of Social Work Code of Ethics* and its contemporary applications. In this chapter, we highlight consistent and challenging ethical dilemmas that social workers face on a daily basis and outline contemporary frameworks and tools to begin to address such dilemmas.

The question of “What is Canadian social work?” is impossible to answer without adequately understanding the complexity of our unique Canadian history, context, theoretical foundations, and ethical frameworks. This first section of the book unpacks these themes and, in doing so, offers a set of professional “lessons learned” from the past. In this way, we can learn from our collective and professional mistakes, paving the way for a better, more just future for both our clients and our profession as a whole.









# Historical Foundations of Addressing Need

Indigenous, French, and English Traditions



1

## Learning Objectives

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- To identify the origins of foundational concepts and issues of social work practice in Canada.
- To understand these historical foundational concepts and issues and their application to Canadian social work practice.
- To appreciate the historical contributions of Indigenous, French-speaking, and English-speaking populations to Canadian social work philosophy and practice.
- To envision approaches to social work practice that reflect the myriad heritages of all who live in Canada.

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The foundation of social work in Canada can be represented as interwoven braids representing Indigenous, French, and English histories and contemporary approaches to social work practice and policy.

**social welfare** An organized system that provides social services and programs to assist individuals and families.

**social work** A social change-focused profession that works with individuals, families, groups, and communities to enhance their well-being.

## Chapter Outline

This chapter focuses on cultural traditions that have contributed to the development of Canadian social work by exploring traditional Indigenous approaches to helping and healing, tracing the unique features of **social welfare** emerging from French traditions, and identifying the British roots of social welfare in English Canada as well as values and social contexts from which such traditions emerged. Midgley (1995) defined social welfare as “the degree to which social programs are managed, the extent to which needs are met, and the degree to which opportunities for advancement are provided” (p. 14). Another definition of social welfare incorporates “all societal responses that promote the social well-being of a population: education, health, rehabilitation, protective services for adults and children, public assistance, social insurance, services for those with mental and physical disabilities, job training programs, marriage counseling, psychotherapy, pregnancy counseling, adoption, and numerous other activities designed to promote well-being” (Ambrosino, Ambrosino, Heffernan, & Shuttlesworth, 2012, p. 4). **Social work**, referred to as “the helping profession,” is focused on working with individuals, families, groups, and communities to address individual-, collective-, and societal-level challenges. While not all social work involves directly changing a social system, all social work considers how individuals, groups, or community problems are shaped by the social environment. Thus, social work addresses “the internal aspects of the human condition (values, beliefs, emotions, and problem-solving capacities of people) and the external aspects of the human condition (neighborhoods, schools, working conditions, social welfare systems, and political systems)” (Glicken, 2007, p. 10) that shape our experiences. Sinclair’s (2004) definition focuses specifically on social work practice; her evolving conceptualization is applicable to all who seek a decolonization approach:

Aboriginal social work can be described as a practice that combines culturally relevant social work education and training, theoretical and practice knowledge derived from Aboriginal epistemology (ways of knowing) that draws liberally on western social work theory and practice methods, within a decolonizing context. A decolonizing context is one which addresses the intergenerational and current impacts of colonization as manifested through colonial cultural and social suppression, intrusive and controlling legislation, industrial and residential school systems, the child welfare system, and institutional/systemic/individual racism and discrimination. Cultural relevance is manifested when practice and pedagogy mirror and support Indigenous and other ways of knowing, being, and doing. (p. 56)

Canadian social work has been strongly shaped by British and American traditions, although connections with American social work have been the most influential regarding social work education and formal practice. Even up to 1970, Canadian schools of social work were accredited by the American Council of Social Work Education. Faith-based organizations were particularly active in meeting the needs of people living in poverty, particularly in French-speaking Canada and in Black and Jewish communities across the country. For Indigenous Peoples, traditional ways of addressing communities’ needs were greatly disrupted and, in many cases, targeted by colonizing forces. Indigenous Peoples’ traditions of helping and healing included bringing needs to community Elders, consulting traditional helpers and healers, and engaging in spiritual ceremonies.

## Indigenous Helping and Healing Traditions

While formal social work has had a largely negative history with Indigenous Peoples in Canada (see Chapters 7 and 8), helping and healing traditions have an extensive positive history in Indigenous communities. Addressing social issues effectively within the community was

present before colonization, yet the importance of such foundations has been overlooked historically by the social work profession. To understand contemporary Canadian social work approaches holistically, silenced histories of Indigenous Peoples must be included. It is important to acknowledge, however, the fear that many Indigenous Peoples have of the appropriation of Indigenous knowledges by non-Indigenous peoples (Baskin, 2011). History is replete with cases of non-Indigenous peoples exploiting Indigenous resources. This section's purpose is not to provide a guide to specific teachings, ceremonies, or medicines of Indigenous Nations; it is intended to illuminate healing traditions that have always been present on Turtle Island (what is now referred to as Canada) but, as a result of Eurocentric social work perspectives and practices, have often been ignored. This section discusses traditional Indigenous holistic approaches to healing and helping; Chapter 8 addresses contemporary social work practice in Indigenous communities across Canada in greater detail.

## Indigenous Approaches to Holistic Helping and Healing

Although there is great heterogeneity of Indigenous Peoples across time and place, Indigenous scholars in Canada, including Elders, have highlighted common elements of what they have experienced as foundational Indigenous worldviews. These worldviews offer insight into how Indigenous Peoples have experienced and continue to experience helping and healing. Michael Hart (2002), a Cree social work scholar, identifies an approach to Indigenous social work using the **Medicine Wheel**, which he describes as “an ancient symbol of the universe used to help people understand things or ideas which often cannot be seen physically” (p. 39).

**Medicine Wheel** An ancient symbol that signifies a holistic method of helping and healing individuals, families, and communities.

## Helping and Healing from Generation to Generation

Unlike the exploration of social welfare histories of English- and French-speaking regions of Canada where a great deal of history has been written, exploring Indigenous helping



CP PHOTO/Winnipeg Free Press—Ken Gigliotti

Participants in an Aboriginal Healing Range home in Stony Mountain, Manitoba, join in a traditional healing circle in their spiritual path to healing.



and healing traditions centres on learning from oral histories passed down through centuries. Ways of helping have been experienced with Indigenous Elders, traditional healers, and helpers who have shared their knowledge, abilities, spiritual paths, and experiences through role modelling, storytelling, ceremonies, and sharing circles (Hart, 2002; Reid, 2009). Today, there are serious concerns over the maintenance of cultural teachings and Elders' ability to pass their historical knowledge on to those who may be the next generation of Elders, traditional healers, or helpers. These concerns are related to the loss of generations upon generations' knowledge due to the residential school system, where Indigenous children were systematically removed from their homes and denied their identities through assaults on their languages and spiritual beliefs (see Chapter 8 for a more detailed discussion of residential schools), as well as a diffusion of cultural characteristics in response to colonization. One Elder was concerned about what he saw as the supplanting of his community's Dene system with an outside system that was not teaching elements for seeking a healed, whole life.

## Theory in Practice

### The Medicine Wheel

The Medicine Wheel has multiple variations across peoples but shares concepts used by many Indigenous Peoples in the processes of helping and healing (see Chapter 8 for a more detailed discussion of the Medicine Wheel, and Figure 8.1 for a depiction of one). With a proviso underscoring that there is no one Indigenous worldview in a region where there are more than 630 First Nation territories, more than 50 Indigenous languages, and hundreds of Inuit and Métis communities, Hart provides an overview of foundational principles grounded in the Medicine Wheel through which specific issues can be interpreted and addressed in practice, based on context. Contained within the Medicine Wheel, all principles are interconnected and reliant upon each other for seeking the good health of all. The following is a summary of the principles from Hart's (2002) book *Seeking Mino-Pimatisiwin*:

- *Wholeness*: This principle refers to understanding each aspect of the four cardinal directions of the wheel (east, south, west, and north) and the directions' interconnections for holistic well-being.
- *Balance*: Related to wholeness, one should attend to each part of the whole—one part cannot eclipse others—and how they are connected. Balance is reflected in the harmony among the physical, emotional, mental, and spiritual elements of one's being. Imbalance is reflected in disease or ill health.
- *Connection*: This principle refers to the relationships among all the parts of the wheel. These connections consist of many different types of relationships, including relationships among people and with nature and with one's internal mental and emotional health.
- *Harmony*: Caring for these connections is central to the occurrence of harmony as seen broadly with regard to harmony within oneself, with others, with nature and non-humans, and in the world and universe. Hart notes that harmony "requires people to live within the natural cycles that move life and to find a fit between the components of life through collaboration, sharing of what is available, cooperation and respect for all elements of life" (p. 43).

I really believe that we have a system somehow to get across to our children. Our system, before the White man came, it was a storytelling system. This telling, the Elders have that, and all the parents attend that kind of gathering all day and the Elders will tell the parents, “Teach your baby when your baby starts to talk. Teach him about [our Creator’s] law, how to be good citizens. How you can love each other and work together. Good, no violence, no fighting, love each other . . . that way you will do good.” (Blondin, 1999, p. 394)

Hart (2002) has described Elders, reflecting on their participation in sharing circles, as those who “spoke of their gratefulness that these ceremonies continue despite the historical oppression and persecution that Aboriginal people faced when utilizing them” (p. 63). Even under attack, Indigenous cultural traditions have been resilient, and some people feel that it is their obligation to never give up and to continue to pass along the sacred knowledge contained in stories, ceremonies, healing practices,

- *Growth*: Growth is represented as the lifelong process of motion toward the Medicine Wheel’s centre, which contains wholeness, balance, connections, and harmony with oneself and all else in creation.
- *Healing*: Healing is important for an individual and for those around the individual given the teachings of interconnectedness. However, healing’s starting point is within the individual, as noted by Aiken (1990, p. 24, as cited in Hart): “The old Indian way of healing was first to know the illness and to know one’s self. And because the individual participates in the healing process, it is essential that a person needed to know themselves, their innermost core, their innermost spirit and soul, their innermost strength” (p. 44). It is through taking personal responsibility for healing and growth that individuals, families, and communities can attain *mino-pimatisiwin*, a Cree word meaning “the good life.” This journey can begin with sharing circles.

Hart describes one example of how putting these principles into practice relates directly to those who work in helping professions such as social work. As helpers/ social workers seek *mino-pimatisiwin*, they continually assess their own journey toward the centre of the Medicine Wheel, working through unhealthy behaviours. If these unhealthy behaviours are neglected, the helpers “will face difficulties in addressing the neglectful behaviours of the people they are helping” (p. 105). Following this approach means that helpers understand the importance of exploring their own health and wellness before and during work with others, and engaging in ongoing work to maintain their own well-being and that of their families and communities.

Similar to Hart’s notions of well-being, an Onondaga Elder described this rootedness of oneself within one’s community, Nation, and universe:

You pick the path that’s yours and the Creator will show you your mission. Your mission is always for the good of the people. If it doesn’t benefit human beings and the Creation, then it’s not from the Creator. It’s not your mission, and you’d better double-check your path. Your path is for your good, and your mission is for the welfare of others. (Wall, 2001, p. 3)



and sharing. For example, a Shayshas Elder called Elders' transmission of knowledge a duty:

I think in our line of duty as Elders and I call it a duty because it's something that the younger generation really needs to know some of the things, and I think today it's much more. It should be taught much more because of the situation that young people are in today. They come into this White society with a different view of the things of life. Where we the Elders see different. Not because we are Natives, not because we are Indians, not because we are First Nations, but because of the things that were passed down for ages. . . . We have no writings of any kind of our teachings. It's been passed down from generation to generation. It's up to each one of us to keep that going and that's why it's hard for this newer generation because they are much more into this White society. (Mason, 1999, p. 426)

Traditional healers are also integral to Indigenous communities' health through assisting the body in healing not only by employing herbal medicines but also by practices such as "sleep therapy, walking therapy, running therapy, and rest therapy" (Nitsch, 1999, p. 85). Traditional healers "[do] not heal anyone . . . all they do is help the person who comes to them to help themselves by giving them what they need. . . . The process of healing [is] to become whole" (p. 86). Thus, people in need of healing must be in a space where they are prepared for the interactions with a healer. As a Dene Elder described, "if a person approaches the Elders [for help] they are always ready to give good advice and the person is always ready to listen so that the individual will benefit from the advice from the Elders" (Rabesca, 1999, p. 367).

Traditional teachings are "given as a 'gift' by an Elder within a specific cultural context such as a ceremony, event, or time spent with an individual at a particular stage of his or her development" (Kulchyski, McCaskill, & Newhouse, 1999, p. xv). Elders are not simply those who have reached a particular age, but those who understand themselves in the context of all creation, maintain a centredness, and are able to pass on cultural teachings they have received from their Elders. However, to transmit this knowledge, Indigenous Peoples need to be able to receive it and integrate it into their own lives to reach a place where they may share and pass on what they have learned and experienced, perhaps in the role of Elder, traditional healer, or helper. Thus, transmission of oral histories takes on even greater importance given the attempt to eliminate Indigenous cultures in Canada through colonization processes. Naullaq Arnaquq (2015), former assistant deputy of Culture and Heritage, Government of Nunavut, described how colonization altered the role of Elders in Inuit communities:

In the last several years, I have heard adults say they miss the presence of Elders who can give them advice, but I have also heard Elders yearn for advice themselves during troubled adjustments and transitions to community life. They continue to grasp for solace and support to this day as some of them struggle to deal with grandchildren burdened with modern problems. The role of Elders drastically changed when the communities were established and families dispersed. I often heard outsiders saying, "Why is there so much apathy? . . . Why do Elders not take more of a role in the community?" The far-reaching reasons are embedded in the history of colonization. (p. 15)

Indigenous cultures are seen as a critical element for healing (Hart, 2002), and Elders, given the responsibility by their communities, pass on knowledge as they incorporate

their own experiences (Hart, 2009); therefore, Elders are critical knowledge links to the past, present, and future for Indigenous Peoples.

People living together and taking care of one another is also represented in the Inuit communal ethos, which was woven into all aspects of daily life prior to colonization: hunters provided for the community, dwellings were commonly shared with extended family members, and Elders provided counselling and healing to those whom they identified as needing it, rather than waiting for the troubled or sick to seek help (Pauktuutit, 2006). A contemporary conceptualization of Inuit worldview from Nunavut is encapsulated in Inuit Qaujimajatuqangit (IQ). While this concept grew from the wisdom of Nunavut Elders, “the descriptors used to capture the essence of **Inuit Qaujimajatuqangit** are recognized as being consistent with Inuit worldview as it is described in various Inuit circumpolar jurisdictions” (Tagalik, 2009, p. 1).

Elders in Nunavut have conceptualized a foundation for IQ composed of four laws, or *maligait*, which contribute to “living a good life” (Tagalik, 2009, p. 1). The four laws are

1. working for the common good;
2. respecting all living things;
3. maintaining harmony and balance; and
4. continually planning and preparing for the future.

There are eight guiding principles that buttress traditional Inuit kinship, family, and community by supporting the practical application of IQ in Inuit communities (Arnakak, 2000; Government of Nunavut, n.d.):

1. *Inuuqatigiitsiarniq*: respecting others, relationships, and caring for people
2. *Tunnganarniq*: fostering good spirit by being open, welcoming, and inclusive
3. *Pijitsirniq*: serving and providing for family and community
4. *Aajiiqatigiinni*: decision-making through consensus and discussion
5. *Pilimmaksarniq*: skills and knowledge development through observing, mentoring, and practice
6. *Piliriqatigiinni*: collaboration for the common good
7. *Avatittinnik Kamatsiarniq*: respect and care for the land and animals through environmental stewardship
8. *Qanuqtuurniq*: resourcefulness and innovation

While IQ incorporates present-day values of Inuit communities, it is grounded in the wisdom of past experience passed down through generations by Elders who carry their communities’ cultural values, knowledge, and skills (Arnakak, 2002). Contemporary Inuit social work practice integrates Inuit values and knowledge by, for example, placing a great deal of emphasis on listening skills and involving extended family in conflict resolution (Ives & Aitken, 2009). Traditional wisdom and learning is centred in practice, where ancestral values and practices have as many, if not more, answers to Inuit social needs (Tagalik, 2015). Safeguarding Inuit, First Nations, and Métis Elders’ knowledge and wisdom is critical to preserving traditional approaches to problem solving and to informing contemporary healing and wholeness practices.

**Inuit Qaujimajatuqangit** The Inuktitut (Inuit language) term for traditional or Indigenous knowledge of the Inuit or “that which has long been known by Inuit” (White, 2009, p. 75).

## French Historical Foundations of Social Work

Canadian social welfare history cannot be fully understood without addressing its French historical foundations. Such traditions are of particular relevance to innumerable French-speaking communities across Canada in addition to Quebec (see Table 1.1).

**Table 1.1** Population with French as Their First Official Language Spoken Outside Quebec, 2016

Province	First Official Language Spoken	
	Number Francophone	Percentage Francophone
Alberta	79,840	2.0
British Columbia	64,325	1.4
Manitoba	40,975	3.2
New Brunswick	234,055	31.8
Newfoundland and Labrador	2,425	0.5
Northwest Territories	1,240	3.0
Nova Scotia	29,370	3.2
Nunavut	625	1.8
Ontario	550,600	4.1
Prince Edward Island	4,665	3.3
Saskatchewan	14,435	1.3
Yukon	1,635	4.6
Canada (less QC)	1,024,190	3.8

Source: Statistics Canada, 2017.

This section presents a history of social welfare provision in early Quebec, key figures in the development of Quebec social services (see Table 1.2), the Catholic Church’s central role in the delivery of social work and social welfare, and how these historical factors shaped social welfare legislation after the Great Depression.

Poverty Relief and the Involvement of the Roman Catholic Church

In the seventeenth century, French-speaking colonists in New France approached early poverty relief as did their ancestors in France. Welfare in Quebec was heavily influenced by France’s emphasis on the family as the primary institution given responsibility by society for providing aid to its impoverished members. When families failed in their obligations to family members, relief provision depended on the charity of local parishes of the Roman Catholic Church and Christian-based charity. Rather than through a coordinated system, relief was provided by multiple entities using their own evaluation criteria to address the needs of those living in poverty in Quebec’s cities and towns. For example, in 1688, *bureaux des pauvres* were established and operated in the cities of Quebec, Montreal, and Trois-Rivières. These “offices of the poor,” under a local priest’s supervision, relied on funds through collections taken periodically by the parishes and then distributed to its impoverished members (Lessard, 1987).

Providers of relief believed two major tenets regarding poverty, which also guided relief across Canadian territories. First, poverty was individually driven due to a perceived inability to live within the current economic and social system in combination with unfavourable character traits. Second, the poor were either “**deserving**” or “**undeserving**.” Receiving charity was not considered a right; thus, it was only conferred upon

**deserving poor** Those in poverty through no fault of their own.

**undeserving poor** Those considered physically capable of work in some form or another but who are unemployed.

**Table 1.2** Key Figures in Quebec Social Welfare History

<b>Herbert Ames (1863–1954)</b>	Ames was a businessman, politician, and philanthropist who focused on helping people living in poverty. Ames authored <i>The City Below the Hill: A Sociological Study of a Portion of the City of Montréal</i> (1897), an analysis of conditions of Montreal’s working-class communities. Ames’s findings challenged conventional attitudes toward the poor, demonstrating that poverty and its related social problems were less a consequence of laziness and intemperance than of sporadic and irregular employment with inadequate wages. His moral stance influenced his support for the development of Diamond Court, a 39-unit housing complex for Montreal’s poor. In addition to advocating for the poor, Ames served as Montreal city councillor from 1898 until 1906, focusing on health and education reform. From 1904–1920, Ames served in Parliament as a member of the Conservative Party.
<b>Marie Lacoste Gérin-Lajoie (1867–1945)</b>	Influenced by the <i>résidence sociale</i> movement in France and the Settlement House Movement in North America, Gérin-Lajoie founded the Fédération nationale Saint-Jean-Baptiste in 1907, an organization that campaigned for social and political rights for women. In addition to its legal work, the Fédération nationale also championed social causes such as providing milk for children and mothers, fighting alcoholism and illness, raising awareness of infant mortality, and other issues that affected women’s lives. In 1922, Gérin-Lajoie led a protest for women’s suffrage in Quebec. (Quebec was the last Canadian province to grant the vote to women in 1940.) In 1923, she founded L’Institut Notre-Dame du Bon-Conseil and subsequently established social services at a parish level in Montreal (1938) and Saint Jerome (1939). Gérin-Lajoie also advocated for French-language university education for Quebec women. A professor at Université de Montréal, Gérin-Lajoie authored <i>Traité de droit usuel</i> (1902) and <i>La femme et le code civil</i> (1929) in which she argued against subordinate legal positions of married women in the Quebec Civil Code.
<b>L’Abbé Charles-Edouard Bourgeois (1898–1990)</b>	Bourgeois founded the first Francophone social service agency, Sœurs Dominicaines du Rosaire in Trois-Rivières, which focused on helping orphaned and neglected children. Public assistance from the government at the time was 24 cents per day, per orphan. In 1929, overwhelmed by need, religious institutions were unable to meet the demand for social services. Bourgeois organized community volunteers and raised funds from private donors and local parishes. When Bourgeois’s friend Maurice Duplessis became premier of Quebec in 1936, his diocese received substantial government subsidies for social services, effectively transitioning social services from church dominated to state controlled. In 1948, Bourgeois was appointed commissioner of an inquiry formed by the Quebec government to study juvenile delinquency. This led to the development of social welfare courses for educators and supervisors working with children in 1951 and the founding of the <i>l’École supérieure d’assistance sociale</i> in 1958.

the “deserving.” The “deserving” category included widows, orphans, the chronically ill, and the elderly who did not engage in what were perceived by relief providers as immoral activities such as alcoholism (Fingard, 1974; Linteau, Durocher, & Robert, 1983). Those who were able to work though unemployed were seen as “undeserving” and were sent to workhouses. Examples included unemployed men, unmarried women, and migrants from other regions who were unemployed. If they refused to enter the workhouse, they could be denied aid. A *Maison d’industrie* (workhouse with substandard conditions) was established in Montreal, combining relief with moral rehabilitation through labour and thus reaffirming the perspective that unemployment for those able to work was a result of immorality.

As in other provinces and territories across Canada, industrialization in Quebec brought huge benefits for technological progress, but, at the same time, created deplorable conditions for working people in urban areas. In their account of working conditions in Quebec in the 1800s, Linteau, Durocher, and Robert (1983) described industrialization’s effects on jobs: Factories employed more people than independent artisans and craftsmen, their conditions were minimally monitored, wages were low, and work hours were long. Those employed in domestic service (the majority of whom were women)

worked even longer hours, with time off limited to half a day weekly. The depression of wages across many sectors prevented employed male heads of households from buffering their families from poverty. Thus, other family members were required to work, though the labour of women and children was valued less than that of men. Various services were provided to help those who wanted to find work.

An individualized conceptualization of poverty helps to explain why there was no public intervention except in cases of public health emergencies when small grants were given to entities providing assistance (Linteau, Durocher, & Robert, 1983). Poor relief was primarily the Catholic Church's domain, as described by Minville in "The Church and Social Welfare—Assistance (Works of Mercy)" (1939):

For a protracted period of Canadian history the Church was the only organization, at a time when the state acknowledged no responsibility in the matter, in possession of the staff requisite for the care of the poor. When Canada was founded, the Catholic Church, with many more than a thousand years of existence behind her, had a wealth of tradition, of discipline, and was possessed of a powerful material organization. All these she implanted here.

Quebec's churches played a foundational role in the development of private charity organizations. Quebec was predominantly Roman Catholic, with the 1871 census recording 85 per cent of the population adhering to Catholicism; Protestant denominations comprised over 14 per cent while only 0.2 per cent did not report any religion (Linteau, Durocher, & Robert, 1983). In the nineteenth century, most charitable activities were carried out under the supervision of or directly by churches. For example, based on the charity work of sixteenth-century priest St Vincent De Paul, the St Vincent De Paul Society, originally founded in France in 1833, was introduced in Quebec City in 1846. The society's model consisted of a local priest who participated in the program implementation of each society; programs focused on aiding the poor, migrants, the elderly, and orphans (Linteau, Durocher, & Robert, 1983; St Vincent de Paul Society, n.d.). Assistance focused on home visits by society members. The St Vincent De Paul Society is still at work today in communities across Canada; in 2017, society councils, active in all provinces and territories, provided support to nearly 350,000 individuals.

### **Benevolent Societies and Other Ways of Helping**

Benevolent societies in Quebec were a preliminary model for Charity Organization Societies, supported by private donors and public and private fundraising activities. Benevolent societies were formed by middle-class or wealthy women or based on recommendations by particular church denominations to serve the poor of their ethnic or religious group. Examples of early benevolent societies include the Female Benevolent Society of Montreal (1815), the Association des Dames de Charité (1827) in Montreal, the Congregation of the *Sisters of Providence* (1843) in Montreal, the Grey Nuns of Saint Hyacinthe, Quebec (1840), and the Young Men's Hebrew Benevolent Society in Montreal (founded in 1863 and renamed the Baron de Hirsch Institute in 1890) (Bradbury, 2007; Guttman & Wright, 2018; Linteau, Durocher, & Robert, 1983). These societies typically operated in large urban areas, as relief in rural areas was the domain of local parishes. To coordinate English-speaking charity organization work, the Montreal Charity Organization Society was formed in 1900. In 1919, the Montreal Council of Social Agencies was formed to coordinate the work of non-sectarian and Protestant charities.

Hospitals and hospices were also care providers for the poor, organized along religious lines (Catholic and Protestant). Montreal did not have municipally or provincially

financed hospitals. Thus, those who were unable to work or be supported by family, such as orphaned infants and children, the elderly, and those with chronic or mental illnesses, were often sent to institutions such as the Hôtel-Dieu Hospital (Catholic) and the Montreal General Hospital (Protestant) (Linteau, Durocher, & Robert, 1983). Those with mental illnesses were the only group whose care was funded by government entities.

Given the lack of any provincial- or federal-level programs to provide for those who became sick or for families of workers who died, mutual benefit societies were created, founded not by churches or middle-class patrons but by groups of workers themselves. These mutual benefit societies combined the advantages of mutual aid associations, insurance companies, and cooperatives to provide for workers and their families in case of sickness or death (Linteau, Durocher, & Robert, 1983).

Charity work in Quebec was primarily the domain of English-speaking (Anglophone) middle-class and wealthy women. For French-speaking (Francophone) women, employment in hospices, daycare centres, hospitals, and orphanages was accomplished through entering a religious community, which meant becoming a nun (Linteau, Durocher, & Robert, 1983). In 1866, the Civil Code of Lower Canada (present-day Quebec's southern region) sought to codify all aspects of civil relations, primarily persons, property, succession, and marriage (Young, 1994). Women were heavily affected in that this codification of legal and political rights served to compromise their legal status. Under the Civil Code, which “reinforce[d] traditional social relations through the bias of the family” (Young, 1994, p. 121), married women, regardless of level of household income or societal position, held the same legal status as minors and those whose civil rights were taken away on the grounds of mental disability (Linteau, Durocher, & Robert, 1983). This entrenched women's dependence on men in Quebec and funneled them into positions traditionally conceptualized as women's work as opposed to independent entrepreneurs. A woman's role in Quebec was defined by her ability to be a wife and mother or a nun—the only option considered permissible for unmarried women.

## Myriad Approaches to Poverty Relief

In the early 1900s, municipal relief consisted of grants to charities, direct aid, or various services. However, social assistance programs were still not highly evolved. Montreal had four charitable financial federations that coordinated services to those in need: Federation of Jewish Philanthropies (1916), Financial Federation for Protestant and Non-sectarian Groups (1922), Federation of Catholic Charities for English-speaking Catholics (1929), and Fédération des oeuvres de charité canadiennes-françaises (French Canadian Federation of Welfare Services, 1933; Jennissen & Lundy, 2011). It was not until 1921 that the Public Charities Act of Quebec became the first social assistance legislation enacted, mandating that the government was required to intervene to help those in need. That requirement, however, only provided limited funding to existing institutions (Guttman & Wright, 2018). Economic hardships brought on by recessions (especially the Great Depression of the 1930s) forced government to step in, centralizing income protection functions. This marked a shift in responsibility away from the municipalities to the provinces and from there onto the federal government. Due to the immense need generated by the Great Depression, the federal government was forced to take social policy action: social assistance became institutionalized in the form of categorical programs.

As noted above, in Quebec prior to the 1960s, hospitals, social service agencies, and community services were generally owned and governed by religious orders or structures, especially the Roman Catholic Church. The Quiet Revolution in Quebec (beginning to mid-1960s), however, brought about significant changes in perspectives on religious institutions' involvement in social services through a rejection of conservative values.



Quebec society quickly became secular and embraced progressive religious ideas such as ecumenism and liberation theology, and effectively transformed them into social activism and community development.

## English Historical Foundations of Social Work

The origins of present-day professional social work in Canada can be seen in the early responses to addressing needs of the vulnerable through community or church-led initiatives. In the nineteenth century in English-speaking Canada, addressing poverty's consequences included poorhouses (also known as almshouses), provision of assistance to families in their own homes, and removing children from their homes and placing them in orphanages or apprenticeships. Increased organization of assistance in the late nineteenth century led to the development of Charity Organization Societies and the Settlement House Movement, foundational in the development of the social work profession. Significant upheavals in the early twentieth century, including increased migration, world wars, and the Great Depression, saw the development of the Social Gospel Movement, the formalization of social work education, and the broadening of municipal, provincial, and federal responsibility for public welfare.

### Early Approaches to Addressing the Needs of Vulnerable Populations

Early features of Canadian social welfare reflected developments in Britain. Drawing heavily on its British roots, early poverty relief in English-speaking Canadian settlements was influenced by the Elizabethan Poor Law of 1601 and focused on addressing poverty locally. While it was accepted that poverty existed, it was the family and community's obligation to alleviate distress caused by poverty. Central to addressing the needs of the poor were oversight and the belief that poverty was a result of a flaw in one's character. Addressing that personal flaw was seen as the needed change as opposed to analyzing societal structures that created conditions of poverty. Public relief was supervised by "overseers of the poor" who were responsible for local poor relief options. Assistance was mainly provided by private charity organizations or religious entities. If families of the poor were not able to care for their own, care was provided through a combination of institutional options (**indoor relief**) and material provision of food, clothing, or fuel to people allowed to remain in their own homes (**outdoor relief**).

**indoor relief** Assistance provided in an institutional setting, such as a poorhouse, almshouse, or workhouse.

**outdoor relief** Material assistance given to individuals and families in their own homes.

A poorhouse or almshouse was typically used for older adults or individuals with physical or mental illnesses living in poverty, while a workhouse was used for those considered able to work but unemployed. Poorhouses were the preferred social response to extreme poverty in an ideological and political sense (Katz, 1996). Reformers predicted that the replacement of outdoor relief with poorhouses would curb the demand for relief, avoid interference with labour demands, and instill a strong work ethic.

The Elizabethan Poor Law of 1601 had informally influenced relief provision wherever colonists settled. In 1860, as Canada was consolidating its territories into provinces, some regions officially adopted the Poor Law and its subsequent amendment in 1834 while others adopted English Civil Law. One principle contained in the 1834 amendment to the Poor Law can still be seen in contemporary social welfare policy: the principle of "**less eligibility**." This principle addressed the concerns of relief providers and others who feared that giving relief would create a permanent class of need recipients who would no longer have the motivation to seek work.

**less eligibility** Principle requiring that the standard of living of an individual receiving public assistance or the conditions of work (e.g. workhouse conditions) had to be less favourable than what a labourer would receive who worked the lowest-paying labour market job.

Upper Canada (present-day Ontario) adopted English Civil Law, which "meant that the responsibility for the poor rested with the individual, family, or the community, and when this failed, the poor relied on voluntary associations or fraternal organizations and agencies" (Jennissen & Lundy, 2011, p. 3). Outdoor relief was the primary method of



# RULES AND REGULATIONS OF THE COUNTY POOR HOUSE.

**RULE I.**---Every person admitted must be thoroughly cleaned by a bath, his hair cut short, and clothes changed.

**RULE II.**---No obscene or profane language, or disorderly conduct allowed on any part of the premises.

**RULE III.**---The Keeper must be obeyed in all just demands, and any complaint against him must be made to the Inspector, at his visits; any inmate disobeying the rules of the Institution, must be reported to the Inspector, who will inflict such punishment as he deems proper.

**RULE IV.**---Every inmate, unless sick, shall rise at 7½ o'clock, and retire at 8 o'clock, in winter; and rise at 5½ o'clock, and retire at 9 o'clock, in summer. And all that are able to work must be kept employed.

**RULE V.**---No inmate is allowed to leave the premises without a pass from the Inspector. If any one wishes to visit friends, or go away on business, he, or she, must apply to the Inspector, at his usual visits, for a written pass, which pass must be presented to the Keeper before he or she will be allowed to leave the premises.

**RULE VI.**---If any one is sick, he or she must report to the Keeper, who will notify the Medical Superintendent.

**RULE VII.**---It is the duty of the Keeper to preserve order and see that the above rules are enforced, and to report any infringement of the same to the Inspector.

**RULE VIII.**---Any one infringing any of the above rules will be placed in solitary confinement, with bread and water diet, for such period as the Inspector shall direct, subject to the approval of the Medical Superintendent.

**DANIEL MATTHEWS, Chairman,  
THOS. W. CLARK,  
JOHN WILSON,  
JACOB SOVEREEN,**

*Committee of Management of the Poor House.*

SIMCOE, COUNTY OF NORFOLK, ONTARIO

June 16, 1871.

Although poorhouses provided shelter and food to the poor, the “inmates” had to follow strict rules and regulations to avoid more dire consequences.

assistance in smaller regions in Ontario in the late 1800s (Marks, 1995). Nova Scotia and New Brunswick adopted the Poor Law, which meant that local municipalities oversaw assistance to the poor (Guest, 2001). Western provinces focused on the provision of assistance through municipal programs when they joined the Confederation (Osbourne, 1985).

Whether the assistance was coming from private philanthropies or from local authorities, central to the provision of that assistance, as in Quebec, was determining whether the applicant was “worthy” or “deserving” versus “unworthy” or “undeserving.”

This determination was subjectively based on whether the evaluator felt the reasons the applicant was not working were due to individual characteristics or through circumstances not of their own making; there were no processes of appeal if they were deemed “undeserving” (Marks, 1995). Moreover, charity providers expected recipients to be humble, grateful, and compliant.

The need for poor relief rose during industrialization with the accompanying changes in social and economic structures and the increase of migratory wage labourers who were often working in hazardous, unhealthy conditions (Katz, 1996). Harsh winters in Canada exacerbated the precarious conditions that all poor families faced. Many industrial sectors were weather dependent and thus many workers relied on seasonal employment (Fingard, 1974). There was little to no protection against bitterly cold winter weather conditions. As a result, greater numbers of religious entities and private charities became involved in responding to the needs of those living in poverty. For example, in St John’s, Newfoundland, a member of the St Vincent de Paul Society reported that those they helped were in particular need in the winter months: “Imagine for a moment the condition of a poor widow, with a large family, young and helpless, cold and famishing, without fuel or food—without any employment whatever, during the dreary and bitter days of a protracted winter” (*St John’s Newfoundlander*, 11 December, 1856, as cited in Fingard, 1974, p. 68).

## Social Reform Post-Confederation

### Charity Organization Societies

A widely held belief in Britain, based on the secularization of the Puritan doctrine of vocation, saw relief receipt leading to increased dependence, which in turn would cause character breakdown and the loss of a desire to work. To address concerns about the broad, unsystematic provision of aid believed to worsen poverty, England attempted to formalize and organize its charities through the Charity Organization of London in 1869, emphasizing the value of a methodical investigation system that could be taught over arbitrary, unsystematic charity giving. J.S. Woodsworth (1911) described this growing concern regarding “indiscriminate and harmful almsgiving,” calling for a new method of relief than what was typically given in small communities:

In a small community it is easy to give relief to the small occasional family. There exists a personal relationship which largely precludes imposition, and which goes far in encouraging thrift. But in the city, the situation is quite changed. The well-to-do neighbors are separated from their less fortunate neighbors by distance and by social cleavages of many kinds. The very numbers make personal knowledge and sympathy almost an impossibility. How to get the man who needs help into touch with the man who can help is the problem. With no system there has been on the one hand much indiscriminate and harmful almsgiving, and on the other hand, much needless misery, and, worse than all, no earnest attempt to cope with underlying evils. (p. 280)

In the late 1880s, organized charity movements were established in Canada and the United States, signalling the arrival of the growing movement of applying a “scientific approach” to alleviate poverty. The most famous and influential Charity Organization Society (COS) was founded in Baltimore, Maryland, where Mary Richmond began her standardization of care provision for the poor. Richmond (1917) characterized this process as a casework approach “for the betterment of individuals and families, one by one, as distinguished from their betterment in the mass” (p. 25). She promoted the approach

of a “case-by-case response to the rehabilitation of the poor” (also referred to as the **social casework** method of investigation) through a method of “friendly visiting” (Jennissen & Lundy, 2011, p. 9).

In a social casework approach, one addresses an issue by systematically collecting detailed data regarding an individual’s environment, including family and other factors outside the family (termed “social evidence”), making inferences through comparing various data sources and making a diagnosis through analysis of the data, leading to the creation of a treatment plan. Although Richmond’s focus was on developing social casework to identify, diagnose, and treat individual-level problems, she never intended social casework to eclipse societal reforms, believing that “mass betterment and individual betterment are interdependent . . . social reform and social case work of necessity progressing together” (Richmond, 1917, p. 25).

Proponents of COS believed that training visitors and applying a rigorous, scientifically based welfare delivery system would provide “objective” evaluations of poverty’s causes and encourage the poor’s independence. The general assumption of the friendly visitors was that the corrosion of character was a leading cause of poverty; the visitors’ own middle- or upper-income status was assumed to be an indicator of a higher moral nature. Visiting the poor in their homes, “friendly visitors” believed that their role was, through teaching and modelling, “to make our fellow-creatures better through our charity, to touch the nature and make it respond to our own, till there shall be more of mutual faith and comprehension, as well as a more diffused sympathy through the different orders of society” (Jameson, 1859, p. 62).

Visitors would evaluate eligibility for relief and rehabilitate what was assumed to be weak in the moral character of those in need of relief. Thus, an individual’s character, instead of the individual’s social, economic, and political environments, was considered to be at the core of their poverty. Influenced by **Social Darwinism**, many COS-affiliated reformers also believed that only by separating poor children from their parents could they prevent the transmission of dependence from one generation to another. Social Darwinism was the application of Charles Darwin’s theories of evolution to social theory, led by philosopher Herbert Spencer, which, in turn, influenced perspectives on relief provision to the poor.

While scientific charity was an attempted departure from the subjective, moral judgments of the causes of social problems, biases were still widespread, particularly with regard to socio-economic status and ethnic origin. Trained social workers who replaced charity volunteers were primarily White, middle- to upper-income educated women. For example, Charlotte Whitton (1896–1975) played an influential role in promoting social casework in Canada. Educated at Queen’s University, she began her career in social work with the Social Service Council of Canada. In 1922, she became director of the Canadian Welfare Council and a staunch promoter of child welfare.

The largest Canadian COSs were the Associated Charities of Toronto established in 1888, the Montreal Charity Organization Society established in 1900, and the Associated Charities Bureau in Winnipeg established in 1908. In 1912, these cities’ charity organizations formed Associated Charities, which joined the US National Association of Societies for Organizing Charity (Jennissen & Lundy, 2011). By the 1920s, the longing for validation as a profession along with the desire to connect to the authority held by the science disciplines shaped the adoption of the medical model as a fundamental paradigm for social work practice (Irving, 1992).

### Settlement House Movement

The Settlement House Movement (SHM) was the second major development in social welfare provision by the voluntary sector. Industrialization, urbanization, and increased

**social casework** Addressing an issue by systematically gathering detailed data regarding an individual’s environment and analyzing the data, followed by making a data-based diagnosis and treatment plan.

**Social Darwinism** As related to poverty, the belief that indiscriminate relief would weaken a person’s moral character, leading to the weakening of society; those who were poor were “unfit” while those who were wealthy were not only “fit” but possessed higher moral character.

immigration contributed to the creation of unsafe, unsanitary living conditions within areas of major urban centres, where high concentrations of families lived in substandard housing. In response, educated volunteers, typically university students, moved into impoverished neighbourhoods in “settlement houses” alongside those living in poverty. It was believed that by living in poor communities, these volunteers would be better able to understand community members’ lives and, using relationships with community members as a tool for social change, improve conditions through the social, economic, and political reconstruction of urban neighbourhoods. Settlement houses emphasized social action through the provision of neighbourhood services and community development initiatives. One key difference between the SHM and the COS lay in how they saw families and conceptualized poverty’s causes. The COS saw dysfunctional families as the root cause

## Case Study

### J.S. Woodsworth, the City, and Social Reform

James Shaver Woodsworth (1874–1942), labour activist, Methodist Church minister, Social Gospeller, and social worker, worked in Winnipeg’s North End starting in 1904. He later became a member of Parliament (Labour Party) who continually campaigned for labour rights, improved social welfare measures, and democratic socialism. In 1926–1927, he persuaded Prime Minister Mackenzie King to introduce Canada’s first social welfare legislation: an old-age pension plan. A staunch supporter of the organized labour movement, he became the Co-operative Commonwealth Federation’s (predecessor of the contemporary New Democratic Party) leader in 1933.

Propelled by rapid population increases in urban areas and the accompanying social challenges, Woodsworth conducted a study in 1911, *My Neighbour: A Study of City Conditions, A Plea for Social Service*, to discover how “to be neighbourly not only in the wilderness, or in the comparatively simple life of a country community, but in the crowded city with its many and complicated interests” (p. 21).

Drawing from reports from mission visitors in Winnipeg, Woodsworth described the era’s abysmal conditions.

In a home of three young girls living in a tenement:

A small room at the back, very crowded, with double bed and table. The air was very, very bad and both door and window were kept tightly closed. Father was out looking for work. The mother was out washing. The stove was dirty and piled up with dirty pots and kettles. . . . The bed was all the beds in this class of home—mattress covered by an old gray blanket, two big, dirty-looking pillows and some old clothes. This was the children’s playground, for there was no floor space uncovered. (p. 108)

In an immigrant home:

Shack—one room and a lean-to. Furniture—two beds, a bunk, stove, bench, two chairs, table, barrel of sauerkraut. Everything was dirty. Two families lived there. Women were dirty, unkempt, bare-footed, half-clothed. Children wore only print slips. (p. 108)

of poverty within a well-functioning society; the SHM believed in the sufficient functioning of families who lived within a society in need of reform (Axinn & Levin, 1992).

The first settlement houses, typically funded through wealthy donors' charity, were established in poor neighbourhoods in London in the mid-1880s (Axinn & Levin, 1992). These settlement houses, the first of which was Toynbee Hall, established in 1884, offered food, lodging, and other basic provisions. A similarity between the SHM and the COS was the approach of addressing poverty through social relationships to "gain the confidence of the people of the district and seek to secure for them what they most value in their own lives" (Woodsworth, 1911, p. 297). However, SHM proponents, a precursor to community organizing in Canada, put greater emphasis on social reform than those of the COS. The most famous settlement house was Hull House, founded in Chicago by

This entry, provided by one of the Mission visitors, a church deaconess, included her intervention and a subjective assessment of the parents' work ethic.

In an immigrant home:

Shack. Family consisted of father, mother, eight children. Deaconess was in a [public] car one day in December when two half-clad, dirty children got in. They had no tickets and when the conductor proceeded to put them off, she paid the fares and took the children to the Mission supply room and sent them home clean and warmly clad. Two days later she went to the address given by the children and found the children dressed as before starting for town. The parents have a strong disinclination to work and send the children out with a well-worded story to appeal to the tender-hearted of Winnipeg. The home was very dirty, the children badly trained and not sufficiently nourished. Work was procured for both father and mother and when pressure was brought to bear upon them to make them provide for the needs of their family and educate their children, they hurriedly left town. (p. 109)

Woodsworth saw city life as a "spider's web, pull one thread and you pull every thread" (p. 26). Thus, his suggestions for reforms touched on multiple spheres: labour conditions and wages, housing conditions, sanitation, family well-being, and child welfare, including children's nutrition, education, material needs, child labour's elimination, and the creation of dedicated play space. Based on his findings, Woodsworth advocated for greater involvement in social issues, particularly by churches, asserting that "many of our profound thinkers believe that the real difficulty is a moral one, that so long as men are essentially selfish, no scheme, however attractive, can accomplish much. Men must be educated to altruism, or their hearts changed, before our social evils will disappear" (p. 87). Social reform, he reasoned, would only occur through the combined efforts of "social service," which he defined as COSS, settlement houses, social work of churches, and city missions.



Jane Addams in 1889. In her book, *Twenty Years at Hull House*, describing settlements, Addams wrote,

The Settlement, then, is an experimental effort to aid in the solution of the social and industrial problems which are engendered by the modern conditions of life in the great city. It is an attempt to relieve at the same time the over-accumulation at one end of society and the destitution at the other; but it assumes that this over-accumulation and destitution is most sorely felt in the things that pertain to the social and educational advantages. (Addams, 1910, pp. 126–127)

Toronto, Canada's largest metropolitan centre, saw the birth of multiple settlement houses: the Young Women's Settlement in 1899 (renamed Evangelia in 1902), University Settlement in 1910, Central Neighbourhood House in 1911, and St Christopher's House in 1912. Montreal's first settlement house was University Settlement House established in 1910. Early social work schools in Canada were influenced by or associated with settlement houses. St Christopher's House in Toronto became a field placement site for social work students at the University of Toronto's School of Social Work (Keller & Ruether, 2006).

In 1894, the Association of Neighbourhood Houses of British Columbia was incorporated, bringing together the province's vast network of neighbourhood (settlement) houses. Settlement workers were politically active, advocating for better housing, improved child welfare, and child care opportunities. Unfortunately, this activism by settlement houses did not extend to all in need; their activities were shaped by the well-entrenched racism of the era. Settlement houses for Black and Jewish Canadian populations did not open until the mid-1920s. For Black Canadians in Montreal, the Negro Community Centre was established in 1925 to provide educational, recreational, and social opportunities (Jennisen & Lundy, 2011). Also in Montreal, Settlement House, a settlement for Jewish children, opened in 1927 (Keller & Ruether, 2006).

### Religion and the Provision of Relief

Organized religion and spirituality have had a profound impact on the development of social work in Canada (Graham, Coholic, & Coates, 2007). Social work's roots lie in religious congregation members' participation in poverty relief provision, particularly through COSs and the SHM. Religious congregations have historically been involved in the provision of social services in communities either on their own, in partnership with other congregations, or working with secular agencies for social service provision (Axinn & Stern, 2007; Hiemstra, 2002; Salamon, 1995). The **Social Gospel Movement** was a theological and social movement devoted to social development and change, and played a key role in the development of the profession and the understanding and tackling of social issues.

The Social Gospel Movement's central belief was that "God was at work in social change, creating moral order and social justice" (Allen, 2007, p. 65). Adherents sought to address social and economic problems through Christ's teachings; members primarily belonged to Protestant-affiliated denominations: Methodists, Presbyterians, and Anglicans (Guest, 1997). The movement held an optimistic view of human nature and spoke of traditional Christian doctrine such as sin, atonement, salvation, and the Kingdom of God in social and collective terms (Allen, 2007). During this time, churches increasingly became places that offered social services through their social welfare and social reform activities (Guest, 1997). Women associated with Christian organizations founded the majority of settlement/neighbourhood houses across Canada (Keller & Ruether, 2006). Some began as missions, such as the Methodist Sunday

**Social Gospel Movement** An integrated theological and social movement centred on social development and change.

School in Winnipeg in 1899, later renamed All Peoples' Mission. Social Gospeller J.S. Woodsworth (see "Case Study" box in this chapter) led All Peoples' Mission from 1907 to 1913, working with poor and immigrant families in Winnipeg's North End. In 1907, major Protestant and Methodist churches joined together to form the Moral and Social Reform Council of Canada. In an attempt to adopt a more scientific perspective and create distance from its founding religious base, the Reform Council became the Social Service Council of Canada in 1914.

In Black Canadian communities, congregations have long served as providers of services as well as facilitators of access to community programs and resources (Billingsley, 1995; Chaves & Higgins, 1992; Este & Bernard, 2006; Williams, 1997). Describing the role of the church among African Nova Scotians, Este and Bernard (2006) wrote that the provision of services by Black Canadian congregations was a matter of survival, as African Canadians were being denied assistance due to the "racist and discriminatory practices inflicted on the early members of the community . . . in a hostile and demeaning environment" (p. 3).

Social welfare provision to its members, such as giving food, clothing, and housing to newly arrived immigrants or refugees, was also part of the desire to build a sense of belonging and community among Black citizens (Este, 2007). Indeed, despite their efforts to integrate into Canadian society, Black Canadians experienced subtle and explicit forms of racism and discrimination by White Canadians (Este, 2004, 2007). These experiences served as a catalyst for members of Black communities to develop their own institutions, one of which was the Black Church (Este, 2007). Churches with predominantly Black congregations and communities have continued the tradition of addressing social, economic, and cultural needs of community members (Barnes, 2005).

Examining the church's role in Black Canadian history, Este (2007) found two distinct interpretations. One view was that the church had a negative influence by acting as a barrier to integration, furthered Black Canadians' segregation from White society by promoting attitudes of patience, subservience, and resignation to their status as second-class citizens, and increased the distance between Blacks and Whites in Canadian society (Henry, 1973; Winks, 1971). In contrast, another view saw the church's role in Black communities more positively, seeing the reactions of Black churches as constructive and responsive to the racist and exploitative nature of Canadian society at the time by providing Black communities with a space for community members to experience feelings of belonging and develop their own identity and sense of self-worth (Hill, 1981; Walker, 1995).

Black churches' concerns with the social welfare of their members and the need to create a sense of belonging and community among Black citizens were evident in Nova Scotia in the late 1700s and in Ontario and Montreal in the 1800s (Este, 2007). One of the oldest, largest Black churches in Canada is the Union Congregational Church of Montreal (later known as Union United Church). The church was founded in 1907 by a group of Black railroad porters who no longer felt welcome in White churches and wanted to control their own institution (Este, 2004; Walker, 1995). They approached the Congregational Home Mission, which assisted them by providing funding for the building of their new church (Este, 2004). Besides building a place of worship, the founders recognized the need for the church to be a social welfare institution within the community: it served as a welcoming house for new residents and provided winter clothing and food to those in need (Este, 2004). In the 1920s and 1930s, Union United Church and its pastor, Reverend Dr Charles Este, became active in housing and labour rights for members of Montreal's Black community and a strong advocate for Black women to gain equal access to higher education in fields such as nursing and education (Este, 2004).



## In Their Own Words

### The Black Church in Canada: Pillars of Strength

A third-generation African Canadian, I was born in Montreal and lived there for at least 13 years. One of the places I went to on Sundays was Union United Church (UUC), Montreal's oldest Black church, which was founded in 1907 by a group of African American railroad porters and their partners who decided to make the city their permanent home. My great-uncle, Reverend (Doctor) Charles Este, was the minister of UUC from 1923–1968. I recall meeting with my great-uncle on numerous occasions in his large office following the service.

It was not until I began my master's degree in (Black Canadian) history, however, that I came to the realization of the role Black churches, such as UUC, played in the development of African-Canadian communities throughout the country. Whether it be in Halifax with the Cornwallis Street Baptist Church, the Shiloh Baptist Church in Edmonton, the African Methodist Church (AME) in Amherstburg, or the First Baptist Church in Toronto, these became the focal point in their communities.

Visits nearly a decade apart to two Black churches reinforced my belief in the continued importance of this institution in African-Canadian communities. In 1999, I spent two months in Halifax as part of my sabbatical. I attended the East Preston United Baptist Church with my colleague and friend Dr Wanda Thomas Bernard. On this particular Sunday, the church was full to the rafters. For the first time in its history, women were being ordained as officers of the church. Family members gave testimonials about these women who were being honoured. The pride and joy of this accomplishment was evident in every speech. The event, which lasted over three hours, attracted the media.

I also had the opportunity to attend the Cornwallis Street Baptist Church and Victoria Road United Baptist in the Halifax-Dartmouth area. True to custom, we were invited to dinner by a member of each congregation. It was readily apparent that the churches continued to serve as a vehicle to bring together the members of the African–Nova Scotian community, both spiritually and socially.

During the fall of 2008, I was a visiting professor at the School of Social Work at McGill University. I attended UUC several times. On my first visit, the church was celebrating the publication of a book by Maranda Moses entitled *Proud Past, Bright Future*. The book launch was well attended and received press coverage. I attended a bazaar in early December held in the basement of the church. The event served as a meeting place where members of the community, especially those who were advanced in age, came together to share their stories and experiences about their involvement with UUC. These visits provided me with the opportunity to reconnect with members of the Montreal English Black community who were members of my great-uncle's congregation. In February 2013, I attended a Black history event in Edmonton. As part of the celebration, Reverend Fraser, minister of the Shiloh Baptist Church, gave an account of the role his church continues to play in the lives of African Canadians residing in Edmonton.

The opportunity to conduct research on some of the Black churches in Canada, to witness these institutions in action, and to hear a cross-section of African Canadians from different parts of Canada speak to the value of the presence of Black churches signifies to me that they are indeed still the “pillars of strength” within African-Canadian communities.

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## Women and Poverty

At the heart of the social order in colonial society was the family, with men as the head of the household. Referred to as a patriarchal family, this family structure was supported by norms and laws necessary for survival, socialization, and social stability (Abramovitz, 1996). Whereas social rights for men were grounded in their participation in the market economy, social rights for women were based on their status as mothers and caregivers. Women's duties revolved around the maintenance of the household and care for family members. Deviations (e.g. unmarried mothers) were seen as a threat to the social order.

In a historical review of the roots of the feminization of poverty and links to the contemporary welfare of women, Abramovitz (1996) discussed how mechanisms built into the structure of social welfare policies were designed to treat women differently based on how their lives related to the **family ethic**. Since colonial times, a woman's relationship to the family ethic determined the type of treatment she would receive under social welfare policies. A woman's adherence to the family ethic was grounded in obedience to her husband "and established a woman's femininity, her womanhood and her social respectability" (Abramovitz, 1996, p. 52). Thus, married women, widowed women, or those whose male breadwinners were able to support them (primarily White, middle-class women) were treated more favourably under social welfare policies than unmarried women, unmarried mothers, and women whose breadwinners were not able to sufficiently provide for their families.

In critiquing the family ethic, it is important to note that Abramovitz did not mean "to devalue the experience of sharing one's life with a partner or that of bearing, raising, and loving children . . . [but] rather . . . suggests that institutionally enforced rules of family organization do not necessarily enhance family life and they frequently disadvantage women" (p. 9). There are direct links between the family ethic and the poverty of women in Canada today. For example, in 2007, the prevalence of poverty among women either unmarried or not in common-law relationships was 27.5 per cent compared to 6.5 per cent among women in families (Collin & Jensen, 2009). A recent study that examined the experiences of economic exclusion in Canada's labour market from 2000–2010 (Lightman & Good Gingrich, 2018) found that women, along with racialized groups and new immigrants, disproportionately experienced economic exclusion in Canada's labour market. Lightman and Good Gingrich defined economic exclusion as the "systematic denial of full access to legitimate means of acquiring economic resources, restricting the volume and functional quality of material, social and cultural capital and reinforcing dispossessed positions and economic divides" (p. 3). Their data showed that those who were single or separated, divorced or widowed had Economic Exclusion Index scores significantly higher than people who were married and that women were one of the most overrepresented groups in the most excluded quintile of the Economic Exclusion Index in 2000 and 2010 (in addition to Black, South Asian and Arab individuals, and recent immigrants). An intersectional analysis underscores the increased vulnerability of women who were also racialized or new immigrants. (See Chapters 2 and 10 for a detailed discussion of intersectionality.)

A contemporary version of the family ethic requires women who work full-time outside the home to also be primarily responsible for caring for the family and running the household (Abramovitz, 1996). During periods of economic expansion, families may be able to afford supports for women who work outside the home, such as child care and cleaning services. In economic downturns, the family ethic has been found to further increase women's total work burden (Fox & Moyser, 2018). While contributing to household income is critical during economic downturns, with less disposable income, households tend to cut back on purchased goods and services, including child care services, eating out or catering, and household maintenance services, replacing them with unpaid labour disproportionately traditionally performed by women (Bettio et al., 2012; Fox & Moyser, 2018).

**family ethic** A perspective that began in the colonial era defining a woman's role solely as a wife and mother.

## Major Social Legislation from the Depression Onwards

The stock market crash in 1929 and agricultural failures in Western Canada brought on massive unemployment and poverty, deeply and widely felt across Canada (Jennissen & Lundy, 2011). The enormity of need brought on by the Depression overwhelmed provincial, territorial, and federal governments. Social workers continued to serve those in need according to religious affiliation, with a few exceptions. One such exception was Montreal's University Settlement House, which provided relief-in-kind to all who lived in its surrounding neighbourhood, including newly arrived immigrants (Mortin, 1953).

In Saskatchewan, crop failures and plummeting wheat prices reduced total provincial income by 90 per cent; in some rural areas, 95 per cent of the population received relief (Berton, 2001). Winnipeg had the highest percentage of relief recipients across Canadian cities and in 1933 in Quebec almost 33 per cent of the entire provincial population was receiving relief (Jennissen & Lundy, 2011). Going against Quebec's aversion to public welfare and in response to overwhelming need not able to be met by churches and charities, the Montreal Unemployment Relief Commission was created, the first instance of direct government responsibility for people's welfare in Quebec history (Jennissen & Lundy, 2011). During this time, because of high percentages of people out of work and living in precarious conditions, governments were forced to depart from their previous approaches to relief through churches and charities. Poverty was no longer confined



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As a result of the Depression, the government of Quebec took direct responsibility for the welfare of the poor, offering relief services to anyone that was in need.

to those without work or who had always lived in poverty; the Depression affected, albeit to different degrees, all strata of Canadian society.

Social workers across Canada were directly involved in providing relief at this time, and by necessity, focused greater attention on helping individuals and families survive than on individual casework. Significant social welfare legislation grew out of the Depression. Creating the context for the Canadian **welfare state**, these pieces of legislation were propelled by the overwhelming number of people affected, duration of profound need, and the realization that external forces could be a significant contributor to one's physical, economic, and social well-being (see Table 1.3).

**welfare state** A country in which the government assumes responsibility for ensuring that its citizens' basic needs are met.

**Table 1.3** Timeline of Major Social Welfare Legislation in the Twentieth Century

Events in Canada		Events in Quebec
<b>1929–1939: The Great Depression</b> Marked by mass unemployment; gave rise to support for federal aid and central planning; and fueled growth of social service sector.	1920s	<b>1921: Public Charities Act Adopted</b> Mandated government to intervene in helping the needy, an area previously restricted to church and benevolent groups.
<b>1932: Co-operative Commonwealth Federation Founded</b> Social-democratic political party that later became the New Democratic Party (NDP) in 1961.	1930s	<b>1933: Fédération des OEuvres de Charité Founded</b> Lay philanthropic association with a focus on the family maintained ideas of deserving and undeserving poor.
<b>1939–1945: World War II</b>		<b>1937: Assistance for Needy Mothers Enacted</b> Provided assistance for mothers with targeted assistance for children.
<b>1943: Marsh Report on Social Security Published</b> Detailed the need for comprehensive and universal social programs to protect disadvantaged.	1940s	<b>1944: Labour Relations Act Enacted</b> Became cornerstone of private labour relations by protecting and favouring the rights of workers to collective bargaining.
<b>1945–1960: Baby Boom</b> Period of increased birth rates.		
<b>1952: Old Age Security Act Enacted</b> Cornerstone of Canada's retirement income system.	1950s	
<b>1956: Unemployment Insurance Act Enacted</b> Provides federal assistance to the unemployed.		
<b>1966: White Paper Published</b> Recognized immigration as a major contributor to national goals of population and economic growth.	1960s	<b>1960–1966: The Quiet Revolution</b> Represented period of rapid change characterized by secularization of society, creation of welfare state, and realignment of politics into federalist and separatist factions.
<b>1966: Canadian Assistance Plan Enacted</b> Transformed social assistance into a publicly funded and administered program.		<b>1963: The Boucher Report Published</b> Ended era requiring that a needy person have “good morals” to be eligible for assistance.
<b>1978: Immigration Act Amended</b> Recognized refugees as a legitimate class of immigrants to Canada.	1970s	<b>1970: October Crisis</b> Triggered by kidnapping of government officials by members of radical political group and culminated in the peacetime use of War Measures Act.

*continued*

**Table 1.3**    *continued*

Events in Canada		Events in Quebec
<b>1984: Canada Health Act Adopted</b>  Specified conditions and criteria with which health insurance programs must conform to receive federal assistance.	<b>1980s</b>	<b>1980: First Sovereignty Referendum</b>  <b>1988: Act Respecting Income Security Enacted</b>  Included work and employment incentives for those able to work, financial support for those unable to work, and parental wage assistance for those with children.
<b>1992: Meech Lake Accord Rejected</b>  Proposed amendments to Canadian Constitution intended to give more power to provinces and declare Quebec “a distinct society” as compromise to keep Quebec part of Canada.  <b>1999: Social Union Framework Agreement Enacted</b>  Aimed to improve social policies and programs in Canada.	<b>1990s</b>	<b>1990: Oka Crisis</b>  First well-publicized violent land dispute between First Nations and Canadian government in late twentieth century.  <b>1991: Civil Code of Quebec Revised</b>  As Quebec’s “social constitution,” addressed private laws.  <b>1995: Second Sovereignty Referendum</b>
<b>2005: Civil Marriage Act Adopted</b>  Legalized same-sex marriage across Canada.  <b>2007: Veterans’ Bill of Rights Adopted</b>  Guaranteed benefits for veterans as “special citizens.”	<b>2000s</b>	

In addition to ensuring that basic needs are met, Hoefer (1996) asserted that the fundamental idea of any welfare system through which policies are implemented is to increase equality. However, welfare states differ based on ideology as to whether they are committed to equality of opportunity or equality of outcome. Titmuss (1958) categorized welfare states on a continuum ranging from residual to institutional. In residual welfare states, the state provides limited support as a last resort—only in cases where the family or the market fails. Institutional welfare provides support to the entire population in the form of universal programs, committing to areas critical for societal well-being. Canada could be considered a hybrid—not operating primarily from a residual model (e.g. as in the United States) although at times providing social assistance with restrictive conditions and to populations through means-testing. At the same time, the Canadian welfare state offers universal programs such as Medicare, Old Age Security, and Employment Insurance for all citizens.

**neoliberalism** A set of economic policies whereby the control of economic factors is shifted from the public sector to the private sector.

Since the early 1980s, however, with the election of a **neoliberal** government under former prime minister Brian Mulroney, social assistance has been provided increasingly begrudgingly. Neoliberalism’s effects have been broad and continue to impact social work in multiple ways. Because neoliberalism centres free market values, policies that promote the market and reduce social programs are preferred. A serious consequence is the movement of financial considerations to the heart of social work, rather than client-centred practice. This means social workers have higher workloads while facing drastic reductions in human and financial resources and increasing bureaucratic requirements (Westhues, Lafrance, & Schmidt, 2001). It has become a perpetual challenge for social workers to avoid having their practice evolve into a mechanized and overly standardized and simplified provision of services. (See Chapter 13 for more on neoliberalism’s impact on social work.)