REHABILITATION SERVICES FOR THE CHRONICALLY
DEPENDENT FAMILY

A Sample Survey (Vancouver 1959) and a Review of the
Coordinated Community Approach

by

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Thesis Submitted in Partial Fulfilment
of the Requirements for the Degree of
MASTER OF SOCIAL WORK
in the School of Social Work

Accepted as conforming to the standard
required for the degree of
Master of Social Work

School of Social Work

1961

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ABSTRACT

Much concern is currently being expressed about those families who remain chronically dependent upon social agencies. Their problems are usually multiple and their pathology serious. They are believed to make disproportionate contribution to the incidence of juvenile delinquency, to perpetuate social disorders in the community, and they are certainly costly, in terms of time, money, and waste of human lives. Many health and welfare agencies have worked with them, often in a piecemeal and unproductive manner. The present study was initiated to secure and analyse facts about a local group, specifically in relation to family circumstances and to City Social Service operations.

Social characteristics of the families, their special needs and problems, are reviewed. Services rendered and other agencies interested are tabulated. Relevant contemporary studies and experiments are drawn on (a) to compare findings, (b) to suggest guides toward rehabilitation of these families and toward prevention and control of family disorganization. Especially referred to are community surveys by Bradley Buell and Associates; the family-centered project conducted recently in St. Paul; an experiment in welfare administration, also of Minnesota; a county health program in London; and a local community (Vancouver) survey.

The sample families reveal major problems; financial, health, and social maladjustment. Typically, most of the homes are broken. Of special significance to social workers, is the finding that the majority of the fathers in this group are absent, or intermittently out of the homes, because of social problems. Over eighty per cent of the parents have serious personality, behaviour or relationship difficulties. Despite the severe degree of social pathology, services rendered are mostly in relation to economic and health needs. Although numerous agencies are interested in the families, they have made negligible gains toward rehabilitation, and the future of their children must be deemed endangered. Exceptionally, a few families reveal some potentials for self-maintenance which need to be fostered.

From the available information, the indications are (a) that new approaches in community planning and action are required, (b) that the City Social Service is in a favourable position to provide basic services, including intensive social case work and basic information about multi-problem families, which could stimulate public opinion and forward the development of constructive community programs. The majority of the community's "multi-problem families" could be identified through the City Agency. It is submitted that a demonstration project, under its administration, would be of momentous importance to its clientele, and of impressive value to the community, toward the prevention and control of the "impacted" social ills which flourish in this multi-problem group.
ACKNOWLEDGEMENTS

My deep appreciation is accorded to the Vancouver City Social Service Department; to its Administrator, Mr. T. T. Hill, for permission to use the Agency records, and to all the professional and clerical staff, who gave information so freely and who made the cases available, despite their crowded programs. Grateful acknowledgement is made to the Staff of the Social Service Index, who prepared the time-consuming lists of agencies registered. I am indebted to other persons, whose knowledge and opinions expressed in informal conversations, may have directly or indirectly influenced the text. Lastly, it was a rewarding experience to work with Dr. L. Marsh, Director of Research, School of Social Work. His inspiration, brilliant capacity for conceptualization, support and guidance, proved invaluable, and made possible the completion of this effort.
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CHAPTER I

MODERN SOCIAL ASSISTANCE AND THE MULTI-PROBLEM FAMILY

The necessity for a new emphasis on rehabilitation of chronically dependent families, and on prevention and control of the disabling social disorders which beset them, is increasingly evident. Concern and awareness are growing in public welfare, particularly with the realization that there are some families who have required aid persistently, even during the years of relatively high employment and economic prosperity, since 1940.

Perhaps it is not surprising, considering the upheavals of this age, political, scientific, economic, social and cultural, that some families would be caught in the turmoil. Perhaps it is heartening that the vast majority of persons in this country have not been overwhelmed by social and economic problems. The sweeping advances made in the provision of social security and in the techniques of the helping professions of health and welfare must be regarded as encouragingly effective. Yet some families remain, who appear chronically distressed, who are drifting or disintegrating, with seemingly little or no chance of reaching their maximum potential for living.

Enlightened thinking does not accept the view that
this minority or "submerged group" should be ignored. "Basic social philosophy coincides with the principal teachings of the Judaean-Christian faiths insofar as man's attitude toward man is concerned, and the responsibility of all men to help each other live fruitfully and responsibly together. All these committed to healing and protecting the distressed and disabled must work together to preserve the essential values of the family of man." So wrote Leonard W. Mayo, in his article, "Basic Issues in Social Work,"¹ a few years ago. Modern society accepts social welfare service as a proper and legitimate resource; to meet disruption of social functioning and to help its members achieve self-fulfilment. In recent years social scientists and social welfare researchers, both in Britain and North America, have singled out for special study and welfare planning those groups of multi-problem families whose unfortunate circumstances seem to remain persistently unalleviated.

Some of the best known research and experimental projects are those conducted by Community Research Associates, in the United States of America. Their findings have shown that seriously dependent families constitute only about six per cent of families receiving community services but consume no less than fifty per cent of the staff time of health and

welfare agencies.\(^1\) These are the families who are not responding to traditional remedies. They are known to be costly to the community, not only in terms of money, but more seriously in terms of human lives. "Their ills are compounded of economic dependency, maladjustment and disease." The studies suggest that the families' constellation of disabilities tends to accelerate family deterioration, to undermine their capacities as self-maintaining units, and to increase the specific disabilities which impair the confidence of the individual members.\(^2\) The term "maladjustment" indicates inability to cope successfully with the requirements of social living in keeping with acceptable community standards.

Social workers are making professional reappraisals, endeavouring to learn why, despite marked advances in techniques, they have not proved effective in the treatment of this group. The families' "constellation of difficulties" creates a recognized treatment hazard, but alone does not explain the lack of improvement or application of the requisite understanding and skill. Social work history since the 1930's, with its interesting shifts in focus, in case work theory and practise, offers some significant background.


\(^2\) Ibid., p. 86.
Social Case Work Trends

For many decades social case histories have revealed glimpses of the perplexing, persistent, so-called "hard-core" character of multi-problem families. In the 1930's these families were known, in layman's language, as "having begging tendencies". They usually presented marked disabilities in economic, health, social adjustment and in household management. They went from agency to agency, from one benevolent individual to another, and seemed resistant to the social case worker's efforts to help them maintain themselves. The description of them was not meant to be judgmental. Recognition was paid to the fact that the families not only had exaggerated dependent tendencies but were confronted by unfilled material needs, due to inadequate emergency relief programs. It is notable, in the light of present community organizational difficulties, that the lack of coordination amongst the agencies and also the private donors was frequently then deplored and considered as contributing to some of the families' "begging habits", and preventing their rehabilitation. Family agencies, at that time, put most of their emphasis on socio-economic ills; despite burdensome loads, they made concerted efforts to combine social services for this group. As early as the mid 1930's, Linton Swift, the scholarly General Director of the Family Welfare Association of America, was envisaging a general social case work agency, to prevent the dissipation of a family's energies
in making applications to a variety of agencies, especially in seeking family and child welfare services. But the focus on the family, on the coordinated administration of social services and community contacts, in family agencies, failed to be maintained.

No doubt the strongest influence in the 1930's was the infiltration of psychiatric knowledge. Treatment of emotional difficulties of the individual, based on dynamic concepts of personality development, structure and function, provided a new emphasis. Individuals, who had the ability to recognize their personality and relationship conflicts and strength to maintain office contacts to cure them, became the favoured clientele. Case histories frequently bore entries — "this family does not respond to casework services, therefore case may be closed". How many of the cases closed had overwhelming social problems and desperately needed a "reaching out" approach? How many needed help to secure effective environmental services, such as financial aid, medical care, recreation, and so forth? The focus on clients with good prognosis for recovery enabled case loads in many family agencies to become more specialized, and, at least for a while, to decrease to more workable sizes. Of course the transition period had its advantages, for encouraged practice and development of techniques, based on the enriched psychological knowledge.

Treatment of children with emotional problems came
still later, again following the trend in psychiatry. A new understanding of the emotional growth of children, through the parent-child relationship, served to bring children "back into the picture" in family agencies, and to cause children's agencies to put emphasis on the role of parents, in cases of parent-child separation. Literature pertaining to case work with children makes its first noticeable appearance in the 1940's. Rich sources of information became available in the writings of renowned social workers and psychiatrists. Annette Garrett's pamphlet, *Casework Treatment of a Child*, was first published in 1940; Margaret Ribble's *Rights of Infants*, appeared in 1943 and Anna Freud's *Infants Without Families*, in 1944. A wave of articles on interviewing children and on their psychological development followed. It is understandable that the "particularization of the individual phase" should have existed in the development of social case work.

Another influence tended to induce case workers to centre on a single family member. Philosophically, growing emphasis in democracies was being placed on the concept that human beings have wills and purposes of their own, and therefore should make decisions for themselves. The "right to self-determination" became a firm tenet in the social worker's creed. While this philosophy was not new to social workers, it gained in strength, sometimes to the exclusion of a regard for the individual's responsibility to family and perhaps in regard to social responsibilities in the sense of government
obligation on the one hand, and citizen obligations on the other. In a thoughtful paper, presented at a Welfare Conference in 1940, Florence T. Waite criticizes the tendency to treat individuals as isolated beings and asserts her belief that, as social workers gain assurance in the use of understanding of personality, they will be able to work more comfortably and more confidently in the family group, using awareness of family strains more positively and flexibly, recognizing the interrelatedness of individual and family interests. She further stresses the goal of social case work treatment as being to help clients live socially useful lives, "not alone because of the benefit to society but also because it means the most substantial and enduring satisfaction for the client". Socially useful life is described as "a life that gives as well as takes, that acknowledges the rights of others while asserting its own, that accepts duties and responsibilities as well as privileges and immunities". These are still as basic to good family living, as they are to democracies -- and a severe challenge in trying to help the maladjusted family. The broader aspects of social responsibility will always require further measures of their own.

The "Family Centred" Focus

The chronically dependent or the hard-core case

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found persistently in welfare case loads is now currently known as the "multi-problem" family. This is an understandable description but the particular problems still need much analysis. All recent preventive studies of these multi-problem families offer a common conceptual base to be used in efforts to understand and help them. They suggest that primary focus be placed on the family constellation; on study, diagnosis and treatment of the family as a whole, rather than on use of an individual approach or categorical problem approach. For example, at present, if a child is delinquent, he is likely to be dealt with by a probation officer; another child in the same family, who is having trouble in school could be visited by a Metropolitan Health Committee nurse; if the parents have financial problems the public assistance agency could be in the picture, and so on. But all the problems are likely related and have causal factors in the family background. It must be reiterated (a) the family gains strength from the strength of its members, (b) the problems of one individual in the family group react on the others, creating a vicious circle. Each member of the family is dependent upon the others and looks to the whole for support to meet and solve life's problems. Bradley Buell, leader in the community survey approach, takes it as almost axiomatic that "for a long time there has been general agreement that the family plays an important role in the
cause and cure of disordered unsocial behaviour".\(^1\) Yet it is only within the last few years that a conceptual framework has been formulated to assess and understand the dynamics of family interaction. Services which are truly family centred require exacting skill and scientific knowledge which must include the psychological, social and cultural components of the interactive patterns in the family.\(^2\) Interactive forces must also be considered as they operate far beyond each family as a unit. Culture patterns, role theory, stratification differences, and so forth, are becoming more and more the subject matter of sociologists. They are being adopted by social workers and all those engaged in promoting family welfare.

It is important to underline these fundamentals as they are too easily ignored. Not only do destructive forces move continuously to re-enforce each other within the immediate family; they may also perpetuate themselves from generation to generation; and they tend to contribute heavily to community problems. The interdependence and interrelatedness of each family and the community in which the family lives, increasingly accepted concepts in social work, should be assessed and reassessed so that treatment of family

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1 Buell, *Community Planning for Human Services*, p. 331.

disorganization will be certain to take into consideration all the members of the family and their environment, including all their related social groups. Community conditions, expectations and opinions all may have strong impact upon the family for good or ill. Modern social agencies use the family's "image of itself" in relation to other families in the community as an important clue in understanding the amount of self-confidence and strength possessed by the family and as a guide in helping them rebuild their resources. The "self worth" and strength of individual members, which are key factors in their social adjustment, are influenced in turn by their concept of family worth. Unfortunately, some of the multi-problem families have a long-established picture of themselves, as outcasts of society, as of a lower echelon, continually needing help. This "class image" with its mental and social barriers of inferiority, can interfere with their changing their social roles, and becoming self-maintaining.

But there is a positive side. Social workers, working with other professional personnel, including psychiatrists, psychologists and sociologists, can now attempt with renewed vigour, to find ways to help rehabilitate hard-core families who should better be described as the "socially handicapped" or "socially deprived". Social work techniques have developed with the growth of the profession, particularly with the enhanced knowledge of family interaction, of social and cultural forces, which shape mores and values, and of
psychic forces which influence human behaviour. It is of course, vastly important in using a family centred approach to include appraisal of the personality, needs and problems of each family member, both to understand their role in their groups and to gain indications of the need for individual treatment. The term "role" has sociological meaning. It is used to describe the activities and tasks which an individual is required to perform in social situations. Examples of social roles are: father, husband, breadwinner, employee, etc.

Co-ordination of Agencies

Interdependence has been discussed so far in what might be called a "treatment dimension" of the subject. There is another aspect, which might be called an "administrative dimension" related to the multiple agencies serving these families. The current picture of community services available to meet the needs of all families, and of multi-problem families, in particular, is often one of quantity, diversity, specialization and shortage of professional personnel. The confusion and sometimes energy-consuming task of securing assistance which through lack of agency coordination was created for "the problem families" over thirty years ago, may be multiplied today if the families have a variety of social or physical ills. New agencies have grown up and old ones have expanded, in piecemeal fashion, to meet specific needs. Their functions are not always clearly defined and in some cases overlap. Public
health groups, despite recognized duplication among health agencies, have moved ahead in coordination of efforts to promote interpretation, research and prevention of ills. Social welfare agencies are often still occupied with giving service to meet emergency situations. Prevention, in this respect, refers broadly, to means designed to minimize the rise and spread of physical or social ills which are amenable to control. It is fully appreciated that social agencies help restore many families' capacities to cope successfully with the requirements of social living. It must be recognized too that most multi-problem families require long continued consideration and support to prevent family breakdown. They tend to be overlooked when agencies with staff shortages are pressed to deal with crises situations or to help families, who require services of only short duration. Social studies on this continent and in Britain alike emphasize that a heterogeneity of agencies has developed, in most urban communities; also that there is a noticeable lag in the establishment of effective patterns of communication between them, for integration of services, for research, and for control and prevention of the incidence of social pathology.

Bradley Buell, an experienced researcher in this field, is satisfied that "compelling reasons appear for establishing planned relationships between the principal fields of present service". Elizabeth P. Rice, professor

1 Buell, Community Planning for Human Services, p. 411.
of social work in the Harvard School of Public Health, reports, "studies of multi-problem families in community after community have shown that many agencies were able to make only a limited contribution to this group because help was given in an uncoordinated fashion, usually at a time of crisis". ¹ Many other studies testify to lack of communication between agencies which has created an obstacle to adequate understanding and effective treatment of these seriously troubled families.

It is known that many community services work with the same family; -- family and children's agencies, medical and protective and public assistance agencies. A concerned community might well wonder if multi-problem families have become everybody's business and hence nobody's business. Concern about lack of concerted agency assistance is not confined to North America. Eileen Younghusband, one of Britain's best known social work teachers, stresses the need for concentration of effort and research to help multi-problem families, citing cases which have been on the records of welfare agencies for two and three generations. ² She recommends study and experimentation by private family agencies to cope with this at the source. ³ In Vancouver, B. Marcuse made


³ Coordinated family case work as is presented in the London County Council's report Problem Families in London of 1956 and is referred to in Chapter IV.
a study of thirty-five families known to the Family Service Agency for a period of over five years. His findings commend the development of pivotal units linked by aims, sources and methods, so that the "meagre resources for prevention and cure" be utilized in a manner to do the most good. Is our community health and welfare structure actually family centred, or is it agency centred?

Professional personnel might inquire how the individual family reacts to multiple agency interest. Do the families feel sometimes that they are being pressed to face and resolve all their problems at once? Do they give up in despair, and accept the protection of social agencies, to maintain a measure of equilibrium essential to their existence? It is conceivable that the small degree of strength of multi-problem families is depleted by lack of joint effort of agencies. Planning amongst the agencies, which ought to be based on common understanding of the nature of their problems and realistic treatment goals, could help these families partialize their difficulties and work on them, according to their capacities.

Another question merits deliberation in the discussion of multiple agencies. Are multi-problem families

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failing to become responsible members of society through the lack of any positive continuing professional relationship? According to modern theory, significant change in personal behaviour or social adjustment is only achieved through such a therapeutic medium; through "the dynamic interaction of feelings and attitudes between the case worker and the client", with the purpose of helping the client to achieve a better adjustment between himself and his environment.¹ Beatrice Simco Reiner and Irving Kaufman, M.D., in their text, Character Disorders in Parents of Delinquents, offer new hope for a family's positive gain from coordinated services of a variety of agencies. They describe the parents in hard-core families, as "predominantly impulse-ridden with character disorder".² An extreme degree of social pathology is evidenced in all the family and community relationships. The authors contend that such families can relate to more than one person at a time "because of their diffuse sense of parental identity". They conclude that, "Once agencies have agreed upon an overall approach, the workers can often move ahead quite independently of each other contributing to the family's growth and


² If the characteristics of multi-problem families are comparable, i.e. if the parents have character disorders, highly useful treatment suggestions are provided by these authors.
stability. It should be emphasized again that these clients do not relate to other people or trust others easily. Agencies offering them assistance must be prepared to allow a long period of testing before they are able to make use of the therapeutic relationship, which is necessary for their development toward independence. There is evidence that it should be possible to offer effective services through different administrative structures as long as coordinated planning is undertaken. Is it timely, now, for agencies to expend more effort on communication, on analyzing underlying causes and devising new approaches? Staff shortages still exist but the problems of multi-problem families have become more definable and advanced treatment techniques could be used more effectively.

The Background: Public Assistance and Social Security

It is of course important to recognize that in Canada, in the last twenty years following other countries such as Britain and the United States, widespread programs to relieve economic need have been devised. Discussion of general economic conditions is beyond the scope of this study, but reference must be made to the modern welfare programs. Today, basic aid is available to the aged, the blind, the

disabled, the unemployed, and to all families for their
dependent children. A general health insurance program is
being considered but has not become a reality\(^1\) though hospital
care has been put on a contributory basis in several provinces.
Provision for the above groups is so universally accepted that
the responsibility for planning and financing now rests
largely with the federal government. Legislation provided for
Unemployment Insurance, in 1940; for Family Allowances, in
1944; for Old Age Security, in 1951 and for Disabled Persons' 
Allowances, in 1955. Various programs for those with specific
needs were established somewhat earlier. Federal Old Age 
Pensions came into being, for residents in British Columbia,
in 1927. Federal Blind Pensions were available in 1937; 
British Columbia has provided assistance to workmen injured
in accidents on their jobs, since 1916, and first granted
"Mother's Pension", in 1920. For special classes of aged
and disabled, provision is made through the Supplementary 
Assistance Program, for indigent persons, aged 65 - 69,\(^2\)
and the war disabled, have Military Pensions. This is an
impressive list of state supported programs.

It might be argued that social security measures
have filled some of the dykes. This is certainly true in
comparison to twenty years ago. Nevertheless in British

\(^1\) Except in one experimental area in Saskatchewan.

\(^2\) Provision for this group requires a "means test".
Columbia and typically in other parts of Canada, there are still many persons who are unable to provide for themselves, who do not qualify for aid under the general security programs, e.g., workers temporarily unemployed who do not qualify for unemployment insurance or who have lost all their insurance benefits; families, indigent, through loss of the breadwinner, etc. Michael Wheeler of the School of Social Work, University of British Columbia, carefully defines types of economic dependency and gaps in social security programs in *A Report on Needed Research in Welfare in British Columbia*. The following brief excerpts summarize conditions which may create dependency and highlight the lack of general health insurance to meet some of the common hazards of illness.

"Chief among the factors other than unemployment which may create dependency are illness, physical and mental disability, family disruption caused by loss of the family breadwinner through death, divorce, separation, desertion, incarceration or chronic hospitalization and the failing physical and vocational powers of the aged." Mr. Wheeler submits that medical problems account for a sizeable proportion of the Social Assistance caseload. "Whereas persons with total or permanent disabilities such as the blind are accepted for social security benefits, many suffering financial stress due to short or recurrent illness are not included."¹

All families such as these who do not qualify for aid from

general security measures may be helped by social assistance. In Vancouver, such persons may apply to the City Social Service Department. Its functions are governed by provincial legislation.

The Social Assistance Act of B. C., passed in March, 1945, states that Social Assistance may include the following:

(a) Financial assistance,

(b) Assistance in kind,

(c) Institutional, nursing, boarding or foster home care,

(d) Aid in kind to municipalities, boards, commissions, organizations or persons providing child care or health services to the indigent, sick or infirm persons, and reimbursement of expenditures, made for these persons,

(e) Counselling services,

(f) Health services,

(g) Occupational training, retraining or therapy for indigent persons and mentally or handicapped persons,

(h) Generally any form of aid necessary to relieve destitution and suffering.

The Act decrees that the provincial government and municipalities share the cost of public assistance. The local government has less financial responsibility and its share from the province is conditional, depending upon its basic conformity to provincial standards of financial aid and
services. It is free to operate on higher standards at its own expense. The granting of assistance is based upon a "means test". Along with carrying out its increased legislative responsibilities, the typical social assistance agency has struggled to promote standards and controls to insure adequate, equitable and accountable assistance. In the depression years it had to expand rapidly to provide bare necessities for masses of the unemployed. In post depression years, it added new and diversified programs in keeping with the advances in social legislation. It has never experienced a period of lull, with diminished loads, giving the chance to put into practice specialized social case work services, to help resolve the personal and relationship problems of its clientele. The residual load of families, with basic social problems of dependency, ill-health and maladjustment testify as to the need for further exploration and more productive action.

Some Relevant Studies

It is reasonable to ask about research which may have been directed to this problem, as it persists so generally. The classic survey of multiple problem families was made in St. Paul, during the years of 1948 to 1952. It was a major effort involving the co-operation of more than one hundred public and voluntary social agencies and services. Its purpose was to determine the city's social assets and
deficits as a basis for intelligent planning of community service. A large number of families dependent on the community for assistance in November, 1948, 6646 in all, were reviewed. Nearly eighty per cent required financial assistance. More than one-third were chronically ill, more than one-quarter chronically handicapped, nearly one-third had a record of some type of antisocial behaviour such as crime, delinquency, or child neglect; about five-sixths showed some evidence of personal or family maladjustment. As the study occurred at a time of peak employment the number of families requiring financial aid served to indicate the existence of a residual load of relief recipients.¹

This study posed the problems which led to the creation of the "Family Centred Project".² Set up in 1953, it undertook to work with 100 hard-core families of this same city with "children in clear and present danger" to develop methods of case work and processes of community organization designed to help these families "who are both troubled themselves and a concern to the community". Half of the families were selected at random from the 1948 study of multi-problem families and still active with social agencies in 1954. The other half were taken from current protective service case

¹ Buell, Community Planning for Human Services.
² Geismar, L. L. and Beverly Ayres, Families in Trouble, Family Centred Project, St. Paul, Minnesota, 1958, p. 3. (An Analysis of the Basic Social Characteristics of 100 Families Served by the Project.)
loads at Ramsey County Welfare Board, Department of Services to Children, on a "first come, first serve" basis. It was a pilot project made possible by the alliance of local agencies, receiving financial aid from the Hill Family Foundation and operating under the auspices of the Greater St. Paul Community Chest and Councils. The relevance of the findings of the Family Centred Project is such that it is widely used in the present study.

Another study used as a major reference is the "Reorientation for Treatment and Control" project sponsored by the Minnesota Department of Public Welfare and also carried out by Community Research Associates,¹ about the same time as the St. Paul project. The authors see this public welfare project as designed to find and test "methods by which public welfare can control and prevent the basic social problems of dependency, ill-health and maladjustment". The measurable gains, as a result of the experiment under which a total of 251 families received intensive treatment, are considered in the final chapter of the present study. What is important at the moment is the indication that no community is immune, and that the chronically dependent need to be identified and helped by a new approach in Vancouver, no less than elsewhere.

¹ This project in Winona, Minnesota, was one of a series of projects begun through Community Research Associates in 1952. It focused on the community problem of dependency; that in Washington County, Maryland, focused on indigent disability, and one in County San Mateo upon disordered behaviour.
It is understandable that most hard-core families would have financial problems and that social assistance agencies would be basic sources for case finding. An analysis of 100 multi-problem families in the St. Paul Study revealed that eighty per cent were in receipt of public assistance. Bradley Buell suggests that public welfare agencies should assume leadership in the development of procedures for the systematic identification, classification, and continuous analysis of the circumstances found in chronically dependent families; this would provide a basis for better coordinated programs of community-wide prevention and control of dependency.\(^1\) The present study takes its cue from this recommendation.

**Scope and Plan of Study**

This survey developed for Vancouver concentrates on a group of chronically dependent families known to the local public assistance agency, the City Social Service Department. It attempts to isolate their common characteristics, their potential for rehabilitation, and the outlook for the children. Information is sought as far as is traceable about the services rendered by the C.S.S.D. including the use of other agencies. Other agency registrations of the families, in the Social Service Index, are tabulated. The findings are considered in relation to administrative planning toward rehabilitation,

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\(^1\) Buell, *Community Planning for Human Services*, p. 435.
prevention and control, and for this purpose, special reference is made to a report on Coordination of Services (in the Vancouver area) recently produced by the Social Planning Section of the Greater Vancouver Chest and Council.

The term "rehabilitation" is used in this study in reference to helping families identify and resolve their problems so that they may become independent or more nearly independent of financial assistance. It means, further, helping them to restore their physical, emotional or interpersonal relationships so that they may live more satisfying lives, even if they are unable to become fully self-supporting. It entails providing better care and understanding of the children so that they may achieve personal and economic independence.

The study families are selected from the South Vancouver District of the City Social Service Department. This district is chosen for three primary reasons:

(a) It has a reasonably settled population of families, with a preponderance of one-family dwellings, relatively moderately priced, and incomes, primarily of wage-earners, skilled, semi-skilled and unskilled. It is not

1 The South District boundaries extend from Oak Street East to Boundary Road and from 33rd Avenue South to Marine Drive. It is an area with administrative boundaries common to other major agencies, the Metropolitan Health Committee, the Children's Aid Societies, and the Family Service Agency.
known, sociologically, as an area of transient population or of concentrated delinquency, so the families should be accessible for study and treatment without these overwhelming environmental disturbances.

(b) The district is a family one of sufficient uniformity of needs, interests and standards to lend itself to the development of a strong multi-agency approach, with citizen participation, for vigorous welfare planning and action for the protection and care of children.

(c) The Community Chest and Council Committee viewed it favourably as one of the possible locations for a "coordination project". It further recommended that early appraisal should be undertaken of the case load, size and type of cases and agencies which might participate in the demonstration in the area.

The case selection for this study sought to identify the families on the active assistance list of the C.S.S.D., in South District, as of November, 1959, who had been known to the Department prior to December, 1954, whether or not they had received assistance, continuously or intermittently, throughout the intervening years. Only families with three or more persons in receipt of Social Assistance were selected, so that each case includes a dependent child or children. The validity of such an arbitrary use of the word
"chronic" might be questioned. But since the years, from 1954 - 1957, represent a period of relatively high general employment, persistence of underlying dependency is indicated. Bradley Buell found that "long-term" could refer justifiably to both the continually active cases and to those characterized by a pattern of intermittency, i.e. continually being re-opened.

**Volume of Cases and Significance**

The South District cheque list in November, 1959, numbered 459 (Social Assistance) cases, approximately nine per cent of the total agency Vancouver case load of 5,040. Recipients of old age assistance or institutional care are not included in either of these totals. Of the 459 cases, 154, or 33.5 per cent, comprised families of three or more individuals. Three of the 154 were transferred to other districts during November, 1959. Of the 151 remaining, central index cards showed that 52 of the families had been in receipt of Social Assistance in December, 1954, or earlier. For the purpose of simplification this was reduced to 50. (One case was transferred to another district during the fact-finding period; the last case alphabetically was omitted.)

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1 "Chronically dependent" is a term used generally in an inadequate attempt to describe families who have a pattern of being continuously on the books of agencies. It is used interchangeably to describe different families -- "hard-core", seriously disorganized, "multi-problem", and long-term. It serves in this text to indicate that a condition of profound and persisting inability to be self-supporting exists.
The South District has only nine per cent of the Agency's total caseload so the study must be assumed as sampling the dependent in the district rather than the total agency. The selection of cases, made as above, revealed that one-third of the families of three or more individuals in South Unit may be termed chronically dependent. If it could be assumed that one-third of the families in South Unit, having less than three members, are chronically dependent, then the total long-term dependency group in South District represents 66 per cent of the total assistance load in that area. The survey in St. Paul, Minnesota, found that multi-problem families constituted 77 per cent of the public relief loads (in periods of peak employment) and 56 per cent of the loads of adjustment services in health, case work and correctional fields. Berthold Marcuse's study of long-term dependency and maladjustment cases of the Family Service Agency, in 1956, revealed that 25 per cent of that Agency's case load fell in this category. Would the South District have a larger or smaller percentage of chronic cases? What would the total C.S.S.D. case load reveal? The answers to these questions could only be determined by a review of all the C.S.S.D. districts, preferably over a period of a year, to isolate seasonal employment and arbitrary closing factors, which might otherwise influence the picture.

Summary

Conditions which appear most significant in this
background picture may be summed up as follows: (a) Persistence of financial dependency of some families even in times of economic prosperity and despite widespread general social security measures and remedial attempts to assist them; (b) Prevalence of similar problem families and multiple agency difficulties in other sections of this Continent and in Britain which have given rise to useful studies and experiments; (c) Social case work emphasis on the family as a whole and on psycho-social, physical, economic, and cultural factors, in diagnosis and treatment; also on the importance of long-continued service for the hard-core families; but the difficulty of providing such service; (d) Serious costs and perhaps contagion of the problem family; (e) Special problems of a community-wide nature such as overlapping services and lack of joint effort for rehabilitation and control. (f) Finally, indications of the important role of social assistance agencies in providing direct assistance to these families and in community planning for the prevention and control of serious dependency. It is against this background that the present study was launched, and against it also the findings must be weighed.
CHAPTER II

A SAMPLE GROUP: CHARACTERISTICS AND REHABILITATIVE POTENTIAL

In planning toward the goal of rehabilitation for the chronically dependent, it is clearly of primary importance to learn as much as possible about the persons most directly involved; about the families, whose welfare is at stake. How may they be identified? What are their characteristics, needs and problems? What are their potentials for self-support and for satisfying living?

The first task is to examine the persistent nature of their dependency. How long have the fifty sample families been known to the public assistance agency concerned? It will be recalled that all their applications originated prior to 1954. Sixty-two per cent have been known from five to nine years; thirty per cent from ten to nineteen years; and eight per cent for over twenty years. The length of time known ranges from five to thirty-three years. In average terms, each of the fifty families would have received public aid, over a period of more than nine years. Twenty-three families, or 46 per cent, have been known continuously since prior to 1954. The intervals off assistance of the other 54
per cent are accounted for by the following factors: intermittent employment, irregular income from fathers out of the home, monies inherited, temporary moves out of town, and administrative decisions related to eligibility. The chronicity of the dependency of the entire group is such that it should provoke concern, study and interpretation to arouse remedial action on their behalf.

Table 1. A Sample Group of Long-Term Families: C.S.S.D. Vancouver

<table>
<thead>
<tr>
<th>Years of Application</th>
<th>Number of Families</th>
<th>Number of Years Known</th>
<th>P.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950 - 1954</td>
<td>31</td>
<td>5 - 9</td>
<td>62</td>
</tr>
<tr>
<td>1940 - 1949</td>
<td>15</td>
<td>10 - 19</td>
<td>30</td>
</tr>
<tr>
<td>1929 - 1939</td>
<td>4</td>
<td>20 - 30</td>
<td>8</td>
</tr>
<tr>
<td>Total Families</td>
<td>50</td>
<td>(Average 9.5)</td>
<td>100</td>
</tr>
</tbody>
</table>

The date of origin has been taken as the date of the first application of one of the parents, either before or after the last marriage. Three of the fathers were first known to the Agency when they were single. None of the mothers had applied as single women, although four applied first as unmarried mothers.

Composition of the Families

Size of family may directly affect a family's
chances of being financially independent. The St. Paul Study of multi-problem families revealed that the project families had an average of 4.4 children in the home. A similar study, made by the Research Department of the New York City Youth Board, showed an average of 5.5 children in the home. The C.S.S.D. families had a total of 188 children, or an average of 3.8 per family, with a range of from 2 to 8. As at November, 1959, 152 children were known to be in the home, on assistance, an average of 3 to 4. The Community Chest and Council Study, of 1959,\(^1\) reports the average number of dependent children living in the home of the 46 sample families, as 3.2. It should be mentioned that the New York Study included a proportionately high number of non-white families, which are characteristically larger.

Table 2. **Number of Children in Family**

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Number of Families</th>
<th>Total Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>16</td>
<td>48</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td>44</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
<td>24</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>50</strong></td>
<td><strong>188</strong></td>
</tr>
</tbody>
</table>

\(^1\) Community Chest and Council of Greater Vancouver, *A Report and Recommendation of Coordination of Services in the Vancouver Area.* (The results of a two year study by the Coordination of Services Committee of the Family and Child Welfare Division.) Social Planning Section, Vancouver Chest and Councils, Vancouver, B. C., June 1959.
The average number of persons in the home, per family, 3.4 as at November, 1959, compares precisely with the 1956 B.C. Census of 3.4. It is lower than the average of the 1958 Community Chest study families of 5.1 due to the preponderance of broken homes in this study. In the Community Chest survey over 60 per cent of the families had two parents. The St. Paul and New York multi-problem family studies revealed that about half of the fathers were out of the home at intake. However, of the 35 families on public assistance, in the St. Paul Project, at intake, 80 per cent had only one parent, the mother, in the home. At date of origin 60 per cent of the C.S.S.D. families had only mothers in the home, and in November, 1959, this figure rose to 66 per cent. It is impressive in this long-term dependency group that, only, 24 per cent, of the homes are broken by reason of natural causes, -- death of fathers. Whereas in 42 per cent, fathers left their families clearly for social reasons. Broken home statistics such as these should surely not be treated lightly. What are the specific reasons for the separations? Could community services have prevented the breakdown of some of these families to the benefit of all concerned. Again, is it now too late? Obviously the dependency picture is most likely influenced adversely if fathers are out of the home.1 The

1 The St. Paul Family Centred Project found in their multi-problem families that -- "the separation of husband and wife more often served to relieve the overall strain on the family than to aggravate it." Geismar and Ayres, Families in Trouble, p. 95.
social and economic implications of size of family and marital status will be indicated as they relate to age, origin, social status, relationship, health and personality factors.

Table 3. Marital Status of Parents (as of November, 1959)

<table>
<thead>
<tr>
<th>Status</th>
<th>Number of Families</th>
<th>P.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two-Parent Families</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td>Married</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Common-law couple</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Broken Families</td>
<td>33</td>
<td>66</td>
</tr>
<tr>
<td>Widowed</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Separated</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Deserted</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Unmarried mother</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Considering the marital status in relation to the children, it should be emphasized that only 34 per cent have two parents in the home. Also if fathers are in and out of the home due to marital conflict, if parents are divorced or separated, stress is experienced by the children even if subsequent relief from relationship problems insue. Only 17 homes show status of parents unchanged during the families
contact with the C.S.S.D. These include the one unmarried mother, eight of the married couples, one common-law couple, and seven separated or deserted families. Instability of status affected the other 33 families, or 66 per cent, as a result of death, divorce, fathers in and out of the home, other marriages and other unions of mothers.

**Age and Origin of Parents**

Advancing age is a well established cause of economic dependency; but it holds particularly true for manual workers, loggers and others whose physical strength constitutes their primary job qualification. At the date of their first application to C.S.S.D., 80 per cent of the men, out of the 36 whose ages are available, were under forty. Fifty per cent of the women were under thirty years of age, 48 per cent were in their thirties, and only one of the women was over forty. Thus old age does not appear as a significant factor, in the dependency of this group, although age in general must be considered in relation to their prospects for economic rehabilitation.

Language difficulties, culture and colour differences can influence employment opportunities. Birthplaces do not give all the information necessary but they are at least preliminary clues. For fourteen of the men this data is not available from the records.
Table 4. Birthplace of Parents

<table>
<thead>
<tr>
<th>Place</th>
<th>Men</th>
<th>Women</th>
<th>Both Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>British Columbia</td>
<td>9</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>Other parts of Canada</td>
<td>14</td>
<td>24</td>
<td>38</td>
</tr>
<tr>
<td>British Isles and other parts of British Commonwealth</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>United States of America</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other foreign countries</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Data unavailable</td>
<td>14</td>
<td>-</td>
<td>14</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>50</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

* Based on cases for which birthplaces were available, only.

The survey shows that 75.6 per cent of the 86 parents whose birthplaces are recorded are Canadian born. Yet only 31.4 per cent originated in British Columbia. The percentage coming from outside of British Columbia appears high -- 68.6 per cent. It is slightly higher than the percentage of applicants for new services in blind and disabled categories, of 59.02 per cent and 62.57 per cent respectively recorded in 1958-1959.¹ It would be of interest to know if a larger sampling, related to provincial population statistics, would

¹ British Columbia, Department of Social Welfare, Report for the Year Ending March, 1959, Queen's Press, Victoria, B. C.
reveal that there is a significantly high percentage of the seriously socially ill, in the incoming population of British Columbia. It would be useful to know if it is higher than that of other Provinces. Would it indicate the need for consideration of the chronically dependent who migrate between provinces, in Dominion-Provincial welfare planning and financing? Special problems of migrants, such as isolation, are not singled out in this survey. Age, parents arrived, length of time here, relatives living in the Province and many other pertinent factors would need detailed review in order to draw any valid conclusions about how being a new resident might have added to the families' troubles. There is a small proportion, only, of non-white families. At least 92 per cent of the parents are white. Four of the women and three of the men known are part Indian. South Vancouver is not a particularly cosmopolitan area, so these fifty selected families may be deemed to be representative of the district. This is primarily an "English" group: Less than ten per cent of the parents are from non-English speaking countries with marked differences in language and culture.

1 Michael Wheeler, in surveying the general population growth in B. C., found that "One in every twenty-five residents of the province has been an immigrant who came to British Columbia within the preceding five years." He considers the percentage would be higher for Vancouver. Wheeler, Michael, A Report of Needed Research in Welfare in British Columbia. (A survey undertaken for the Community Chest and Councils of the Greater Vancouver Area.) Vancouver, B. C., March 1, 1961.
Education and Occupation

Education and vocational training have become increasingly essential in competition for employment in urbanized society. Machines are now doing much of the heavy labour in industry and more and more of the routine clerical and calculating chores. It will be recalled that 62 per cent of our families first applied for assistance relatively recently, since 1950. Lack of education, combined with lack of training, might appear from the following table to contribute to the unemployment picture. However, the pathological characteristics of the fathers, described later in the study, would seem to outweigh lack of opportunity, as reasons for unemployment.

Table 5. Education of Parents

<table>
<thead>
<tr>
<th>School Grades</th>
<th>Men</th>
<th>Women</th>
<th>Totals</th>
<th>P.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IX to XIII</td>
<td>9</td>
<td>18</td>
<td>27</td>
<td>42</td>
</tr>
<tr>
<td>VIII or under</td>
<td>15</td>
<td>22</td>
<td>37</td>
<td>58</td>
</tr>
<tr>
<td>Data unavailable</td>
<td>26</td>
<td>10</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>50</td>
<td>50</td>
<td>100</td>
<td>100*</td>
</tr>
</tbody>
</table>

* Based on cases for whom educational data was available, only.

On the basis of the above figures it can be conservatively estimated that 60 per cent of the men, but perhaps a
smaller proportion of the women, have had low grade education.

Table 6. Occupation of Parents

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerical and White Collar</td>
<td>2</td>
<td>4.3</td>
<td>9</td>
<td>20.9</td>
<td>11</td>
<td>12.4</td>
</tr>
<tr>
<td>Skilled</td>
<td>13</td>
<td>28.3</td>
<td>8</td>
<td>18.6</td>
<td>21</td>
<td>23.6</td>
</tr>
<tr>
<td>Semi-skilled</td>
<td>4</td>
<td>8.7</td>
<td>14</td>
<td>32.6</td>
<td>18</td>
<td>20.2</td>
</tr>
<tr>
<td>Unskilled</td>
<td>27</td>
<td>58.7</td>
<td>12</td>
<td>27.9</td>
<td>39</td>
<td>43.8</td>
</tr>
<tr>
<td>Unavailable</td>
<td>4</td>
<td></td>
<td>7</td>
<td></td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

Totals                   | 50      | 100*     | 50        | 100*      | 100       | 100*       |

* Percentages are based on available data, only.

It is typical to find that most of the male applicants for public assistance are unskilled. The study findings are consistent, revealing at least 58 per cent of the fathers as unskilled and another 8 per cent as semi-skilled. About one in every four had a trade including carpenters, painters, butchers, electricians, radio technicians. Recent local reports of the Unemployment Insurance Commission show that the vast majority of the men receiving assistance, in the late Spring, were unskilled, whereas existing employment opportunities for skilled tradesmen were not filled. Are the existing educational and vocational guidance and training systems geared to the current and foreseeable future employment needs? It
is a matter of concern, that men with capacity to become skilled may be filling unskilled labour positions through lack of early guidance and training, thereby reducing the limited opportunities for the less able.

Occupational rehabilitation for the women is more hopeful from the standpoint of their job qualifications. Seventy-two per cent of them had experience as sales clerks or as skilled or semi-skilled workers, including hairdressers, tailors, factory workers, waitresses. The demand for personal services of women has so far not been as reduced by automation as the demand for the unskilled men. For example, unemployment agencies announce in the press that they have long unfilled waiting lists of requests for domestics. There is likelihood however, that personal characteristics, including stability, reliability and appearance, matter especially in getting a full time domestic job, whereas they may not be so important for some other types of unskilled or casual labouring work.

Health of Parents

Of all hazards, ill health may most easily jeopardize a family's financial situation. Serious ill health of one or both parents is found in 46 per cent of the families. Over half have no disabling physical ills. Health problems of varying nature are listed for 32 of the men, predominately heart and tuberculous conditions. Nine of the 32
fathers, whose health is mentioned, had serious accidents. The mother's health is indicated as being reasonably good in 28, or 56 per cent, of the families, and as being poor in 12, or 24 per cent. As particular attention is given to health complaints, it is assumed that the health of the mothers is not seriously impaired in the 20 per cent not known. Serious health problems of the mothers include, t.b., arthritis, epilepsy and heart conditions. Health of the mothers will be specifically considered again in relation to their employability.

Mental illness or defect was diagnosed in a parent in 20 per cent of the families. Three of the mothers and six of the fathers had been in mental hospital. It is highly significant that three of the fathers not included in the mental hospital group committed suicide. Two of the suicides occurred within the same year, 1958-59. All three families had been known to social agencies before the suicides. A suicide rate of 6 per cent, or one in every sixteen families, is enough itself to promote further inquiry about these chronically dependent persons. The total suicides recorded for Canada, in 1956, was 1,226, or 7.6 persons per 100,000 of the population. B. C. Vital Statistics Department Report of 1956, lists 173 suicides for this Province, which is higher than the Canadian average. The Yukon had the highest yearly average from 1951-1958, according to Dominion Bureau of Vital Statistics figures, with British Columbia ranking second. What are the implications of this dubious record?
Personality of Parents and Marital Relationship

Personality maladjustment, inability to get along with others and serious anti-social behaviour are obvious links with causes of dependency. Marital discord and or serious personality problems showed up in no less than 88 per cent of the families. Relationship problems between parents existed in 39 of the families. The marriage relationship is recorded as good for only four couples. In one of these, the mother is said to be exceedingly dull and in another the father had drinking problems. The marriage relationship is not relevant in six of the seven remaining cases; three of them have widowed mothers and one is an unmarried mother.

Personality or behaviour problems of at least one of the parents showed up in 82 per cent of the families. Problem drinking occurred most frequently and there is a substantial incidence of adult crime and mental illness.

Table 7. Personality and Behaviour Problems of Parents

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of families</th>
<th>Percentage of families involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem drinking</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td>Illegitimacy and or Promiscuity</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Jail sentences</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Psychosis diagnosed</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Narcotics</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Neurosis</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mental retardation</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Other personality problems of parents, affecting the family but of less severity, were recorded in eight families, such as depression, hostility, nervousness, lack of initiative, irresponsibility, etc. The diagnosed mental illness percentage of 18 is higher than in either the St. Paul or New York City Youth Board Studies, which ranged from 10 - 15 per cent.

Table 8. Summary of Disabling Problems of Parents

<table>
<thead>
<tr>
<th>Problems of One or Both Parents</th>
<th>Number of Families</th>
<th>Percentage of Families Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious ill health</td>
<td>23</td>
<td>46</td>
</tr>
<tr>
<td>Marital discord</td>
<td>39</td>
<td>78</td>
</tr>
<tr>
<td>Serious personality inadequacy and behaviour defects</td>
<td>41</td>
<td>82</td>
</tr>
<tr>
<td>Combined marital and personality</td>
<td>44</td>
<td>88</td>
</tr>
</tbody>
</table>

The magnitude of the health and social problems of the parents makes it imperative to turn particular attention to their 152 children. What is the picture of the children's health, care and adjustment: How old are they? Are they young enough to profit from any mitigation of the ills of their parents? Will they need special services if they are to develop their capacities to the utmost and become responsible, happy adults.
Table 9. **Ages of Children in Receipt of Assistance**

<table>
<thead>
<tr>
<th>Ages of Children</th>
<th>Number of Families with Children of Ages Indicated</th>
<th>Total Number of Children in the Families</th>
<th>Age Distribution of Children P.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-School</td>
<td>18</td>
<td>33</td>
<td>21.7</td>
</tr>
<tr>
<td>6 - 12</td>
<td>41</td>
<td>78</td>
<td>51.3</td>
</tr>
<tr>
<td>13 - 18 or older</td>
<td>27</td>
<td>41</td>
<td>27.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>(50)</strong></td>
<td><strong>152</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

One hundred and eleven, or 73 per cent, are still in their early formative years, under thirteen. They particularly need good family care. All the children are young enough to benefit from educational and vocational advantages, which should be assured to them, for better chances of occupational security.

Whereabouts of Children not "in the Home on Assistance"

Of the thirty-six children not in receipt of assistance, twenty are over the age of eighteen, and not at home, and thus do not feature in the records. It would be interesting to know their present situations to determine how they have reacted to the adverse home influences. Eight children of five families are wards under the care of the Provincial Child Welfare Department or Children's Aid Societies. In three families, one child is missing from the
assistance lists due to placement, -- in Woodlands School, -- in Oakalla, -- in an adoption home. One child lives apart from the family "assistance group" with his father and one child is deceased. Three children, under eighteen years of age, are employed and living in the home.

The children's health has not been studied specifically from medical records. If it is mentioned in the social worker's recording, at any time, it is noted. In fourteen families there is reference to children's health as being "good"; in fourteen, it is not recorded, and in twenty-two, or 44 per cent, problems are described including asthma, epilepsy, rheumatism, and injuries from accidents.

All data about the care or adjustment of the children referred to at any time throughout the agency contact, has been tabulated. When care is mentioned, it is indicated as either "good" or "neglectful". The social worker's evidence of good care is deduced from the children's appearance and manner, school reports, mothers' attention to physical and recreational needs or a combination of these guides. When neglect is recorded, it is usually accompanied by mention of complaints from other agencies or individuals. Of course one reference to the care or adjustment of the children, given in the duration of the family history, is usually inadequate to permit any accurate conclusions. Moreover, if difficulties are not mentioned, one may not conclude that they do not exist.
In 40 per cent of the cases the nature of the care of the children is not indicated in the records. Thirty-six per cent give no information about the behaviour of the children at any time. There is some reference to good care of children in 19 families and to neglect of children in eleven families. The behaviour of the children is described as good in nine families. In 50 per cent of the families mention is made of behaviour problems of the children. These include serious "acting out" behaviour, in eight cases, involving commitment to Boys' Industrial School, or jail, or resulting in early teen-age pregnancy. One of the children was involved in a narcotic charge.

In nine families where adjustment of the children is indicated as good, the care of the children is regarded as good in seven and poor in two. Two-thirds of these families record personality problems of one or both parents and five, or over half, had marital problems. Of the 25 families, where behaviour problems of a child or children are recorded, 23 have parents with personality and or relationship problems. In the one instance the adjustment of parents is not indicated. The data shows a high correlation between good care of children and good adjustment of children and about 100 per cent indication that the problem children have problem parents.

In 16 families where the adjustment of the children is not recorded, 15 record personality and or relationship
problems of one or both parents. It is known that social pathology tends to perpetuate itself. Beverley Ayres reports that in 77 per cent of the St. Paul Project Families, the parents of either or both the men and women were known to social agencies and not all the 100 families or their forebears had longtime residence in Minnesota. "Vulnerability to problems is passed through social inheritance from one generation to the next. We are not talking here of inheritance through the genes but of the emotional and social climate in a home and the effect this has on children learning to be socially responsible."1

Housing

It is generally conceded that bad housing -- inadequate, run-down, overcrowded dwellings aggravate a family's problems. Blighted housing areas may spread and reinforce pathological tendencies. Poor housing is a recognized factor in producing illness, low morale, and both relationship and behaviour problems.2 Hundreds of studies have attested to this. It would have been necessary to interview each family in this study to secure details of their housing situation.

1 Ayres, Beverley, Analysis of Central Registration Bureau Data on 100 Family Centered Project Families, Family Centered Project, St. Paul, Minnesota, 1957.

2 Blighted housing can create a "harvest of social burdens and costs". This amongst other things is brought out by Dr. Marsh in Rebuilding a Neighbourhood, Research Publication No. 1, University of British Columbia, 1950, pp. 23-32.
Instead, if records, at any time, comment on the quality of houskeeping, it is tabulated, to find some indication of home interest and standards of care. The results reveal mention of housekeeping as good in 20 cases, as fair in nine, and as poor in seven. In the other 14 records the standards are not evident. The St. Paul Study states "that multi-problem families as a group are not, as often assumed, people living under conditions of abominable filth and physical neglect". Forty-five per cent of F.C.P. families had fairly adequate housing, 15 per cent lived in substandard housing. Some mothers were excellent housekeepers. One concludes that the study families' marginal incomes would create housing problems, especially limiting facilities. However the picture of housekeeping standards could suggest that in over half the families, as in the St. Paul Study, the housing problems have not been seriously debilitating.

The composite picture of pathology in regard to parents can now be drawn. It is grave.

Parents in the fifty families are faced with multiple problems on the average of 5.5 per family, not including problems of the children. In nearly 40 per cent of the cases little information is available about the children.

1 Geismar, L. L. and Beverly Ayres, Patterns of Change in Problem Families, Family Centered Project, St. Paul, Minnesota, 1959. (A Study of Social Functioning and Movement in 150 Closed Cases.)
Table 10. **Items of Social Pathology Revealed by Case Records**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Number of Families</th>
<th>Incidence Rate of Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic problem</td>
<td>50</td>
<td>18</td>
</tr>
<tr>
<td>Marital problem</td>
<td>39</td>
<td>14</td>
</tr>
<tr>
<td>Broken home</td>
<td>35</td>
<td>12.6</td>
</tr>
<tr>
<td>Unstable status</td>
<td>33</td>
<td>11.9</td>
</tr>
<tr>
<td>Serious health problem</td>
<td>23</td>
<td>8.3</td>
</tr>
<tr>
<td>Illegitimacy</td>
<td>16</td>
<td>5.8</td>
</tr>
<tr>
<td>Problem drinking</td>
<td>16</td>
<td>5.8</td>
</tr>
<tr>
<td>Frequent moves or poor care of home</td>
<td>16</td>
<td>5.8</td>
</tr>
<tr>
<td>Inadequate care of children</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Promiscuity suspected</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td>Adult crime resulting in jail sentence</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td>Psychosis diagnosed</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td>Drug addiction</td>
<td>4</td>
<td>1.4</td>
</tr>
<tr>
<td>Serious mental defect diagnosed or evident</td>
<td>4</td>
<td>1.4</td>
</tr>
<tr>
<td>Suicides</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Total disorders</strong></td>
<td><strong>277</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Rehabilitative Potentialities

This study's findings indicate some serious health problems and many social disorders in the picture of the
married men at home. Fathers in the cases of the fifteen married couples as at November, 1959, possess varying degrees of physical and emotional incapacity, accounting for their being designated inadequate, as providers. Six of the fathers have serious health problems including heart disability, muscular dystrophy, tuberculosis and mental illness necessitating periodic hospitalization. Five fathers have less disabling health conditions such as partial blindness, minor heart disorders, and accident mishaps. One of the men, due to accidents, has been on Workmen's Compensation seven times. This group of five, all possess social maladjustment problems, in addition. Eleven of the fifteen fathers have personality or behaviour disorders, such as heavy drinking, periodic family desertion, and poor work incentive. Three have been in jail for various offences including: theft, forgery, drug traffic, and teaching children to steal. Eleven of the fathers are unskilled labourers. The three part-Indians, mentioned earlier, are in this group. Only one of the men has a notably good work history and might be deemed able to provide for his family again if his tuberculosis condition improves.

Beverly Ayres' analysis of 35 families (with an average of four children) completely dependent on public assistance, in the St. Paul Project, revealed: seven cases where both parents are in the home, but the father unable to work because of physical or emotional handicap; and 28 families, where the mother is the only parent in the home. During the
treatment years, none of the men secured work. Among the other 28 families economic status was improved in ten cases by remarriage of woman, support secured from absent husband, family reunion, and older children helping. In only one of these cases, where the husband returned home and secured full-time work, plus veteran's pension, did the family become completely self-supporting. In no case did the mothers go to work. It was concluded that "the best hope of rehabilitation in such cases was the addition of a man to the home".  

The high correlation between economic dependency and incomplete family structure is understandable. How much rehabilitation can be anticipated when only one parent is in the home? How much can be expected from these married couples? Because of the serious physical and personality handicaps of the fathers and the majority of fatherless homes, particular attention must be directed to the characteristics of the mothers. Have they the requisite strengths to move toward economic rehabilitation or to promote the welfare and independence of their children?

What chances of economic rehabilitation have the sample families with only the mothers present? An attempt will be made to answer this question in terms first of whether

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1 Taken from unpublished manuscript, Economic Dependency and Problem Families: Can it be Reduced, by permission of the author, Ayres, Beverly.
the mother should or could take full or part time employment. Possibilities of income, from children, or income from other social aid programs, or addition of income from men, will not be estimated as there is insufficient evidence in relation to availability of such sources.

As primary consideration should be given to the care of the children, it has been arbitrarily decided that the mothers have a full time job if they have more than two children in the home. Twenty-one of the mothers have only two children. Nineteen will be studied as in two of these the fathers are in the home and variable related problems exist.

Seven of the 19 mothers have serious physical problems, including mental illness, spinal deformity, advanced tuberculosis and defective mentality. One of the mothers, age 47, is described as hostile, with bad nerves, resentful of questions and possibly having a boy friend. It is not likely that she would respond to the encouragement to work.

Of the 11 remaining mothers in this group, as at November, 1959, all might be considered for employment. They present no serious personality problems and have no current serious relationship problems with husbands, as seven are widowed, three are deserted and one is unmarried. If health problems are mentioned, they are acute or amenable to treatment, such as bronchitis, varicose veins, etc. Their age range is from 30 - 51, with the majority being in their
thirties. Nine have been gainfully employed in the past as domestics, chambermaids, waitresses, in factories or as clerks. Their education ranges from Grade IV to XI plus commercial training. In three of the families both children are in their teens and only two have a pre-school child. If incentive to work can be stimulated in these eleven cases of long-term dependency, it is reasonable to forecast that the mothers could become employed. As the majority are unskilled, they would have limited earning capacity. If the cost of the care of the children while they work must be considered, only partial employment while the children are young, might be feasible. A detailed study including a picture of the children and initiative of the mothers might indicate that the estimate of full or partial economic rehabilitation in 22 per cent of the cases is too optimistic. Nevertheless an obligation exists to devote concerted effort toward the rehabilitation of this group of eleven.

Future Outlook for the Children

The extreme degree of pathology in the majority of the sample families makes valid the conclusion that many of the children have a negligible chance of growing up to be normal, healthy, useful adults. It emphasizes the need for increased particularization of their needs so that appropriate measures may be taken to help assure their well-being and the well-being of future generations. The pathology and confusion of behaviour of the parents resembles, too closely for
complacency, the picture of the parents in .... "Character Disorders of Parents of Delinquents".

Composite Picture

Are the 50 C.S.S.D. families sufficiently similar to disorganized families of other studies to suggest that their findings are valid for Vancouver application? Dr. Kermit T. Wiltse puts forward some common characteristics of the hard-core family in his article "The Hopeless Family". He sees the "hopeless" family as one controlled by, rather than controlling of, events. He describes them as regularly or intermittently dependent financially, the greatest number being known in their "purest" form, to public welfare departments. "Typically, if there is a father in the home, he is unskilled occupationally, limited educationally, and has a history of various accidents or undefined physical problems that excuse but do not explain his poor employment record. The mother is likely to have a history of unwanted pregnancies, in or out of marriage, is subject to various intermittent, undefined illnesses that strike at most inconvenient times. The most pervasive characteristic is that of being a family which just seems to have an affinity for trouble, yet nothing very extreme or clear-cut." Dr. Wiltse submits that anti-social behaviour, mental illness or physical illness may be present "but there is no one major problem that offers a key point of attack in helping the family .... It is rather a
pervasive quality of social difficulties in many phases of family functioning....".¹

The facts so far assembled, though incomplete, certainly suggest that the fifty chronically dependent C.S.S.D. families resemble Dr. Wiltse's financially dependent group, beset by difficulties in many phases of family functioning. If anything a more serious degree of social pathology is indicated. The parents, it may be noted, are predominately of employable age but mostly of low educational and occupational status. Less than half of the sample families are hampered by definable illnesses, but glaring disorders, behaviour, personality and relationship beset nearly all. In this respect they are akin to the "Families in Trouble" of the St. Paul Project. There is a noticeable exception. The latter case selection included only those families whose children were known to be in danger on the basis of evidence of neglect or court records. Unfortunately too little is known of the children in the present example: Nevertheless there is evidence that serious risk to their welfare exists.

Some hope of economic rehabilitation seems currently predictable for a small percentage of the families. On the whole, their life is threatened by a combination of major problems of long term dependency, ill health and

maladjustment. In effect, the majority of the homes are "broken" in most cases by reason of social problems of the parents. Social maladjustment appears as a primary cause of their economic dependency. Have they had access to the services they need? What assistance would be required to meet their basic needs, to promote their rehabilitation, and to prevent the destruction of the individual members, particularly the children? This is the second part of the present enquiry.
CHAPTER III

AGENCY SERVICES AND THE QUESTION OF COORDINATION

An agency's services must be designed to meet the particular needs of its "elected" clientele. Because of the complexity of the problems of the hard-core families, no one agency is likely to be equipped to serve them completely. The City Social Service Department is the major bureau, in Vancouver, set up to assist the economically dependent whose basic necessities are not met by social security programs. The preceding review indicates that it will need to be especially concerned with the families' general problems of destitution, ill-health, and social maladjustment. Services provided to the families will be studied against the background of the agency's expressed aims and functions. An estimate of the therapeutic results will also take into consideration; (a) the other health and welfare agencies which have known the sample group; (b) the question of coordination of services. At the outset it should be emphasized that grave social disorders of the parents mitigate the chances of their becoming self-sufficient and seriously threaten the well-being of their children.

Aims of the City Social Service Department

The aims of the C.S.S.D. are similar to those of
the Provincial Department of Social Welfare as defined in
the report for the year ending March 31, 1951; "Granting of
financial assistance and case work service for individuals
and families in order to alleviate or resolve problems of
personality and or relationship, apart from economic problems,
so that they may live happier and more satisfying lives and
fulfill their maximum potential as citizens". A C.S.S.D.
brochure describes the agency's eligibility requirements and
services specifically related to provision of: Social
Allowance; Old Age Assistance; Old Age Security Supplementary
Allowance; Disabled Persons Allowance; Blind Pensions
Allowance; Medical Services; Dental Services; Boarding and
Nursing Home Care; Nutritional Housekeeping and Counselling Aid.
In reference to the latter, the brochure states: "It is
the goal of the C.S.S.D. to assist needy citizens, through
individualized service, to use resources within themselves
and the community to achieve the greatest possible measure
of self-dependence".

Bradley Buell describes the typical social
assistance agency functions as: "determination of need;
investigation of eligibility; provision of money maintenance;
professional discipline to diagnose problems of personality
and family relationships and to meet them skilfully, assisting
people to make the most satisfactory adjustment possible
within their circumstances and capacities".¹ He emphasizes

¹ Buell, Community Planning for Human Services, p. 95.
that social case work more than any other service is essential
to help families with their numerous and complex problems.
It is the service designed especially to assist persons with
behaviour and adjustment disorders. It is obviously the
service most generally needed by the families, in this study,
whose personal and relationship difficulties prove major
deterrents to their rehabilitation.

The City Social Service Department is well aware of
the necessity to focus on rehabilitation and to aim for pre­
vention and reduction of dependency through provision of
social case work services. It further recognizes that case­
loads are too large, to permit time, for skilled case work.
In November, 1959, the average caseload, of so-called "Social
Service" (Social Assistance) cases, was 135, in South District.
A separate classification of cases, of Old Age Assistance,
Insurance supplementation, and other categories, previously
mentioned, made it possible to keep the figure down to this
level. Caseloads, in the other categories, rose to approxi­
mately 1500. The St. Paul F.C.B. limited caseloads to 20
families. Bradley Buell suggests a load of from 30 - 40
for skilled service. The Minnesota Public Welfare Admini­
stration experimentation project kept caseloads to 30 families.
As many of the families will require weekly contacts and
often other agencies should be consulted on their behalf,
over 30 multi-problem cases would likely pose case management
problems. An interview of approximately sixty minutes is
considered an optimum period to produce meaningful results. Five office interviews, in a seven hour day, is a full interview program. As these hard-to-reach families will also require home visits, time must be allowed for transportation, reducing the daily interview expectation. Allowing over 50 per cent of a case worker's time for interviewing is perhaps too high a goal. Charlotte E. Cornwall, in a study (1956) on the use of professional time submits that most agencies find that consultations, conferences, meetings, recording and statistics consume a disproportionate amount of the working hours, ranging up to 70 per cent.¹

It is widely recognized that economy and effectiveness in welfare administration require a coordinated approach and trained personnel. Bradley Buell claims that local welfare departments generally employ few trained personnel and that these few are mainly in supervisory positions. The C.S.S.D. South District in November, 1959, had five social case workers for the "Social Services" cases: one holds a M.S.W. degree; one has a B.S.W.; one has a B.A. plus In-Service Training; one is a registered nurse with In-Service Training; and one is regarded as a competent untrained social worker with thirty years experience. In common with other public assistance agencies the C.S.S.D. would admit that it has too little time

for special coordination of services for the seriously disorganized families; i.e., for planning, organizing, studying, identifying, classifying, and evaluation.

**The Possibility of Help**

Because of the long existing dependency patterns and social disorders of the parents, constructive services must be provided consistently over a lengthy period, if the multi-problem family is to attain any degree of rehabilitation. The S. Family (described in what follows) is a noteworthy example, one in which the public agency's counselling and material services resulted in substantial improvement in the family's circumstances. It is an exceptional record of assistance, as might be anticipated from knowledge of the heavy case loads. The family picture reveals better than average mothering, educational and vocational advantages. Otherwise it is characteristic of the group.

As at November, 1959, the S. family consisted of Mrs. S., aged 38, Peter, aged 14, and Margaret, aged 13. Mr. S. had died in 1954, at the age of 55. The parents had come to B. C., as adults, the father from his birthplace, Poland, and the mother from Manitoba. Their marriage took place in 1946. Peter, then a year old, is the illegitimate child of Mrs. S. Separation of the parents occurred in 1950.

Mrs. S. had been referred for social assistance by the V.O.N., in 1951, as she had t.b., the two pre-school
children and Mr. S. had ceased to support the family. Although Mrs. S. had Grade XI education, due to poor health, she had worked only spasmodically, prior to her marriage, in factories and at housework. She is described as attractive, a good manager, and a fair housekeeper. She took excellent care of the children and had a good relationship with them. Leisure time activities such as Brownies and Scouts were family arrangements with Mrs. S. participating on the occasions, when parents could be included.

The marriage had never been compatible from the standpoint of either parent. Mr. S. said Mrs. S. proposed to him to secure a name for her illegitimate child. Mrs. S. described Mr. S. as uneducated, uncouth, bad tempered and cruel, especially, when under the influence of alcohol. After their separation, contacts between the father and his family persisted in being full of friction, particularly when he had been drinking. Mr. S. had a regular work record as a painter until he suffered injuries, in an automobile accident, in 1950. The separation followed shortly after the accident. His subsequent death in 1954, resulted from a heart attack.

Peter and Margaret are presented as well-behaved, physically healthy children who make good progress in school. Peter is however also described as withdrawn. The children had stayed with relatives, during Mrs. S.'s two years in hospital, from 1951 - 1953.
The C.S.S.D. gave social case work services -- counselling regarding the danger of involving the children in the marital struggles, help to make the best use of health, recreational and educational resources. Referrals were made to Family Court for maintenance, and to camps. Contacts, with school, public health nurses, hospital, and a lawyer (about the estate settlement) are recorded. Services included, arrangements for children to receive dental care and for a special rehabilitation grant, to enable Mrs. S. to take a commercial course, in 1959. Regular contacts with the family and a good relationship with the agency, through the services of the case worker, are particularly noted.

As a result of social case work and coordination of services, Mrs. S.'s health is greatly improved and she is working toward economic rehabilitation. The death of Mr. S. alleviated the family disturbances, caused by the marital discord, and by Mr. S.'s personality disorders. Peter might need direct counselling. Would careful diagnosis reveal that he is unduly withdrawn as a result of the turmoil in the home during his early formative years?

Especial note should be made of the S. family's good relationship with the organizations helping them. Social case workers know, from experience, that a person's capacity to establish satisfying relationships is a hopeful indication in respect to their treatment outlook. It is no surprise
that the St. Paul F.C.P. found that a positive attitude toward
the agency and other community resources, together with good
standards, and favourable marital relationship, were factors
most directly related to positive outcome.¹

General Services

Dynamic diagnosis and treatment and specialized
services must be available to the multi-problem family. The
marshalling of the specialized resources is an integral part
of the social case work process. Financial aid and services
to meet health needs are found to be predominately available
to the fifty families. Obviously all receive financial
assistance. The amount is related to size of family and to
other income and, on occasion, to special needs, such as in
illness, when housekeeping services or special diets are
recommended. A few of the men who are diagnosed as permanently
handicapped, physically, receive federal disability allowances.
The majority with serious health problems are not covered by
general security provisions. The meagre public assistance
allowances are known to have created problems. Maureen Evans'
study of social assistance families made in 1953, describes
the strains of "Living on a Marginal Budget".² Her survey,
revealed that incomes were low for provision of "basic

¹ Geismar and Ayres, Families in Trouble, p. 97.
² Evans, M. E., Living on a Marginal Budget, Master of
Social Work thesis, University of British Columbia, 1953,
p. 122.
necessities" and included no money for clothing, furniture, hobbies, sports, recreation or cultural pursuits. She found that the C.S.S.D. families in her sample had two conceptions of their workers. The worker were regarded either as investigators, or as a means of securing extra material help with such things as clothing, increased allowances -- "something to eke out inadequate allowances". Miss Evans suggests that the necessity for seeing that strict eligibility requirements are met accounts for the persistence of the "investigation" idea; but also, considering the large case loads, it leaves little time for discussion of other problems.

Bradley Buell states that "the difficulty in fixing the level of aid sufficient to provide health and well being remains and probably will continue to remain a basic problem of public welfare".\(^1\) Expert opinion of family needs, at any given time, must be reconciled with current public opinion of permissible standards and with public finance. All three elements are subject to change at variable rates. It is obvious that if a family's energy must be used to the utmost to secure basic necessities for survival, such effort can become an end in itself. The C.S.S.D. realizes that assistance is insufficient and is working toward securing increases with the Government authorities concerned. See Appendix A for comparative allowances of November, 1959, when the study

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\(^1\) Buell, *Community Planning for Human Services*, p. 96.
began, and April 1, 1960.

Case workers occasionally used other sources for supplementary clothing and financial aid, such as the Red Cross Society, Army Benevolent Fund, Churches, and Christmas Cheer organizations. Nevertheless the records of such referrals are few, including in all, 11 families, or 22 per cent. Twenty-six families were referred to Family Court to secure support orders. Services in regard to health needs are provided for the largest percentage of the families. Twenty-nine, or 58 per cent, received health services, either through C.S.S.D. or by C.S.S.D. referral to specialized agencies. Other services included referrals for camp or other recreational opportunities, for 28 per cent of the families; referrals for legal aid, for 16 per cent; consultation with schools on behalf of children of seven families, or 14 per cent, and vocational training opportunities offered for individuals of two families, or four per cent.

Only seven of the fifty families received case work counselling in relation to special problems other than health, education, recreation, or economic. If at any time during the entire C.S.S.D. contact, mention is made of C.S.S.D. case worker's help with behaviour or relationship difficulties, it is tabulated and included in this figure; i.e., 15 per cent of the families received such service. It will be recalled that 88 per cent had serious marital and personality disorders.
There is little doubt that this is a minimum picture of the services rendered, as large case loads, and limited time of the workers, would affect the recording of all remedial efforts. It is however consistent with the findings of M. E. Evans' detailed study of 12 C.S.S.D. families, as indicated by their aforementioned conception of their case workers, as "investigators", and "sources of financial aid".

Results

Results of the services in terms of family movement toward rehabilitation are negligible. The analysis of employment possibilities in the preceding chapter, indicated that promising outcome for a small percentage of the group might be anticipated. Three families only show steady gains in overcoming their multiple difficulties. All three are included in the seven families given special case work counselling by C.S.S.D. case workers. The other 47, as at November, 1959, continue to present a picture of chronicity of problems. They are urgently in need of counselling in relation to one or more of the following: marital problems, personality disorders, care and protection of children and economic dependency. Comments of the case workers are significant: "It is wondered how children can come out of this home with normal reactions to others". No case work counselling is recorded in this case. Another records, that a child, aged 14, is kept out of school to look after younger children of an alcoholic mother.
"What is happening to the children?" is repeatedly an unanswered question, and is a matter for special concern in such cases as the following: where both parents are drug addicts; where father is a sex pervert; where both parents have been in mental institutions. Serious behaviour problems of the children suddenly emerge without previous indication of any trouble; e.g., in cases of unexpected reports that two boys have been committed to the Boys' Industrial School or that a young teen-ager has become an unmarried mother. Marriages are said to be deteriorating or fathers are recorded as being in and out of the home because of marital friction; in most instances, without any counselling have been available from either C.S.S.D. or other agencies. One client who appeared reluctant to accept public aid, at the time of application, is recorded later as showing "increasing resistance to becoming independent".

This sort of picture should be studied, not only for gaps in services directed to rehabilitation, but also from the standpoint of prevention and control. It should be weighed again and again in relation to scientific findings. Bradley Buell says that facts from certain cities which have kept a social breakdown index for a number of years gave evidence that 40 - 50 per cent of those persons with behaviour disorders come from families with previous record of social pathology.\(^1\) It should be weighed in terms of all community

\(^1\) Buell, *Community Planning for Human Services*, p. 266.
health and welfare agencies.

**Incidence and Type of Agency Registrations**

Some important clues, for both agency and community planning of services for rehabilitation of the chronically dependent, should emerge, from a review of the nature and number of community agencies, to which the families of the study have been known. It is assumed that multi-problem families will receive multiple agency service. Many community agencies have been interested in the sample group and their distressing situations remain. Although important, the evidence of a history of pathology, in backgrounds of the parents, is not being reviewed. It will be recalled that at least 68 per cent of the parents are from outside of British Columbia. In many instances, any index of registrations of former generations, would be in other provinces or countries. It is assumed that the parents' pattern of earlier pathology would be similar to that of parents in other studies of multi-problem families, as described by Eileen Younghusband, Bradley Buell, and in Beverly Ayres' relatively recent, *Analysis of Central Registration Bureau Data on 100 Family Centered Project Families*. In Miss Ayres' review, of the 100 families as previously noted, parents of either or both the man and the woman, were found to be known to social agencies in 77 cases. Miss Ayres adds, "This is particularly significant as not all of the 100 families or their forebears
have been longtime residents in Minnesota.\textsuperscript{1} There is little or no doubt about the dangers of self-perpetuating pathology in relation to the multi-problem family.

Only one registration per agency is counted, as all agencies do not register each re-opening. It should be noted that the C.S.S.D. discontinued registering in the S.S.I. June 26, 1951, considering that the value was questionable and that it could be regarded as a breach of confidentiality. Registrations are counted if they have occurred at any time in the adult history of the parents.

Table 11. Total Number of Different Agency Registrations

<table>
<thead>
<tr>
<th>Different Agency Registrations</th>
<th>Number of Families</th>
<th>Total (Other Agency Registration)</th>
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</thead>
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<td>11</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
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</tr>
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</tr>
<tr>
<td>2</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>50</strong></td>
<td><strong>170</strong></td>
</tr>
</tbody>
</table>

One registration should be added for all families known to the C.S.S.D., making a total of 220 registrations,

\textsuperscript{1} Ayres, Analysis of Central Registration Bureau Data on 100 Family Centered Project Families, p. 5.
or an average of at least 4 or 5 per family. One family has been assisted by twelve different agencies, including C.S.S.D. Only four families were known only to C.S.S.D. The St. Paul Project Study of 100 families found that the average number of agencies registered as having given services for each family, was 9 - 10, and the range was from 2 to 19. This record may appear favourable in some ways. However much more detail would be required to evaluate the picture. Some local agencies have a selective registration policy. It would be useful to know whether any of the sample families were known to such agencies but not recorded in the Social Service Index. For example only nine families are registered by the Metropolitan Health Committee. Yet it is highly probable that the M.H.C. nurses have visited and offered a range of counselling services to more of the group. Also one might ask if all the specialized services needed have been made available to the families.

Significant correlation between the number of agency registrations and the average number of identified problems per family could not be drawn. The five families whose registrations averaged the highest, 8.1, had an average of 5.3 problems. The four families with only C.S.S.D. records had problems averaging 5.5 A suicide had occurred in each group. The St. Paul F.C.P. found that the length of time a

1 Ayres, Analysis of Central Registration Bureau Data on 100 Family Centered Project Families, p. 8.
family had been registered with social agencies, as well as the number of different agencies registered, related closely to the amount of individual problem behaviour found per family. Early registration after marriage and registration of grandparents also proved significant.¹

It is important to know whether the other agencies interested are predominately health or social services, as this may offer some guide toward integrated planning. Approximately 75 per cent of the registrations were made by social welfare agencies, with 70 per cent offering social case work, as one of their basic services.

Table 12. Specific Agency Registration and Families Served

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of Families Registered</th>
<th>Per Cent by Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Assistance</td>
<td>50</td>
<td>22.7</td>
</tr>
<tr>
<td>(C.S.S.D.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Welfare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children's Aid Society</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Catholic Children's Aid Society</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Provincial Child Welfare Division</td>
<td>7</td>
<td>18.6</td>
</tr>
<tr>
<td>Corrections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Howard</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Family Court (25) and Juvenile Court (2)</td>
<td>27</td>
<td>16.8</td>
</tr>
<tr>
<td>Boys' Industrial School</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of Families Registered</th>
<th>Per Cent by Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Service</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Catholic Family Service</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Jewish Family Service</td>
<td>1</td>
<td>12.3</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vancouver General</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Victorian Order</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Metropolitan Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Psychiatric Services</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>T.B. Social Service</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Children's Hospital</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Special Health</td>
<td>3</td>
<td>24.6</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster Day Care Association</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Camp Alexandra</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Y.M.C.A.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Neighborhood House</td>
<td>1</td>
<td>5.0</td>
</tr>
</tbody>
</table>

Total agency registrations on the families 220 100

Percentage of families known to the C.S.S.D. and each of the above groups may not be exclusively obtained by adding the figures, as in some instances the family has been known to more than one agency in the grouping. A specific count revealed that 43 of the 50 families had been known, to at least, one, of the three major social case work groups. Actually 86 per cent of the families were known to the C.S.S.D. as well as to a Child Welfare, Family Service, or Corrections agency. The question arises as to whether
overlapping of case work services existed in this picture. Fifteen families, or 30 per cent, had been known to both a Child Caring Agency and a Family Service Agency, as well as the C.S.S.D. Only nine families, or 18 per cent, had not received assistance from either a Family Service or Children's Aid Society. In one or two cases, by arrangement with C.S.S.D., the Family Service Agency accepted responsibility to provide the case counselling.

Of the total 170 registrations other than C.S.S.D., 58 had been made prior to the family's first application for public assistance. The continuing service picture of these agencies, beyond the case opening at C.S.S.D., is not known and could only be accurately determined through consultation with the individual agencies. About two-thirds registered after the families first became active with the C.S.S.D. It is impressive that, at least 66 per cent had their first social agency contact with C.S.S.D. The St. Paul F.C.P. Central Registration Bureau data indicated "marked" overlapping of services of Financial Assistance, Service to Children, Family Service and Probation Agencies.¹ This statistical review shows that 86 per cent of the fifty families have been served by several case work agencies. The following data on agency contacts also suggests concurrent, multiple-agency interest.

¹ Ayres, Analysis of Central Registration Bureau Data on 100 Family Centered Project Families, p. 9.
The City Social Service contacts with other agencies registered in the Social Service Index on the fifty families numbered 101 or an average of more than two for each family. It will be recalled that other agency registrations totalled 170 or an average of 3.4 per family. If an agency referred a family to C.S.S.D. or the public welfare agency made a referral to another registered agency, it is counted in the 101. For example, 26 of the families were referred to Family Court, to secure support orders against the fathers, accounting for approximately one-quarter of the "other agency" contacts. The majority of the references, to, or from, other agencies, were of this nature, i.e., for a specific service.

The case conference of multiple agencies assisting a family is a valid and necessary method for constructive coordination of knowledge and services. Throughout all the families' histories with the C.S.S.D. a total of six conferences with other agencies are recorded: 3 at Family Court; 2 with Children's Aid Society and one with the Metropolitan Health Committee. The nature of the inter-agency planning at the conferences is not given. One of the six conferences was described by the case worker as "confusing", in relation to the selection of the agencies represented and as to conclusions.

Rehabilitative treatment would undoubtedly have
been enhanced if other agencies had been consulted; for example, when families had been known concurrently to Mental Health Services, Narcotic Foundation, Canadian National Institute for the Blind, and so forth. In one case with five other agency registrations, there is no other agency contact with C.S.S.D. This is the case where it is suddenly recorded that the two boys were sent to Boys' Industrial School and there is no previous knowledge of trouble with them. In the case of the two parents suffering from drug addiction there is no indication that C.A.S. knew. A telephone call had been received from C.A.S. stating that the mother had been refused her request for foster home placement. This is the only recorded contact between the two agencies.

In some instances evidence of client and public confusion in regard to multiple agency interest in the families does occur. One family's physician had been consulted by both C.A.S. and C.S.S.D. concerning the mother in hospital. Incidentally, they appear to have received different discharge dates, confusing the planning for the children's return home. One family actually complained that there were too many agencies visiting them. The importance of a continuing positive relationship sustained by frequent agency contacts with the multi-problem family hardly needs emphasis. It is apparent that when more than one agency serve a family at the same time, there must be planned division of labour, in relation to the persons involved, their needs and problems,
and the agencies' functions, together with a unified family approach.

The preceding picture does not give the total volume of activity between agencies, as only one contact per family, with any one registered agency, is tabulated. As an example, in one case, known to the C.S.S.D. for approximately ten years, more than wo other agency contacts are noted when several with the same agency are included. The agencies numbered seven; Children's Aid Society, Vancouver General Hospital, Metropolitan Health Committee, Juvenile Court, John Howard Society, Child Guidance Clinic and a camp. The observation still remains valid, that the agency contacts are mostly of a referral rather than a consultative nature.

The illustrations from the case histories show the need for much more effective and productive inter-agency relationships. They point clearly to a lack of purposeful, comprehensive and integrated multiple agency planning for the multi-problem family. The local Community Chest and Council Study on Coordination of Services (1958) concluded that in all 46 families reviewed, problems of coordination and cooperation between agencies existed.¹ C.S.S.D. families are not included in the C.C. and C. group.

¹ Community Chest and Councils of Greater Vancouver, A Report and Recommendation of Coordination of Services in the Vancouver Area.
Summary

Review of a variety of "services rendered" reveal that the families' financial and health needs are normally given first consideration. At least marginal assistance is granted to alleviate economic and physical distress. Due to the heavy case loads, it is apparent that case workers have too little time for counselling in relation to problems of social adjustment, and too little time for particularization of the children. In three cases, when counselling proved possible, the families were moving encouragingly toward rehabilitation. This represents six per cent. In most instances the study families remain chronically dependent, despite the attempts on the part of numerous community agencies to assist them. Coordination has not been achieved over the years for these families sampled out as entities. The effects are perhaps most alarming for the children. A tradition of dependency on social agencies could become their inheritance, unless a more constructive approach is undertaken.
CHAPTER IV.

REHABILITATION AND CONTROL: WHAT ARE THE POSSIBILITIES?

It is no simple matter to attempt administrative planning to enable chronically dependent families lead more satisfying lives. An agency's structure, policies, rules and regulations must all be geared to a philosophy and to professional services which are directed to the interests of its particular clientele. Does the examination of the characteristics and needs of a group lifted out of the Vancouver total, and the record of the services they have received suggest an effective approach toward enhancing their social and economic functioning? Does it indicate what measures may be useful for prevention and control of perpetuating patterns of dependency?

First, it must be recognized that this sample presentation is a trial study, dipping into the total area for both qualitative and quantitative evidence. Some of the statistics are certainly incomplete. On the other hand a more qualitative study, which would have entailed family interviewing, would have been much more informative. It is needed to increase knowledge of all aspects of the families' living, recreation and spiritual interests, or lack of them;
housing; attitudes and feelings and, highly important, the quality of the relationships, between parent and child, mother and father, family members and their friends. Early history of the parents would be needed for precise understanding of their personality development and the etiology of their pathological behaviour. Much more knowledge of the 152 children is desired. In addition to their general characteristics, information about their physical care, schooling, etcetera; their capacities and opportunities, should all be considered. Case records from agencies with burdensome case loads could not be expected to contain such comprehensive material. Interviews, in most instances, are too infrequent to foster a therapeutic worker-client relationship through which such meaningful knowledge and understanding of the family may be gained, and improvement in their social functioning may be facilitated. Nevertheless the findings reveal a significant picture of these families in trouble. The troubles are multiple and they are compounded. They comprise economic and health difficulties and an array of personal, marital and social disorders.

Because of the serious family disorganization, it is reasonable to suppose that prevention of the perpetuating patterns of dependency may well rest primarily in "saving the children". Their futures are in jeopardy. One hundred and fifty-two children are concerned in this small sampling alone. The picture of their homes could well apply to the
vast majority of homes of multi-problem families. The findings reveal that many of the children have been subjected to, or are living in deplorably disturbed environments. Data on their family circumstances indicates that:

100 per cent have financial difficulties,
88 per cent have parental discord or seriously maladjusted parents, including alcoholics, drug addicts, mentally disturbed, etc.,
70 per cent have no fathers living with the family or have periodically deserting fathers,
46 per cent of the families have problems of serious ill health,
32 per cent have additional handicaps of illegitimacy.

There are several studies which suggest that the seriously disorganized multi-problem families provide a disproportionate number of children who are juvenile delinquents. One hundred and eleven of these sample children are still in their highly formative years. The outlook for many of them must be deemed endangered, and the dangers should be multiplied to include other children of the community who are most certainly in similar circumstances unless -- a concerned community, the professions, and the agencies involved take planned action on
their behalf. The children may then benefit even if the parents can make but little progress.

Social and economic rehabilitation of the parents is somewhat less than hopeful, but there is evidence that some improvement in their conditions may be anticipated and that special attention is required to prevent further family deterioration. The preponderance of broken homes and the emotional and physical handicaps of the fathers in the homes, affect adversely the families' chances of becoming self-maintaining. On the other hand, some of the mothers possess good potentialities for improving the family's circumstances. A few families, given case work counselling and appropriate environmental services are moving toward rehabilitation. The majority remain chronically dependent. The findings suggest that crippling personal and social disorders rather than lack of work opportunities are at the root of their dependency.

Are there basic factors at work?

There is much evidence in the survey to support the general considerations about the lack of successful rehabilitation of the chronically dependent, in the past. Three major explanations may be discerned in:

(a) The extreme degree of pathology and dependency of many of the parents.

(b) Agency pressures and shortages resulting in lack of implementation of modern social work theory and practice.
(c) The lack of coordinated community planning.

Parents with Extreme Degree of Pathology and Dependency

Much more information is required about the nature of the pathology and dependency of the parents for diagnosis and treatment and community planning. For example, many studies attest to the fact that fatherless homes are a most likely cause of family dependency. The findings of this survey show that 70 per cent of the homes are broken, yet less than one-quarter of these have lost fathers due to death; the other 42 per cent lack the male head of the house because of social reasons. One father is in jail, the others left home. It would be most helpful, with prevention in mind, to know why? Were the fathers overwhelmed by a constellation of difficulties, unemployment, marital discord, personality disorders, ill health? Did they leave believing it would make it easier for the families to secure public support? Or did a basic lack of strength to meet adult responsibilities -- those of husband, parent, breadwinner, etcetera, -- give rise to the difficulties? Could these family relationships have been protected, for husband and wife, for the children, and in the interests of the community? Family break-down is costly to all. It is highly important to identify the families who need help before it is too late. The high incidence of broken families is a most impressive factor in the chronic dependency of the sample families. It is also typical of the economically dependent of other studies.
Is there a suggestion of a common cause of the troubles of the multi-problem families, the families described as "having begging tendencies" in the 1930's, "the unwilling cases" which were closed in the 1940's? Over 80 per cent of the C.S.S.D. families, in this study, have experienced social breakdown due to inability to meet and adjust to life's situations and they are chronically dependent on social agencies. It is known that everyone has an endurance level and if pressed beyond a certain degree must regress to a dependent state. Such hazards as unemployment, severe illness, or death of the breadwinner, may cause any family to have financial and emotional difficulties. It is the persistence of the dependency of this hard-core group which suggests that they may lack the "power of purposeful action". This power depends upon strength of personality derived, primarily in childhood, through identification with adequate parental figures. Did the families with "chronic begging tendencies" need to be dependent, to gain basic emotional satisfactions, because the mothers and fathers had been emotionally deprived as children? Did many of the "unwilling cases" lack the capacity to respond to social case work which emphasized their self determination to the extent that they had to maintain office contacts? How many of the chronically dependent have character disorders? It is true that the St. Paul Study found that less than 10 per cent of the 150 families served
by the F.C.P. had diagnosed psychosis or character disorders.¹ Was there an undiagnosed group? Beatrice Reiner and Irving Kaufman make a diagnostic assumption which multiple agencies might profitably consider: "It is perhaps safe to say that whenever two or more agencies disagree strongly about responsibility for a case, the client probably has a character disorder."² Eighteen per cent of the C.S.S.D. sample families have diagnosed mental disorders and it is suspected, from the serious picture of pathology, that many more have character disorders. By character is understood a person's customary mode of behaviour. Persons with character disorders have strong impulses and weak capacity to contain their behaviour. They are considered to have lacked identification with adequate parental figures from whom they might have gained both ideals and restraints. Further study of the personality development and background of the parents is indicated to determine the accuracy of this predication. The theory would help explain the resistive hard-core aspect of the residual load of multi-problem cases. It is submitted that many of them are dependent on social agencies because they require care and protection to meet unsatisfied basic needs of life. They require emotional support, as well as material aid, for strength to cope with life's demands. If the diagnosis is valid, it calls for a special case work relationship, with


the social worker assuming the function of a wise parent.

**Parental Function of the Social Worker**

Kermit I. Wiltse stresses the importance of the "parental responsibility" in working with "the Hopeless Family" discussed earlier. Encompassed in this concept he sees the function of the social worker as follows:

1. To give consistent warmth of feeling and concern for each person, in other words, to love.
2. To offer oneself as an ego ideal.
3. To teach by precept and example.
4. To supervise and set limits.
5. To join actively with the family in seeking opportunity for improvement of the family's welfare, social status, and opportunities for the members to exploit their talents toward the same end.

This is not a new approach yet it should be re-emphasized because social workers are sometimes confused or in conflict about the appropriate use of supportive authority. In 1922, Mary E. Richmond stressed that social workers will have to make decisions affecting the lives of

---

others, "Under any social order yet conceived of". In recent years its effectiveness has been especially demonstrated by the St. Paul Project staff, in helping the seriously troubled families in the F.C.P. "We have learned to see authority as social responsibility in action". Many multi-problem families can undoubtedly benefit from this wise-parent approach. Through the process of identification with the social case worker, who combines warmth and understanding, with "supportive authority", they may be helped to acquire a sense of self-worth and strength, and realistic expectations of themselves and their future goals. By such means, they may be enabled to build their capacities for self-direction and self-reliance. It is obvious that the use of this approach must be related to careful diagnosis, e.g., all parents in families with multiple problems do not require "supervision and limit setting".

It is not the purpose of this study to elaborate on social diagnosis or treatment. Social work journals and texts in the last few years have provided much useful material on social case work with a focus on multi-problem families. The Case Work Notebook, of the F.C.P. of St. Paul, may well become the classical reference. Its highly applicable diagnostic guide, "The Family Profile", is reproduced in full in


2 Overton, Alice, Tinker, Katherine H., and Associates, Casework Notebook, Family Centered Project, St. Paul, Minnesota, 1957. (A Reporting and Description of Casework Techniques and Experience in the Project.)
Appendix B. Understanding the family's social functioning is its special emphasis. More details of the developmental history and family relationships of the parents would be required to determine the psychodynamics of the individual members. However, it is recognized that drastic personality change of the parents is not a realistic goal with most multi-problem families, particularly if they have character disorders. Rather, "the emphasis must be on improvement in social functioning through better self-management". ¹ It is re-emphasized that treatment must be based upon sound prognosis which entails continuous study and increased understanding of; the effect of stress situations on the carrying out of social roles; family interaction; social and group inter-relationships, the dynamics of human behaviour, and the reciprocal influences between the family and their physical and cultural environment. Social case work, which makes use of a therapeutic relationship, material goods and all appropriate community services, is a most necessary remedial resource for the rehabilitation of these families, but it is not the only element required.

Community and Agency Planning Toward Rehabilitation

Sound community planning is necessary if (a) there is to be improvement in the social conditions which play a

part in creating pathology and (b) if effective community services are to be provided. An alert and informed public must be concerned with improving housing, private and public welfare standards including budgetary standards, with providing better resources for health care, recreational, vocational and educational opportunities and so forth. The importance of considering the relationship between the family and social phenomena is a recurring theme in this study. It is repeated because the nature and impact of the one upon the other is sometimes not sufficiently considered, especially if the focus is upon psychological factors. Necessary too, is continuous interpretation to the community to promote social conditions which will strengthen and protect family life. Nothing short of general community planning and action, which is regarded as a priority need in Vancouver, will help reduce serious family pathology and the incidence of juvenile delinquency for which it may be responsible. The many health and welfare agencies concerned, will need to play strategic parts.

The social assistance agency, by nature of its functions has a most significant role, in the network of community agencies. What do the findings indicate of possible future directions? Considering the background of public assistance, it is understandable that the C.S.S.D. has had to concentrate on the development and implementation of large scale security measures. It has promoted increases in economic
aid for its clientele, demonstrating an understanding and sympathetic attitude toward them. The improvement in the standard of assistance also reflects a favourable climate in the community, whose social concern is most clearly expressed in the expanded social legislation. A change from judgmental attitudes toward the "poor and needy" of the 1930's is evident. C.S.S.D. programs are expansive. Its many functions are consistent with other good public assistance agencies. The educational qualifications of the South District staff compare favourably with staffs of similar departments. As one case presentation has illustrated, a case work service can be effectively provided in this setting. But this case so far, is an exception. The findings reveal that services must be directed, for the most part, toward determining eligibility and then alleviating pressing economic and health problems. There is a lag in the level of social case work practice; the need to take into consideration modern psychological information and knowledge of "social functioning" and to offer skilled services to promote the personality growth of the agency's clientele, to enable them to become more self-sufficient. Public agencies are now in a favourable position, with knowledge and understanding attitudes to concentrate on administrative planning which will result in discovery and lessening of the numbers of chronically ill. ¹ Administrative

¹ This belief can be held (1961) despite recognition that loads have increased due to recent recession and an increasingly industrialized economy. How many of the new recipients are potentially the multi-problem families of the future?
reorientation can lead the way toward a new major emphasis in public welfare; an emphasis on "problem solving" rather than on "eligibility determination".

Because both treatment and administrative tasks have their roots in common philosophy, it is pertinent to review social work articles of faith, which should permeate all planning and execution of welfare measures. Leonard Mayo expressed them succinctly in his article, "Basic Issues of Social Work," as "concern for people; respect for the dignity, integrity and rights of individuals; abhorrence of injustice as one of the greatest foes of freedom; responsibility to speak and act with respect to causes as well as results of social maladjustment; major concern, not only for prevention, restoration and rehabilitation, but for helping to create relationships, homes, neighborhoods, and nations, in which human beings may live out their lives and develop their full potentialities as free people".¹ These beliefs are necessary to all good administrative planning. They should especially pervade all work with the socially inadequate. Their rights and responsibilities must constantly be remembered and these tenets can be so easily ignored when clients' incapacities are so impressive. It is believed that in a person's use of self-determination rests his dignity. Furthermore acceptance of responsibility entails self-support

¹ Mayo, Proceedings of the National Conference of Social Work.
when this is within his power, Such a belief is strongly expressed by one of the ablest exponents of "common human needs", -- Charlotte Towle; "Demoralization and disintegration of the individual are prevented in part through opportunity to work and to take one's place in the community."¹ First, what are the remedies toward this preventive care which may be gained from the experiences of other communities?

Relevant Contemporary Studies and Experiences

It is recognized that one community cannot copy, in total, the social measures of other communities, with likelihood of full success. Different stages of development of agencies, and differing community awareness, local traditions, and the variable nature and concentration of client difficulties, make individualization of programs a necessity. Nevertheless, other studies and projects of multi-problem families, offer valuable knowledge and applicable solutions. In the United States Bradley Buell's text has been the classical guide for community planning for the multi-problem family.

Community Planning for Human Services. Bradley Buell and his Associates in this survey, stress the great need for a community pattern for prevention and reduction of

underlying disabilities of the multi-problem family. They recommend the development of five procedures:

1. continuous identification of the families including systematic recording of data.
2. integrated diagnosis of the whole family situation.
3. prognostic classification in terms of rehabilitative potentiality.
4. continuity of treatment.
5. periodic review and evaluation.

This is a sound agenda for the coordination of services in community planning to meet the needs of dependent families in Vancouver.

Family Centered Project of St. Paul. The St. Paul F.C.P. which followed B. Buell's survey, actually combined agency services to assist multi-problem families. Its criteria for family referral have been indicated but should be spelled out again. Cases would be accepted under following circumstances:

1. At least one parent or at least one child must be in the home with the child in clear and present danger either through delinquency or verified neglect.

2. In addition to a behaviour problem which has a negative impact on children, the family must have a problem in either health or economic area.
All the 100 families of the F.C.P. studied were dependent on social agencies for over five years. The project was family centered and work centered. Case loads were limited to 20 families. The project was sponsored and directed by the St. Paul Community Chest and Councils and had the same Director. Agencies loaned staff members to provide services and yet remain with their own agencies administratively. A small central staff was housed in the Community Chest offices. The decentralized structure was considered a strength, involving, through service and committees, all agencies concerned, at all levels. The project emphasized that one case worker should serve the whole family insofar as he can and try to coordinate the other services which he cannot supply.

The results of the F.C.P. are best expressed in the following summary. "The social functioning of the 150 families reviewed after treatment showed some gains observable in all areas. Nearly half showed considerable movement. In the beginning over 2/3 of the families received public assistance. Changes in economic level showed that 31 of the 150, or 21 per cent, managed to better their economic situation. 21 of these were families who had become completely self-supporting, while ten others moved up to a partly self-supporting level. Only seven families or five per cent had dropped to a lower economic level. It is suggested that this change should be viewed as quite encouraging, 'as in about half there is no father in the home'."
Not only have social agencies, and the larger community in St. Paul, been inspired by this demonstration of family-centered social case work, but it has also influenced many other efforts on behalf of multi-problem families on this continent. Local gains in coordination of agencies ensued in St. Paul as a result of discussions of problems and policies and some gaps in community resources were closed. Patterns for case recording and for systematic study and assessment of cases are provided through the F.C.P. and related research.

Reorientation for Treatment and Control. What is described as an experiment in public welfare administration has been in operation since 1953 to help chronically dependent families, in receipt of social assistance, in Winona, Minnesota. The program recommended the following administrative procedures:

1. Introduction of the family rather than the individual as a unit for service operation.
2. Systematizing the main steps of analysis and treatment.
3. Case classification by differentiation between those cases "that need and can benefit from intensive treatment and rehabilitative services and those needing or deemed able to benefit only from basic ameliorative service.
4. Case management and control, which included
limiting case loads to 30 families.

5. Use of time-saving devices, including the use of case aides to carry responsibility for certain "tasks" not for cases as a whole. Responsibility for case decisions remains with the case worker. The case aides were selected from the clerical staff and perform such tasks as verifying vital statistics, residence, property assets and securing budgetary information in routine eligibility reviews. A form for recording data needed to establish continuing eligibility was devised to save time on narrative recording of required eligibility and budget data.

6. Staff reorientation which was regarded as the key to any administrative reorientation.

Results. The measureable gains from the experiment are recorded as follows:

1. Of the families selected for intensive treatment, 28 per cent have shown improvement in their major problem.

2. Of the same group of families, nearly 47 per cent are predicted to improve or maintain an already improved status.

The results of this project and the St. Paul F.C.P.
are considered favourable. They provide valuable indications of the realistic goals which may be anticipated from other demonstrations — "the typical pattern of change is not one of vast improvement but rather of slight modification of social functioning especially in the more problematical areas".¹

Local Reports and Experiences

A Report and Recommendation on Coordination of Services in the Vancouver Area. This local report gives highly pertinent findings which need to be viewed specifically in relation to this study. A Coordination of Services Committee, of the Family and Child Welfare Division, of the Community Chest and Councils of Greater Vancouver undertook a review of coordination between local agencies, as concern had been expressed about division of services and lack of joint efforts to ameliorate conditions of distressed families in this area. After a two year study, 1958-1959, and a review of 46 questionnaires, on hard-core families, completed by a selection of local agencies not including the C.S.S.D., it reveals that over 800 resources, in the health, welfare and recreational fields, exist in Vancouver. "Of this number, 325 are formally constituted agencies, organizations and departments of government." Obviously not all of these are major agencies. The total would include service clubs, small recreational groups, Boy Scouts, etcetera. It recognizes problems and entanglements

¹ Geismar and Ayres, Patterns of Change in Problem Families, p. vi.
of service relationships which confuse clients, professional personnel and citizen leaders."

The clients, much the same as the families in this sampling study, are offered help by many resources of a specific nature such as — health, public assistance, family and child welfare agencies, juvenile and family courts, psychiatric services; neighbourhood houses and so on. It was discovered that "differing policies, programs, attitudes and philosophies or concepts of service and procedure hinder individuals and families from reaching appropriate sources of help, often at crucial points in their lives". It recognized that the hazards of falling between agency programs or of obtaining sufficient help from a variety of sources to effect any basic change, have additional significance for those individuals and families whose desire for help may be uncertain and tentative — even though their need for it may be great. These are the families known as resistant, hard-core, multi-problem or chronically distressed. "Their problems originate not only within themselves and their families, but within and because of the community, environment and society in which they live."

The report's suggestion that the confusion, frustration and lack of effective help to the client, influences the community's attitude, could well apply to this study. "The thoughtful citizen leader questions the economy,
efficiency and effectiveness of existing community programs". The C. C. study found that well informed doctors and lawyers are often at a loss to know where to refer a client. They are confronted by both overlapping services and gaps in services. The report emphasizes that the public pays the bill for families in trouble and sees social ills spreading and perpetuating themselves because assistance is inadequate. Growing recognition of the indivisible nature of the well-being of the individual and society should provoke and help keep alive public concern for the socially ill.

The Coordination of Services Committee found that agencies, too, are confused in respect to eligibility of their clientele for services of other agencies. "They express concern about the patchwork of services both from the standpoint of economy and effectiveness." ¹

From its examination of efforts of other communities in relation to multi-problem families this Chest Committee underlines "the importance of developing coordinated and/or integrated services which have as their main objective treatment and rehabilitation of the family as a whole." It concludes

¹ Michael Wheeler, in A Report on Needed Research in Welfare in British Columbia, reviews obstacles to effective coordination as reported by the agencies participating in the study. He singles out three major handicaps (1) Deficiencies in individual agency and worker performance, (2) Difficulties due to specialization of agency functions, (3) Disagreements on social policy. All must be considered in the task of integration.
that three approaches should be involved in a successful attack on the whole problem -- research, education and staff training, and demonstration. It favours focus on a pilot demonstration (a) as most immediately practicable, (b) to secure benefit quickly for those families requiring a range of agency services. It further determines that, "one of the major problems in services within the metropolitan area has been the lack of continuity of services by one or more agency administrations being in a position to assume major responsibility for the development and execution of an effective overall treatment plan with those families who require a range of health and welfare services." It recommends that a demonstration project be developed, in an appropriate area in Vancouver and specifically that major health and welfare programs of that area should be brought together under one administration to operate for a period of not less than three years. The following objectives of the Area Demonstration Project are regarded as fundamental:

(a) To demonstrate coordinated and/or integrated services under one administration, within a defined geographic area, on the basis of family diagnosis and treatment.

(b) To develop basic research data for community-wide application during and beyond the project's operation.

(c) To orient and train staff in methods of achieving a unified approach to families requiring multiple services.

(d) To illustrate the extent to which existing policies and programs of agencies may require
modification and more effective meshing in order to assure an effective level of community service.

(e) To explore and evaluate methods of developing (a) basic standardized information by all agencies in the health and welfare field; (b) more effective case recording techniques by health and welfare services.

(f) To demonstrate throughout this process the benefits which result to individuals and families throughout a coordinated and integrated approach on the part of community service programs.

A Committee of the Social Planning Section, was set up to consider and implement this report.¹,²

Later in 1955, following several years of discussion, the Family Service Agency of Greater Vancouver, Alexandra Neighborhood House and Gordon House decided to combine case work and group work methods, to provide the preventive services needed by many families who had membership in the Houses. A Joint Family Services project thus came into being. A plan was devised whereby case work and group work methods would be combined on an experimental basis using the group contacts of the individual as the means of gaining access to the family as a whole.

The project proved so successful that the interdisciplinary approach became part of the Neighborhood Houses

¹ Another report has been completed by the C.C. and C. Research Department and its proposals are being considered, September, 1961.

² It will be recalled that B. Marcuse recommended a pilot project as a beginning effort on behalf of multi-problem families.
program as of January, 1958. Specifically the project demonstrated that the integration of case and group work methods, and the family centred approach could result in more effective service to these families than hitherto could be provided by isolated use of one or the other method; that the families benefit by coordination of community services, with one social worker assuming major responsibility.

Recurring themes of all these major studies are twofold. One is the diversity, multiplicity and severity of the problems of the chronically dependent. The other is the need for administrative reorganization to provide: (a) intensive family-centred social case work, (b) staff reorientation, (c) integrating procedures, (d) continuing research.

From the review of the other studies it may be concluded that the C.S.S.D. is faced with problems of chronically dependent families similar to other agencies, particularly to public assistance agencies. The Community Chest Study further substantiates the need for integrated planning, on their behalf in this community. Harry O. Page and Associates suggest that, "As public welfare turns into its next quarter century it needs both skill and dedication in

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accepting the new challenge now confronting it". They contend that, "For better or worse, the massive and diversified responsibilities now officially entrusted to public welfare make it inevitable that the community control of social pathology hinges largely on how public welfare organizes and what it does. Public Welfare cannot choose or not choose to accept this role."¹

The findings of this study give both evidence of need, and indications for direction, of a new approach toward rehabilitation and control regarding multi-problem families in this community. Even if a special agency is set up to lead the way, it is likely only a matter of time, until local public welfare is impelled to pick up the challenge in order to ensure that more of its "chronically dependent" families become self-supporting, if not in the present, assuredly in their children's generation. Furthermore, the public assistance agency is in a unique position to maintain a natural continuing relationship of therapeutic value, while meeting the families' financial needs. Physical comfort and emotional satisfactions are so closely interwoven, especially for the young and immature, that a divorce of the giving of economic assistance and social case work services could tend to slow down the process of personality growth and development.

or in reverse the union could tend to enhance this goal. Somehow continued deterioration of these families must be prevented, even if expectations of the parents are necessarily limited. One way the agency could plan toward their rehabilitation would be to use a demonstration unit.

**Area Demonstration**

The Administration of the City Social Service Department in cooperation with the School of Social Work, University of British Columbia, could establish a demonstration project, in South District, with the use of a Student Unit, on a three to five year plan.

The purpose of the demonstration would be to enhance the social and economic functioning of the chronically dependent with major emphasis on: (1) intensive case work; (2) integration and coordination, within the agency, with other agencies and the community; (3) research, evaluation and interpretation.

The use of students in an experiment of this nature might rightly be questioned. It is accepted that well educated and professionally trained minds, as well as mature personalities, are required to give disciplined and meaningful services to those suffering from severe social and emotional ills. The recommendation is made only if a program, with fully qualified staff, is not currently feasible. Social agencies in the city are faced with budgetary curtailments
and shortages of trained personnel and there is no evidence that these conditions will change in the foreseeable future. Multi-problem families, on the other hand, urgently need special attention. The School of Social Work has experienced students taking second year training. If such students could be assigned under a school supervisor, it is maintained that the families would benefit from their sustained interest and relationship and their professional assistance. The St. Paul Project was able to make effective use of some untrained staff under exceedingly skilled direction.

The Student Unit, under a School Supervisor, could facilitate an early beginning of the project, from the standpoint both of City financing and staffing. At the same time, it should open up exceptional field placements for students to gain valuable experience not only in social case work, but also in community planning, and research. As progress with hard-core families is slow, it is estimated that it would take three to five years to attain measurable results. This time is consistent with the length of the projects mentioned, in other communities. Experience is available in social agencies, to indicate that the same clients would benefit from the intensive case work despite changes in the student personnel. The important continuity would be provided by continuing agency interest. If summer block placements of students are not arranged, some of the months between University terms might be covered by one or two students taking full time employment.
Any additional finances required might be available from one of the local Foundations.

**Intensive Case Work**

Qualitative supervision and case limitation could make possible intensive case work. A group of eight case work students might assist approximately 48 families. A couple of the eight students might combine research with a case load of less than six families. It is taken for granted that the social case work would be geared particularly to the needs of multi-problem families as discussed earlier. Because emotional and health problems are prevalent in the multiple problem picture, psychiatric and medical consultation should be readily available to the case workers. It is assumed that all the families would be given emotional support and help to make the most effective use of material aid and other community services.

A preponderance of broken homes, with fathers absent, is typical of multi-problem families and this study, too, emphasizes that current economic rehabilitation must rest largely with the mothers and children. Social case work treatment must be addressed specifically to the mothers and children in relation to the fostering of work incentive and the use of educational and vocational opportunities. Fostering incentive to work, throughout the years, mothers must remain at home to look after young children, will require ingenious
planning. Assisting the mothers to pursue special vocational interests might help. Also some public assistance agencies believe that a flexible policy, related to deduction of part-time earnings of mothers, acts as a continuing work incentive. Agency policies and procedures will be important factors in governing this program of service. Despite intensive case work, it is estimated that a number of the parents will remain intermittent burdens on society. All studies of multi-problem families attest to this likelihood. It follows that the most lasting results must be anticipated from focus on the needs and problems of the children so that they, at least, may realize their maximum potentialities and break the family pattern of dependency. L. L. Geismar and Ayres state -- "the acid test of the success of family centred treatment may be less in the amount of movement or reduction of deviant behaviour in the present, than in the ability of the children to raise families of their own which will have more strength than the family groups in which they themselves have grown up."¹

Selection of Cases

It is recommended that selection of cases be made on a somewhat different basis from the St. Paul F.C.P., which included multi-problem families with "children in clear and present danger in most instances". With prevention and

¹ Geismar and Ayres, Patterns of Change in Problem Families, p. 23.
control of dependency in mind, it is hoped that all multi-
problem families with children under 18, and a record of over
five years of economic dependency, would be included, even
if, or perhaps, particularly if, the goals for the parents' reha-
bitation appear exceedingly limited. This survey find-
ings indicate that even if the children are not specif-
ically recorded to be in special danger they should be granted
careful attention. It is submitted again that in many cases
the control and prevention of pathology and the aim of economic
independence will be accomplished primarily through building
the strengths of the children, always seeking the partici-
pation of the parents to the best of their ability. It is
generally found that most parents desire what is good for
their children even though their understanding and skill may
be lacking and their value systems in need of re-examination.
It is further recognized that they may need special help, to
free the children, to develop their capacities beyond the
parental ones, especially in moving toward greater self-
dependence. Passively dependent parents often have conflicting
feelings about self-reliance in their children and consciously
or unconsciously defeat efforts to promote the children's emo-
tional strength and growth.

Consideration might well be given, in the selection
of cases, to the inclusion of some families, discovered at
intake, to have records of dependency on social agencies, in
their family histories. They, themselves, could obviously
not yet be termed chronically dependent. It will be recalled that the St. Paul F.C.P. found correlation between chronic dependency and application for assistance shortly after marriage, and between chronic dependency and a history of dependency of grandparents. Early resourceful case work, with this group, should emphasize from the beginning, work expectation, and all the family potentialities for rehabilitation. It might prevent development of chronicity of social problems in this potentially chronic group and provide an encouraging variety of families in the case loads.

Coordination and Integration

Ways of coordinating and integrating services must be found if families in trouble are to be truly helped. An agency demonstration project would obviously need to gain strength from unity with the agency as a whole. Special administrative planning toward coordination and integration might include the attendance of the students at any staff meetings held on student field work days; and in addition the attendance of the supervisor at agency supervisors' and agency policy meetings, when practicable. Stimulation of agency interest as a whole and experimental gains could be expected to accrue, of some regular staff members would volunteer, and be permitted, to accept one or two multi-problem families for intensive case work service.

Such a device could also prove useful in coordinating
services with other agencies on behalf of chronically dependent families. Staff members of other agencies actively interested in the C.S.S.D. families, such as the Family Service Agencies, Children's Aid Societies, and Metropolitan Health Committee might undertake responsibility, to particularize, some of these cases. The London County Council's Report on Problem Families in London, estimates that the health visitors in London make "a major contribution to the work of improving the standards of problem families and for many years to come they must bear the burden of combating the families' inertia, apathy and resistance to changed social conditions and opportunities". 1 These health visitors did "social work" in the homes and used their special position to bring other needed community services to the families. "The personal health services are able to play a very important part in the preventive and rehabilitative work with problem and potential problem families and they can be used very effectively to avoid the break-up of families...." 2 The Metropolitan Health Committee staff in this community has natural means of access to families; has opportunities to give support at times of family stress; opportunities to provide preventive education for marriage and the upbringing of children, from at least the time they automatically receive announcement of the birth

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1 Scott, Problem Families in London, p. 6.
2 Loc. cit.
of the first child. Theirs could well be a most productive role in prevention and control.

A common diagnosis and unified treatment plan would need to be worked out between the participating agencies and the C.S.S.D., followed by the cooperating agency assuming major responsibility for carrying out the treatment. The use of similar statistics, recording and evaluative methods by all the agencies would produce important criteria for comparative purposes. The statistics could also form a clear uniform basis for future surveys and measurements of results in later years. Also if all agencies agreed to register chronically dependent families in the Social Service Index current coordination and social planning would be facilitated. The demonstration project could be vastly enriched by the results of the joint experiences. More effective treatment and teamwork techniques might conceivably emerge with the wholehearted participation of all the agencies. Also more effective and efficient community organization of health and welfare services should result.

District Committee. If the South District could also become the common area, for the concentration of other agency efforts, coordination among the agencies could be highlighted. A committee composed of joint agency staff members involved could form the nucleus of a wider community group. Such a general committee might include representatives of business, other professions, the City Council, parents,
and "eventually" the press. It would reach the grass roots of the community for understanding, interpretation and support; give purpose and direction to practical case work; and provide a means for the systematic review of cases. The ultimate expansion to other districts could well depend, on the willingness of informed citizens, to support recommendations, on behalf of an intensified service, to all chronically dependent families, known to the C.S.S.D.

The interagency planning could be instigated by the C.S.S.D. administrator or in cooperation with the Community Chest and Council. The Research Department members of the C.C. and C. have much to offer as consultants and active committee participants. The participation of the U.B.C. School of Social Work should be invited.

Well recognized concepts of teamwork are inherent in the above suggestions, e.g., acquaintance; communication and exchange of information; consultation; planning concurrent cooperative services; a common basic philosophy and common objectives. It is specially urged that there be common focus on the needs of clientele rather than on agencies; a union of knowledge and skills to build together on the strength of the families, with a consistent diagnostic base and realistic treatment goals; and lastly, a common concern for public relations expressed in committee operation.
This study does not propose to deal with related aspects of research, evaluation and interpretation save to emphasize their intrinsic importance. Methods would need to be devised to identify, record, measure and tabulate family characteristics and problems, agency services rendered and results. The relevant studies previously reviewed at length provide vastly useful guides in relation to all such tasks. Coordination between the various agencies, evaluation of the techniques used and the general work of education and interpretation would of course be dependent upon systematic formulations. The C.S.S.D. would require budget for these, but it would be money well spent. It will be recalled that Bradley Buell's study stresses the role of the public assistance agency in carrying out such functions on behalf of the multi-problem family. Research of similar nature could be applied more easily to other C.S.S.D. districts, once the pilot study was completed. The total findings would facilitate administrative planning for the whole group of chronically dependent in the agency. They would provide guides for the effective differentiation of case loads necessary to focus efforts on the rehabilitation of this group. The detailed, systematic case recording would provide material for study of many important questions which remain to be answered in the interests of the clients, the community and the professions concerned. The families' variety of economic, health and
adjustment problems are broadly definable, but much more precise knowledge is needed about their "cause and effect".

Administrative planning on the part of all agencies concerned, would be required to promote education and channels of interpretation for staffs and the community. It is reasonable to predict that more dynamic interaction between agencies and other disciplines would result from the relationship, the group feeling of concern, the mutual understanding, and action for the common good of these seriously deprived families.

Interagency teamwork, on behalf of multi-problem families is seen as an essential component of treatment. As "no integrating key has yet been devised", formal interdisciplinary education might lead the way. Universities are for a legitimate source to look to/help to coordinate, philosophy, principles, and common technical knowledge, of such fields as, anthropology, sociology, psychiatry, psychology, medicine, nursing and social service. Schools of Social Work are already widening their teaching horizons. A pervading understanding, acceptance, and appreciation of differences, might conceivably result, forming the basis for constructive working relationships in all situations calling for the combined efforts of the helping professions of health and welfare.

The present survey represents an attempt, from knowledge obtained in this and other studies, to gain
enlightenment for an effective approach to chronic dependency, in this community, and at this time. More will always be learned if a program is actually operated. Rehabilitation and control may be feasible, as Bradley Buell suggests in his answer to the question, "Is Prevention Possible?" It will be possible

If the community's key agencies accept and implement a problem solving goal

If planning is done on the basis of community-wide facts

If services are coordinated and integrated to prevent family breakdown ...

and finally,

If there is objective, periodic evaluation of results.

The essence of prevention exists in the constant improvement in community conditions, such as education, health, housing, welfare services, and in the creation of wider opportunities for the future not only for problem families but for all members of the community.

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APPENDIX A

City Social Service Department, Vancouver, B. C.

Social Assistance Allowances

<table>
<thead>
<tr>
<th>Group</th>
<th>November 1959</th>
<th>April 1960</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 3</td>
<td>104.50</td>
<td>125.40</td>
</tr>
<tr>
<td>Group 4</td>
<td>122.50</td>
<td>147.00</td>
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<tr>
<td>Group 5</td>
<td>140.50</td>
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<td>Group 6</td>
<td>158.50</td>
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<tr>
<td>Group 7</td>
<td>176.50</td>
<td>211.80</td>
</tr>
<tr>
<td>Group 8</td>
<td></td>
<td>233.40</td>
</tr>
</tbody>
</table>

Allowances of 1960 show approximately a 20 per cent increase. Also a new maximum group No. 8, is added.
APPENDIX B

OUTLINE FOR SOCIAL DIAGNOSIS

I. BASIS OF CONCERN

Why are we serving this family?

A. What behavior or failure to function gives us the right and responsibility to enter the situation? (dangers to children, risk of family disruption, etc.)

B. Before FCP, what had been attempted in treatment and what had been the response?

II. FAMILY PROFILE

Note: Attitudes and feelings belong in every section along with overt behavior. Define strengths as carefully as weaknesses in each area of functioning.

A. Home and Household Practices

1. Physical facilities (appearance of home, type of neighborhood, household equipment for sleeping, bathing, cooking, etc.)

2. Housekeeping standards (neatness of home, management of household, diet of family, ways of serving meals, etc.)

B. Economic Practices

1. Sources and amount of family income (employment, relief, insurances, etc.)

2. Job situation (nature of work, employment pattern, job satisfactions, irritants and frustrations)

3. Use of money (adequacy of income; how well is money managed, who controls the purse. Priorities in spending money, amount of debts, etc.)

C. Social Activities

1. Informal associations (nature of contacts with the extended family, friends in and outside the neighborhood, recreational activities, etc.)
2. Formal associations and social status (membership in church clubs, organizations, unions, etc., family's feelings about their social status)

D. Health Practices

1. Health problems

2. Health practices (how are the health problems being met, how does the family protect the health of its members?)

E. Care and Training of Children

1. Physical care (food, clothing, cleanliness, etc.)

2. Training methods (ideas of how children should behave: What things do children do that parents like? How and by whom is approval shown? What conduct is disapproved? How and by whom are limits set and enforced? Are parents consistent in training and do they work together in training?)

F. Family Unity and Emotional Atmosphere of Home

1. Marital relationship (past history, present status, closeness of ties, conflicts, extra marital relationships)

2. Relations between parents and children (include brief sketch of family history)

3. Relations among children

4. Family solidarity (degree of family cohesiveness, likenesses or differences in values and beliefs which make for unity or disunity; for example, how much do the parents agree or disagree on what is right or wrong in the behavior of the children? What things do the family do together, such as recreation, eating meals, etc?)

G. Individual Behavior and Adjustment

Describe the individual family members in separate numbered paragraphs beginning with parents, then children according to age, then other household members. Give brief sketch of appearance, personality, and behavior, drawing on school reports, psychiatric summaries, test results, police or probation records, etc. as well as on your own observations of capacities and limitations. How does the individual perform in his various roles, i.e. the man as father, husband, wage earner, etc., or the child as family member, student, member of peer groups etc.?
H. Relationship to Family Centered Worker

Describe interaction between worker and family.

How were you received? How did you give your purpose in coming? How did the family respond? How did the family show you what they want? How did you respond?

How has this developing relationship felt to you and to the family? To what extent are you together in seeing and working on problems?

I. Use of Community Resources

Ways the family sees and uses:

School
Church
Health Resources
Social Agencies
Recreational Agencies

(Separate numbered paragraph for each resource discussed.)

III. WORKER -- FAMILY EVALUATION AND PLANS

A.Diagnostic Summary

Relate material in preceding sections of Social Diagnosis to the family's ability to deal with the people and agencies around them.

What are the strengths and healthy areas of family functioning?

Estimate of personality factors which might enhance or limit social functioning.

B. Treatment Plans

What objectives do you see? What objectives does the family see? What is the family-worker partnership to do? What immediate steps is each partner to take?

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Social diagnosis is a continuous process. You will record changes as they occur in your own thinking and in the views
of the family. Below is a guide to your later discussions with the family.

IV. FAMILY'S VIEWS

A. How does the family think they and their situation have changed?

B. What does the family see as helpful in our work together?

C. What do they see as not helpful?
APPENDIX C

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