

Citizens Speak About the Meaning of Genuine Community Governance

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Abstract

This community-based study, incorporating both qualitative and quantitative methods, examines the views of citizens across northern British Columbia, Canada who faced a potential shift from a centralized child welfare governance model, to one that was promoted as a more community-sensitive, regional approach to governance. The study utilizes a community survey, focus groups and key informant interviews to solicit the views of residents regarding their awareness of and inclusion in the change process as well as their thoughts about how to create genuine community-based governance. Results indicate that most participants had limited knowledge of the government-initiated consultation process and even less involvement in it. Participants point out government failure to value local knowledge, experience and capacity and an unwillingness to provide communities with the opportunity to craft and implement their own vision for healthy children and families. Features of genuine community governance are also identified.

Introduction

In summer 2001, the provincial government of British Columbia (BC), Canada instructed all its ministries to undertake a Core Services Review – a cost-cutting initiative through which the government sought to eliminate, reduce, consolidate or transfer public services to the voluntary or private sector. This review process was part of a world-wide trend toward government retreat from the provision of public services, including the shift toward privatization and the reliance on local communities and families as a key resource to tackle social problems (Mullaly, 1997; Panitch, 1994; Silver & Arrighi, 2001; Slava, 1996). In the context of child welfare

services, the Minister of Children and Family Development (MCFD) responded to the core review process by developing a three year Budget and Service Plan that set out the framework for transitioning the Ministry to a regional community governance structure beginning with the creation of five aboriginal authorities, five interim regional authorities and an interim provincial community living authority. According to the Minister of the day, “the old social services delivery system was centralized, rigid and unresponsive.... We need innovative solutions that come from the communities affected by the decisions” – an appealing notion if it included the government’s commitment to supply the resources and grant the authority necessary for communities to develop a genuinely community-created and community-serving plan.

Relying on the *community* is a key feature of the move toward regional community-based governance that theoretically offers a strategy for bringing the community together to design community-based responses to meet the service and program commitments of the ministry. The intent is to move to regional community-based governance by acknowledging and reinforcing the “capacity of communities to support and enhance the resilience of children and families,” “to promote choice, innovation and shared responsibility,” and “to enable communities to develop and deliver services within a consolidated, coherent, community-based service delivery system” (MCFD, 2002). While this strategy has merit it needs to be carefully thought through, implemented, and not rigidly imposed on communities.

In 2002, to initiate the process of regional governance in northern BC, the Child and Family Services North Regional Transition

Council was created. The composition of the Council included a combination of political appointments drawn from the community and senior administrators within the governing bureaucracy. With the assistance of a consulting group contracted by MCFD, the Council began a community consultation process to both provide information as well as solicit the views of service users, providers and community members. After receiving the consultant's findings, the Transition Council approached the University of Northern British Columbia's Social Work Program to conduct an independent study of the regional planning and implementation process in the North Region, including the consultation process which had just been completed. This paper presents the highlights of this study. The goals of the research were two-fold:

1. To examine the level of community participation in the planning process
2. To examine the community's perceptions of and insights into the implemented and proposed changes in services as well as the new delivery structure.

Adopting a Community-Based Participatory Approach

A community-based participatory approach to the research was chosen for the study because of its capacity to strengthen community awareness and promote community participation in the research process (Cornwall & Jewkes, 1995; Green & Mercer, 2001). Community-based research attempts to enhance more traditional academic research by valuing the contribution that community members make in the development of knowledge, especially about community practice. It is well suited for research with marginalized and disengaged populations (Collins, 2000; Park, 2001). The personal nature of the approach also encourages greater public confidence in the research process, as well as fostering trust and building partnerships (Rowan, 2001), all key ingredients of effective community-

based governance. It is with this orientation to research – with a heavy emphasis on trust, dialogue, and positive collaborative inquiry towards finding solutions versus simply identifying what is wrong – that this study was undertaken. Unfortunately, about half-way through our project, MCFD announced that it was pulling back from its plans for regional community governance. We decided to continue the research anyway in order to ensure that community voices were heard and might have the opportunity to influence future initiatives.

Research Design

Utilizing a case study framework involving six northern communities, this primarily descriptive community-based study employed both qualitative and quantitative research methods and included a three-method approach to data collection – community survey, focus groups and key informant interviews. Combining research methods and data sources serves to strengthen the convergent validity of a study by employing multiple methods of measurement and/or data sources (Brewer & Hunter, 1989; Guba, 1990; Reinharz, 1992).

Participant Identification and Selection

A purposive sampling strategy was utilized to identify participants for a community survey, focus groups and key informant interviews. A framework of mediating structures was developed to guide the selection of research participants. The term mediating structures was coined by Berger and Neuhaus in 1977 (1996, p. 158) to describe “those institutions standing between the individual in his private life” and the larger “formal” institutions of public life. From a community-based participatory research perspective, the notion of mediating structures is a helpful one in addressing the fundamental challenge researchers working from a community perspective confront; namely, how to effectively connect with and include a wide representation of who makes up the “community.” For the purposes of this project, fifteen mediating structures

were identified including categories such as business person, social service provider, educator, service user, health professional, foster or respite provider, among others. There was also an option to “write-in” a category if an appropriate one was not listed. By consciously selecting and including participants from a wide range of mediating structures, we were able to quantitatively and qualitatively investigate, with greater validity, the depth and breadth of community participation in, and perception of, the MCFD change process.

Case Study Community Identification and Selection

Communities were selected based on their location and size, with the objective being to include a range of geographic locations across the north (north, south, east and west) as well as population size (ranging from small rural to larger urban centres). To meet these criteria, the towns of Prince George, Quesnel, Kitimat, Fort Nelson, Chetwynd, and McBride/ Valemount were selected.

Community Survey Data Collection

The first phase of the research process involved the administration of a community survey that included a combination of open and closed questions and that was structured around four areas of investigation in order to ascertain:

1. General level of awareness and involvement in the change process.
2. Meaning of “community” and “partnership” from the community’s perspective.
3. Community views on the Ministry’s six strategic shifts (see Table 1).
4. Community issues and concerns resulting from impending changes in the Ministry.

The survey was administered face-to-face by a team of nine UNBC students recruited as research assistants. The students were selected because of their specific ties to each case study community. As research assistants, they were instructed to seek out and survey members of the community for each of the fifteen mediating structure categories. Surveys were hand delivered and participants had the option of either having the completed version placed in a plain brown envelope and picked up by the student assistant or mailing it back in a pre-stamped envelope.

Community Focus Groups

The second phase of the study involved a series of nine community focus group forums with at least one held in each of the case study communities. Community survey participants who provided their names and

Table 1. MCFD Six Strategic Shifts

<ul style="list-style-type: none"> - To open accountable and transparent relationships. - To enable communities to develop and deliver services within a consolidated, coherent, community-based service delivery system. - To make strategic investments in capacity and resilience building and provide funding for programs and services known to work. - To promote family and community capacity to protect children, and to support child and family development. - To a community-based service delivery system that promotes choice, innovation and shared responsibility. - To build capacity within Aboriginal communities to deliver a full range of services with emphasis on early childhood and family development. <i>(Note: The study did not address this last strategic shift to avoid a potential conflict with the work undertaken by the northern Aboriginal Authority).</i>

contact information and indicated their desire to be further involved in the study (34 % of the total sample) were contacted and invited to participate in a focus group session in their community. In addition, a flyer was circulated in the various community sites. The catchphrase “CAN YOU HEAR ME NOW?” (based on the fellow in the wireless phone TV commercial who travels around out-of-the-way places asking the question “can you hear me now?”) was used as the theme for the series of community focus group forums. The theme captured the aim of the research project to reach deeply into community and connect with as many individuals and groups as possible, especially individuals who have never had their opinions heard by MCFD. In some instances, the news media picked up the story which also increased public awareness of the focus group sessions.

More than 100 individuals from across the 15 mediating categories (identified in the community survey) took part. Participants were asked to comment on the survey findings in the following areas: (1) level of community awareness of changes under way at MCFD; (2) level of community involvement in the change process; (3) MCFD’s ‘strategic shifts’; and (4) major barriers and opportunities.

Key Informant Interviews

Key informant interviews formed the third phase of the data collection process. The key informant process was a structured opportunity to meet with key community leaders who, for the most part, were visibly frustrated and disillusioned over the Ministry activities, yet believed in a community governance approach. Twelve key informants representing each of the six case study communities were asked to respond to the following questions which arose from an examination of the data collected from the community survey and focus groups: (1) What are the characteristics of a real shift to regional community-based governance? (2) From a community-based perspective, what does it mean to “fundamentally reorient” social services? Interview notes were

recorded in preparation for later thematic analysis.

Results

Community Survey

The statistical software SPSS was used to complete the quantitative descriptive analysis and a thematic review by the two main researchers was undertaken to complete the qualitative data analysis. A total of 650 surveys were distributed in the six communities; 372 were returned for a response rate of just over 57%. The n-values are not necessarily consistent, as some respondents did not answer every question. Aggregate data from all sites are presented. (Data from individual communities and from each survey question is available in the final report to MCFD – Bellefeuille & Hemingway, 2005).

One focus of this research was to ensure that participants represented a wide range of community members. Respondents were asked to select as many categories as necessary to best describe how they saw themselves within their community and the role they could play as a potential partner with MCFD. In relation to the 15 mediating structures, respondents’ self-identified categories are provided in Table 2.

The majority of respondents, regardless of their professional occupation and community affiliations, best identified their partnership role with the Ministry as a parent, student or citizen. The low response rate in the other categories may suggest that participants did not consider their other community roles as relevant within the context of MCFD – perhaps indicating a narrow perception of both MCFD and its relationship with community.

When respondents were asked if they were aware of recent changes in MCFD, over 56% reported that they were unaware of any changes. For those who were aware, the most common source of information about the changes was the media or through their place of employment. When asked whether

they had any role in the change process, fully 86.5% indicated no involvement whatsoever. The respondents who did report having some involvement were primarily representatives of the mandated and community social services categories.

In the survey, when asked to identify “meanings” of community, respondents selected family, friends and relationships (in that order) as the factors most strongly representing “community.” From a social capital perspective, this is not surprising. In fact, research suggests (Coleman, 1990; Fukuyama, 1995; Lomas, 1998) that the things people desire most are difficult to produce through traditional social services programs and services. Rather, what is wanted most are relationships that are often found with family, neighbors, and friends.

The next survey question asked participants: What can MCFD do to

make you part of their partnership with the community? A thematic analysis of responses revealed four categories presented in order of frequency: (1) communicate better/provide more accurate and readily accessible information; (2) be “out there in the community”; listen and actually hear us; building real partnerships; be open to criticism and to change; (3) provide better services; stop the cuts; (4) rely on the views of front-line workers, service users, local people who know the community; make changes based on specific community ideas/needs.

Respondents were asked if they were aware of how MCFD chooses community partners and if so, did they feel that these partners represented the voice of the community? The vast majority of respondents (270) indicated that they did not know how MCFD chooses its partners, while 36 respondents said that they did know. Of those who did know how the selection took

Table 2. Mediating Structures

“How I Best See My Role in the Community”	Freq.	%
Parent, student, individual citizen	280	75.3
Corporate citizen, local business person	71	19.1
Community-based service provider	78	21.0
Youth (aged 13 to 18)	15	4.0
Foster or respite care provider	23	6.2
Faith-based/spiritual leader/person	30	8.1
Educator, teacher, school principal	54	14.5
Formal mandated agency professional (e.g., child protection, police, probation)	23	6.2
Service professional (e.g., lawyer, accountant, etc.)	21	5.6
Community-based health professional (e.g., public health, child care, prevention program, early intervention, disability services)	60	16.1
Individual involved in recreation (e.g., recreation club, coach)	72	19.4
Volunteer (e.g., arts, cultural, entertainment, self-help group or association, service club)	75	20.2
Current or past MCFD service user (e.g., child in care, parent or caregiver of child in care; using special needs support services)	62	16.7
Senior citizen	17	4.6
Member of an ethnic or cultural community	28	7.5

place, most indicated that it did not result in the voice of the community being heard. The three main categories of responses (in order of frequency) included that: MCFD was not the voice of the community, of marginalized people or of frontline providers; that its partners were selected on the basis of friendships and awarding of contracts; and that, at best, MCFD partially represented the voice of the community. Each survey respondent was also asked to respond to the following questions about MCFD's relationship with community – Do MCFD and the community think alike on issues that are important to the community? Are MCFD and the community real partners? Were the needs and strengths of the community identified and assessed during the change process? Have all potential partners been involved in the change process? Overall, less than 8% of the respondents indicated a 'yes' response to these questions.

Participants were also asked to provide their opinion about the success of the Ministry in implementing its six strategic shifts designed to enhance services and the development of regional community governance (see Table 1). In all cases, a higher percentage of respondents indicated disagreement or strong disagreement that shifts had been implemented, than indicated agreement or strong agreement about their implementation.

The final survey question asked respondents to identify the major issues, barriers, and/or opportunities in the shift towards regional governance. The three top barriers indicated by the respondents were: lack of funding, services and staff (54 responses); lack of communication (36 responses); and lack of community involvement (18 responses). In terms of opportunities, only 30 participants responded and all indicated that regional community governance could make it more possible to focus on the North and, thus, to develop services more customized to the local community.

Focus Groups

The next phase of the research process involved a series of community learning (focus group) sessions in each of the communities where survey-work was conducted. The purpose of the focus group sessions was to hear, in more detail, the concerns of community members. Most importantly, the intent was to hear their suggestions and innovations about how to better involve them in the regionalization process, to learn how to tap into their expertise and experience on an on-going basis and, finally, to identify what kind of governance processes, as well as MCFD programs and initiatives, would best meet community needs. Finally, there was an attempt to identify the mechanisms that could enhance genuine community partnerships over the long haul.

When asked about the survey findings indicating a lack of general awareness about the changes under way with MCFD, focus group participants quickly pointed out that building community awareness necessitates the cultivation of community engagement. Although focus group participants did indicate that they were generally aware (through newspaper stories, word of mouth, and experiencing programs cuts) that the Ministry was undergoing a dramatic change process, it was overwhelmingly understood as a cost reduction strategy. Participants did not find it particularly easy to stay informed or obtain reliable information. Overall, participants were highly critical of MCFD for not adequately addressing the needs of the community for information. In fact, the vast majority of the participants felt that the Ministry was not serious about building real partnerships with the community. As one participant (a long term community-based service provider) put it: *"They came and asked for our opinion on things so that they could say that they consulted with the community. What a joke, now we know what our Aboriginal friends have experienced in their dealings with Indian Affairs."*

MCFD was described in many ways using a variety of terms, most of them

unflattering and most of them attributed to the senior “political” leadership rather than to individuals at the operational level. One participant said:

Their definition of partnership is to hold a few community forums to hear our views. How can this be a partnership? A real partnership involves two parties working together in a collaborative manner on an ongoing basis. They use positive language to disguise the same old, same old, you will get what we the powerful bureaucracy decides based on our self interest.

Participants related the low level of community awareness, not so much to the work of the newly established regional councils, but rather to the Ministry’s overall organizational structure and the communication strategy imbedded in it. Several participants noted:

“They don’t speak our language.”

“We get either vague or overwhelming information.”

“Community awareness strategies take time – and are best integrated into a comprehensive range of relationship building activities – people become aware by being involved, not spoken to.”

Suggestions to improve community awareness included:

- Creating a roundtable discussion between various stakeholders, service users, and community leaders; discussing on a regular basis the needs of the community; and ensuring that there is community direction provided to the redesign process.
- Speaking the language of service users; implementing a community newsletter that is written in simple language and reports on the change process.

- Holding regular public forums to report on the Ministry’s progress; Ministry should be visible and accessible to all communities.
- Establishing a community-based working group to take on the role of communication, thus increasing the accountability of the information in the eyes of the community.
- Including representation from each community on any regional body; a direct voice at the table is needed.

Level of community involvement in the change process.

In keeping with survey results, the vast majority of participants reported that they saw no opportunity for themselves to participate in the decision making process. In the words of several participants:

Their idea of involvement is to attend an information session. Community people have no real decision-making power – just pointless consultations. Often there is a rapid process and people are not truly consulted...makes you wonder if they actually want people to know and to be involved. Consultation is not real consultation – it’s ammunition for political agendas.

Many participants also said that it is a mistake to assume that a lack of community participation means a lack of interest.

MCFD is back and forth ... saying and doing one thing and then changing their mind. How do we know that what we are doing isn’t for naught? You have to choose the ‘crisis of the week’. It’s always something....We are builders not fighters – we want to build something.

Another key challenge raised by participants was the issue of trust and need to rebuild “burnt bridges” between the Ministry and the community. *“If a partnership is to succeed, it must be based on mutual trust and respect, an honest exchange of information,*

and agreement on goals and directions.” For participants, the legitimacy and credibility of community governance depends on how strongly a governance structure is rooted in the community—and how consistently it delivers meaningful results. To become strongly rooted in the community, these structures need to develop high, meaningful levels of resident participation and to maintain this participation over time. In summary, as one participant articulated:

To be effective, community governance structures need to speak and act on behalf of their communities. Residents and other stakeholders in the community need to believe that the governance structure belongs to them, listens to their concerns, and works in their common interest.

Suggestions to increase community involvement included:

- Articulating a community vision.
- Involving the community in partnerships, but remembering that this requires time, resources and sensitivity.
- Having grass roots and service user representation at a Board level and on key advisory committees (e.g., youth, seniors, adults who were children in care, special needs person, etc.).
- Creating community confidence. It is preferable for the community to select representatives and for representatives to be able to discuss Board matters with the community. Rules on confidentiality should be agreed upon, but should encourage openness.
- Establishing topic or implementation groups, which mirror the core aims of the partnership.
- Making meetings community-friendly. For example, attention should be paid to: the time of day set to meet; the language used; the

level of formality to be adopted; the possibility of larger meetings being broken down at certain points into smaller groups to facilitate participation; the most appropriate venues; transportation and childcare arrangements; and translation services as needed.

The ministry's strategic shifts.

Focus group participants in each community were asked to talk about how (if) MCFD's 'strategic shifts' (designed to improve service and facilitate the development of local community governance) were taking shape within their respective communities. As with the survey results, the overwhelming response was negative. Key concerns raised were:

- Lack of trust between community and the Ministry – *“If we don't get agreement in writing from MCFD – we can't be sure it will happen. There's no trust.”*
- Pressure felt because there was no core funding resulting in the constant need to re-apply for Ministry contracts – *“Agencies don't have time to take care of clients because[of spending too much time] writing RFPs [request for proposals].”*
- Failure of the Ministry to seek and utilize a community-defined vision – *“Outside consultants can make recommendations, but without local ownership of the strategy and implementation plan, it is not likely that the community will take action.”*
- Deployment of resources do not reflect community needs and the allocation process is not transparent – *“Agencies are pulled out or cut off even when all is going well... Communities need to manage their finances...but not 'offloading' dressed up as participation.”*
- Failure to provide services that

build on the strengths of families and communities – *“People view the Ministry as reactive, not proactive. It has a narrow mandate not centered on prevention.”*

- Failure to promote choice, innovation and shared responsibility – *“It’s all about power and control. There is no real choice. We know what we need to agree to in order to maintain our contracts...We are forced to fit into other’s parameters”.*

Major barriers and opportunities.

A critical issue raised by the majority of focus group members was the unclear (and seemingly unequal) nature of the relationship between the Ministry and the community within the context of regional community-based governance. They noted that successful partnerships have to serve the interests of all parties and cannot be forged easily. Participants indicated that, in their experience, MCFD has appeared disinterested in real community empowerment and more concerned about the financial bottom line. Because of this history, community residents and organizations have found it difficult to overcome deep suspicion about the willingness or ability of MCFD to contribute to meaningful community change.

At a conceptual level, participants suggested that genuine partnership should be regarded as the *“highest stage of working relationship between different people”* who are brought together by *“commitment to common objectives,” “bonded by “long experience of working together,” “shared responsibility,” “reciprocal obligation,” “equality, mutuality and balance of power,”* and sustained by subscription to *“common visions.”* Partnership is also rooted in the elements of *“trust,” “respect,”* and *“ownership.”* Several participants argued that *“genuine”* partnership simply cannot be realized under conditions of structural inequality where the Ministry retains a financial, decision-making and power advantage over the community.

According to participants, regional community-based governance suggests that power should be exercised as close as possible to local leaders and local communities. As one participant put it: *“The most useful learning takes place at the grass-roots level.... There is a whole flood of information that comes from being on the spot, and being a real part of the life of a community in change.”* For this reason, participants strongly felt that members of the Northern Transition Council should primarily be chosen by their community peers. The breadth of leadership was also discussed by participants. It was felt that the Transition Council should represent all sectors of the community as this would help shift the thinking from individual needs-based services to broader health promotion and capacity building responses. A very interesting observation was made by a senior community leader in local politics:

A regional community-based governance approach and its community capacity building principles demand major changes in governance as we know it, because these principles are applied to subject matter that has for many years been characterized by a hodgepodge of bureaucratic practices that has led to service fragmentation, short sighted and often reactive politically driven decision making, and narrow needs-based interventions.

Participants viewed effective community decision making as starting with good public dialogue. As one participant noted: *“Effective public dialogue is about creating safe spaces for community members to share their perspectives and concerns. It is about building trust and relationships that can guide shared solutions.”* Yet another stated:

Relationship building begins with bridging differences and building trust and relationships through good conversation. If we can sit together and talk about what’s important to us, share what we see, what we feel, listen to what others see and feel, stop ignoring each other, stop engaging

in fear-filled gossip, I wonder what we might discover?... Fear of each other keeps us apart... I hope we can reclaim conversation as our route back to each other, and as the path forward to a hopeful future. It only requires imagination and courage and faith. These are qualities possessed by everyone.

Key Informant Interviews

Coming out of the responses to both the community survey and the community focus groups, key stakeholder interviews examined what might be some of the characteristics of a genuine shift to regional community-based governance. Overall, informants stated that the community information forums and consultations organized by the MCFD consultants had been helpful in terms of obtaining information on the planning and decision making that was already underway by the Ministry, but did nothing to build relationships and promote meaningful involvement by the community in the decision making process. In other words, there was no community-generated and valued vision. Comments made by the key informant interviewees regarding their experience with the Ministry, during consultations and preparation for a community-governance model, are revealing.

I was not invited to the meeting...I needed to call around to get my name on a 'list' of invitees. I was angry and upset knowing that once again it was the ministry (and their consultants) trying to figure who mattered. So many people were missed. Typical bureaucratic process. There was no collective vision. I felt confused and angry over the language that was being used, all too well knowing that this was nothing but a cost cutting exercise. I did not attend another session. There is no vision; all the talk is about outcomes. Same service, different language. Just the same old...What we need to do as a community is to come together, create a vision, and work together to

change what we are doing in a setting of cooperation, trust, and openness to new approaches that MAY NOT FIT in the current box of programs and services. Informants spoke of community visioning as a process that gives community members the opportunity to express what they value about their community and to develop an agreement on what they would like to change or preserve. If it is driven by outside consultants or senior bureaucrats, it will fail. Informants suggested that visioning helps community members take a realistic look at their community and is critical for developing a strategy for change. But the process must be inclusive. Every member of the community must be given the opportunity to participate in the visioning process. Local leaders will emerge and should be given the opportunity to move the process forward.

Key informants said clearly that communities need to build local governance partnerships in a way that works for them: building on existing community leadership and respecting current networks and collaborations. Furthermore, for community governance to succeed, participants repeatedly made the point that the community must have some real authority and not be at the mercy of political appointments tied to the provincial bureaucracy.

Finally, participants underlined the fact that community governance is about change. It is meant to be a vehicle for improving outdated systems of decision making. A community governance model must have the political muscle to promote change. It must possess the authority to introduce necessary structural changes as well as redirect spending based on the priorities defined by the community.

None of the implementation challenges described by informants can be met if there is not significant investment in developing the capacity of community governance

authorities to take on the role of governance. By capacity, we mean the knowledge and skills that members possess, as well as the capacity of the community governance authority to carry out the agenda and to get things done. While the key informants expressed a variety of views on the issues of accountability and responsibility, the following comments represent the more dominant themes:

We need to maintain province wide standards. How we choose to put things together might differ from community to community but as long as each community can demonstrate that they are covering the bases... we should support [addressing individual needs and] differences but maintain the standards. If the government is serious about community governance then our community organizations need the administrative dollars to support the greater demands to take on greater administrative functions. They expect service agencies not only to keep on delivering services but to also take on governance functions as well with no added dollars. What we need is a block funding commitment that would allow the community to redesign services without the fear of losing their funding.

Discussion

Identifying Entrenched Organizational Problems

One of the most important and innovative elements of the community governance approach is that it should not be restrained by bureaucratic management models. While there have been many attempts to reform public decision-making structures through the development of regional and community-based governance authorities, the over-riding characteristics and values of the bureaucracy often limit the impact of these efforts (Hagedorn, 1995). More recent organizational and leadership theories are emerging and challenging old ways

of perceiving leadership and structure (Scharmer, 1999; Senge, 2002). To implement these new theories requires an understanding of the hold that rational theory has on our systems. The long-standing development and entrenchment of bureaucracy has resulted in deep-rooted organizational problems that get in the way of effective capacity building (Kofman & Senge in cited Senge, 2002). These problems are discussed below.

Holistic Worldview

A holistic worldview embraces the wholeness of our humanity, in contrast to seeing the parts and making decisions on the parts that are in view. What is in view is considered what is "normally true". Thus, "one size fits all" approaches to programming are generated for all communities. As a result, there is no allowance for differences in local programming because the assumption is that all these communities are alike, or should be alike. In fact, communities are anything but alike! A view of the whole reveals significant differences in perspectives, values, lifestyles, religions, work ethic, race and ethnicity; indeed, in just about everything.

We live and work in complex environments (all government ministries and communities are complex environments). In these environments, we continuously attempt to make sense of how things are so that we can do the right thing. While our intent is to improve how things are, we usually reduce and oversimplify the issues in order to generate responses that will save the day. In fact, most of us are well trained to take complex issues and break them down into component parts so that we can address each part separately. Unfortunately, by focusing on parts of the whole, the particularities and complexities of the whole can be lost. The creation of multiple ministries or authorities to deal with the different challenges is an example of breaking down the problem and losing the complexity and interrelatedness of the issues: Ministry of Health, Ministry of Children and Family Development, Ministry of Education, subdivisions of mental health, and so on. Study participants put it this way:

[Civil servants] in Victoria try to meet the needs of what government wants, just to keep their jobs...really they are just protecting their turf...Governance has to be believed by all the ministries, but there is real fragmentation. How can communities come together when the ministries can't?

Homogenization of Outlook

Another way we deal with complexity is to work with like-minded individuals. It is simply easier to get things done when we surround ourselves with people who think like we do. Because we share the same perspectives (such as the need to break things down into parts), we share the same view of the issues and, therefore, the same solutions. To ensure like-minded thinkers, and the regulation of professional behavior, educational institutions train social workers, child and youth care workers, psychologists, sociologists, and psychiatrists in their respective faculties, departments or schools. These educational institutions are further regulated by professional associations, armed with their respective codes of ethics, standards of practice and ethics committees. More recently, these professional bodies are being brought under government regulations in the name of protecting the public. All of this hampers innovative thinking and tends to serve the status quo.

Competition

We live within a socio-economic and political system that fosters competitiveness. In this competitive world, there is a tendency – a “pull” to operate from the perspective of scarcity, believing that there is never enough. Not surprisingly, in such an environment, competition often takes the place of collaboration. Within this competitive framework, there is significant pressure to be concerned more about “looking good” than “being good”. To “look good” requires knowing the right answers, or faking it when we don't. The competitive culture is such that it is unacceptable to “not know”; after all, “not knowing” means giving up the

competitive edge. As such, there is constant pressure to “out shine” other individuals, organizations or political adversaries – to go for the quick-fix, rather than taking a more measured, thoughtful longer-term approach. This often results in problems being addressed in small incremental steps for short term gain. Unfortunately, in the realm of child and family development, this “gain” often benefits someone or something other than the children and families that need support and assistance. Further, the existing organizational and political framework shackles organizations and individuals who try to buck the trend and operate in a more collaborative way. One research participant put it this way: “Do agencies work together? We're fighting for funding...have to do RFPs to stay alive.”

Reactivity

In the competitive environment, there are structural constraints and, as a result, a great deal of fear that works against innovation and experimentation. To keep one's job, to receive project funding, to be accepted, it is necessary to fit into the existing framework, even if that means we are not able to be true to ourselves. The pressure is to be what others want us to be and say what others want us to say – whether it's the Ministry, a supervisor or the weight of the existing organizational structure. In essence, we end up reacting to stimuli rather than being mindful of what is going on and figuring out how things might be done differently.

At the heart of reactivity is maintenance of the status quo – the need to “fix things” in order to “look good” in the short term. For example, a politician, a government official or a front-line worker might go so far as to hide the evidence of a problem because they do not know what to do or do not want to look bad. Being reactive is a competitive approach entrenched in current bureaucratic structures – one that fosters simple solutions and quick fixes rather than innovation and creative thinking. There is tremendous pressure to simply respond to particular stimuli such as elections, sudden

cuts in spending or the death of a child. There is neither benefit nor encouragement to be thoughtful, reflective or mindful of the whole situation within the larger context. Efforts to adopt a more mindful approach (and we heard about many from study participants) tend to be short-circuited by existing organizational frameworks rather than supported. Research participants offered these comments: "I do not see the innovation. We change the language but still basically offer the same services...The first thing that was done in the North was the cutting of prevention programs. Talk about reactivity. All about budgets."

What We Have Learned

We learned that, for the most part, people in communities were not aware of nor involved in any shifts toward community governance. We learned that there is a need for better communication on the part of the Ministry in "hearing" the community voice (particularly the voices of marginalized community members). We learned that Ministry personnel were perceived as not believing in or seeing the capacity within local communities and that there is a lack of openness and transparency on the Ministry's part. As a result, trust is a major issue for the community. We learned that community agencies do not have time to take care of clients in the way they would like because writing RFPs takes up too much time. We learned that front-end prevention programs were cut to meet politically imposed budget reduction demands. We learned that the community is angry, frustrated, and scared to voice their opinions for fear of being targeted.

What Will it Take for Reform and Transformation?

We suggest that there are three key changes required for reform and transformation. The first is a belief in communities to do what they need to do – believing that communities have the capacity. By communities, we mean any collection of persons who come together to address the issues within their context

through a commitment to co-creating a new reality. Operating within the contemporary organizational framework, most current politicians and civil servants as well as many front line workers have difficulty believing in or seeing the capacity that exists within communities or within their work communities. Nor do they experience co-creating reform and transformation in their daily work.

The second change needed is recognizing that "We Do Not Know but We Can Figure It Out." "Don't Know" is the heart of joining together to learn and co-create (Senge, 1990). We need to be able to say that we do not know and be able to support each other in experimenting and learning together. By working collaboratively within communities, we might be able to create an environment that is safe and in which we do not feel too vulnerable to co-create and to learn.

The third change needed is a conscious effort to do away with current bureaucratic structures that shackle politicians, civil servants and front line staff to old ways of "doing". Liberation from the "old" necessitates a willingness to take risks, to trust the capacity of others and to acknowledge the value of genuine partnership – in other words, to build a new institutional culture. It requires that governments of all political stripes recognize the untapped capacity of communities and provide concrete supports (including the necessary dollars) to facilitate capacity-building and create the conditions for a qualitative change. On the bases of our experience of these purported attempts to privatize human services delivery, the real obstacle to change is the centralized bureaucracy's opposition to relinquishing power, which translates to an unwillingness to experiment with loosening the purse strings. Equally important is the need for a change in the bureaucratic mindset, structure and practice of government and a genuine willingness to try something new. Communities can create innovative mechanisms of meaningful local and regional governance, but without parallel shifts in structure and culture on the part of

government and its ministries, without a willingness to yield meaningful power and authority to communities, community innovations cannot grow and flourish. This is the challenge.

Conclusion

If new ways of working together are to be created and re-created as needed, communities and government should seek to collectively build research and evaluation into these initiatives. Cultures of inquiry or community-based research approaches such

as *Caring to Questions* (Ricks & Nicholson, 2003) make research part of the on-going work of practitioners. There are many opportunities to learn at work: Best practices research, policy research, effective education and training research, community needs and community satisfaction research are the most typical. As we embark on new community-initiated learning, practice and governance processes, we also have an opportunity to adopt innovative methods of evaluating the successes and challenges encountered in this work and in our communities. We should seize the opportunity.

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