COMMUNITY SERVICE CENTRES OF OTTAWA-CARLETON:

A HISTORY

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Contents

People, ideas and opportunity

The ideas that would justify and enable the establishment of community resource centres in Ottawa-Carleton go back at least as far as the early 1960s. The resource centres owe their existence to the auspicious conjunction of several factors:

- the enactment, in 1966, of the Canada Assistance Plan with its needs-based approach to welfare and its permission to spend on preventive services
- a credible Ottawa Welfare Council (later renamed the Social Planning Council) with an established pattern of originating new services and stepping aside when they were ready to stand on their own
- the growing legitimacy of social work as a profession, and its transformation from a clinical to a citizenship model (some might argue, a return to the earliest concept of the neighbourhood house)
- a group of "principled opportunists"[1] who adopted a common vision and took advantage of every chance to move towards it.

Over the 1970s and 1980s, new themes appear of community development and neighbourhood control. Originally established to serve limited geographical areas as a matter of accessibility and coordination, the centres very quickly discovered, struggled with and then harnessed the power of citizens' identification with and desire for power over their own turf.

The People

John Horricks, who was director of the Ottawa Welfare Council/Social Planning Council from 1964 to 1974, notes that "a contributing factor was stability in community leaders – a number of us were there for a long time." He arrived from Halifax in 1964 where he had a similar position with the Council of Welfare.[2]

Another arrival from Halifax was Ada Greenhill, who became executive director of the Catholic Family Services. She was later to be the first chair of the committee that coordinated social services in Lowertown. With Evelyn McCorkell of the Family Service Centre, she also set up Outreach, a small project that developed into Southeast Ottawa Community Services.

Stuart Godfrey came from Newfoundland in 1964 to take up the position of Director of the Ottawa Welfare Department (the Regional Municipality did not come into existence until 1969). In his youth Godfrey's father, an Anglican priest, assigned him the job of giving food to families who came begging to their back porch. He saw 30,000 fishermen thrown out of work by the 1937 League of Nations embargo on Italy, which stopped cod exports to the Mediterranean; later, he was appalled at the rate of rejection of Newfoundland recruits in World War II: too many had suffered from rickets and tuberculosis in their childhood.[3]

As Assistant Deputy Minister for public welfare in Newfoundland, Godfrey oversaw a gradual liberalization, such as the change to welfare cheques from giving out grocery orders for a prescribed diet. "But Smallwood began to clamp down on people on assistance and I thought, I have to move."

Imelda Chénard also arrived in 1964 to become Senior Planning Consultant at the Ottawa Welfare Council [OWC]. She had developed a professional social work service for the University of Alberta Hospital in Edmonton, with a cross-appointment to the department of psychiatry. She had volunteered with the OWC during a stint in Ottawa in the 1950s, and was on the boards of Edmonton's Social Planning Council and United Way.[4]

Recalls Horricks, "Father John Macdonald, Ada Greenhill in Catholic Family Services, Joe Messner at the CAS [Children's Aid Society], Evelyn McCorkill at the Family Service Centre came later. We created an atmosphere. " Joe Messner's support took a most tangible form: money towards basic funding for the first community resource centres, and for community development workers to undertake preventive work. Ada Greenhill and Evelyn

McCorkill provided the vision and the funds that set up Outreach, an independent, innovative service coordination house for public housing in southeast Ottawa.

Kiyoshi Shimizu was there earlier: she joined the CAS in the 1950s, was at Andrew Fleck Day Care Centre in 1964, then transferred to the Region for its day care program about 1968. After the Region eventually took responsibility for the resource centres, or Community Service Units, as they were known, Shimizu became the coordinator in 1973. She was largely responsible for shepherding interested agencies and communities through the process of applying for funding and establishing the next wave of resource centres.

Coordination, Accessibility and Prevention

This group, which was brought together by the networking efforts of the Ottawa Welfare Council, brought wide experience and remarkably similar visions to bear on the problem of coordination, which was already apparent. Joe Laycock, executive director of the Ottawa Welfare Council from 1953-1963, may have started the ideas fermenting with a 1961 report on "Multi-Problem Families."[5]

The OWC pointed to the success of the Family Centered Project in St. Paul, Minnesota. There, a 1952 study had determined that some 6 per cent of families absorbed 50 per cent of all health, welfare and recreation services. Having one social worker coordinate all help to the family significantly improved family functioning and cut costs.

The study of 47 Ottawa families who were involved with many agencies recommended, first, higher welfare payments ("these families cannot be helped effectively until their basic needs are met at a minimum level of health and decency,") and secondly, "a realignment of basic family services . . . The Committee recommends that the Welfare Council explore with member agencies the feasibility of moving towards the establishment of 'neighbourhood' centres where certain basic family health, welfare and recreation services would be housed in one building and thus be more readily available to families needing them."

"You had families that had six or seven agencies in the house, the Lowertown big families were a prime example," said Sue MacLatchie, a welfare officer in the 1960s who now works in community development at Somerset West Community Health Centre. "They weren't worried about dependency in the same way then, but they felt they could influence the way the kids were brought up. Second, we thought we would get more creative juices going if workers from different agencies were under one roof. We hoped to cut down the isolation."[6]

There was significant turnover at the OWC in the next few years, however; Joseph Laycock left in 1963 to take up a job at the University of Toronto School of Social Work. His successor, Kate Macdonnell, who had also been at the Council through most of the 1950s, resigned the following year upon her marriage. Imelda Chénard from Edmonton and Bill Zimmerman from Winnipeg arrived as Council staff in July and August 1964; John Horricks was hired by November 1964 as the new executive director.[7]

The idea of neighbourhood centres came back again from a different American source.

According to John Horricks, "Sterling Suggett, the Chair of the OWC Board, a Bank of Canada executive, went down to the States with me to look at the Model Cities program in New Haven, Connecticut, and we came back with some of their concepts. Most services were coordinated by a single board; people could walk in. We came back as missionaries for the idea and our Board allowed us to explore it. I had money from a deal with CMHC [Canada Mortgage and Housing Corporation]; we bought a unit on Walkley Road, put a researcher in there on how to integrate independent housing with community housing – at the end we sold the property, and that [profit] was the money for the early days." [8]

The Needs and Resources Study

Coordination was a major theme of the OWC's

massive Needs and Resources study: "A survey of the needs and resources for community supported health, welfare and recreation services in metropolitan Ottawa," which came out in December 1967. This study, commissioned by the OWC Board of Directors, drew on the year-long work of groups of citizens and agency representatives who identified existing services and the gaps between them. "We discovered that many things were happening here but people didn't know about each other. We brought them together," recalled Imelda Chénard.[9]

"The fact is that the system of health, welfare and recreational services in the Ottawa area is less than the sum of its parts," said the study, because of inadequate communication among services, shortage of comparable data, a severe shortage of adequately trained staff and precarious finances. The Council suggested that it could perhaps play a coordinating role, just as the Ottawa Planning Area Board coordinated development of the physical assets of the city.

Bringing together statistical evidence and surveys of service providers in health, recreation, welfare, education, housing, and other social services, the Needs and Resources Study charted a careful list of priorities for new or improved services.

The highest priority was improved financial assistance: to "press the municipalities and province to take full advantage of the Canada Assistance Act in order to bring levels of welfare assistance into line with social need."

The other high priorities were

- professional training for welfare workers,
- experiments in new methods of working with "hard core dependent families", and
- "to invest generously in preventive services such as day care, visiting homemakers, retraining, etc."

With that visit to New Haven fresh in his mind, John Horricks put forward one possible way to take advantage of the need and permission for coordinated preventive services. The OWC's Needs and Resources study sketched briefly the idea of the neighbourhood centre:

> We believe that the system as a whole can render itself more effective by placing greater emphasis on preventive measures. A related point is that not all agencies can or should be expected to provide the full range of programs in the fields in which they offer services, but it seems to us there is an opportunity here – which is not being used as much as it might – for interagency coordination... In other service areas, joint occupancy arrangements might merit consideration and, strategically located, might confer the added benefit of making available locally and in one place a broader spectrum of services. We know this would have significance for the multi-problem consumer, a person who appears statistically with increasing frequency as our ability to understand and come to grips with the complex social problems of the modern society grows.

Here we see, in a nutshell, the five founding values of community service centres:

- √ prevention
- √ coordination
- √ accessibility
- √ serving a limited geographical area
- √ serving the neediest groups within that area.

The Canada Assistance Plan

The Needs and Resources study's reference to the Canada Assistance Act is not accidental. John Horricks and Stuart Godfrey had been quick to see the possibilities opened up by the passage of this key legislation in 1966. The major opportunities were federal cost sharing and the new permission to direct resources toward preventive services.

Allan MacEachan, then Minister of National Health and Welfare, addressed the May 1966 annual general meeting of the Ottawa Welfare

Council on the subject of expanding social services. Existing welfare programs "set arbitrary limits" on assistance payments, measuring "means" instead of "needs," said MacEachan. For the first time the federal government was willing to share the cost of improving welfare services and to set some standards for those services. Most significantly, it added a new major purpose to pubic assistance: "to ensure that every effort is made to rehabilitate those in need of public assistance and to use every available resource to prevent people from becoming dependent."[10]

Former OWC director Joseph Laycock, in an introduction to the 1967 Needs study, underlined this trend.

> The social services have been, in the public mind at least, directed more to helping the defeated, the distressed, after the fact, than to a vital, positive role in creating the economic, social and environmental conditions essential for the well-being of all citizens in a modern urban society... But attitudes are changing. There is a great opportunity... to provide a basis for long range planning in keeping with the changing aspirations and level of expectations, which are affecting all citizens as they reflect on the implications of our growing affluence.

We could invest in prevention, then, not only because it would be more effective but because we could afford it. As MacEachan said, it was a scandal that there should still be "poverty in the prosperous sixties." Social spending, he said, should rise to at least the same level as defence expenditure.

The Needs study expounded on this new possibility, that the social services could make a positive contribution to preventing problems, in fact, must help prevent them, "if our people are to value these services highly enough to extend their support of them through taxes and voluntary giving." CAP would be the lever:

> We believe that one way in which community leadership, public and private, can assert itself is by encouraging the fullest implementation of the CAP by the Province of Ontario and in ensuring that the municipalities of this area are in a position to, and do, take full advantage of the cost-sharing benefits of the Ontario regulations passed pursuant thereto. This is one practical and immediate way to maximize the effectiveness of our local social service system and the resources available to support it.

Stuart Godfrey at the Ottawa Welfare Department had noticed the CAP too. "CAP hasn't had the credit it should have for the development of permissive services," he said in a 1995 interview. "The preamble to CAP set the tone of what was possible. It was watered down but still very plain: 'In addition, you **may** do this.' As soon as people began to realize that additional services could be provided under CAP they began to look to us for more. We wanted to tell people they had a right to access more services...We kept encouraging the region. The opportunities were there to change the sense of responsibility to your fellow man."

Godfrey welcomed the move from local charity to national standards. "CAP got rid of the Poor Law way of operating. The federal government insisted on the removal of the 12 month residence requirement. That had great personal significance for me. When I first came to Ottawa, I couldn't bring my mother here and put her in an institution because I hadn't had 12 months here." She died, far away, before the waiting period was up.

Ottawa's post for a Commissioner of Public Welfare had been vacant for a year and a half when Godfrey was hired. He set about building both local and national collaborative networks. "I learned a lot from Horricks and Greenhill. I could see prevention in a medical sense... Urban renewal was an effort to remove these conditions in the homes of people. I wanted to see more cooperation and discussion between us and the health people and between us and private agencies. The federal government was keen on having its policy of prevention through purchase of services from the community. We started the teaching homemaker service, which I would certainly regard as preventive... Gradually political support was won over but I think it was largely attributable to federal cost sharing."

Godfrey arranged one national gathering of municipal officials because he felt the need for support from colleagues at his own level. This led to his invitation to a Montreal gathering at which federal officials such as Dick Splane, then Director General for the CAP, explained the shape that CAP would take. Knowing exactly what they could ask from the provinces was useful ammunition for municipal officials like Godfrey who wanted a freer hand to attack the symptoms of poverty through a wider range of preventive programs.

Opportunity in Lower Town: the experimental ground

While the Social Planning Council was proselytizing for a coherent, planned approach, in which locally-based services could play a role, the City of Ottawa had its own vision of community renewal, one which has since been largely condemned: razing and rebuilding entire swaths of the central core. In the case of Lower Town, the area was at least rebuilt physically, although the task of rebuilding it as a community was made more difficult than it need have been by the length of time that areas lay vacant, by the uncertainty visited upon longstanding residents, and by official inflexibility about the type of housing that was planned. LeBreton Flats, the other victim of "urban renewal," lies to this day an empty monument to planning experts.

At the time, however, the Urban Renewal Project was the last word in coordinated planning. The coordination was strictly at the technocratic level: residents were not consulted. As civic planner Murray Jones told a national conference, "direct democracy has to be avoided in implementing urban renewal schemes."[11] Decisions must be made by municipal politicians with the welfare of the whole community their first consideration. Residents should be asked their opinion, but the scheme should be prepared "by experts in urban renewal."

The proposal to turn King Edward Avenue into a freeway bisecting Lower Town was just one example of putting "the whole community" first. The Ontario Municipal Board in a later appeal case (after the community started fighting back) "rejected complaints that new street designs would take up too much space, noting the modern world is on wheels and for better or worse that is an aspect of urban life that must be provided for.... The scarcity of land which will in part be caused by large areas being turned over to new road development makes the construction of single homes and other low density arrangements economically out of reach."[12]

In fairness, there was some effort from the start to inform and serve the community during the upheaval. The City opened a site office at 330 St. Andrew in the summer of 1966, initially to supply information to those anxious about property expropriations. It also funded numerous studies, many of them by the University of Ottawa and St. Paul University's Anthropology Department, to document the project's effects ("People felt studied to death," remarked Caroline Andrew, a political scientist now on the Lower Town CRC Board. Said Pauline van Lammers, who was with Catholic Family Services then, "Lower Town must have seen a team of sociologists around every year to measure the disruption; they were sick of it.")

Father Gilles Robineault, who was later hired by the Social Planning Council to work as a social animator, describes the situation after urban renewal began in March 1966[13]. "Many homeowners and stable tenants have left, landlords have lowered their standards. The number and density of multiproblem families have increased in Lower Town East and this change has broken the balance which usually exists in a community..."

"Workers soon became aware of grave social problems among Lower Town East's predominantly French speaking Roman Catholic families. Some 85 per cent of the families were estimated to be involved with health or welfare agencies," reported the November 18, 1967, Ottawa Journal. The informal community networks, which had provided child care, guidance for growing children, emergency loans, job referrals and companionship, had been destroyed.

Funding the range of social services necessary to replace an organic community had not been part of the City's master plan. A February 21, 1967 letter from John Horricks informed Jim Lotz of St. Paul University that "the City asked our Council for some assistance in working through the problems in the area. We have a small exploratory committee chaired by Mr. Paul de Gagné, a member of our Board and resident of the area. Two preliminary meetings have been held with the leadership in the community..."[14]

"John worked behind the scenes from the start," recalled Imelda Chénard[15]. "The minute he heard about this renovation he established a lot of contacts. He had the knack of bringing people to a point of view without their realizing that he had been the motor behind it. Peter Burns [the city's Director of Urban Renewal] learned a lot from him about what the dislocation meant to people." The committee brought two local lawyers and the Monsignor at Ste. Anne's church to meet with Peter Burns. "They realized Peter Burns was not so awful, that one could talk with him. This was the beginning of coming out in the open, but John had prepared the ground."

The committee also met with Stuart Godfrey[16], who recalled that Peter Burns then asked for French speaking staff from the Welfare Department to work in the area.

The March 16, 1967, meeting of the OWC Board of Directors adopted a resolution that the Urban Renewal Committee undertake to encourage the development of a Citizens' Committee and a Technical Advisory Committee (TAC). "Subsequent developments favoured the immediate development of the TAC and postponement of the Citizens' Committee till September 1968."[17]

The TAC brought together representatives from 37 public and private social, welfare, educational and recreational organizations. Three work committees organized a whole range of family programs, youth activities and preventive health services. "The TAC is planning for total community care, thus preventing fragmented and uncoordinated services," wrote Marjorie Hudson in a 1969 article, "Problems into Opportunities."[18]

The entire group met monthly from September 1967 to May 1968, but a review by Burns, Horricks, Hudson, Chénard and Ada Greenhill (chair of TAC and Director of Catholic Family Services) concluded that it was too large to be useful. They set up an executive committee that included the chairs of the subcommittees, Peter Burns, Marjorie Hudson, Stuart Godfrey, Imelda Chénard, and the directors of the Family Services Centre, Children's Aid Society and Public Health Nursing. This Joint Administrative Committee began to meet every three weeks.[19]

Under its auspices an eclectic range of projects sprang up, funded and staffed partly by the participating agencies, partly through religious orders, volunteers and grants (particularly the federal Local Initiatives Program [LIP]). Marjorie Hudson, the City's community worker, described the range of programs: a high risk babies' clinic, immunization, counselling. Marguerite Varga, a City Public Health Nurse, operated a volunteer Head Start nursery and Sister Gertrude Wadsworth a day camp. Summer of Service volunteers operated a teen drop in centre.[20]

These are probably the initiatives to which Horricks refers in the Needs Study, which was being written at this time:

> Two experiments have been commenced which could lead to the establishment of neighbourhood services centres. Their experience suggests that nothing enhances the usefulness and usage of the social services like propinquity... Moreover, neighbourhood centres provide the opportunity for the location in one place of multi-agency staff, thus a greater ability to bring to bear the variety of skills so often required to prevent and to deal with social breakdown. It is not pressing the point to suggest that the day will come when many neighbourhoods will expect and accept as part of the environment a centre offering a package of social services to the local community in the same way they now expect a school and a shopping plaza.

He suggested that the need for such centres

was most pressing now in "particular areas of the city" but that suburban growth would eventually necessitate further decentralization.

During 1968 the TAC organized the Open Hearts Club for "underachieving girls," self-improvement courses for housewives, a University of Ottawa study into seniors' needs, basic education for adults, and a homemaking course which mothers on assistance were paid $1.50 a week to attend.[21] A vocational rehabilitation project eventually foundered because Canada Manpower would not accept its graduates for further training, as their academic skills were still too weak.[22]

Over the course of the next two years, the family services sub-committee of the TAC brought in more professional workers on a more organized basis. The participating agencies redistributed caseloads to permit workers to concentrate on the Lower Town East area: two staff from Ottawa's (and then the Region's) Social Welfare Department, two public health nurses, and one worker from each of the Children's Aid Society and Catholic Family Services. A committee of four supervisors, one from each agency, coordinated the efforts of what had become known as the Neighbourhood Service Unit, and an Ad Hoc Committee addressed "Needs for Physical Space for the Social Services."[23]

By October 1970, the Lower Town Community Service Unit had opened at 330 St. Andrew Street, sharing space with the Urban Renewal site office.

Opportunity's second knock

In 1969, another opportunity opened up for the Social Planning Council. Dalhousie Ward, just west of downtown Ottawa, was facing a similar urban renewal project, which involved the destruction of "slum" housing in Lebreton Flats and along Rochester Street. But the democratic ferment of the 1960s had finally reached Ottawa, and this time there was a Neighbourhood Improvement Committee in place. The Committee asked the Social Planning Council to conduct a review of social services in their area.

Recounts a 1984 study of Dalhousie community development:[24]

> In the late sixties the Dominicans began a community work ministry in the area. Fondly described as the Dominican Mafia by some of us, these priests have had a profound effect on Dalhousie. Rolf Hasenack, who is currently the alderman for Dalhousie Ward, is the most well known of these Dominicans. They helped start the Neighbourhood Improvement Committee, Carrefour, Desjardins Housing Cooperative, and gave impetus to many neighbourhood based groups such as Lebreton Flats Citizens Planning Committee and the new Dalhousie Community Service Centre. The NIC was quite strong in this period working on neighbourhood planning issues and the need for better health and social services. They may be more remembered for the controversies around their funding or their neighbourhood plan, which split the community, but the NIC's efforts to obtain medical services and coordinate social services led directly to the founding of our community service centre.

As in Lower Town, the Dalhousie Neighbourhood Service Unit came into being under the aegis of the Social Planning Council. Funding came from the Children's Aid Society, a federal LIP grant and the United Appeal.[25] Its role was to coordinate the work of staff from:

- Children's Aid Society
- Regional Social Work Department
- Regional Area Health Unit
- Family Service Centre
- Catholic Family Services
- Regional Office 12 of the Ontario Ministry of Community and Social Services
- Youth Services Bureau.

Caseloads were realigned to let health and social workers concentrate on the area. Some staff continued to work out of their agencies

and some were housed in the NIC office on Primrose Street. Thanks to a grant from the federal Local Initiatives Program, a local office opened at 202 Rochester St in December 1971.[26]

Supervisors from the collaborating agencies met weekly: Pauline van Lammers from Catholic Family Services, Joyce Ireland from the Children's Aid Society, Helen O'Connell from the Public Health Department and Jean Grant from the Welfare Department.[27] This was a separate level of coordination from the continuing meetings of the Technical Advisory Committee, which with the addition of the second location was renamed the Joint Administrative Committee.

It would be interesting to explore why there were, in the end, only seven agencies involved in the Community Service Units, out of the 37 who were invited to the first meetings of the Technical Advisory Committee. The schools, the churches, the City of Ottawa Recreation Department and the YM-YWCA all participated in the early sub-committees in Lower Town and helped mount several projects. The documents do not reveal how, or to what extent, collaboration dropped away. It is not clear, for example, from staff meeting minutes (which only list names, not affiliations), which agencies at least sent workers to Community Service Unit meetings, even though they didn't move into the CSU office.

John Horricks remembered it as a turf-protection issue: "The professionals were really resisting. I had so much of a problem getting the agencies together even without [making them accountable to] a board. They were not very cooperative. There were a lot that didn't cooperate at all."

Community control? Not yet

Another idea expressed in the Needs and Resources study, but far from evident in the beginnings of the Neighbourhood Service Units, was client input. In his introduction, former director Joseph Laycock introduced an ideal:

> So often an assessment of need comes to us second hand... There is room surely for a much wider basis for involving the very people whose needs underlie the development of services. A new alignment between the recipient and the planner is called for. We are still too inclined to do for, or on behalf of, within established patterns, than to create the conditions under which recipients of services can themselves play a role in decisions concerning the direction and scope of community social services...

We have already seen the SPC's comment that "developments favoured" postponing the Lower Town residents' committee while organizing the agencies first. By 1968, or at the latest 1969, there were two small streams of resident input. One was the "Club du jeudi," a group of mothers who had attended the slim and trim course where, "during the coffee break, discussion centred on the formation of a committee to develop 'other things we want to have here.'"[28] By 1969 these women were raising funds and volunteering a morning or afternoon a week in the site office as receptionists.

But this was input, not control. Service decisions were still very firmly in the hands of the professional staff (or at the mercy of the availability of grants and volunteers). The greater part of organized community energy was not directed at coordinating social services but at dealing with what must have been seen as more pressing problems: the expropriations and the planned mix of housing which left no room for middle-income residents.

With Father Robineault, a Lowertown East Citizens' Committee began meeting in September 1968. People at the initial meeting were "sometimes confused and misinformed but articulate – a unanimous complaint was that renewal officials were introducing families receiving public assistance into Lower Town East in order to create a bad community and discourage the homeowners to the point that they would sell to the city quickly and at a lower price."[29] The Committee organized a public meeting in November, which drew 250 people,[30] and another in February 1969. The main questions were about the expropriations and the new rent-to-income housing, so the

committee set about writing and distributing a flyer with the facts for citizens.

As Guy Béland wrote in the April 2 and 3, 1969, editorial columns of Le Droit,

> Ce travail, même s'il n'est pas perdu, n'a pas quand même l'efficacité nécessaire. Les désirs de la population ne sont pas toujours comblées, malgré toutes les pressions, parce que les décisions ont été prises il y a longtemps... C'est malheureux que le comité n'a été formé qu'en septembre dernier. Il avait sa raison d'être avant même le début des premiers travaux. Toutefois, sa réaction aux prochaines décisions de l'administration municipale et l'assistance qu'il pourra fournir à ceux qui resteront dans le quartier sera absolument nécessaire.
>
> [This work, although it may not be totally in vain, is not as effective as it should be. The people's wishes are not going to be met, whatever pressure they exert, because the decisions were taken long ago. It is unfortunate that the committee was not formed until last September. There was a need for it even before work commenced. However, its reactions to future decisions by the municipal administration and the assistance it can offer to those who are staying in the neighbourhood are absolutely essential.]

This citizens' committee was not without its exciting moments. According to Robineault (John Horricks recalled this as well), "At one time a group of Maoists attempted to infiltrate the committee...in view of promoting their own subversive action... Once the SPC social animator discovered their true identity, a confrontation followed where the citizens chose to oust the Maoists and retain the services of the social animator." Because the "Maoists" lived on the west side of King Edward, membership in the committee was subsequently restricted to residents of Lower Town East.

In 1968, the citizens' committee summoned Mayor Don Reid to meet them at their elections. Children greeted him with placards saying "Écoeuré d'attendre" and "Le Patro ne quittera pas la Basse-Ville."[31] ["Fed up with waiting," "Le Patro will not leave Lower Town."] Demolitions had begun in 1965 and there was still no new housing. Further demolition now threatened their parish hall.

In the OMB decision in the fall of 1969, the citizens at least won the preservation of Ste. Anne's church hall, but the plans for high-density housing and freeways were upheld.[32]

The next, prolonged fight concerned the right to affordable housing in the area. The City of Ottawa proposed to build large amounts of public housing which would be rent-to-income. Under this regime, which still operates today, there is no ceiling on the rent for public housing. Instead, the rent is a fixed percentage of a tenant's monthly income (25 per cent then, up to 30 per cent now) with no ceiling. Once a family's income moves into the lower-middle bracket, public housing becomes costlier than market rent. If there are no affordable private rentals nearby, the family cannot remain in the area.

Led by André Gratton, the Comité pour le réveil des citoyens called for the city to allocate land to them for a housing cooperative. Robineault put them in touch with the Cooperative Union of Canada and with Sig Harvor, an interested architect.[33] But they were stalled for so long that many members lost appetite for the fight. The committee dwindled from 20 members, half homeowners and half tenants, to 10 members of whom 8 were tenants.[34] Those with options simply moved out. By 7 February 1970 Gratton was telling the Ottawa Journal that "there's a breaking point for everyone." The Committee succeeded in getting a CMHC loan for a 50-townhouse cooperative, Parc Beausoleil, but only after another two years of pressure on the City to part with the land.[35]

Robineault was replaced in the summer of 1970 by Jean-Frédéric Bongo. ("Father Robineault left the priesthood and married my research director. They went down to the Eastern Townships and I lost them both," complained Horricks.) Depending on whether you read English or French newspapers, Bongo was struggling with citizen indifference or doing almost nothing. The Ottawa Journal of March 23, 1971 quotes Bongo as saying the

Citizens' committee "is now dormant"; in Le Droit of 22 March 1971, Maurice Pagé says: "Le comité de citoyens de l'est de la Basse-Ville se porte bien, merci, et il n'a pas besoin de M. Jean-Frédéric Bongo." ["The Lower Town East Citizens' Committee is doing just fine, thank you, and it doesn't need Mr. Bongo."] André Gratton, who was resigning, said that the committee had put most of its efforts into Parc Beausoleil, but would be getting back into wider work with other community organizations on its own initiative.

With the very roofs over their heads threatened, it is perhaps not surprising that citizens were less concerned about directing the Neighbourhood Service Unit. But there is a discrepancy between the Social Planning Council's talk and how others perceived it.A panel discussion at the SPC's May 1969 Annual General Meeting, which included Marjorie Hudson and the Director of Public Health Nurses Geneva Lewis, stressed the need for a realignment of principles.

1. Identification of needs or services should be by the citizens. Previously boards have decided policy.

2. Accessibility of services to citizens. Services should be within walking distance.

3. The team approach. All services must cooperate.

4. The right of people to get services. Good communication is essential...

In future, possibly Citizens' Corporations will be responsible for the physical facilities of a service unit. They will contract with agencies for services. The important thing is not "who" will be the Centre but it is that the people needing services should be the ones who indicate their needs. A citizens' committee working under an animator could identify needs. Then the citizens should make arrangements for the appropriate services...

Two years later, around the same time as Mr. Bongo's run-in with the Citizens' Committee, Peter Burns (then Vice Chair of the Ottawa Housing Authority as well as Ottawa's Director of Community Renewal) told the SPC at its 1971 annual general meeting that "in context of today's needs the Council is neither fish nor fowl. Its role will diminish as agencies become government departments." While he said the social animator had "helped to make the Citizens committee more effective in seeking solutions, he added, "This has been a slow process as these are people who have never attempted to operate together for a common cause." He regretted that there was no representation back from the Citizens' committee to the Council which he described as "agency oriented," like its Community Services Unit. "In some instances it goes at cross purposes to the thoughts and wishes of the citizens and in isolation of the social animator and it causes confusion and doubts in the minds of the people," said Burns.

It seems that the social animator was working in isolation from the Community Service Units, if not also from the citizens' association. "He was one of the few people I ever had to fire," recalled Horricks.

There were recommendations in June 1971 that the SPC or the JAC make funds available for the position of social animator at the CSUs, but, so far, no calls for a community board as such. Serge Forget, who was probably hired by Algonquin College, seems to have filled this role in Lower Town but the JAC annual report for 1972 recommends assignment to the Rochester Unit (and all future Units) of a person from the Social Planning Council of Ottawa to do "Social Development, Social Animation and Advocacy in response to problems identified by clients and persons working in the area." But the CMHC money that had paid the animator's salary was gone, and the SPC did not hire another.[36]

Horricks well remembered Burns' 1971 attack. "He had been very supportive and this just came out of the blue. He knew he was getting in trouble with the Community Renewal and he hoped we could divert some of the hostility." Defending the lack of community control in founding the service units, Horricks pleaded that he had enough problems getting the agencies together at all, let alone bringing in service recipients as ultimate bosses. "We

wanted to set up community boards, that was part of what we learned down in New Haven. The professionals were really resisting, they wanted to coordinate and get their act together before involving the citizens, but then it took longer... We did bring some of the citizens from the areas affected (by urban renewal) on to the SPC Board of Directors. That led us into being invited to work over in the Rochester-Primrose area." [37]

The SPC board always had big names as well, under both Laycock and Horricks. "You can't ignore the power group in your community. You have to give them a social conscience if they don't have it."

Proving their worth

The units on St. Andrew and Rochester Streets were nonetheless making progress on their primary objectives. Weekly case conferences involved all staff and often the clients concerned. This would not jibe with the current understanding of confidentiality, but "it got the creative juices going."[38]

A staff report for 1970-71 points to

- improved coordination of services
- increased motivation and intensity of service by individual workers because of colleagues' encouragement to look at the broader life circumstances and strengths of families
- closer working relationships with other disciplines in the area such as schools and day cares
- increased communication with community groups.

This may mark a shift in the understanding of preventive work. Certainly the Ottawa Welfare Council spoke for many social workers when, as early as its 1961 report on multi-problem families, it argued forcefully for higher welfare benefits. "These families cannot be helped effectively until their basic needs are met at a minimum level of health and decency... Maybe there is mismanagement due to immaturity but there also just isn't enough money."

Still, the first arguments for prevention do have a strong flavour of intervening with "these families" earlier.

Once out in the community, seeing people from the same neighbourhood more often, workers were able to deepen their understanding that factors other than personal inadequacy were at work.

The SPC Proposal for the RMOC Master Plan 1972 argued that "geographical, social and emotional isolation, often resulting from the disappearance of the extended family system, put the family in a vulnerable position and communities must build in the supports to offset these pressures..." The Region must plan for an integrated social services system that will "foster the growth, development and well-being of all its citizens." There should be centres located within walking distance which would serve as "the foci of community activity and concern, fostering the growth of community associations, citizen involvement both in the development of policy and in provision of service to the community."

The Region takes over

There were at least three reasons why the Social Planning Council asked the Region to take over administering the Community Service Units: first of all, the conviction that basic social services were a government responsibility; second, to assure some stability of funding; and third, to take better advantage of the cost-sharing possible with the province.

What also seems to have been at work is a basic philosophy at the Social Planning Council of letting go anything that was not its core business – the core business being the identification of needs and efforts to stimulate and coordinate community response to those needs. It was not itself a service organization. Thus, it had already in its first forty years of existence given birth to a host of community services, including:

- the Federation of Community Chests (later the United Way)
- a Rehabilitation Institute (now part of the Royal Ottawa Hospital)
- the Ottawa Senior Citizens' Association (now the Senior Citizens' Council)
- the Central Volunteer Bureau
- the Youth Services Bureau
- Home Care (at first a pilot with the VON and now a Regional responsibility)
- the Region's dramatic expansion of subsidized day care
- Family Life Education courses
- the Community Information Centre. [39]

"We studied legislation that would go in line with the problem that we found, we would go armed with facts and in alliance with citizens groups and those already involved in providing services," recalled Imelda Chénard. "There was legislation but if people don't press it won't be implemented. We invited people from the different institutions, their own people worked on these reports and went back and talked about them. When we went public, it had weight."

> "Joe Laycock (OWC director from 1954 to 1964) was a tremendous man, he had built a great base for the Social Planning Council, probably the best in the country," said John Horricks. "It needed only the PR which I then supplied. We built some good attitudes towards people. It was a fortuitous time.

> When we ran the Christmas Exchange [which, again, later became independent with its own board], we got very good cooperation from the Journal, the Citizen, the various radio stations. Everyone recognized the need, and the need to avoid duplicating services... We had an agreement with the United Way that we wouldn't start fundraising till their campaign closed... It was just another service that at the time no one else would do."

In retrospect, when the Social Planning Council did take Peter Burns' 1971 advice to hand services over to government and to restrict its role to "leadership towards citizen involvement," it also made itself vulnerable to the classic dilemma: When you do community development right, the guiding hand gets no credit.

Horricks remembered that the Halifax Social Planning Council made the same decision to get out of all direct services after he left, and within five years it was gone. "Every SPC that decided it was just going to do research went down the drain. It happened across the country."

In fairness, it would have been impossible for the SPC to continue funding the Community Service Units. The profits from the Walkley Road house sale were used up. The province would not share social service costs with a non-profit organization, only with a municipality. And it was possible to argue that the neighbourhood centres were simply another way of delivering services that were already a Regional responsibility.

Why the Regional Municipality agreed to take over the Community Service Units is another question. One factor would be that its welfare workers and public health nurses were already involved and seeing the benefits.

Certainly only the Region would be in a position to take advantage of CAP-funded cost sharing with the provincial government. To sweeten the offer, the transfer of responsibility was billed as a trial arrangement, to be reviewed after a year. Fundamentally, the push probably came from Stuart Godfrey's own conviction that the neighbourhood level was the right place to deliver social services, and his willingness to put his own credibility with Councillors on the line.

"They took a little persuasion," recalled Horricks. "Between us we convinced them. We couldn't continue on our budget. We couldn't get the cost sharing. They would get brownie points in the press, a good feeling in the community that this would be a progressive step."

Godfrey would only say, with a little smile, that "it wasn't easy." Although we like to think of the 1960s as an expansive, progressive time, he remembered many councillors and staff alike mired in the "Poor Law mentality." Bill Law, Marion Dewar and especially Lorry Greenberg were his allies on Council. "I had to test staff, and I wasn't sure of the political (side). They didn't want empire building."

For the record, Regional Council approved the transfer on June 14, 1972 by a vote of 14 to 7. Godfrey, the Social Welfare Commissioner, recommended the takeover, pointing to the need to "establish the funding and administrative staff of these units on a formal basis," support from the Joint Administrative Committee, the agencies, and the Citizens' Welfare Advisory Committee, and the promise of a net cost to the Region of only $10,600.

Voting in favour of Regional administration of the CSUs were Councillors Bender, Brown, Cassidy, Crete, Gibbons, Greenberg, Haydon, Kay, Law, Quinn, Rivington, St.Germain, Taylor and Wall. Voting against were Carman, Kerwin, Koops, MacQuarrie, Mayer, Murray and Whitton.

("Charlotte Whitton opposed almost every good initiative we had," grumbled Horricks. "She hired Stuart Godfrey and then she cut his throat every chance she got. He took a lot of abuse from her. He let it roll off him and eventually got what he wanted.")

The objectives for Community Service Units, as adopted by Regional Council, were:

(1) To provide certain services of the participating agencies at the

neighbourhood level, particularly to families in need of multiple services, in a coordinated, effective and efficient manner.

(2) To assist persons at the neighbourhood level by providing information, advice and appropriate referral related to the use of local and community-wide resources.

(3) To be sensitive and responsive to the needs of citizens through involvement and participation in necessary social action to help bring about the establishment of needed community programs and services.

The Unit administrative costs were shared by the Regional Municipality and the Children's Aid Society on a 60 per cent / 40 per cent basis (the Region's portion being further eligible for 50 per cent cost sharing with the province). The Director (Pauline Joyal, who also supervised the Rochester Unit), the Lowertown Unit Supervisor (Martine Gow) and two clerks (Elise Goidl and Gaye Larochelle) became staff of the Regional Social Welfare Department.[40]

First year under the Region

The Joint Administrative Committee, with its representatives from agencies participating in the community service units as well as academics from Carleton and Algonquin, was reconstituted as the Joint Advisory Committee. The JAC reported to the Commissioner of Social Welfare, and its staff resource person remained Imelda Chénard of the SPC. ("They were a tough group," said Chénard. "John Horricks asked me to chair so he could take part in the discussions." [41]) Her 1973 report stressed the team approach which "encourages workers to view all forces contributing to a family's or individual's problem," prevented unnecessary visits and kept workers up to date. The proximity of workers to the community enabled them to organize groups for clients unwilling or unable to travel out of their milieu, and to encourage clients to use "appropriate community resources." [42]

Just as in the early SPC-Community Renewal days in Lowertown, the SPC used outside funding and volunteers, particularly the now flourishing federal Local Initiatives Program, to augment those community resources. LIP grants provided a certified visiting homemaker, babysitting for course participants and staff support to develop a babysitting co-op, and four workers to help teachers at Our Lady of Perpetual Help and St. Anthony's.

There was a long wish list for additional resources: case aides, COMSOC (Ontario Ministry of Community and Social Services) workers, a social animator for each unit, emergency funds, funds to pay "indigenous workers," and "continued attempts to get other disciplines and services to combine their efforts with that of the Units so that individual and families can come to one Community Centre to obtain health, counselling, welfare, legal aid, employment and other services."

This accent on accessibility was not the first: Marjorie Hudson had early been quoted in Le Droit as seeking "one stop shopping" for Lower Town East residents, particularly for medical services.[43] and it was a theme of the 1967 Needs and Resources study as well. We will see a little later in the 1970s how, with increasing neighbourhood experience, workers refined the idea of accessibility beyond simple proximity.

Apparently this first year's experience and report were not sufficient to permit evaluation of the units. The Regional Executive Committee recommended to the May 9, 1973 meeting of Regional Council that the trial period be extended for one year. The Social Welfare Commissioner and the Social Planning Council were to prepare a joint report which was somehow to measure "the quality of service this system provides in comparison with the standard approach to welfare services now in use."

Kiyoshi Shimizu was appointed as overall director of the Community Service Units, arriving in July 1973. She replaced Pauline Joyal, and Martine Gow continued at the Lowertown unit.

The Ad Hoc Committee Report, 1974

The Joint Advisory Committee had decided in March 1973 to strike a committee to evaluate the impact of the CSUs; the Region's extension of its trial period gave this committee some breathing space.[44]

Over the months June to October 1973, members of the evaluation committee[45] interviewed:

- staff from the units
- staff from participating agencies
- 50 households in Lowertown
- 149 residents of the Rochester Street area
- and the "Lower Town East Coordinating Committee of Programmes and Services."

This coordinating committee, for which I have not found other references, was certainly made up of local residents although it did not have a role in directing the CSU. Some committee members "disagreed with the objectives and were critical of the Unit's operation.... feeling that agencies reinforce deprivation and maintain the status quo."

Most residents had not heard of the units. More Lowertown residents "felt they were a good idea," while the mainly Italian-speaking respondents in Dalhousie Ward showed "marked apathy and disinterest." They knew the public health nurses in Dalhousie and Ste. Anne's clinic in Lowertown much better.

The Ad Hoc report suggests that "low visibility locations" were one factor along with a lack of staff skills to undertake social action and outreach. But we also have to think who was in these units: the CAS, family counsellors and the welfare workers. There was a stigma attached to seeking all these services. It is not explicit in the report, so we do not know if the suggestion to locate in community centres arose from an awareness that people don't want their neighbours to know when they are in trouble. And it is clear that most of their clients were people in trouble.

The centres were still working at the level of what Brian Wharf calls "tertiary prevention," resolving problems effectively so that they would not recur in the same individual or family. Workers were just beginning to be aware of the possibilities of secondary prevention: the early identification and treatment of problems which, notes Wharf, "involves developing accessible and non-stigmatized services which will be used at an early stage in problem development."[46] And some would move along to ambitions of primary prevention: building the community supports and participation opportunities which would keep people financially, socially, and emotionally healthy.

But let us return to the ideas of 1974. The Ad Hoc Committee, in short, agreed with the staff that the Community Service units had met the first objective of coordination relatively well.

"Improved communication, planning, knowledge and use of resources, ready access to information, regular review of cases were cited as advantages to staff with resultant improved services to the client group. The support of others in dealing with many long-term chronic and discouraging cases was also noted along with the lessening of duplication of effort and manipulation by clients." (This was in the days when weekly case conferences ranged widely and freely over the details of clients' lives. Workers in community service centres have since refined their understanding of confidentiality.)

Information and referral, the second objective, would require more resources than the units had, and the third objective of social action "was considered lacking at the time of the study."

> The lack of work with citizens and citizens' groups in the geographic areas served was repeatedly mentioned as well as the fact that the Units have at times operated in isolation from what is taking place in their communities... It appears that the CSUs are not geared to initiate social action per se nor engage in a community planning process. In fact the former is not consistent with the stated objective. It would, however, be desirable that the Units, and hence the participating agencies, have the capability to

> respond appropriately to the efforts of particular social action groups in the respective neighbourhoods. Certainly there is a responsibility on the part of the Units, and hence the participating agencies, to involve themselves more directly and specifically in the community services planning process – if not to initiate this process... We recommend that the third objective be reviewed with particular attention to the differentiation between social action and advocacy.

While some kind of "social action" should ideally be added to the Centres' mandate, then, it seemed "advocacy" was less legitimate. This theme will return when we look at the Region's crucial decision on whether to fund a community development worker when it took over Project Outreach.

New clarity: a full range of services, moving to community control

Over the period of 1974-1975 there develops considerably more clarity about the objectives of the CSUs, for the first time referred to as "centres," and some real action on bringing the community into management.

The Region confirmed in 1974 that it intended to keep the Centres going,[47] and both centres moved, Lowertown in May to 25 Chapel, and Dalhousie in December to 43 Eccles.

A task force was struck to implement the recommendations of the Ad Hoc Committee, and its report is strikingly more oriented towards neighbourhood control.[48]

The purpose of the Community Service Centres was redefined:

> (1) To provide for the residents of a designated area comprehensive neighbourhood based facilities and services to help achieve and maintain a state of physical, mental and social well-being.
>
> (2) to promote the development of active constituencies within neighbourhoods to which centres can become primarily responsible for services delivered and for identification and establishment of needed community programs.

A much more explicit set of objectives was spelled out which show considerable thought about what neighbourhood level centres were for. They were to provide

(a) **A range of services**, covering everyone and any health or social condition, with an emphasis on prevention, through a multidisciplinary team approach for neighbourhood care

(b) **Accessibility and continuity**: responsive all day and all week, being visible and well publicized, and following up on referrals

(c) **Neighbourhood involvement**, including a committee of management with staff and consumers

(d) **Staffing and in-service education**, involving community members as part of the team and in the selection of personnel.

A breakthrough was the addition in March 1975 of a nurse practitioner, a nurse and later physicians for a primary care role at the Dalhousie Community Service Centre. The Social Planning Council, along with the Region, negotiated funding with the Ministry of Health and was the nominal employer at least of the physicians.[49] Any resident of Dalhousie Ward could use the medical service.

"It was because we had those basic neighbourhood centres that the Ministry of Health was interested in funding us to add primary care," recalled Kiyoshi Shimizu. "But the medical funding had to be applied for each year, you were working on the next budget as soon as the last one was approved. The core funding from the Region was really needed." [50]

The Ministry's motivation was cost control. It was only a few years since the Province of Ontario had introduced OHIP, and it was already clear that fee-for-service doctors were going to be expensive. The hope was that

doctors on salaries would at least be a predictable expense. (Another option, never taken up, was to have the District Health Councils establish a quota for the number of physicians needed.)

The 1974 Mustard report had recommended the evolution of "primary health care groups: These would consist of primary care physicians, nurses and other health care professionals working together to provide a wide range of health services and to make maximum use of their individual abilities... Special funding arrangements should be made to promote [their] development."[51] Ultimately, at least in some parts of the province, the Mustard report suggested that community health centres might be part of a system for the complete coordination of health, community and social services at the district level. A Ministry of Community and Social Services paper on multi-service centres was also under preparation, about which more below.

Significantly, Dalhousie community members were on the selection panel for the physicians.[52] "JAC told me it was very unorthodox to have four community representatives on the interview board," admitted Shimizu. "We invited (Dr.) Ralph Sutherland to meet with us. He said you don't need to worry about their medical credentials, those have been examined; what is important is their ability to work in the community and you are best placed to test that. We did agree to four out of ten because JAC were afraid of a professional-community split. We didn't have that many candidates..." She recalled Judy Davis as the first doctor; July 1975 staff minutes show a Dr. Jean Pimm. "For the first seven months services were provided by many part time physicians," recorded the Social Planning Council in its 1975-76 annual report. "As of January 1976, the staff complement is of one full time and two half time physicians."

As a result of the directive from the Task Force Report, Sue Maclatchie remembered "Janice Frizzell wandering around trying to form a board" in 1975. In November, 1975 the Dalhousie Centre established a management committee composed of one representative from the JAC, staff and neighbourhood representatives. "This strengthening of a relationship with neighbourhood residents in roles other than as users of services is of vital importance to the continuing effectiveness of CSCs," reflected Shimizu in a report to Council two years later. [53]

In early 1975, the Region accepted another key recommendation of the Task Force, to create the position of Director, Community Service Centres,[54] with two unit supervisors (Social Worker III), one each for Lower Town and Dalhousie. The costs were still shared by the Children's Aid Society at this point.

As full time director, said Shimizu, "I then spent more time meeting community people around requests for other CSCs. There were requests to look at Outreach, Gloucester and Pinecrest-Queensway. I was out three, four nights a week."

One last development at the level of ideas is the 1975 Background Paper on Multi-Service Multi-Function Centres published by the Ministry of Community and Social Services, suggesting that the Ministry was open to funding a range of experimental centres. Calling current social services "fragmented... inaccessible, insensitive to changing needs" and a "maze," the paper recommended trying a variety of integration projects which should provide a range of social services, serve a defined community, be physically and psychologically accessible, and "involve and widely consult the community."

The Joint Advisory Committee, after a symposium, responded to encourage the Ministry to go ahead with funding prototype centres.[55] JAC argued for more "non case-

carrying functions... which involve staff in community development... encouraging citizen involvement in decision making as well as in service delivery; identifying and developing preventive services.... Otherwise we are in danger of creating a centre which meets a particular criteria [sic] for funding rather than developing a human services delivery system which is appropriate for a particular neighbourhood."

Neither citizens nor staff alone had sufficient knowledge or expertise for planning or evaluation; it had to be a joint enterprise. And because each neighbourhood and founding group was different, centres would have unique approaches

Centretown and Sandy Hill: medicine first

Although there were two community service units operating in what the Region clearly saw as the beginnings of a network, the next centres to open in fact began independently, and quite differently, from the first two. Both Centres have produced their own histories: for Sandy Hill, "An idea whose time has come" (1991) and for Centretown, "Centretown Community Health Centre: The first 25 years" (1994). See these histories for a fuller treatment of the evolution of the first two health centres in the Region.

Centretown and Sandy Hill's centres began squarely as medical services, albeit unconventional ones. The Ottawa Street Clinic opened in Centretown in 1970 for youth; Sandy Hill's highly organized community association gave birth to the Sandy Hill Health Centre in 1975.

"Coordination (with social services) was not a goal then, it was a different way to do primary care," said Dennise Albrecht, who has worked at the health centres in both Centretown (1974-80) and Sandy Hill (executive director 1980-97).

The Centretown street clinic, with its counter-culture origins, began with an emphasis on worker control, and indeed in the early years depended on staff who worked full time for part-time wages.[56] The Region began to contribute to its rent and reception costs in May 1977, seconding a public health nurse, social worker and teaching homemaker.[57]

"Centretown around the mid-70s had a kerfuffle when it was suggested it become a CSC with closer links to the Region," recalled Albrecht. "There were hot feelings around that. Karen Stotsky and Patty Deline [Executive Director and Board President] thought it would be a good way to go. Others felt like we were being taken over. Jean Webb was seconded to us to do social services, no money, just the body. Later it was formalized with money attached."

From the point of view of the Social Services department, putting social services in the health centres was indeed a tiny step to empire. "In the opinion of the Commissioner of Social Services, this request can be viewed as an extension of the concept of the neighbourhood delivery of personal services embodied in the CSCs, and as such should come under the umbrella of the JAC," reported Godfrey to Council.

Sandy Hill's health centre opened in December 1975 after two years of ground work by the Sandy Hill Community Development Corporation, a non-profit arm of the community association Action Sandy Hill. A health centre was only one of the objects in its letters patent

(other concerns being a dental clinic, day care and low-income housing), but was the first project to see the light of day, with funding from the Ministry of Health for a needs assessment in 1974 and the sponsorship of the Ottawa-Carleton District Health Council.

The Sandy Hill Community Health Centre can thus be considered the first home-grown health centre under community control from the beginning; however, it only began to work towards the multi-service model in 1980-81.[58] (To this day a vocal core of Sandy Hill residents consider that special brand of medical care to be its only raison d'être, and the other services to be frills, as witness the blow-up in the pages of *Image*, the community newspaper, when the health centre stopped taking new medical clients in 1994.)

Outreach: conscious precedents

Outreach began in 1973 as a joint project of the Catholic Family Services and the Family Service Centre, possibly the YM-YWCA, concentrating strictly on the 140 households in Confederation Court, a public housing community on Walkley Road. Using LIP and other job creation grants, it was a two year demonstration project to improve access to social services and opportunities for local community development, particularly creating employment.[59]

"Ada Greenhill, and I say this with all admiration, couldn't stand futzing around. If she got fed up, she'd blow," said Pauline van Lammers, who worked under Greenhill at Catholic Family Services. "She was very good at getting the show on the road."

However, it wasn't the show the JAC had agreed should come next. According to John Horricks, there was a priority list at the Social Planning Council as early as 1970 which established about six communities needing a resource centre. Confederation Court had not been on the list. "I had some misgivings about how Ada and Evelyn [McCorkell] just went off and did the Outreach project," said Horricks.[60] "Evelyn was the instigator. She used to bring up all kinds of red herrings at JAC and always had reasons why things wouldn't work. I told her if she didn't really want to be involved to let the rest of us get on with it. That may have been why she went off on this on her own. It was quite successful, although it didn't draw in other agencies as they could have."

Project Outreach did receive grants from the Region: $5,000 in 1973, $10,000 in 1974, and $25,321 by 1975. The last grant was recommended (like other social services grants, by the SPC Grants Review Committee) "on the premise that its future financial security will have to be achieved through its developing into a Community Service Unit (generously funded by the federal and provincial governments) or through major provincial support to family agencies."[61] The grant passed, with only Councillor Andrew Haydon dissenting.

By this point Project Outreach had a team of four offering closely integrated services to the 140 households in its public housing community: director Joan Gullen, two generalist social workers and a community development worker in a Confederation Court unit provided rent free by the Ottawa Housing Authority. Ten to twenty volunteers formed "Ask Outreach," answering a phone line at the Canterbury Community Centre. A steering committee had representation from the community at large and the immediate neighbourhood.

After studying options in early 1976, Regional Council agreed that "the Outreach Program, though different in the way it has developed,

represents another model of delivering social services at the neighbourhood level and as such should come under the umbrella of the Joint Advisory Committee on CSCs".[62] Although funding Outreach would push the RMOC over its limit for 50/50 cost sharing with the Province, Godfrey assured Councillors the Ministry was open to discussions, and in the end the Province did share the costs.

As the Region took its final decision on funding Project Outreach permanently as a Community Service Centre, Godfrey was well aware that Councillors were ultimately committing to a full range of community service centres. In his report heard December 14, 1977, at Council, Godfrey wrote: "The Social Services Department is similarly receiving requests from planners designing new developments in LeBreton Flats, the Eastern Community in Ottawa, March Township, and Cumberland, to identify only some... the rapidly growing citizen interest and involvement in the community service centres concept, and the likelihood that the Regional Municipality will be called upon to respond to this interest ... has important financial and administrative implications for future policy decisions."[63] Thus Godfrey put Councillors fairly on notice that he expected, and supported, the development of this network.

Community Development: should the Region pay for advocacy?

The network was one part of the vision. What its members would do on the Region's dime was a matter for debate. The Region's 1977 takeover of Outreach led to a clash of wills between Social Services Commissioner Godfrey and the collection of strong-willed, well-qualified and powerfully connected individuals who made up the Joint Advisory Committee. Although the two first Community Service Centres had been given a mandate to "promote the development of active constituencies... for identification and establishment of needed community programs," neither had a paid community development worker.

Project Outreach, however, did already have such a professional. As its absorption into the Community Service Centres branch was negotiated through JAC, the Social Services Committee and Regional Council, Godfrey argued strenuously at each step of the way that the Region should not be the source of funding for the community development worker. His defeat on this issue set an important precedent.

"Community Development is a term that is given different meanings depending upon the situation or circumstance," mused Godfrey to Councillors.[64]

> In the context of the Outreach Project and of this report its purpose can be said to be to assist and encourage citizens to take part in activities that make for improvement in their personal, economic and social conditions and of the community in general. The Social Services Department believes that the 'community development component' has within it, quite properly, ... a role of direct advocacy and social action in behalf of neighbourhoods or groups of citizens which could be at variance at a given time with a policy determined by Regional Council ... Herein, in the opinion of the Commissioner, lies the possibility of conflict of interest of function and responsibility.

He suggested the worker should be hired by the community and paid by a voluntary agency, Algonquin College, the Social Planning Council — anyone but the Region.

At a special Nov. 3 meeting of the Social Services Committee, Godfrey acknowledged that "community development is an essential and integral part to facilitating the delivery of existing personal social services... However, in order to be most effective, it is the view of the Social Services Department that a community development worker must be completely responsible and accountable to the client group, otherwise the possibility of conflict of interest may arise in which the interests of the community may be compromised because the community worker is an employee of the Social Services Department."

Ruth Wildgen, representing the Ottawa

Tenants' Council, agreed with Godfrey, but the paid professionals lined up against him, including the Children's Aid Society and Catholic Family Services, as well as the Chair of JAC and the Chair of the Social Services Committee, none other than Rolf Hasenack of Dalhousie.

Ultimately, Council agreed with the Chairman of the JAC, who "feared that this would bring about a disintegration of the teamwork which now exists at Outreach." Only Councillor Quinn stood with Godfrey.

In came Project Outreach, with its "unstructured, free-wheeling type of operation" which, Godfrey also cautioned, "lends itself to lack of accountability that does not easily fit into a municipal framework... Project Outreach concentrates limited service to a limited number of people at a cost that is relatively high administratively... Also of particular concern to the Department is the apparent role assumed by Project Outreach of supplementing and in some cases relieving other direct service agencies of their responsibilities."

Time and eventual expansion beyond Confederation Court tamed the "free-wheeling operation" in South East Ottawa, but the camel's nose, meanwhile, was firmly in the Region's tent. Within a few years, everybody wanted paid community development staff. In addition, the philosophy of partnership, respect, and community-level action more or less thoroughly infected the other centres which started over the next decade.

A few months later, Godfrey retired, to be succeeded by Arthur Pope as Social Services Commissioner in March 1978. It will be interesting to see Pope raise the "conflict of interest" argument again in the 1980s, as the Centres' executive directors begin to appear before Council arguing on behalf of their communities. But the seeds of this dual accountability for executive directors were sown in the 1970s, around the founding of Pinecrest-Queensway Community Service Centre.

Pinecrest-Queensway: Community control blossoms

As early as 1975, volunteers in the Britannia/ Pinecrest/Queensway area were running a community information centre and considering how to create a multi-service centre.[65] The public housing communities – Morrison Gardens, Foster Farm, Pinecrest Terrace, Michelle Heights, Britannia Woods – were far enough apart that choosing any one location "could defeat accessibility, flexibility and comprehensiveness." We see also the new goal of primary prevention: "a healthy functioning population."

MacLatchie described this group as "citizens who wanted to organize things, share information... a difference in perception from a service provider."

On September 30, 1977, Britannia alderman Marlene Catterall called a meeting to talk about accessible, coordinated services. Six community associations and 11 social and health services were represented. They set up the West End Task Force and actively recruited representatives who lived in public housing. In addition to residents, the task force had a shifting group of representatives from agencies including Ottawa Housing, CAS, Ottawa Police, the Ottawa Boys' and Girls' Club, the Queensway-Carleton Hospital, and Ottawa's Recreation Department.

"This was a community group, our purpose was coordination of services and to be community based. Accessibility plus community control – it was the purest I've ever seen community control," recalled MacLatchie in a 1995 interview. "It was in the beginning a very small group, very personal."

"Many of the meetings took place in the kitchen of the recreation centre in the high rise building at 1065 Ramsey Crescent where the children were running around and mothers congregated to talk. These meetings brought the community workers into the 'real community' and enabled discussions to take place as a group of concerned women. Each person was treated as an equal," wrote MacLatchie.[66]

Kiyoshi Shimizu was called on to help, and reported to Council: "the Ottawa Boys and Girls Club is planning a new building, and the residents are asking for such a building to be designed for community use and include a health and social service centre."[67] Bearing in mind the difficulties that Dalhousie, Sandy Hill and Centretown were having with the Ministry of Health over capitation (see the history of Sandy Hill for a fuller treatment of the issues around the basis of funding for community health centres), Shimizu advised the group "that provincial funding for CHCs was a problem but that the health component could be provided by encouraging doctors to locate in a nearby shopping centre."[68]

By June, the group was ready with a model and objectives, which were ratified at a large community meeting. The model was for a community board, a coordinator, and satellites at Foster Farm and Britannia Woods. This hub-and-spokes model was a new feature of a community service centre, but it addressed the reality that the public housing communities were physically and psychologically isolated. Accessibility, while still a key concept, was given a specific Pinecrest-Queensway definition that recognized this isolation.

"It was decided that the Task Force would recommend to the funders that the staff be responsible to the Community Board, rather than to their agencies of origin," noted MacLatchie. The centre's goals were identified as:

1. To coordinate existing community services.
2. To enhance the accessibility and relevancy of programs.
3. To further identify both needs and resources.
4. To support self-help and neighbourhood

directed projects.

5. To identify and deal with fundamental social problems.

6. To realize active community participation through the community Board.[69]

We see how strongly the direction had veered towards community development, self-help and community control, themes which have been particularly strong at P-Q ever since.

The meeting directed the Task Force to look for funding, and negotiations began with JAC and then the Region for a community service unit. JAC approved the centre in September 1978 and a community Board was elected on October 30, 1978.

There were 12 community residents and 6 social service workers. In addition, the two aldermen were appointed as ex-officio members of the Board.[70] After some deliberation between locations on Dumaurier and Morrison, the Region finally approved a rental at 804 Grenon, conveniently above a neighbourhood store and beside the Ottawa Housing Authority offices, to be shared with CAS.[71] This office opened in March, 1979.

The Region also appointed the first executive director, Anne Armstrong.

The ensuing power struggle was decisive for the relationship of community boards with the Region. "Even prior to incorporation, the P-Q Centre had, as it does now, a Board of Directors which was heavily dominated by community representatives and aggressively independent," noted the Ontario Labour Relations Board in 1992.

> The P-Q Centre's first coordinator was a Region employee who came to the P-Q Centre as part of the Region's funding contribution to it. In those early days, everyone, and no one less than the Board of Directors, recognized that the P-Q Centre needed a coordinator to assist the Board of Directors. The Board of Directors saw the coordinator as being an advisory and resource person whom it could consult as part of its decision-making process, and as the person who would oversee the implementation of the decisions and initiatives of the Board of Directors. The first coordinator did not see things quite this way. She viewed the P-Q Centre as a kind of adjunct to the Region's social services department and herself as a representative of the Region. A conflict quickly developed and came to a head.[72]

Shimizu recalled, "I think we had an evaluation which was somewhat negative and she resigned shortly after that. People in the community were happy." However, Shimizu then saw nothing wrong in appointing Bob Crook as a replacement without consulting the Board.

Marlene Catterall and the board both protested to Social Services Commissioner Art Pope. While they agreed to let Crook stay, it was, in their view, on probation.[73]

"Only after the Board of Directors was satisfied that this second coordinator, and the Region, understood and accepted the coordinator's role as the Board of Directors saw it, did the P-Q Centre accept the second coordinator," wrote the Labour Relations Board. "It was clear that the coordinator was there to assist and carry out the directions of the P-Q Centre, and was not there as an instrument or representative of the Region or its policies..."

"That episode served notice that citizen boards were going to have to be consulted," recalled Jack McCarthy. But even by 1982, when McCarthy became acting executive director at Pinecrest-Queensway, the Board Chair was only consulted, not asked to interview candidates. "Boards didn't have the authority but they had [some] power. It gradually got legitimated by procedures to have Boards not just consulted but really participating."[74]

Partnership with the poor

According to MacLatchie, "Community participation was the big distinction from the earlier [neighbourhood service] units. It wasn't a value for Dalhousie – they just didn't run committee structures till later. There was such a high value in P-Q on working directly with the residents, if you came into a deadlock, what the

resident said went. Committees were very active and heated."[75]

For her, the early years at Pinecrest-Queensway were a heady egalitarian partnership. Even before the centre opened, there were active sub-committees "based on the issues in the community. This effectively opened the Board to the community and many more residents and workers were involved in the decision-making process... By serving on committees, people gained so much that they were better able to handle their personal problems. Many people, especially young mothers, experienced personal growth by becoming involved."[76]

"The Board was concerned about creating links and building strong organizations so that the needs of the residents could be met within the community," wrote MacLatchie. "The community and local organizations began to recognize the Board. Organizations approached the Board with requests for funding, for support, and for staff time."

The focus on public housing and the poor was very clear for Pinecrest-Queensway. "There was an unwritten statement that [middle class] people could come and be on the board if they accepted that the high risk groups were the priority," recalled MacLatchie.[77]

Marlene Catterall, by now MP for Ottawa West, has written about Pinecrest-Queensway that "throughout, there has been a recognition that poverty is the number one issue for many of our fellow citizens. To really improve community and individual lives, an improvement in economic status is necessary... Bringing programs into the community, where support services and personal support are at hand, has been an important component of success."[78]

Prevention and Home Support

At Pinecrest-Queensway, prevention was conceived of as a strategy for supporting community members to identify and build on their own potential. A number of successful initiatives in the 1980s directly involved community members in planning and implementation: a preschool program, lunches, health promotion, and a wide array of community economic development projects.

The centre also built relationships with other service providers, resulting in collaboration and the delivery of mandated services in a community-based setting: for example, the Children's Aid Society's West End Team, Home Support and in later years, counselling and social service supports.

The Regional Home Support program was one of Stuart Godfrey's last gifts to the Region before he retired, addressing two problems: the need for homemaking support, and the gulf between being at home on welfare and finding a fulltime job. The teaching homemakers and their home support workers were also the first Regional positions to be designed to work from community service centres.

"I got a teaching homemaker unit going here because of my experience in Newfoundland," recalled Godfrey.[79] "I wasn't going to turn out the VHA [Visiting Homemakers' Association]; we knew they weren't looking after people on public assistance. We didn't try to beat down a public assistance person, we arranged to give her a decent wage."

By April 1977 the Region was ready to accept his idea, the "establishment of a home support service within the areas covered by the community service centres, utilizing residents living within the CSU area. The home support program envisaged by the Department is intended to cover brief services of less than 4 hours to families ... directly related to the maintenance of the home." Eighty per cent of the cost of service for families "in need" would be recovered from the Province, always a tempting bait to Councillors.

Teaching homemakers would be placed at Lowertown and Dalhousie centres and at the new Community Service Centre within the Centretown Health Clinic.[80] They would teach classes in cooking and sewing and supervise the home helpers, who were to be paid $2.75 an hour, well above minimum wage at the time.

"People got jobs and you got into homes early and taught the moms the skills," pointed out MacLatchie.

Pinecrest-Queensway developed and then spun off a number of locally-based services during the 1980s. West End Legal Services, At Your Service restaurant and training program, and West End Community Ventures started with considerable community input and their operations were imbued with Pinecrest-Queensway values. They remained under community control through their own Boards of Directors.

In response to another community need, the Board's Health Committee began a process in 1985 to develop a proposal for a community health centre. A Health Needs Study, carried out under the auspices of the Ottawa-Carleton District Health Council, pointed to " high levels of expected and actual morbidity directly related to the frequency of complex health and social problems amongst the low income population in the Pinecrest-Queensway catchment."

Residents stuck with the slow and frustrating process as the Ministry of Health asked for many changes to the proposal.

Finally, in 1987, Health funding was approved. For the next two years community outreach and health promotion activities introduced the concept of a community health centre to residents. In 1989, the Centre moved to larger quarters on Richmond Road to accommodate the delivery of primary care in conjunction with health promotion, community development, early intervention, settlement, crisis and counselling.[81]

Gloucester: A suburban definition

Although it was funded by the Region in the same year as Pinecrest-Queensway, and walked a similar path of collaborative planning and lobbying by community groups, Gloucester's Centre for Community Resources put its case for accessibility and prevention in a different light.

The seeds were sown as early as 1972, when "a group of concerned workers and residents in the area conducted a needs study which resulted in the establishment of Information Gloucester, a community-based information and referral service."[82] Gloucester Family Day Care and FISH, a church-sponsored crisis assistance program, followed.[83]

By 1977 the Gloucester Police Department had hired a social worker, on the request of a police-citizens committee, "to follow up the 80 per cent of their calls which originate from domestic disputes."[84]

It was not long before a coalition including these agencies, staff from the Social Services Department, Catholic Family Services, CAS and several residents began working with Kiyoshi Shimizu to explore making social services more accessible. "Many residents have a sense of remoteness from the broad range of ... services located in the City of Ottawa. Furthermore many of the volunteer organizations such as FISH which provide

emergency services in Gloucester have been expected to deal with a diversity of complex social and family crises for which they are not adequately skilled," they told Regional Council.[85]

The emphasis on "domestic disputes" and "family crises" differentiates the suburban resource centres, of which Gloucester was the first. Where Ottawa's neighbourhoods would stress the size of their welfare and CAS caseloads when requesting a resource centre, Gloucester defined its mandate as "to serve all the people of Gloucester, not just the low income residents".[86] Woman abuse knew no income barriers and, indeed, may have been worse under suburban conditions for isolated nuclear families.

"There was a different population, different demographics, it was very important to set up a centre that was not just oriented to the poor," says founding Board member Joan Gullen.

> We would better serve the poor if others had a stake in the centre. Otherwise it's harder to maintain the funding, and also people aren't labelled for going there. This was a result of what I had learned from previous experience [in Outreach, which had concentrated on public housing in southeast Ottawa]. You build strategic alliances, not just with politicians but you have a constituency there for when people attack you. The whole community has to have a stake in your existence... Gloucester was one of the first centres to develop a support group for abused women. Kids, bereavement, separation – the middle class' needs had to be met and these things happened to women who were poor and they happened to women who became poor as a result. I kept preaching at the time how very important it was to set up your political alliances, for cities and municipalities to see that it would be a feather in their cap.[87]

> The middle class constituency for this centre also meant an early emphasis on voluntarism and fundraising.
>
> One of the interim Board's essential aims was to create a warm, welcoming place where everyone could feel comfortable. Although crisis intervention and counselling were always to be essential services, those organizing the Centre did not want it to be perceived as a problem place. Rather, it was to be a place where people could organize for mutual support, or bring in programs to meet their own needs, or those they saw in the community. Thus, the GRC has become one of the most program-oriented centres in the Region with a large number of volunteer-run programs, many financed by the members.[88]

As in Lowertown, the Region was able to work closely with the local municipality. The City of Gloucester bought the first location for the Gloucester resource centre at 2040 Arrowsmith Drive, a former model apartment and rental office for Sutton Place, and it opened on March 12, 1979 with Diana Haddad as its first coordinator offering parenting courses and a seniors' drop-in. She was shortly joined by the Gloucester Police social worker, a Special Care worker, Algonquin College's Focus for Change course (itself an offspring of Outreach's job training for women) and a teaching homemaker from the Region.[89]

The addition of Meals on Wheels in 1981 points to another theme for the suburban centres, seniors' support: as with Gloucester's burgeoning variety of support groups such as those for agoraphobics and the formerly married, the needs being addressed cut across income lines.[90]

The first Board was not elected until the first annual meeting in May 1981, with several members drawn from the initial planning group. Similar to the Pinecrest-Queensway model, there were a variety of program committees on which Centre users could also serve.[91]

Vanier and Social Services Reorganization

Kiyoshi Shimizu and the JAC were working with many communities by the mid-1970s. They already had a vision of universal coverage, but could see the Region wouldn't be open to financing new centres all at once, and there were only so many hours in Shimizu's days and evenings. "Neighbourhood studies by the Planning Departments of area municipalities will identify needs in other places for more accessible personal services to serve the least mobile individuals in our midst – families with young children, those on low income, the physically and mentally handicapped, and the elderly. It is time for Ottawa-Carleton to consider whether neighbourhood-based centres should be set up to provide access to personal services all across the region and to plan for the orderly development of such centres in conjunction with physical planning staff," wrote Shimizu to Council in 1977. It is a clear statement of where she was headed and why.[92]

The Social Planning Council shared this vision. The LeBreton Flats area had, like Lowertown, been razed for "urban renewal," and the SPC was involved in planning its redevelopment "to ensure that the delivery of social services is provided in such a way that they are perceptible to residents as a coordinated system. The intent is to make such services fully and easily accessible to all residents and to allow a high degree of response to community direction." Gary Homenuk of the Institute for Environmental Research submitted a report which brought some new nuances to the concept of accessibility, weighing what services should be located together so as to balance convenience, access to specialists and "concealing stigmatized services."[93]

As the Social Services Department pointed out to Council when they were considering Vanier's need for a community service centre, "the ideal location... is in a building where other soft services are available so that by working closely with users and related staff, preventive programs can be developed.[94]

Shimizu's October 1978 report to JAC, "Information on Neighbourhood Developments," listed 14 areas which might want a community service centre, including Vanier, Overbrook, Westboro/Carlington, West Carleton and the Eastern Urban Community (Orleans and Cumberland), but also several areas which did not eventually get their own centre: Lebreton Flats because it was never rebuilt; Greenboro, Hintonburg/Parkdale, Ridgemont Terrace and Glebe/Ottawa South.

The priority grid

Peter Findlay of Carleton's School of Social Work suggested using a grid to help JAC decide where to concentrate efforts. The grid asked for information under the following categories:

- History
- Problems
- Interest
- Present and planned agency activities
- Community identity and organizations
- Local leadership - activists
- Related needs/services, e.g. health, physical facilities
- Population projections
- Possible program configurations
- Adjacent developments.

As JAC worked through Shimizu's summary of neighbourhood needs in early 1979, they gave the greatest weight to concentrations of low-income families in social housing and to the number of welfare and CAS cases. The group concluded that Vanier, Overbrook and Sandy Hill (whose medical health centre had as yet no social service component) were priorities.[95]

Vanier: responding to a community

The community demand for a service centre in Vanier arose, as in Dalhousie and later in Carlington, from an Ontario Neighbourhood Improvement Program study. The ONIP grants enabled a sizeable group of residents to work with municipal planners to rationalize zoning and spend a provincial allocation as they saw fit towards improving municipal facilities – anything from parks to lighting to building renovations.

Vanier residents could see next door the growing effectiveness of Lowertown's Community Resource Centre, particularly the synergy of its location under one roof with social, medical and recreational services. "For example, a Pre-School Parent Group sponsored by the Community Service Centre... took place in Patro d'Ottawa space and drew on medical personnel from Ste. Anne Clinic for some sessions as well as Early Childhood Education students from Algonquin College".[96]

Their ONIP committee recommended a health and social service centre in 1976. [97] There were complaints about lack of francophone services, difficulty finding the right service, the "fragmented way services have been provided, duplication of workers for multi users of services and inconsistency in followup of care".[98] This request was included in Shimizu's report to Council in 1977 and her report to JAC in the fall of 1978.

Although the ONIP team asked for a medical component, JAC disagreed, noting that a study by the University of Ottawa Department of Epidemiology and Community Medicine found that existing medical services were adequate. Shimizu was directed to meet Mary Ellen Johnson of the Vanier Planning Department, who wanted "better integrated French social services."[99]

By November 1979, the Social Services Committee was ready to recommend a Community Service Centre for Vanier with a supervisor and clerks paid for by the Region, along with a seconded teaching homemaker, a welfare case worker and seconded staff from Children's Aid, Ministry of Community and Social Services (presumably Family Benefits case workers) and Catholic Family Service.

Funding was set aside in the Region's 1980 budget and sometime during that year a coordinator was hired "to become familiar with the community and to assist in the development of the Centre."[100]

The first location selected for the Vanier Community Service Centre was 6 Beechwood Avenue, adjoining an Integrated Family Services Project which housed personnel from the Children's Aid Society, Youth Services Bureau and the Royal Ottawa Hospital.[101] Luc Legault remembered that location being open by the fall of 1980.[102]

When the former École Assomption at 330 Lajoie became available, "we were just fortunate to get it, it was not in the original plan," recalled Kiyoshi Shimizu. The building was large enough to be shared by various community agencies. It was during 1981 that the Province agreed to share the cost of the Vanier CSC,[103] and the Centre moved to its new location in November 1981.[104]

"There was a lot of community support and Danielle Massé [the first coordinator] was a really good person, very competent, she got it off to a good start," said Kiyoshi Shimizu. "Bernard Grandmaitre was very supportive."

Vanier quickly established its identity as the Centre for francophones: by 1982, its clientele was described as "almost entirely French speaking, women and children on social assistance, all residents [of Vanier].[105] By 1983, the staff had expanded to a coordinator, clerical staff, seconded Social Services workers including a "travailleuse à l'accueil," a special care worker, a teaching homemaker with eight home support aides, an ACT employment counsellor, and a part-time worker who drove people to appointments. Catholic Family Services, the CAS and MCSS Family Benefits had also seconded staff to Vanier, while the Youth Services Bureau offered a summer work orientation program for girls. There was much collaboration with other agencies in the building,[106] and with the other "most francophone" centres.[107]

The network loses its champion

"That was the last centre when I was in the North District," commented Shimizu. The departmental reorganization that came about in 1979 was probably responsible for delays in the expansion of the CSC network. Overbrook, which started asking for a CSC even before Pinecrest-Queensway, didn't see a centre open until 1982. What did P-Q have that they didn't? Better access to Kiyoshi Shimizu, a committed councillor (Marlene Catterall) and money from the Children's Aid Society.

"The prime mover to make better coordination happen with decent services was Kiyoshi Shimizu. She saw an opportunity to take the Social Worker II positions and take them out and change their functions. She really pushed, and sometimes against considerable odds just made it happen," says Jack McCarthy.[108]

In Pinecrest-Queensway, she worked with the citizens' group and a community worker funded by the Children's Aid "to get a fundable request into the Regional Social Service Department." By the time Overbrook came up to first priority, Shimizu's position was gone.

"When Art Pope came in [in 1978] he wanted to turn the department upside down," said Shimizu. "My concern was that Community Service Centres were not nearly as well understood within the department as by the agencies outside the department...

"We eliminated the special services like special care and CSCs and created four districts; the CSCs would be under each district. I took the North because ... I was the only one of the directors who could at least read French... The position of director of CSCs was eliminated."

On the positive side, the four new regional offices made it less of a trek for most people to apply for welfare or visit their case workers, but the central advocacy and vision for community service centres was lost.

But as with all bureaucracies, the reorganization pendulum eventually swung back and Luc Legault was appointed community resource director in January 1986.[109] During the seven years that there was no supervisory position, only two centres were established: Overbrook and Carlington.

After Legault's appointment, three opened within four years: Kanata 1987, Cumberland 1988, Nepean 1990. In addition, Legault shepherded three of the Centres through the process of adding health services with provincial funding: Pinecrest-Queensway, South East Ottawa and Carlington.

Overbrook: bad karma?

Overbrook, a compact community just east of the Rideau River and south of Vanier, was one of the first to get organized to ask for a social services centre, but its success was late and limited. The neighbourhood included a large number of City Living townhouses of 1950s vintage as well as some Ottawa-Carleton public housing (1600 units in all)[110], and was characterized by "low income, low education, a high percentage of people on social assistance, an elite that is small in number, a tradition of weak political influence, [and] a rooted population that has grown from the in-moving of people who could not afford to remain in the renovated districts of Lower Town and Sandy Hill."[111]

Neighbourhood activism began in 1974 with the birth of the Overbrook Community Council and a "self-study seminar" sponsored by the Lighthouse program at Overbrook Public School, which drew over 50 residents.[112] Their requests for improved social, recreational and medical services came to the attention of the Joint Advisory Committee as early as 1975, [113] and citizens apparently set their hearts on enlarging the existing recreation centre to add medical and social services.[114] There may have been other studies; we hear again in 1977 of Elaine Papazian, a Community Development student from Algonquin College, who conducted block meetings and concluded that a multi-service centre was needed but that members of the Council were "drained" and needed fresh hands to take up the struggle.[115]

While the need was recognized at the Region, Shimizu must have had her hands full with Pinecrest-Queensway and Gloucester and then the departmental reorganization. Art Pope, the new commissioner, met the City of Ottawa's non-profit housing manager for the area, and suggested that only services for seniors needed study.[116] The proposal to renovate Overbrook Community Centre was "under consideration" in October 1978[117] and stayed under consideration for three long years until 1981, when the Regional Municipality approved funds to establish the CSC and funds became available for the renovation (probably from the City of Ottawa or ONIP; it wasn't the Region.) [118]

The Recreation Centre, at 33 Quill Street, reopened in March 1982 with room for the "Multi-Service Centre," including a coordinator and 1.5 administrative staff, Regional special care (a worker with the frail elderly and people with mental illnesses), a Regional teaching homemaker with four home helpers, a counsellor seconded from Catholic Family Services, and visiting public health nurses. [119]

"At the same time, the Social Services Advisory Committee and the Community Council had initiated the process to obtain a health module through the collaboration of the Ste. Anne's Community Health Clinic. Countless meetings and numerous negotiations with Ste Anne's Clinic resulted in the accommodation of the space and the purchasing of medical furniture and tools. Unfortunately the agreement was never signed and the clinic never opened leaving the leaders of the community drained and demotivated. The impact of this failure is still present in the community..."[120]

The strained relations between Ste. Anne's and the resource centres probably merit a chapter of their own, if the truth could be ferreted out. There was a meeting in March 1973 to discuss sharing space in Lowertown, but there was not enough room for all the workers under either roof. Later the two services were sharing space at 40 Cobourg with Le Patro, but then the clinic moved out to Old St. Patrick.

"The way in which Ste. Anne's went off by itself and refused to work with us was a disappointment," said Kiyoshi Shimizu in 1996. "It sounded like we could get the services together in Lowertown with the move to Le Patro, and then in Overbrook. Maybe it was just personalities. Maybe it was because Ste Anne's was so closely connected to the parish... I don't know."

After reneging on the 1983-84 negotiations to provide medical services for Overbrook, Ste. Anne's in 1990 opened up a clinic down the street from Carlington Community Resource Centre just before the CCRC added medical services.

Services at Overbrook remained at a modest level throughout the 1980s. The advisory committee to the Centre remarked that in 1983, about 800 people came out to block a proposed garbage incinerator, but "there is a lack of consistent networking to build proactively... Overbrook is marked by a sense of powerlessness [and] lack of political clout," as well as linguistic divisions.[121]

Another crisis arose for the Multi-purpose Centre in 1987-88. The idea of locating with recreational services seemed logical to many (for example, in a 1975 proposal for a community service centre for Lebreton Flats and in the Heron Road Multi-Purpose Centre, where until 1998 space was shared by City of Ottawa recreation programmes and the Southeast Ottawa Centre for a Healthy Community). But the community centre on Quill Street, although renovated to accommodate the new resource centre, was soon none too large.

According to largely allusive minutes of the Association of Community Resource Centres (February 1987), "local community people feel the facility should be turned over to recreation". In March 1987, the report was that " [MPP] Bernard Grandmaitre has been involved. Elspeth Menendez [City of Ottawa Community Development] and Luc [Legault] will meet with the Overbrook alderman about the situation." A year later, there was still pressure on the alderman. The Community Service Centre aimed to improve matters by offering to extend services to the Forbes area east of Overbrook, thus rewriting its boundaries to align with the municipal ward.[122]During this period, the membership of the centre's advisory committee turned over completely three times, and still in 1990 the centre's own diagnosis was that "basically, outreach and functional relations with the community and community groups have been a weakness." A community development worker would have helped, but Overbrook was passed over at least twice as the Joint Advisory Committee allocated one additional CD worker per year to community resource centres. [123] "I was responsible for that geographical area from 1982 to 1985 [for the Region's Social Services Department], and then for all the CRCs from 1986 to 1989," said Luc Legault. "I remember continuously looking with the coordinators of that day, where they were going to get some community leadership to support them. A good Board is key."[124]

The new Board that came with the incorporation of the Overbrook-Forbes Community Service Association in June 1988 was more stable. Its objects bear comparison with those of Carlington CRC, a similar-sized centre serving a very similar population:

> To contribute to the relief of poverty in Overbrook-Forbes by responding to the social, education, health, occupational and financial difficulties of needy individuals families and groups in Overbrook-Forbes, by:
>
> - coordinating professional services and group activities
> - helping residents by providing counselling, reference and information services
> - working with other organizations in Ottawa.. to assist those in Overbrook-Forbes with special needs caused by age, poverty, loneliness, disabilities, stress, social, mental and physical handicaps or unemployment.[125]

Perhaps written with a Revenue Canada charitable designation in mind, the objectives emphasize service rather than partnership. They do not mention community accountability, or acting as a vehicle for collective action.

But on the positive side, by 1991, Overbrook-Forbes was straining the seams of the joint building at 33 Quill Street with a responsive array of services: community development, foot care, crisis intervention, a volunteer program and a food bank outlet, in addition to seconded social services from the Region and Catholic Family Services.[126] New quarters were found at 1155 Lola Street in 1992.

Over the years, Overbrook has collaborated with the other Francophone centres (Vanier and Lowertown then) in founding Action Logement, and I believe also Entraide Budgétaire. This speaks to a common philosophy of seeing to it that services get going without necessarily building one's own empire.

Carlington: can you build community across class lines?

Like Vanier and Dalhousie, the Carlington Community Resource Centre owes something to the Ontario Neighbourhood Improvement Program; like Pinecrest, it was grounded on a partnership and dialogue between low-income residents, the agencies who served them, and middle-class neighbours. The partnership took longer to bring about results but survives, with continuing creative tensions, to this day.

I am indebted to Jack McCarthy, CCRC founding director, for his foresight in archiving key records and cooperating with academics to leave considerable documentation of the Resource Centre's early development. This account draws in particular on a social work paper by Michael Tross, "The Rothman and Wharf Frameworks as Applied to the Carlington Community Resource Centre," dated Autumn 1984. It also draws on my personal recollections as a Carlington resident and friend of many of the actors.

According to Tross, the group which would become known as Dialogue Carlington began to meet as early as 1976. "Workers from various agencies and residents in the community began meeting to talk about coordinating services, opening lines of communication and discussing common concerns... By early 1980 the group had become known as Dialogue Carlington and the meetings were largely concerned with fostering better knowledge and mutual understanding of the area, helping social services agencies assist their clients and working with community based organizations to bring about social change."

"In 1977 a public health nurse and the ROH conducted a study of health and social needs and were in touch with me," reported Kiyoshi Shimizu in her Neighbourhood Developments memo, 1978. She added that St. Bonaventure School had a grant for services to francophone families. In April 1979, JAC's comment on the area was that the greatest need was in the Bellevue public housing community (Ottawa's largest) and among seniors, many living alone. In principle, JAC's priority grid showed Carlington's need for a community service centre to be as great as that in Vanier and Overbrook[127].

A Carlington Area Study was initiated by the City of Ottawa in 1980, with public meetings and funding for studies of zoning and social issues. Nadya Tarasoff of the Social Planning Council conducted the social study, which consisted of a statistical review and interviews with key informants. She found "classic examples of the types of problems that arise when there is a high concentration of people with limited personal resources (in terms of money, education and mobility)... people who feel powerless and lack any experience in positively influencing their environment."[128]

Just under 20% of Carlington's housing was subsidized: both large and small Ottawa Housing developments including two seniors' apartments, and several hundred City Living townhouses. 10% of the population was on welfare as compared to 4% of Ottawa residents at the time, the proportion rising to 35% of all

families with children on the west side of Merivale.[129] As Frank Martin of the SPC wrote in his introduction to the Tarasoff study, "the dominant social issue in the Carlington Area is the high concentration (relative to other similar sized parts of Ottawa) of people with limited resources for meeting their own needs... a guiding principle for all future action should be to assist local residents in developing personal and community resources."

From 1980 to 1982, Dr. Dan Offord was conducting an experiment in structured recreation in Bellevue. "Children in the project were about four times as likely to have failed a grade as were middle class children... Their skill and participation levels in many areas were also significantly inferior... the Carlington complex was a frequent site of serious offence police reports, false alarms, actual fires and OHA security reports."[130]

With all this agreement about the level of need, Dialogue Carlington must have felt confident in writing to the Chair of the Joint Advisory Committee in 1981 to ask for a Community Service Centre. This was interpreted as a request for paid community development staff to work with the group to develop a detailed proposal, and the request was turned down by the Region because funding for the position wouldn't be matched by the province.[131]

Undeterred, the Bellevue residents, led by Andrée Williams, tried a different tack, applying to Ottawa Housing for a townhouse or apartment to use as a "scaled down resource centre" in 1982[132]. While the local housing authority was in favour, the parent body, Ontario Housing, turned down the application.

At this point the residents were quite frustrated. They might be excused for not grasping the bureaucrat's distinction between a request that was valid and a request that could get funding. The creative game-players hadn't really meant to abandon them, though, and JAC got back to them in 1983. An "ad-hoc group of community workers mandated by the Joint Advisory Committee"[133] went back to Dialogue Carlington and in June 1983 a task force was formed to document the need for a resource centre. Although the position of CSC director didn't exist any more, Kiyoshi Shimizu's expertise was fortunately available as a resident of Carlington.

"One of my jobs as a [Children's Aid Society] community worker at P-Q was preliminary work with some citizens in Bellevue to assist them in drafting a proposal," said Jack McCarthy in a 1996 interview. "I got a job at the social services department the same day as CAS cancelled the community worker positions. Then one of my jobs as a social worker at the Welfare office was to help citizens put together the proposal. There was Ruth Forrest, Andrée Williams, Kiyoshi Shimizu as a resident, Gord McMichael, Mary Lu Beaupré, Myrna Christopher. The earliest people were the people in Bellevue."

Meanwhile, the middle class of Carlington were also more activist in the early 1980s than before. As a followup to the Carlington Area Study, the City and Province committed nearly $2.5 million to be spent under ONIP, with guidance from about 18 residents and City staff.

Most of the ONIP money went into street lights, a new gym for the Bellevue community and renovations to the Alexander Community Centre near another pocket of public housing. The rest was spent on park play areas, new or rebuilt sidewalks and closing drainage ditches.[134]

Concerns about this allocation helped to galvanize citizen involvement: a Carlington Home Owners' Association held its first general meeting in April 1983 and the Summit newspaper began publishing in June 1983, providing at last a public forum for debates. (Note that among the talents McCarthy drew in were Gordon McMichael, the first CHOA chair, and Mary Lu Beaupré, one of the Summit's founding editors.)

The Home Owners' Association, as its name implied, capitalized on strains between the middle class and low-income tenants. Carlington's housing stock, like that of Overbrook, includes a very large proportion of rentals (70% of all housing units in 1986) and social housing (18% of all housing units). One

response, which has issued at regular intervals from the association, is to oppose any further social housing construction or conversions. Dialogue Carlington and the Carlington CRC's Task Force and Board demonstrated another approach: finding allies and convincing them that "a healthy vibrant active engaged Bellevue was good for everyone."[135]

The Task Force submitted its report to JAC in September 1983, and funds for the Centre were included in the Social Services Department's 1984 budget.[136] The Mission of the Carlington Community Resource Centre [CCRC], as proposed by the Task Force, addressed coordination, accessibility and (significantly) community empowerment.

The overall goal of the CCRC was twofold:

1) to coordinate, develop and make known to the community, in a friendly atmosphere, the various resources that meet the physical, emotional, social and economic needs of the residents of Carlington, and

2) to provide the community with a vehicle for taking collective action on community needs or problems.

To meet its goals, the centre would have the following objectives:

1) to serve as a permanent focal point for the community, by acting as a resource centre as well as a place where Carlington residents can turn to for emergency needs such as clothing, food, money

2) to be directed by a community board, accountable to the community, with a higher number of residents than community workers

3) to foster an open, welcoming, informal atmosphere

4) to develop a proposal for a health component, as a long term objective, to meet the health needs of the area residents

5) to offer both private space for individual counselling by agency staff, and meeting space for committees and staff

6) to expand, in response to needs as they are identified and resources as they become available.[137]

In March 1984 the Social Services Department struck an implementation committee, mainly staff, which oversaw the formation of an Interim Board of Directors in April with 13 residents and two agency workers.[138] This Board, many of whose members had been on the Task Force, planned the first general meeting, drafted a constitution and negotiated with agencies for staff.

Significantly, Kiyoshi Shimizu, Ruth Forrest and Andrée Williams were on the selection committee for the Executive Director. They hired Jack McCarthy. At some time since Pinecrest-Queensway's struggles in 1979 the Region's staff had made significant progress in learning to share power. (Unfortunately, I have not been able to discover the level of community involvement in initial staff selection for the Overbrook and Vanier centres.)

A board committee also reviewed job descriptions and interview procedures for the seconded staff.

> The Children's Aid Society and the Youth Services Bureau (YSB) both arrived at amicable arrangements with the Carlington Board and interviews of prospective candidates from YSB for the job were carried out by a committee of community residents and the Centre's director. In the case of both agencies, the seconded workers' jobs were initially much the same as they had been before moving to the centre but the intent from both directions – agency and Resource Centre – appeared to be one of role expansion and innovation over time, with the possibility of a far different job description in a few years as the potential of community work in all its facets became clearer.[139]

In August 1984, the Carlington Community Resource Centre opened at 1319 Shillington, in a basement office shared by McCarthy and a receptionist. McCarthy remembered an official

opening on September 27, 1984 – the same day as his daughter was born.[140]

There are at least three points of view on what the Community Resource Centre was supposed to do for the community.

Several long term residents of Bellevue felt that they were the ones who worked hardest for the Centre, that need was concentrated in their area, and that a location four long blocks away from their community was a betrayal. These people have put more of their subsequent efforts into the Caldwell Family Centre along with Sister Thelma Marion, or into the Carlington Chaplaincy with Rev. Susan Taylor, both of which are centred on Bellevue.

The Resource Centre (later Carlington Community and Health Services) has moved even further away from Bellevue, now a 20-minute walk, and has found that many services that are intended for the most disadvantaged Bellevue residents indeed have to be located right in the housing development.

Fortunately, owing to the precedent set by Sister Thelma and the Family Centre (the first family house in public housing, founded in 1984), Ottawa-Carleton Housing has been much more cooperative about finding "amenity space" for community programs such as those offered by CCHS than it was in the early 1980s.

Some Carlington residents outside Bellevue wanted the Centre to be a partner in developing the entire locality. These people had their turn to feel betrayed when the Centre added medical services and, in order to justify the higher level of provincial funding, expanded its service area to include another 30,000 west end residents. Battles were fought over the definition of who was entitled to the 13 of 15 board seats reserved for "residents," people who lived in Carlington or residents of the larger catchment area. Considering that in 1978 many people living between Fisher and Clyde wouldn't even have been able to give a name to their area, the strong feeling of ownership of "Carlington" is at least partly a tribute to the Resource Centre.

A third point of view was supplied by staff who saw their allegiance as being to their clients, wherever those people happened to live. Some just quietly took clients on; others were more vocal in opposing the concept of a service area. They argued, not without merit, that not all CCRC's services were matched at other centres and that, for example, francophones who wanted counselling that was only available in English at Pinecrest-Queensway would lose out if CCRC didn't accept them. They pointed to the fact that only in Ottawa-Carleton were health centres drawing rigid geographical boundaries.

Walking the tightrope from 1984 to 1989 was Jack McCarthy.

> I realized that if it was 100% Bellevue driven we ran the risk of balkanizing that community awfully fast. We needed political support from other sectors of the community to survive... A resource centre has the potential of providing services not just to people on low income, but speaking to visions of what a healthy safe community is all about... My belief is that the process of empowerment happens not just by poor people coming together to make things happen. They have to leverage power from people who can work the system for them in partnership... people who have a common vision but a different skill set and networks... If people don't have strategic allies, they're not going to get anywhere. The centres were set up by the Social Services Department in areas where there were lots of people on social assistance. Our entrée was people who had a lot of needs, that's why we are there. But the vision has to be broader now... a broader, healthy Carlington community.[141]

The success of the Dialogue Carlington / CCRC model is that some of us at least have been able to see all residents of a small area as fellow citizens. Some have greater needs than others but we can agree to work to meet those needs, for at least two reasons: because it might happen to us someday, and because treating the worst-off people fairly makes the community safer and healthier for all of us.

A cross section of Carlington's social classes collaborates as equal decision makers and volunteer workers on the Centre's board and

committees, on our community police centre, on the school associations, for the Caldwell Family Centre, on the Social Action Committee and the Chaplaincy pastoral care team.

It's hard to demonize "those people" when you work together. The Centre and the institutions that have followed its model have helped us grow as a community.

The suburbs and middle-class need

The last three community resource centres established were in the suburbs: Kanata, Cumberland and Nepean. Like Gloucester, they had "a predominantly middle-income population spread over a large geographic area,"[142] and although the number of people in desperate need was small, those individuals were more isolated. In addition, family counselling and helping women deal with abuse were more prominent needs because families with children made up larger proportion of the population.

These last centres to be established may have been lucky to get a window of opportunity when political will could be mobilized around the idea that anyone, at some point in their lives, could need a helping hand. There was also the sense that if Regional money was going to be handed out, the suburbs should get some too.

Access was the major issue. As the Nepean needs study pointed out, "Agencies that have workers located in other community resource centres strongly endorse the effectiveness of delivering services from a single centre located in the community in which clients reside... workers operating out of CRCs can more easily draw on natural helping networks within the community to provide support in crisis situations."[143]

Then there was the name value. "As a community owned and operated Center, a high level of local interest and participation can be generated," claimed Kanata's 1986 submission to the Region for funding.[144] The same community pride that kept these growing townships and cities from amalgamating with Ottawa was a powerful tool for bringing in volunteers, rallying political support and raising funds. In contrast to the older centres, however, the suburban centres could never justify concentrating on one walkable neighbourhood.

Kanata: modest beginnings to demonstrate need

The pattern was to start small with telephone information and referral services and with some municipal support. In Kanata, the Inter-Church Council used volunteers and a small grant from Kanata Council to set up a phone line in 1985: "it seemed the best way of providing some basic help, and finding out exactly what was needed in the longer term."

The Pinecrest-Queensway Centre asked the Council in January 1986 to help study the need for a new resource centre, both because the number of clients from the western townships was increasing and because their needs were different. [145] "Agencies were often unable to respond directly to local needs because the agency worker failed to fully understand the types of problems residents experienced."[146]

While it set up a volunteer-run food bank at St. Paul's Anglican Church in April to meet the most pressing need, the Inter-Church Council also decided to apply for provincial Community

and Neighbourhood Support Services funding to start a full resource centre. “The nature and severity of some of the problems makes it clear that more time and expertise is now required.” From the 125 residents who attended a May 1986 public meeting, a steering committee was struck with representation largely from Kanata (including Councillor Eva James and future mayor Marianne Wilkinson), but also one Carp and two Stittsville residents.[147]

The steering committee, chaired by Heather Colls, secured start-up funding from the City of Kanata, local service clubs, the United Way and the province.

A Board was elected in October 1986; the Steering Committee submitted a very succinct 5-page proposal to the Region for $48,000 for the first year of operation. This was perhaps a slightly more formally-skilled and activist proto-board than the steering committee which two years earlier had opened the Carlington CRC,[148] but I have found no written reasons why this Centre was the first “as a matter of Departmental policy”[149] to be funded on a purchase-of-service grant to its autonomous board.

(Only four Regional councillors voted against funding the Kanata CRC, including three from Ottawa (Holzman, Durrell and McSweeney) and Osgoode’s Al Bouwers, who was at least consistent in his reasoning. As he had asserted in 1984 in voting against the Carlington CRC, he told Council that the services of a resource centre should be offered by the local municipalities and volunteers “the way they are in Osgoode.”[150] It would be interesting to take the side-trip to explore what is currently offered in Osgoode.)

With the confirmation of Regional and provincial funding in March 1987, the Board hired an executive director, Peggy Feltmate, who began work in June, and the Resource Centre opened in September of that year.

Growth was so rapid in the first year that the Centre had to move in the fall of 1988 to the Kanata Town Centre at 150 Katimavik: it had added a Family Violence crisis outreach worker, a volunteer program developer and a fundraiser as well as seconded staff from the Children’s Aid Society, Regional Special Care and Home Management, the Youth Services Bureau and the Family Service Centre. In the meantime, for what must have been optical reasons, the Centre changed its name to “Community Resource Centre of Goulbourn, Kanata and West Carleton.”[151]

By 1989, Kanata’s centre was the most successful at finding grants and donations, parlaying $77,500 of RMOC grants into an operating budget of nearly $370,000. Only the centres which had added Ministry of Health funding for medical services drew a smaller proportion of their budgets from the Region.

Cumberland: the Township takes the lead

On the eastern edge of the Region, the Township of Cumberland was taking an even more active role, setting up its own Social Services committee in 1986 and establishing an information and referral service in June 1987, staffed by township employees with funding from the Provincial Community Neighbourhood Support Services Program. After a March 1987 public meeting to gauge support, a community development worker was hired to help the Social Services Committee and later an interim Board of Directors to develop and write a proposal for a Community Resource Centre.

The Township covered many of the start-up costs, providing space, phone lines and legal services for incorporation. [152]

The funding request was approved by Regional Council in January 1988, although apparently the Cumberland residents had asked for a regionally-operated centre and were told that it would have to be established, like Kanata’s, on an autonomous basis with a purchase-of-service grant from the Region.[153]

The first Board was elected in May 1988, immediately responsible for administering the roughly $50,000 budget. The 1988 start-up funds were used to hire first a Network Coordinator, who was to monitor and coordinate social services, and then an Office Administrator who took crisis referrals and set

up an emergency food and clothing bank.[154]

It was not until March 1989 that the Cumberland Township Community Resource Centre moved into a permanent location on St Joseph Boulevard in Orleans, and not until August of that year that a Coordinator was hired. The Coordinator was also to provide crisis intervention and counselling, an odd combination of functions.

The Centre grew initially by secondments from Youth Services Bureau, the YM/YWCA, Gloucester CRC for services to abused women and the Region for Home Management. It also used the Social Services Employment (SSEP) grants to create positions for crisis intake, receptionist and volunteer coordinator. [155]

A typical case was, as for Kanata, a family in sudden financial difficulties because of a job loss or marital separation. Without subsidized housing in the township, their choice was to move and lose "their network system" or to "spend a high percentage of their income on housing and approach the Centre for other basic needs such as food and clothing." [156] As the Nepean needs study pointed out, these "newcomers to poverty have absolutely no knowledge of how or where to get the help required."[157]

Nepean: let's not lose out on our share

The implications of this growing suburban network were not lost on Nepean Mayor Ben Franklin, at that time ex officio a member of Regional Council. When Kanata's CRC got its funding in 1987, Franklin wanted to know just how many Nepean residents were on welfare or using the Pinecrest-Queensway resource centre, and what the criteria were that had led the Social Services Department to support Kanata's application. Although he pointed out that volunteers delivered many similar services in Nepean, he voted in favour of funding for Kanata.[158]

A year later, Franklin was ready to listen when two Nepean residents, Lise Decaire and Elaine Morris, approached him to broach the idea of a Nepean CRC. "As a teacher, I've seen troubled youths all my life. In a city the size of Nepean, there's a strong requirement for it," said Franklin, looking back. "A lot of people don't want to put the money into it, or admit there are problems. [In Nepean,] we had a committee and a very supportive staff. We set up a game plan, we wanted it done right. It didn't just happen. It was a combination of people who wanted it with the political will."[159]

With backing from Franklin, councillors Al Loney and Gord Hunter[160] and Luc Legault from the Region's Social Services Department, the City of Nepean hosted an evening in June 1988 for community agencies and interested citizens. [161] Among the agencies were Meals on Wheels, Nepean Seniors Home Support, the Nepean-Kanata Family Resource Centre, and the Youth Services Bureau. A "committee of interested citizens" pursued a grant from the Ministry of Community and Social Services for the needs study, which was conducted over the first part of 1989.[162]

Late but more enthusiastically than any of the other municipalities, the City of Nepean threw itself behind a resource centre. Paul Kemp, a senior staff in the Department of Parks and Recreation, was assigned to help the steering committee make a good proposal. His involvement with the United Way and advocacy on social issues was well known, and was seen as a legitimate role for a recreation manager.

> There was a bit of, everybody else has one and we don't, let's see why we haven't moved in that direction... There were [also] a number of well organized individuals. A lot of it was, we can pull this off with regional funding. There was also, let's try it and see what happens. People forget that it was called a two year experiment. I didn't believe that for a moment but that was how it secured the money. Then it started operating to the level where it was felt that it was useful.[163]

With professional dexterity, the Nepean steering committee built its case. The needs study went to Nepean Council in June 1989, securing a cool $30,000 by way of a start-up grant. Not by coincidence, there were supporting letters from a raft of community

associations. A student set up mall displays all summer to build public awareness. The Province kicked in $8000 for capital costs.

The Joint Advisory Committee voted in October to endorse the needs study, and in November the Region's Social Services Committee heard and accepted the case for regional funding. By April 1990, Pauline van Lammers was hired as executive director and the Centre opened in a small office shared with the Nepean Youth Employment Centre on Merivale Road.[164]

"The pitch that paid off was, we are building a link to community resources," recalled Kemp. There was a recognition that people didn't have to be downtown-homeless desperate to be legitimately in need of help. "High risk was, at this moment, I just don't have the emotional, financial or travel resources to access the services."

Kemp wasn't sure the same reasoning would fly today. Governments and other donors want to target resources to those most in need.

> There is the expectation that people who can, should buy the service. There is still the sense that the City of Nepean should get their fair share of services but it has a different overtone. The greater good argument wouldn't carry as much weight now... It's harder to do prevention; although we know that all youth are at risk at some point, we're getting drawn into a very narrow band.[165]

To get an idea of the window of opportunity in public and political opinion, let us look at the needs study's treatment of home management. In 1988, the Region had budgeted 4000 hours of home support for Nepean residents, but none had been used. This, the needs study argued, was due to a combination of Nepean residents being unaware they could ask for the service and home helpers based in Ottawa being unable to travel easily by bus to assignments in Nepean.

When Kanata opened its home management service, the study noted, demand shot up.[166] In 1989, that argument could convince Regional councillors to make the service more accessible to Nepean residents.

Since then, what has proved equally attractive to politicians is precisely that they can hand over to resource centres the hot-potato, all-too-unhidden pockets of need, like the Leslie Park community which blew up over race relations and inadequate recreation. Both Kemp and Franklin mentioned how happy Nepean Council was to be able to give the Resource Centre responsibility for solutions in that neighbourhood and Bayshore, another concentration of low-rent housing.

The centres develop a collective consciousness

People who worked to found community resource centres had many reasons: some hoped to make social work easier or more efficient, some hoped to simplify life for the people who needed help, some hoped to build stronger communities. Some came on board just because they figured that if the folks next door had a centre they should get one too. Slowly, partnerships evolved and power devolved, and along with increasing neighbourhood control came more debate and consensus about what we were there for. Over the thirty years since the Social Planning Council and interested agencies started working together in Lowertown and Dalhousie, six key values have come to dominate our collective history:

- √ prevention

- √ accessibility
- √ coordination
- √ service to high-risk populations
- √ community control
- √ geographical limits and identity

Prevention, accessibility and coordination

As we have seen in the opening chapters, the Canada Assistance Plan added a major new purpose to public assistance: "to ensure that every effort is made to rehabilitate those in need of public assistance and to use every available resource to prevent people from becoming dependent."[167]. The Needs and Resources Study of the Ottawa Welfare Council urged community leaders to "ensure that municipalities of this area take full advantage of the cost-sharing benefits of the Ontario regulations" and to make the system "more effective by placing greater emphasis on preventive measures."[168]

We hear less about prevention and more about coordination and accessibility for "multi-problem" (the 1960s version of "high risk") families in the early stages of setting up the neighbourhood service units in Lowertown East and Rochester. Front-line staff (and agencies were so small then, almost everyone was front line) were thinking concretely: how to increase their effectiveness and reduce overlap? There is one suggestion that working more efficiently with multi-problem families will "give more hours for preventive work thus benefitting the whole community," but the early objectives the Region set when it took over funding the units do not include prevention; nor does the 1974 Ad-Hoc report.

Instead, the stated goals were "to provide certain services of the participating agencies at the neighbourhood level, particularly to families in need of multiple services, in a coordinated, effective and efficient manner," as well as to provide information and referral, and to help citizens participate in "social action to help bring about the establishment of needed community programs and services." [169]

A more sophisticated version of the objectives for community service centres (as they were renamed) appeared in May, 1975, perhaps because Shimizu had been freed from the responsibility for daily supervision at Rochester and was given a mandate "for the planned development for the expansion of the neighbourhood delivery of services."[170] A task force for implementing the Ad-Hoc Report's recommendations completely reworded their vision.

The first purpose was now "to provide for the residents of a designated area comprehensive neighbourhood based facilities and services to help achieve and maintain a state of physical, mental and social well-being." And now we see community control arise as the second major purpose: "to promote the development of active constituencies within neighbourhoods to which centres can become primarily responsible for services delivered and for identification and establishment of needed programs."[171]

There were five objectives:

Range of Services included an "emphasis on promotion and maintenance of health and social well-being" and "a multi-disciplinary team approach for comprehensive neighbourhood care."

Accessibility and Continuity spoke of 24-hour/7 day service and visible, well-publicized centres.

Neighbourhood Involvement promised neighbourhood boards composed of staff and consumers.

Under the last two objectives, *Staffing* and *Evaluation*, there were far-thinking promises such as neighbourhood involvement in staff selection, including community members on the team, and evaluating the level of continuity and coordination of care.

The wording that highlighted prevention was likely part of a strategy to would secure cost-shared funding for the Centres. "Stuart Godfrey was very astute about using the Canada Assistance Plan, and there was a clause which

said it was possible to develop preventive services," recalled Kiyoshi Shimizu. "If municipalities agreed to support preventive services then it was possible and the province would fund them, either 80/20 or 50/50. The 80/20 would involve some federal funding."[172]

A new understanding of prevention was also developing just because social service workers were concentrating on one neighbourhood and talking to each other and to residents. It was harder to blame individuals for their problems when you saw the whole community as a system. That system could either create and exacerbate problems, or it could provide supports to alleviate and head them off.

Power moves to the community

Community control was a new emphasis as well. The 1973 objectives adopted when the Region took over the Community Service Units talked about involvement and social action, but as we have seen, by the time they were evaluated the following year, the units hadn't even impinged on the awareness of most residents. By 1975, the Regional staff wanted to move towards community control, and knew that they had to start by creating "constituencies" which felt some ownership. Now there were terms of reference for Committees on Management, which were to have input on staff selection, new programs, evaluation and budgets.

This was the year that the Dalhousie centre added medical staff and included residents on the selection panel; by November, the management committee was in place with staff, neighbourhood residents and a JAC representative.[173]

"Dalhousie was the first to have a committee of management; the community people were much more politically active," said Pauline van Lammers. "They had a neighbourhood improvement committee. Lowertown was always more problematic. The leadership moved away with urban renewal and they never came back." Agreed Kiyoshi Shimizu, "It took a little more work to get people involved in Lowertown. Bob Crook tried really hard."[174]

Also as early as 1975, a wide range of participants from 14 neighbourhoods, the JAC agencies and others such as Algonquin's Centre for Community Development, Carleton's School of Social Work and the District Health Council got together to develop a detailed response to the Ministry of Community and Social Services' background paper on multi-service centres.

Drawing on five years of experience with neighbourhood centres, they criticized the Ministry for emphasizing coordinated service to "individuals with problems" (never mind that this was the concept with which Ottawa had started in the 1960s). Instead, the group argued for the importance of "non-case-carrying functions" such as supporting citizen involvement in decisions, developing preventive services and modifying services to meet local needs.[175] (It is to be noted that the Minister's response to this was that "Economic restraints make it difficult to support such a program" and that "MCSS has no legislative authority" to fund or evaluate such alternative delivery systems. Who says it was ever easy to pry money out of the Province?)

In the late 1970s, the Region took Outreach on board with its neighbourhood steering committee and worked with community groups to establish centres in Pinecrest-Queensway and Gloucester. The early struggle between Pinecrest-Queensway and the Region over the appointment of the P-Q executive director probed the Region's commitment to letting control go to the neighbourhood. At this stage, the best the community board could achieve was to exercise a veto. They weren't invited on to staff selection committees.

As Kiyoshi Shimizu recalled, "In 1976 the Canadian Council on Social Development sponsored a meeting of community service centres in Vancouver. Stuart and I went. I met CLSC people [the Québec network of Centres locals de services communautaires] and realized how much further ahead they were in their thinking about involving people in decisions. We had just had community people help select a physician, but the Region would

never think of them in a management role, they were called advisory boards."[176]

The power of a well-organized community was, meanwhile, being demonstrated in Gloucester with the citizen-led march towards its own resource centre. There could be few better ways to wring money out of Regional Council than to have voters present the case on behalf of the community. The Joint Advisory Committee showed its new appreciation of citizen advocacy when it adopted Carleton Social Work professor Peter Findlay's priority grid in 1978-79 to help the Region decide where to put the next centres. Three of the nine criteria on the grid had to do with the potential for community control: interest, community identity and organizations, and local leadership.

High-risk populations

The other push during this early period was to serve the neediest areas. The series of JAC meetings that worked through the priority grid and Kiyoshi Shimizu's "Information on Neighbourhood Developments" always came back to the level of poverty. Selected verdicts on heighbourhoods illustrate this focus:

> Vanier: definitely underserved – need more accessible, better integrated French services
>
> Overbrook: a concentration of rent controlled housing
>
> Greenboro: a middle class oriented area – it may be a dead issue
>
> Ridgemont: difficulties in housing project, large CAS caseload, definite need
>
> Westboro-Carlington: concentrate on Bellevue Manor
>
> Glebe/Ottawa South: the resources exist, residents may need an information service.[177]

Shimizu remembered the criteria as emphasizing "population, welfare and CAS caseloads, rates of poverty and family breakdown...to identify needy areas."[178]

The principle of accessibility is closely linked to this priority for the poor, as illustrated by the 1977 report to Council on the Community Service Centres: " Neighbourhood studies... will identify needs in other places for more accessible personal services to serve the least mobile individuals in our midst: families with young children, those on low income, the physically and mentally handicapped, and the elderly."[179]

There were different approaches within this common emphasis on serving needy neighbourhoods. Lowertown and Dalhousie were, of course, areas with a lot of poor people, but the poor lived in a wide range of private-market housing as well as in public housing. In Pinecrest-Queensway, the "hub-and-spokes" model of service which the early board adopted was based on the assumption that services would focus on Foster Farm, Britannia Woods and the other public housing communities.[180]

The Outreach project was perhaps at the extreme of concentration on public housing, "strictly the 140 households in Confederation Court," recalls David Hole. "One of the conditions of receiving Community Service Unit dollars in 1978 was to expand beyond those 140 households. I would say they were relatively unsuccessful in doing that until about 1982...

About that time there was a change of name, as it was no longer a project nor solely outreach by those agencies [Catholic Family Services and the Family Service Centre], to the South East Ottawa Community Resource Team. A team, not a centre, and we were focused on the public housing projects, not the community at large."[181]

Gloucester began the suburban divergence with its insistence that "we are here to serve everyone, not just low-income people." Kanata, Cumberland and Nepean's centres are similarly inclusive.

The Carlington CRC, although it got priority to open because of the depth and breadth of

poverty in the neighbourhood, sought middle-class partnerships right away. “Our entrée was people who had a lot of needs, that’s why we are there. But the vision has to be broader now... a broader, healthy Carlington community,” said Jack McCarthy.[182]

The two centres which began with primary health care, Centretown and Sandy Hill, have always stressed their special approach to health, an approach with a strong middle class appeal.

Common interests, diverse paths

By the early 1980s, over half a dozen Centres were operating, enough to spark a new self-consciousness about their ideology. We see several joint initiatives during this phase:

- a March 1980 workshop on “the goals of Community Service Centres” with representatives from seven centres (Dalhousie, Outreach, Vanier, Pinecrest-Queensway, Sandy Hill, Centretown, Gloucester), Algonquin and the School of Social Work[183]

- an Association of Community Service Centres which began meeting sometime between that workshop and 1982[184]

- a Carleton School of Social Work study in the summer of 1982, “Multi-Service Centre Models in the Social Services”

- an October 1982 report to the Social Planning Council from a Task Group on the Provision of Community Development Services in Ottawa-Carleton

- the first history and overview of the centres, prepared in May 1983 for the Region.

The workshop on the goals of Community Service Centres articulated the full range of ideals:

“accessible and coordinated health and social services... assisting residents to collective action, non-traditional approaches to dealing with health and social problems, prevention oriented... provide personal services through team approach... community identification and self determination... help develop neighbourhood networks for mutual aid... to be our place, chez nous.” Participants also called for an Association of Community Service Centres.

The study of Multi-Service Centre Models in the Social Services, by Peter Findlay with Cassie Doyle and Patricia Deline (a Centretown board member), found that there were already substantial differences between the centres, attributable to history and neighbourhood conditions.

The centres with medical services all promoted “a holistic, preventive approach.” They also shared a common struggle to secure a funding base from the Ministry of Health (this story has been explored more fully in the histories of Centretown and Sandy Hill community health centres).

The other philosophical group, according to Findlay et al, were those centres which “have placed a greater emphasis on organizing groups and programs aimed at effecting material changes in the community, with the view that individual well-being will thereby be enhanced... the Centres endeavour to catalyze or contribute to the development of the needed community structures.”

Lastly, there were some centres which “may have various mixes of co-located services along with some integration of some services... with a high proportion of staff seconded from the conventional larger agencies... close to simple decentralization.”[185] These were the centres which had the least scope to offer community residents and so it was harder, but still a goal, to keep boards interested and functioning.

“Community and consumer participation in the planning and management of the centre is the necessary feature which allows the Centre to develop a community presence and become rooted in a discrete social and physical neighbourhood... Advantages are possible in terms of responsiveness to neighbourhoods,

community participation, efficiency and coordination for service providers, accessibility for service recipients, and innovative approaches."

For all the regionally-administered centres, and where there were many seconded staff, there were large, important areas the community couldn't control. In palliation, Findlay suggested that centres prepare detailed contracts with parent agencies and that the Region designate one authority in the Social Services Department to which centres could report. (These recommendations bore fruit eventually, with standard terms of reference for secondment agreements in 1987 and the appointment of Luc Legault to coordinate community service centres in 1986.) Volunteer involvement and community planning meetings were also suggested as ways to foster community ownership.

Findlay et al don't name the centres as they categorize them, but the likeliest grouping is Centretown, Sandy Hill and Dalhousie in the medical group; Pinecrest-Queensway and Southeast Ottawa in the community-change group; and Lowertown, Vanier, Gloucester and the just-opened Overbrook in the service co-location group. It's hard not to read that last category as second-best, particularly when it is linked to a lack of community control.

There is a different interpretation available of the development style of these "service co-location" centres (coincidentally, the most francophone). Lowertown Board member Caroline Andrew recalled in 1995 that "Lowertown has had a fairly organized theory of spinning off projects into being independent, keeping only a small core of staff, as we did with [Coopérative] Carrousel. We were consciously not becoming big. There were some efforts to have better contacts with [Ste. Anne's] clinic but never a sense that they should be the same organization. We have cordial relations with Le Patro but they have more official responsibilities. Much depends on good individual working relationships."[186] Other Lowertown CRC offspring include Action-logement and Réveil, a community newspaper.

Gloucester has also spun off services such as the Emergency Food Bank, a range of self-help groups and Gloucester Non-Profit Housing. A 1992 statement of philosophy notes that "The Centre strives to develop and deliver services that reflect an identified need in the community. We see our role as helping groups to identify needs, develop potential solutions and sometimes, but not always, to deliver the service. Alternately we will work with a group or groups to help them to develop a plan to deliver service."[187] Joan Gullen, Outreach coordinator from 1973-1979, was also a founding board member of the Gloucester Centre for Community Resources, and she insisted that "part of the original vision was merely to coordinate, not to create the separate agencies that the centres have become."[188]

These centres saw community ownership of services as important, but the ownership didn't have to be through the resource centre.

Still, if a centre's staff predominantly report either to the Region or to another agency, those lines of authority reduce both its board's scope for action and the payoff for community leaders of seeking power through the board.

Luc Legault reflected in a 1988 letter to a counterpart in Windsor,

> Over the years we have noticed that the cornerstone to the success of a centre has been the extent of community involvement and ownership. We have reached the point where we will only establish a centre in response to community participation and capacity to administer a centre. This has occurred in regard to the last two centres we have set up. One of the centres we established previously has not taken hold in its community. We sense that it has had a lot to do with the fact that it was somewhat like parachuting a program in advance of community ownership. Our concern now centres on how to raise the capacity of a "needy" community to the level of being able to "own" and direct a CSC. One possibility that has been considered would be to obtain funding for a community developer who could work with a community to establish their base...[189]

Through the 1980s, we see the centres working in concert, particularly their boards

through the Association of Community Resource Centres, to increase local control. From the agreements on standard terms of reference for seconding agencies in 1986 and for the division of powers between the Region, the Joint Advisory Committee and CRC Boards in 1987, steam built up rapidly towards the decision to fund Kanata (1987) and Cumberland (1988) centres as independent bodies from which the Region purchased services. By 1988-89 the centres were negotiating with the Region on guidelines towards autonomy.

Besides changing the administrative frameworks to give the boards more control, the Association also sought sustained funding for two important generalist jobs: community development and crisis intake. The push for community development workers began in earnest in the early 1980s.

Community development

Community development workers[190] were associated with, though not controlled by, community resource centres from the beginning. In the early 1970s, the Social Planning Council placed Gilles Robineault and Jean-Frédéric Bongo in Lowertown and then Algonquin College paid for Serge Forget. Father Rolf Hasenack and the Dominican community work ministry in Dalhousie helped call the resource centre into being.[191] City of Ottawa staff facilitated community groups working on the Ontario Neighbourhood Improvement Plans in Dalhousie, Vanier and Carlington. For a while, the Children's Aid Society paid for a community development worker in Pinecrest-Queensway. The Outreach program in Southeast Ottawa, jointly sponsored by the Family Service Centre and Catholic Family Services, included a community development worker, David Waite.

As the Region was asked to take over funding Outreach in 1977, we saw Stuart Godfrey's principled resistance to committing government funds to community development. He conceded that community development was "an essential and integral part" of working to improve personal social services and encouraging people to improve "their own personal social-economic conditions as well as their community." Nevertheless, he felt strongly that there was a potential conflict of interest "in which the interest of the community may be compromised because the community worker is an employee of the Social Services Department."[192] Joan Gullen at Outreach marshalled her allies, including George Wilkes, one of the founders of the Sandy Hill Community Health Centre, and after much testimony at Regional Social Services Committee the councillors accepted the responsibility of paying for community development.

By the early 1980s, the community development approach had gained respectability, even as a municipal activity. City of Ottawa planners worked on a CD basis with neighbourhood improvement committees. The City's recreation branch had a Community Development Department which operated community centres in poorer sections of town, aiming at "ultimately...self sufficient communities within the municipality committed to satisfying their own recreation programme needs."[193] A public participation policy was under development. A little later, in 1986-87, we see the Township of Cumberland establishing its own Social Services Committee and hiring a community development worker who helped citizens make the case for their Resource Centre.[194]

The Social Planning Council once again took the initiative, with a 1982 Review of Community Development Services in Ottawa-Carleton. It defined community development as both helping people to have more say in local decisions and involving clients in service delivery.

The SPC task force found this approach in operation in several agencies, including community service centres, but noted that some organizations were dropping CD positions, citing budget constraints. "This provides a useful excuse for the elimination of services which an organization is uncomfortable providing." Agencies were more "geared to dealing with problems... rather than

attacking their causes."[195] To turn the situation around, the task force urged that United Way and Regional Social Services grants be awarded to groups using the community development approach, and that the SPC continue to lobby for funds and staff for community development in a wide range of existing agencies.

Frank Martin, the SPC's executive director, pushed this mandate with the most promising potential partners: the community resource centres. Both the Joint Advisory Committee and the group of executive directors of CRCs worked on the idea during 1983, pointing out to the Region the impact of the one existing community development worker in the Outreach centre and the potential for other successes. [196]

Serving the public housing communities of Confederation Court, Russell Road and Albion-Heatherington, David Waite and his Outreach colleagues had:

- stimulated Job Education Training, basic skills for women trying to get off welfare: this became the model for Algonquin College's Focus For Change
- helped women start a child care co-op which grew into the Hawthorne Nursery School and Heron Day Care Centre
- helped tenants organize a food buying club
- worked to found South Ottawa Community Legal Services.

With authority from the Region, social services staff went ahead with an evaluation of the Outreach position and a subcommittee of JAC was appointed to explore the best basis for employing one more community development worker on a trial basis[197]. Somehow the idea seemed more palatable when it was linked to seeking joint funding from the lower-tier municipality and the United Way.

The JAC subcommittee, including Martin, Joan Gullen (now with the Family Service Centre), Lynn Markell from Dalhousie, and Fern Goldman from Overbrook reported back to the Social Services committee in October with a recommendation that indeed the Region should fund CD workers and that they should be employees of CRC boards.

By now all the resource centres had Boards of Directors: ideal employers, because they represented the community and were at one remove from the Region, even though salary funds might flow through the Board from the Region. As the ad hoc committee reported to Council, "a non-governmental body allows for the greatest range of strategies – while the approach may be basically developmental it would not exclude an issue/conflict focus, or organized opposition to government or agency." Guiding an employee in a sensitive role would benefit the fledgling boards, too: " the responsibility would develop the capacity of the Board to direct."[198]

Dalhousie Community Centre, which submitted a dynamite proposal, won the first community development worker based on the criteria adopted by Council: that the Centre and community could clearly articulate why they wanted a worker, that there was potential for short-term success and that the Centre had the administrative capacity to direct a worker.

The Region's initial commitment was soon matched by the City of Ottawa, which agreed to co-sponsor the position, and over the years community development workers were added at Pinecrest-Queensway in 1985 (a position formerly funded by the Children's Aid Society), Lowertown in 1987, and Carlington in 1988; [199] Gloucester in 1990[200], and Overbrook in 1991.[201] (The Sandy Hill Community Health Centre started its Community Outreach Program in 1989,[202] but this was with Ministry of Health funding rather than municipal dollars.)

A mature network

By 1986, with ten centres operating and negotiations underway for two more in the suburbs, the Region's Executive Committee seemed to have second thoughts about what they had spawned. They asked for a "value for dollars" review of the Community Service Centres and suggested that "there may be a point when centres are no longer needed, because residents may undertake services and activities themselves."[203]

The centres may have raised those expectations themselves by talking up prevention and community development: by a certain point, then, had they promised to bring forth communities in which all social ills had been nipped in the bud? Still, it seems churlish of Executive Committee to expect this new Jerusalem to arise in a few short years, by the efforts of a handful of regionally-funded staff per neighbourhood.

Social Services staff dealt sharply with that when-are-you-going-to-put-yourselves-out-of-business question:

> The goal of self help and autonomy for local residents is an important one for Community Service Centres – they all have a Board made up of residents – but even if centres were operated entirely by the local community, with no Regional administrative staff, there would still be a requirement for Regional funding. The range of services... would still require the same level of human and financial resources... The services are not intended to fill short term needs... The promotion and maintenance of health and social well being in the community are ongoing needs which require continuing resources. The original objectives remain valid today – the provision of services at the neighbourhood level and the involvement of local residents in determining what the services will be. Even as communities move to greater autonomy in service delivery, Regional and other funding will still be required in order to allow the community itself to coordinate and administer the same level of services.

Going on to the finances, the report found that the Centres had leveraged an additional $1.6 million from other sources on the region's gross investment of $900,000 (because of cost-sharing, the province actually contributed a good share of that second sum). About 100 jobs were funded by the Region, but another 150 by the province, lower-tier municipalities, the federal government, local fund-raising and foundations. Budgets ranged from $110,000 for Lowertown to just short of $1 million for Centretown. [204]

(This financial creativity, juggling grants and multiple levels of funders, was a credit to the centres' boards and coordinators. On the other hand, they were the inheritors of an already rich tradition of finding the money where you could for what you needed. Recalls Kiyoshi Shimizu,

> Stuart [Godfrey] was very astute about using the CAP, and there was a clause which said it was possible to develop preventive services. If municipalities agreed to support preventive services then the province would fund them, either 80/20 or 50/50. The 80/20 would involve some federal funding. The services that went into these centres were a mix [of agencies]. We began to realize there were other things we needed and this was my job, to fill those gaps. Our finance officer, Ed Séguin, was very devious in the way he spread the funding for CSCs. I often wondered how he handled those finances. The province wouldn't have been able to identify them as a separate programs. Stuart and Ed worked it out, I found it very frustrating not to have CSCs as a separate item though I appreciated that I could always get the core funding.[205]

The range of services offered by 1986, when only three of the centres had been in existence for as long as ten years and some were only two to four years old, was impressive.

All offered short-term intervention and referral, and nearly all had counselling, personal

support groups, home management, and special care for the elderly and post-psychiatric patients. The Action, Careers, Training (ACT) employment program had counsellors at five of the centres.

In fact, the Region had developed its home support and ACT programs in synergy with the community resource centres. Starting in 1977, the home support program was designed to work out of the CRCs. The home support managers recruited home helpers from their neighbourhoods, providing an appropriate first step into employment for many of the home helpers as well as a non-threatening support to the families who were served. Building on the success of this model, staff proposed in 1983 a program to move single mothers off welfare into jobs that would support their families through long-term guidance and resources for finishing school. Outreach counsellors based in community service centres were an important, accessible first contact for single parents.[206]

Workers seconded from other agencies played a significant role. Several of the centres housed public health nurses, Children's Aid Society or Youth Services Bureau workers and family service counsellors.

Four said they were experimenting with community economic development.

The beauty of neighbourhood initiative was also clear from the flourishing range of unique programs:

- a toy lending library in Carlington
- a training restaurant (At Your Service) in Pinecrest-Queensway
- support for the mentally handicapped in Centretown
- Asian counselling and a housing registry at Dalhousie (later independent as Housing Help)
- budget education at Lowertown (later Entr'aide budgétaire)
- menopause groups in Overbrook
- addictions assessment in Sandy Hill
- the K-team employment agency in Southeast Ottawa
- Vanier's relief program matching families needing a break with host families willing to take care of their children for a day or a weekend at a time.

Gloucester, the only suburban centre at the time, stands out for its middle-class orientation with La Leche League, Meals on Wheels and shut-in visiting. Along with Pinecrest-Queensway and Southeast Ottawa, Gloucester also relied heavily on volunteers: all benefited from over 10,000 volunteer hours a year.

New responsibilities for Boards

Also during 1986, the centre coordinators were working with JAC to write terms of reference for the centres, a much updated version of the 1975 objectives for community service centres. These terms of reference not only emphasized local control, they spelled out how it would be achieved and maintained: that a Board would have to be elected primarily by "residents of the geographical community" and that Board and community members would be "involved in all steps of staffing, managing and directing the centres."

Through the Board, local citizens would have a wide range of responsibilities:

- consider issues of concern related to the Centre and take appropriate action
- assist and advise in determination of budgets and monitoring the use of funds
- seek funding for local projects
- make recommendations on the development of new services
- identify staffing needs and be involved in the selection of staff
- negotiate agreements with agencies providing staff in the centre
- provide for the evaluation of services and programs

- participate in the evaluation of the Centre Coordinator.

The battle for local autonomy was already more than half-way won. During this period, the centres were, in varying degrees, unusual hybrids of top-down and bottom-up management. The coordinators were still Regional employees, except in the independently-established health centres of Sandy Hill and Centretown. Now, however, it was on record that they answered to their boards first, and they couldn't stack the boards with like-minded partners from outside. The boards could, and did, direct their coordinators to go with them to Regional Social Services Committee and the province to lobby for changes to social assistance, or for more funding.

A feisty Association of boards and staff

During this time, for example, the Association of Community Resource Centres led a tremendous lobby to get permanent funding for crisis intake workers. These crisis workers were often community residents with personal experience in the welfare system, and they were a valuable front-line resource to people in trouble who didn't know where to turn. A day's work might range from providing bus tickets for medical appointments, to intervening for a family facing eviction or a hydro cut-off, to comforting an assault victim and putting her in touch with support services.[207]

The Region paid the worker's salary in six of the centres, but others depended on provincial grants or the problematic Social Services Employment Program. With SSEP, centres could hire social assistance recipients, but only for one year per person. A crisis worker would just get really good at her job and it would be time to push her out the door. As a training position or stepping stone, the concept had merit, but as a way to deliver consistent service, it left something to be desired.[208]

The Association, a shifting group of Board representatives and centre coordinators which met monthly with some logistical support from Luc Legault at the Region,[209] ensured that letters went to John Sweeney, the Minister of Community and Social Services, from their own boards and a wide range of community supporters. They asked the Region (without success) to add at least one more worker, for Gloucester, to the permanent roster.[210] The Region agreed to join its official voice to the Association in asking the province to provide 100% funding for crisis workers in March, 1988.[211]

I believe this lobby must ultimately not have succeeded with the province but rather rebounded on the Region, for we read in 1992 that the Region was prepared to take responsibility itself for crisis intervention as a "core service" in calculating the grant it would provide each centre when they became autonomous.[212]

Other Association's lobbying efforts during the late 1980s included an intervention with the City councillor for Overbrook-Forbes ward when it looked as though citizens wanted to move the community service centre out of the local recreation centre,[213] and a long campaign to ensure that people who were living on welfare had a chance to tell their stories and make their case for a decent level of assistance to the Social Assistance Review Committee. They even got funding from the Laidlaw Foundation to bring busloads of protesters to a Queen's Park demonstration.[214] There were also campaigns to ensure that the Region added one community development worker a year to the network,[215] to forestall withdrawal of the ACT employment counsellors,[216] and to support the creation of additional centres provided that the Region didn't poach funds from existing centres.[217]

One source of tension, therefore, was between the Regional Social Services Department and local Boards. There are signs of another struggle for control between the board-dominated Association of CRCs, the coordinators' group which was now meeting regularly with Luc Legault, and the Joint Advisory Committee. In addition to the terms of reference for the centres which confirmed the importance of boards of directors, we see new terms of reference appear in 1987 for the JAC,

which shifted the balance of power away from the founding group of social service agencies.

Throughout the 1970s and early 1980s, JAC was an important meeting ground for the heads of these agencies and had been powerful in shaping the Region's decisions on priorities for new centres and the services to be offered. ("I wouldn't say JAC decided," asserted Imelda Chénard. "The Region might have put more emphasis on their word, but as a committee it came mostly from the grassroots." [218])

Increasingly, the boards and coordinators of the centres took on a life of their own that some saw as empire-building. "Part of the original vision was merely to coordinate, not to create the separate agencies that they have become," recalled Joan Gullen. "Evelyn McCorkell said that very forcefully on JAC. I really wanted to keep the term 'coordinator' rather than 'executive director,' but that battle was lost."[219]

Under the 1987 terms of reference, JAC continued to have major responsibility for prioritizing new centres and advising the Social Services Commissioner on evaluation, research and policies. However, it was no longer the preserve of the region-wide agencies. Two new voting members were added from the Association of CSC Boards, and two centre coordinators came on as non-voting members along with Regional staff responsible for the CSCs. Meetings dropped from monthly to "at the call of the Chair, not less than three times a year."[220]

Secondments: who's the boss?

Meanwhile, Legault as the coordinator of CSCs was meeting monthly with the Association and at least quarterly with centre coordinators.[221] It was with the coordinators that he worked out issues such as identifying discrete budgets for each centre, allocating resources and spelling out terms of reference for employees from seconding agencies.[222]

While the seconding agencies may have wanted to hew to the 1960s vision of coordinating services to neighbourhoods, the neighbourhoods had leapt ahead of them. Already in 1982, Findlay's review of multi-service centres pointed to "two major factors which cut across the community participation principle... sponsorship and core funding by the Regional Government, and the fact that most program staff are seconded or assigned from parent agencies which have their own specific mandate." When those staff were still accountable to their parent agencies, there were "limits or expectations on those staff in terms of working in alternative modes [of more integrated teamwork with other disciplines].[223] To deal with this, Findlay recommended clear and detailed written contracts with seconding agencies, and an authority centre in the Social Services Department to clarify reporting and administration for the centres.

Different agencies worked more or less closely with the community service centres. Public health nurses were on the Lowertown CRC team, but not elsewhere, although they did get desk space at the Southeast Ottawa CRC.[224] In Carlington, they came to monthly "area workers' meetings" to share information. Still, in many areas the work was parallel rather than synergistic. The advent of primary health care and health promotion teams in Pinecrest-Queensway, Southeast Ottawa and Carlington may for a time even have exacerbated mutual stereotyping about who was top-down, who was bottom-up, and the "medical model" (not, in CHC circles, a compliment). It was not until the 1990s that collaboration has blossomed as the 1960s workers envisioned: for example, on stop-smoking programs, immunization campaigns, support to seniors' caregivers, heart health, and training in the child-to-child method of health promotion.[225]

Between them, the Family Service Centre and Catholic Family Services seconded counsellors to most of the centres, although FSC made a policy that the counsellors should work in the community resource centres only part of the time. "Maggie Fietz always thought her people should have half time in each place," notes Pauline van Lammers, whose Catholic Family Services agency instead decided to have six of their counsellors out in CRCs on a fulltime basis. According to Lammers, "even in the early days YSB [Youth Services Bureau] was

problematic. They'd be in to use the phone and they wouldn't always come to staff meetings or case conferences. It was the problems with YSB that led us to try to develop the Terms of Reference for seconding agencies."[226]

The Association of CSCs took the lead on these terms of reference. In their February 1988 proposal, they wrote: "Because we are receiving more direct funding than in the past we know the advantages of having staff who are our direct employees. In contrast, having staff who are paid by another agency and only seconded to work with us is more difficult... seconded staff are often caught in the middle." They proposed terms of reference which dealt with service delivery, caseload management, centre activities, statistics, workplans, boundaries, selection, supervision and support services.[227]

Negotiations must have been difficult because the actual "Guidelines for service agreements between CSCs and Community Agencies" were not adopted until October 1989. The seconding agencies on JAC agreed to the principles of collaboration, information-sharing, teamwork and client empowerment, and they accepted such infringements on their management as joint workplans and CSC participation in selection. On the other hand, the final agreement removed any commitment to a higher priority for clients from the CSC's own catchment area and stressed that seconded workers would maintain client confidentiality. The centre coordinator would have "input" to staff interviews, and the early months of a secondment were a "review period," not "probationary." Nor would the seconding agencies agree that they should always make a contribution to the CSC's administrative overhead.[228]

Secondments continue to have their drawbacks to this day (although they are a far better arrangement than not having the services at all). In 1990, for example, the Family Service Centre withdrew a counsellor from one centre because of disagreements over supervision.[229] When the Region reorganized its ACT employment support program in 1996, Carlington Community and Health Services was allowed to keep only the unilingual English counsellor despite strong direction from its Board to offer services in both official languages.

Sometimes the relationship can be very close, as between Nelson House (a shelter and counselling agency for abused women) and Nepean Community Resource Centre. According to Pauline van Lammers, the Nelson House opening was delayed in 1991 "because it was a heritage building and needed repairs. Louise Atkins at the Ministry of Community and Social Services called me and said, you take the $100,000 and run the programs. We hired Roz and a crisis intake worker. Eventually the Region picked up the cost of the intake worker and Roz stayed with us, though she's paid by Nelson House.

It is indeed a unique cooperation and it really got us on our feet."[230] What worked here was the small size and flexibility of both organizations, a strong set of personal relationships and egos that didn't need to establish who was the boss.

Autonomy

The last stage of growth that I plan to cover is the negotiations among the Centres and the Region that led to their autonomy in 1992.

Although there is a story to be written about the wave of provincial health funding that allowed three of the centres to expand dramatically in the late 1980s and early 1990s, adding both primary health care and health promotion, I don't have documentation for what went on in Southeast Ottawa and Pinecrest-Queensway (which opened their medical services in 1988 and 1989 respectively), and am personally too close to the story in Carlington (which added medical services in 1991) to be brief.

Suffice it to say that there are now six health centres which form part of a province-wide network, the Association of Ontario Health Centres. They are Somerset West (the new name for Dalhousie), Centretown, and Sandy Hill Community Health Centres, Pinecrest-Queensway Health and Community Services, Carlington Community and Health Services and the Southeast Ottawa Centre for a Healthy

Community. They have some links to community health centres in Lanark and Merrickville just outside the Regional Municipality of Ottawa-Carleton.

The movement in the early 1980s to add community development explicitly to the function of the CSCs, although it succeeded temporarily in getting the Region to fund this highly un-hierarchical activity, made many in the Social Services Department and on Council uncomfortable. They were, in essence, feeding those who might bite their hands at any time.

As Art Pope put it in his 1989 memo on "The evolution of regionally-administered community service centres to autonomy," the centres spent considerable time from 1980-1983 on "model development" and confirming that community development was an important part of their model. This "related not only to the installation of boards... but also the movement to assist community residents to address their own needs and concerns... It was advanced that the strength of the model was in the community control... so that the centre was truly a community project." However, at that earlier time, said Pope, the Centres were not sure that they were "organizationally mature," and they were truly uncertain where their core administrative costs would come from if the Region cut them loose.

Over the 1980s, the centres gained much more experience in seeking dollars from a wide variety of sources for the programs their neighbourhoods needed. The addition of Ministry of Health funding in particular dramatically expanded their budget base and their sophistication in reporting on and justifying their activities. The money coming from sources other than the RMOC grew from just under $1.7 million in 1986[231] to $6 million in 1988[232] to over $10 million in 1989[233]. Of that $10 million, the Ministry of Health was responsible for $7.6 million and the Ministry of Community and Social Services another $1.7 million.

The federal Employment and Immigration department contributed just over $400,000, and local municipalities about $200,000. Meanwhile, the Region's own contribution had also risen, and rather steeply: from $900,000 for ten centres in 1986 to $1.8 million for twelve centres in 1989. (The net cost to the Region would have been less, because of provincial cost-sharing, but the exact net cost is not recorded.)

At the same time as they were growing richer, as we have seen, centre boards were also embarrassingly visible in flexing their citizen muscles. Or, as Pope put it, "Centre coordinators have found themselves in untenable positions when the political and public policy positions of their boards were inconsistent with those taken by the Social Services Department."[234]

Due to this visible conflict of interest, which Stuart Godfrey had predicted as early as 1977, and also to the obvious strength of the community task forces which founded Kanata and Cumberland Community Resource Centres, both opened as autonomous creatures on purchase-of-service grants from the Region. From 1987 onwards, the Social Services Department adopted a policy of supporting centres interested in moving towards autonomy, and a working group of centre coordinators joined their director Luc Legault in exploring how it could be achieved, perhaps by a gradual process of cutting centres loose as each became ready.[235]

Their fears were many, even after two years of negotiation. Their November 1989 action plan lists 34 issues and concerns. Among them:

> How and when will provincial cost-sharing be resolved?
>
> Who will cover legal and other transitional costs?
>
> Will this result in solidifying inequities across centres?
>
> Are centres to be dealt with like any organization selling services, setting up a market model that favours a competitive, individual stance?
>
> How to avoid having a separation from the Region bring about a separation from each other?
>
> Should the outcome with the first centre(s)

> that achieve autonomy dictate what all other centres can achieve?[236]

Valid concerns, particularly those around the status of the staff who would lose their status as Regional employees. For the coordinators, it was perhaps not such a big step to become employees of their Boards.

For the administrative clerks, it meant practically giving up any upward mobility. There would be just too big a gap in a resource centre between their jobs and the professional positions. (Not surprisingly, when autonomy came, most chose to leave the Centres for other Regional clerical jobs, where they continued to enjoy a fuller range of promotion options.)

Now working with Linda Capperauld, the new Director of Community Service Centres, the centres spent most of 1990 in wrangling about the pros and cons and process, commissioning discussion papers on the role of the Association of boards.[237] Letting some centres lead the way on autonomy while others remained under Regional administration was still the preferred option.[238] Both that preference and the leisurely pace seem to have vanished, perhaps because of a labour relations issue for which there is not much public documentation.

In May of 1990, the Social Services Committee "endorsed a two phase plan to achieve autonomy of all Regionally coordinated Centres... grants were provided to Community Boards for the coordination and administration of the Centres so that coordination was no longer provided by the Region." A year later, in July 1991, the second stage was approved with all core functions moving to a purchase of service grant.[239]

This did trigger a grievance by CUPE Local 503, a grievance which eventually found its way to the Ontario Labour Relations Board. The claim was that the positions formerly staffed by Regional employees in the Pinecrest-Queensway and other centres should still be unionized, because the Region and the centres "carry on related or associated business or activities in the provision of social services under common direction and control, and that the P-Q Centre and the Region therefore constitute one employer for the purpose of the Labour Relations Act."[240]

The Labour Relations Board ruled against the union, saying that the Pinecrest-Queensway board had demonstrated considerable independence from the very beginning.

> It is true that it is unlikely that the P-Q Centre would be what it is today without the Region's assistance, both initially over the years. However, there is also little doubt that there would indeed be a P-Q Centre which would not look terribly different either... From the beginning, the P-Q Centre has struggled against the controls which others, including the Region, have imposed or sought to impose... the P-Q Centre is neither a mere collocation of existing social service agencies or programs, nor a mere extension of one or more of these agencies.[241]

The question of financial stability and equity remained. The centres and the Social Services Department had agreed that there were five core functions which the Region should fund across all centres: coordination, office management, reception, crisis intervention and community development (the latter subject to cost-sharing with a local municipality). The Region also took responsibility for rental costs where it had not already contributed capital dollars for a Centre to buy its own space.[242]

This commitment to equity meant quite a hefty increase in the contribution to the newer suburban centres, over $100,000 more each, to bring the level allocated to most centres up to $225,000 in 1993. The two centres which had substantial Ministry of Health funding, Sandy Hill and Centretown, continued to receive much smaller Regional amounts: $37,000 and $97,000 respectively.[243]

Funding from the Region has remained "equitable but not equal," said Pauline van Lammers. "There is a rationale." Concerns about a dissolving relationship among the Centres have so far remained unfounded. The executive directors meet monthly to address common problems and coordinate research

and lobbying. In addition, community development workers have formed a coalition which takes on one or two joint projects a year, such as promoting citizen participation in municipal elections or organizing the 1997-98 "people's hearings" into the impact of welfare cuts.

So far the Region has not invited other bidders to compete against the community health and resource centres for the services it funds. However, one consequence of cutting the network loose in a time of general fiscal restraint is that some areas of Ottawa-Carleton seem doomed to remain underserviced. The suburban centres can offer only spotty coverage of their own high-risk neighbourhoods, because of the cost of satellite locations. Carlingwood, the Glebe and other admittedly prosperous areas are only nominally included in someone's catchment area. Hunt Club and Riverside are a completely unserved area with an increasing number of not-so-well-off residents in a no-man's land between the Carlington, Southeast Ottawa and Gloucester centres.

The neighbourhood of Carleton Heights missed out on a narrow 1991 window of opportunity to lobby for its own centre when the steering group for a needs study concluded that there was no pressing requirement for the type of services offered by a community resource centre. Since programs were already running and clearly wanted in the area's public housing community, Debra-Dynes, CCHS for a time drew a peculiar boundary which ended at Baseline and Fisher except for a little shaded circle around the public housing, thus respecting the autonomy of the neighbourhood which had rejected social services. On request from Regional Council, the CCHS catchment area now includes all of Carleton Heights.

Across the Rideau River, a group of residents called SOGCRAT (South Ottawa and Gloucester Community Resource Action Team) lobbied hard for several years in the mid-1990s for a new centre, but came up short because the Region would not add $250,000 to its purchase of service budget and the existing centres would not accept a corresponding reduction in their budgets. It's still a sore point with councillors for the southern wards and they may yet try again. As of 1998, a very limited operation with $25,000 in funding was able to hire one part-time coordinator who worked out of the Hunt Club-Riverside Community Centre and helped start youth programs and English as a Second Language classes.

The Association of Community Resource Centre boards died a prolonged death. After expending terrific energies negotiating autonomy, it was unable to find a role or to replace the logistical support which had been provided by the Region's Director of CSCs. By 1992, meetings were down to "me and one other board chair over a pitcher of beer," recalled David Baril, then chair of the Carlington CHS Board.

The range of services offered now is even greater, even though most centres went through a period of cuts following the 1995 provincial change of government.

It is as true now as in 1992 that there is no good way to measure which centre "ought" to get more funds. As the Region said then, each area presents "a different set of challenges. For example, populations with a high proportion of youth require different approaches than areas with aging residents. The number and density of low-income housing projects in a community creates social pressures as does the lack of affordable housing...

The total population in a geographic area may seem small, however if the area is rural or suburban, then access to services is likely a problem. Urban communities may offer more services, but the population is more likely to have a higher degree of multicultural differences, with access to services being a problem due to language issues."[244]

The 1995 cuts might have done in the resource centres altogether, as the Provincial government informed the Region that it would no longer share 50/50 the cost of funding the resource centre network, which by that time amounted to nearly $3 million. "We lost a ton of money at that time, but we felt it was important to continue to provide funding for CRCs,"

recalled Luc Legault. “They were a part of our network; they provided the backbone for ensuring the other services can be delivered.”[245]

Thus the Region made a key decision in 1996 to shoulder the entire cost of core funding for the centres.

Do we still have the same ideals?

We have a snapshot of the early days of the Outreach program from the Region’s second round of debate, in December 1977, on whether to fund it permanently as a Community Service Unit.

The Social Services Commissioner spoke of laudable flexibility and commendable idealism, but he also balked at its apparent total lack of structure. “It should not be assumed that the Outreach program provides the same services in quantity or in category as do the two older community service centres.” It irked him that the Outreach workers seemed sometimes to be “relieving other agencies of their proper responsibilities,” and although he accepted the need to integrate community development and personal service, he didn’t want Regionally-paid staff helping with community development.

Outreach staff shot back with an evangelistic appeal. “Our physical location in the neighbourhood gives our service immediacy, accessibility, frequency... The integration of community development and personal service within a small team... is critical in meeting the problems of isolation, and taps the potential and dignity of people towards mutual help. .. People are able to be more than problems, they are able to offer something. Personal service can underpin people at times of personal crisis so that they can maintain community involvement.”

“Beginnings are at a very concrete grass-roots level...Our goal is not to help people to adjust to an unfair situation but to grasp their realities and to appreciate where personal change is possible or where social change must occur... In the absence of skilled indigenous leadership an outside fulltime resource person is necessary... Our small, closely-knit team gives the mutual support and stimulation of ideas that prevent burnout and stagnation... People relate to several helping members which gives continuity... The informality and deliberate lack of structure is non-threatening. The generic approach allows us to piece together and connect the different facets of people’s lives. The service can jump the boundaries of specific resources.”

Workers developed a respect for the strengths in people when they were close to them every day. And yes, sometimes people did become dependent on the outreach workers. “In the struggles of adult life, everyone does not start from the same point of strength.” People needed to have financial security and dependable one-to-one relationships before they could move on from being absorbed in their troubles to social and community involvement and then employment.[246]

This, then, was one early vision of what it meant to work in and for a small, specific, very needy community. Have the centres grown too big to operate this way? John Horricks spoke for a number of critics when he suggested that the community health centres he knew had wandered from their roots. “We thought that the integration of services and meeting people where they were, where they could walk in, would be the way to do it. Somehow the concept is messed up. Some of them may have maintained it better than others. But now it seems you have to be such-and-such to get in the door. It’s not the concept as we had it. One of the reasons we developed those centres was to reduce bureaucracy and red tape. Now it sounds as though they are right back there.”[247]

Now it is true, particularly in the centres which must report to the Ministry of Health, that there are registration forms and computer screens and issues of consent and confidentiality, boundaries and even eligibility criteria (only social assistance recipients can see a Regional Bridges employment counsellor, for example). But let’s look at one offsite location for Carlington Community and Health Services in the west end.

Belair Court is a small cluster of private-market

apartment buildings which offer low rents and limited credit screening, surrounded by a middle-class bedroom community. Landlord David Houston decided his tenants were just as needy as those in public housing, but had far less access to services. A well-developed system of community houses in Ottawa-Carleton Housing communities ensures that low-income people with no transportation can get emergency assistance, classes and support groups. What about his tenants, he asked?

He remembered Carlington Community and Health Services from a needs assessment that was part of the Centre's 1993-94 strategic planning. The neighbourhood was new to CCHS, which had expanded its service area when it added medical and health promotion services.

After analysing census tract data and talking to key informants, Centre staff realized the depth of poverty in Belair Court and a few other buildings nearby. They held a barbecue and actively invited tenants to come down to hear about CCHS services and speak their minds on their community.

Houston got back to CCHS later with an idea for collective kitchen and classes in budgeting. "I just went for it," recalled Wanda Romaniec, a community developer with a background in social work.

"The School Board social worker, whom we also met through the strategic plan, had just been saying that she was concerned there was nowhere she could refer children who were struggling. The Lighthouse (after-four programs) supervisor and I went to Dave and brainstormed. He offered a basement space, which we cleaned up along with some tenants who showed up to help." A clothing exchange and drop-in were the first programs.

"Looking at other projects, we know people won't come far – three kilometres is the limit for smoking cessation groups, for example," noted Romaniec. Added Anne Knox, a social work student: "People have a hard time keeping any sort of appointment. Some can't read well enough to mark a calendar, some can't afford clocks, and frankly, quite a few of them have had it with anyone who looks like a social worker. We're prepared to meet them on their own turf and deal with concrete needs. Then you can deal with other issues."

By 1997, Belair Community Place had:

- a residents' steering committee
- a two-bedroom apartment, renovated and furnished by the Rotary Club of West Ottawa
- United Way funding for residents to conduct a door-to-door survey
- in-kind donations from an array of businesses
- a women's support group led by Catholic Family Services
- and visits from a Regional teaching homemaker and public health nurses.

The Ottawa Board of Education operated a homework club, although it was less successful in the second year without resources for continuing outreach. The Youth Services Bureau began sending a counsellor. Scouts Canada, again with help from the Rotary Club, brought in volunteer leaders for a Beaver colony.

The multi-disciplinary team from CCHS was invaluable. With the second apartment, there was finally privacy for a drop-in clinic with the nurse practitioner, as well as counselling with the parent-child worker who also hosted a playgroup and parent support sessions.

The community nutritionist helped residents participate in the Good Food Box, which delivers $25 worth of groceries for a contribution of $15 and volunteer time. Mental health outreach worker Cathy McCurdy organized social events including a Friday bingo which was a huge hit. "People who would have nothing to do with us before are taking leadership," said Romaniec.

To thank the United Way for its contribution, one Belair tenant addressed a fundraising breakfast.

> I was six months pregnant and living with my boyfriend and two year old son. My now ex-partner was very controlling and verbally abusive. I was afraid of being a single parent, but I decided at the end of January to leave... He kept harassing me day and night, the more I tried to ignore him, the angrier he grew. It was then I decided to join a group for abused women.

The harassment just intensified.

> It was time for a restraining order and again I was scared to do it, but with the support of the staff, we went to file for a restraining order. With the help of other staff I was referred to a lawyer and applied for housing so I could move away from my ex-partner. The playgroups gave my son a break from all the confusion, and a safe and positive environment. The perinatal group gave me a place to make friends, discuss concerns about pregnancy and get support to breastfeed. I got help learning to eat healthy on a tight budget. The women's group showed me that I am a valuable person; that I am deserving of respect.

> If there is one thing I've learned over the past four months, I would have to say it's that support is just as valuable as food and shelter. Without it I would never have grown as much as I have. Living in low rentals can be very depressing and it seems like there is no way out, especially being in an abusive relationship with children. Without Belair Community Place I may have continued being a victim... Now I feel like I can take anything on and come out winning.

In the latest round of strategic planning focus groups in 1998, CCHS Board members went back to Belair for a progress check. "We got all sorts of accolades from people in the buildings for our services, from the clothing exchange to the medical visits," reported CCHS Board President Greg Clunis. "And the police tell us that calls for service are way down because of the new partnership there."

Clunis had his eyes opened on the need for time and patience with initial failures. "You can't just roll in and open up shop and expect people to trust you. It takes a couple of years

before you gain their confidence and they start to participate," he said. "That's certainly in conflict with the fashion for short-term funding. Consistent performance and continuity are hugely important."

Projects at Belair Community Place will continue to evolve. The latest were a residents' initiative to control cockroaches through a door-to-door campaign, and dog obedience

training because some tenants' aggressive dogs were frightening their neighbours. "I couldn't have told you two years ago what it would look like now, and I can't tell you what it will be two years from now," said Romaniec.

The constant will be that CCHS will meet people where they are and be alert to their spoken and unspoken needs for practical, personal and community support.

Endnotes

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3. Interviews with Stuart Godfrey, 5 and 12 July 1996.

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6. Sue Maclatchie interview, July 1995

7. Comings and goings at the Ottawa Welfare Council / Social Planning Council are documented in annual reports and some letters on file in the Social Planning Council archives, 17 boxes of which are housed in the City of Ottawa archives.

8. Coordinating committee minutes June 8, 1995

9. Imelda Chénard interview, February 1, 1999.

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11. Ottawa Citizen, Oct. 12, 1967, p. 11

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14. letter in file 1-1-2(i) Administration and Organization - Council History. (Box 17, SPC archives, City of Ottawa).

15. Sept. 1996 interview

16. Role of the SPC, Robineault, 1969

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18. SPC archives, File 4-2-5(xx) LTE Urban Renewal Study Reports '66 Plus Problems into Opportunities by Marjorie Hudson - photocopied article, no date, no name of publication.

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36. John Horricks interview, July 1996

37. John Horricks interview, July 1996

38. Sue Maclatchie interview, July 1995

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41. Imelda Chénard interview, 1 February 1999.

42. Joint Advisory Committee Annual Report on Community Service Units, 1973. Regional Council, July 10th, 1974 pages 2229 - 2236

43. Le Droit, Nov. 29, 1968

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47. RMOC minutes, July 10, 1974 (p 2224)

48. Community Service Centres in the Regional Municipality of Ottawa-Carleton, May 1975 (this is the task force report on implementation of recommendations of the Ad Hoc Committee, 1974)

49. SPC annual report 1975-76

50. Interview with Kiyoshi Shimizu, June 1996

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52. May 9, 1975 Dalhousie staff meeting minutes, SPC archives

53. Report on CSCs, 1977

54. RMOC minutes, Feb 12, 1975

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56. CCHC: The first 25 years, 1994

57. RMOC minutes, April 13, 1977

58. An idea whose time has come, 1991

59. RMOC minutes Jan. 22, 1975, and David Hole interview

60. Interview with John Horricks, July 1996.

61. RMOC minutes Jan. 22, 1975

62. RMOC minutes June 9, 1976

63.RMOC minutes December 14, 1977

64. RMOC minutes Dec. 14, 1977

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73. Interview with Sue MacLatchie, July 1995

74. Interview with Jack McCarthy, 29 March 1996

75. Interview with Sue MacLatchie, July 1995

76. Founding of Pinecrest-Queensway Community Service Unit.

77. Interview with Sue MacLatchie, July 1995

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79. July 1996 interview

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81. Letter from Zelda Shore, January 19, 1999.

82. Denham Gillespie, Nepean needs study, 1989

83. GCCR, 1987

84. Report on CSCs, 1977... New Developments in Ottawa-Carleton

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87. Interview with Joan Gullen, 22 September 1998.

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91. Les CSCs de la MROC, mai 1983

92. Report on CSCs, 1977... New Developments in Ottawa-Carleton

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96. RMOC minutes Dec. 14, 1977

97. Les centres de services communautaires de la municipalité régionale d'Ottawa-Carleton, mai 1983

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101. Ibid

102. Interview, Luc Legault, December 1998

103. Les CSC de la MROC, 1983

104. There is one account (Secord, 1988) which states that Vanier opened then, but there is clear evidence in the RMOC minutes that the first staff were working out of 6 Beechwood for 1980-81.

105. Multi Service Models, 1982, Appendix II

106. CSCs de la MROC, 1983

107. Andrew, 1992

108. McCarthy interview, 29 March 1996

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110. Overbrook CD submission, 1984

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147. Kanata proposal, 1986.

148. The Evolution of Regionally-Administered Community Service Centres to Autonomy: Report from the Social Services Commissioner to the Social Services Committee, September 25, 1989.

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153. Denham Gillespie Associates, Nepean Needs Study, 1989.

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236. Memo 8 November 1989, Luc Legault to Dick Stewart, Action plan to achieve autonomy in centres.

237. “Regional autonomy” and the role of the Association of Community Health, Resource and Service Centres from the perspective of selected board members of the Regional and independent centres, Betty Bergin, January 1990. Also Dennis Lewycky: Association of Community Health, Resource and Service Centres, May 1990.

238. RMOC minutes October 25, 1989, p. 6775

239. Memo from Social Services Commissioner, to Social Services Committee, 3.9.82, Equitable levels of funding for Community Service/Resource/Health Centres.

240. Founding of Pinecrest-Queensway Community Service Unit 1977-1980 Appendix D, Ontario Labour Relations Board decision November 13, 1992. Sue MacLatchie, March 1993.

241. ibid.

242. Memo from Social Services Commissioner, to Social Services Committee, 3.9.82, Equitable levels of funding for Community Service/Resource/Health Centres.

243. Carried at Social Services Committee, September 17, 1992.

244. Memo from Social Services Commissioner, to Social Services Committee, 3.9.82, Equitable levels of funding for Community Service/Resource/Health Centres.

245. Phone interview Luc Legault, 4 January 1999

246. RMOC minutes, December 14, 1977, pp 4210ff.

247. Interview with John Horricks, July 1996