

However, because some Committee members were concerned that repeal of Section 43 (as recommended to the Committee in certain briefs) might deprive parents and teachers of needed protection against unfounded complaints, the Committee is not prepared to recommend the repeal of Section 43 without further study.

The Committee suggests that alternatives to physical force as a means of discipline be encouraged through studies and programmes of public education. The Committee notes the current interest in both child management courses for parents provided by adult education agencies and in courses provided by Childrens' Aid Societies for foster parents and group home parents—often at the request of the latter. The Committee would like to see increased emphasis in primary and secondary schools and in post-secondary educational institutions on courses in family relations and child care.

5. PREVENTIVE SERVICES

It became apparent in the course of our hearings that the importance of and, indeed, the necessity for preventive services must be emphasized.

Your Committee in asking the question, "If the welfare of the child is to be the criterion, what preventive services are needed?" came to several conclusions. First, family planning services are needed and then services for the child from conception onward. Certainly pre-natal services are of the utmost importance.

Among the services suggested by witnesses for the post-natal and pre-school period the Committee was impressed with the concept of the health visitor who visits every child soon after birth as a major preventive tool against child abuse and neglect.

In this connection, the Committee was especially interested in the way in which some of these centres function in other countries, notably in the Scandinavian countries and in Britain. The concept of the "health visitor" has been developed and applied successfully in these centres. We are told this system is also functioning successfully in selected areas in Colorado where Dr. Kempe has been influential in their establishment. The "health visitor" in these centres is a lay person attached to a community clinic, who visits every family where there is a newborn infant. Referrals can be made as necessary to specialists. Such centres are open 24 hours a day, and any parent who wishes it may receive service. In Sweden there is an estimated 80 per cent public voluntary usage of such centres and about 40 per cent in Britain.

The Committee was encouraged to learn that Health and Welfare ministers are interested in the concept of community health centres which offer a wide range of health services and related social services on a 24-hour basis and in whose operation the community participates. A number of these community centres (approximately 74 as of October, 1975) are now operating in Canada. Services offered vary; some centres offer such services as outreach services,

family planning services, pre-natal classes, day-care services and school health programs.

Your Committee believes that health services for the infant and young child are of primary importance. Not only are services such as the health visitor a first line of defence, they are also seen as acceptable and welcomed by the public.

Health and Social Service centres are also appropriate agencies to deliver or otherwise provide for respite services for families who need them and for informal or structured programs of education or training in child care. The matter of adult education in child care can and should be shared among a number of community agencies—home-maker services, educational authorities through extension or other courses, family and children's service agencies, provincial and municipal departments of social services, and churches, self-help groups, to mention only a few.

Your Committee therefore also emphasizes the need for courses in parenting, child care, home management, and family living in primary, secondary and post-secondary schools. The media could also be much more effective in disseminating practical and high-quality information on these subjects.

As noted above, the provision of direct services is the responsibility of the provincial authorities, and the federal government is involved through cost-sharing arrangements. There would appear also to be an important role for individuals and organizations not a part of the formal social service system. The Committee is convinced that there is a role for volunteers in helping young families, especially in respite services.

Several witnesses mentioned the need for such community services as family drop-in centres where parents can share activities and mutual experiences. Another type of service mentioned by one witness concerned a service given by a church which provided facilities so that a group of young mothers could leave their children one morning a week in charge of two parents. This enabled these young mothers to have three hours free of child-care responsibilities with no cost to them. It does not depend on government action or funding. There are many similar activities carried out at the community level that testify to a willingness on the part of the community to cherish its children. Such activities and programs are badly needed in many communities and should be encouraged.

Among the issues involved in providing preventive services to children and families, the question kept arising, "What are the rights of the Child?" and "What are the rights of the parent?" It was made clear by a number of witnesses that by tradition and law the rights of the parent have always superseded those of the child unless or until the breakdown of the family necessitates the intervention of a public authority. For this reason, there is often a reluctance on the part of a citizen or even an official agency to intervene in family affairs even if there appears to be some cause for concern on the child's behalf. Established agencies do not usually take any initiative in helping and assisting parents to care for their children until