

OPTIMUM PROFESSIONAL STAFFING OF A MUNICIPAL
SOCIAL WELFARE DEPARTMENT
AT THE CASEWORKER LEVEL

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ABSTRACT

The persistence of high caseloads combined with difficulties in recruiting sufficient staff have focussed attention in recent years on the question of standards for the staffing of public welfare services. Increasing emphasis upon the rehabilitative function in public assistance has contributed a further element to this interest and a number of experimental projects, mostly in the U.S.A., have captured the attention of administrators by demonstrating the possibility for more effective service through the better deployment of existing staff resources.

The situation in the Vancouver City Social Service Department is typical of other large urban centres: it is faced with a relatively fixed supply of social workers and ever-increasing caseloads among which are to be found some of the most complex of personal and family problems. In January, 1950, the city employed thirty-eight social workers to serve a total caseload of 13,858 compared with thirty-nine social workers in 1960 serving a caseload of 15,659. Within the last few years nine social service assistants have been hired to serve the growing number of unemployed single men who in January, 1960, added nearly 1,500 more persons to the City's public assistance caseload. The present study grew out of the recognition that not all clients can be effectively served under such conditions and that in view of the unlikelihood of any sizeable increase in social work staff, alternative methods must be considered for making better use of available personnel.

Chapter I reviews significant phases in the history of public welfare in North America with particular reference to British Columbia and the development of the "service component" in public assistance programs. Chapter II describes the present workings of the Social Service Department in Vancouver. Chapter III analyzes the difficulties faced by the Vancouver Social Service Department in providing a desirable level of service to clients; at the levels of a) staff, b) supervision, c) clientele, d) budget, and e) general administration. Current literature on the new approach to personnel differentiation and case classification is reviewed in Chapter IV. The final chapter separates out three methods of improvement: 1) emphasis on skilled workers, with reduced caseloads; 2) differentiation between social workers and case aides (or welfare assistants); 3) a three-fold differentiation of both workers and cases. Proposals are made for a pilot project in the local Department.

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CHAPTER I

PUBLIC ASSISTANCE: FROM RELIEF TO SOCIAL SERVICE

In a meeting to discuss employment in the year 1908 Mr. Winston Churchill (as he then was) made the following significant statement:

I do not agree with those who say that every man must look after himself, and that intervention by the State in such matters as I have referred to will be fatal to his self-reliance, his foresight, and his thrift... It is a great mistake to suppose that thrift is caused only by fear; it springs from hope as well as from fear; where there is no hope, be sure there will be no thrift.¹

Today the governments of the United States and Canada accept responsibility for citizens in need of financial assistance, even though perhaps recognizing the need for rehabilitative treatment has not been accepted to the extent which would be advocated by professional social workers. The National Association of Social Workers defines "public welfare" as "including those governmental functions (a) in which social work constitutes the central professional discipline, (b) which are carried out through public welfare agencies, and (c) which have as their purpose the assurance to individuals of the means to meet those social needs - whether for economic aid, personal service, social relationships, or social protection - which the community recognizes as basic but for which other resources have proved inadequate."² This body of social workers expresses what professional social workers on this continent have felt for many years. To ensure an effective public assistance program it is necessary to staff such

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1. Winston Spencer Churchill, "Liberalism and the Social Problem", 1909, pp. 208-10. Cited in Karl De Schweinitz, People And Process in Social Security, American Council on Education, 1948, p. 8.
 2. National Association of Social Workers, Goals of Public Social Policy, New York, 1959, p. 16.

agencies with competent professional workers, administrators, and other qualified personnel.

Even thirty years ago, however, the above concepts were almost unknown to the public except to a relatively small body of social workers generally found in various private agencies. The change in the philosophy of relief giving occurred almost overnight. The most dramatic changes occurred in the ten years following the great stock market crash of 1929.

Public Assistance Prior to the Depression of the 1930's:

When the earliest settlers came to North America in the Seventeenth Century they brought with them the "principles and provisions" of the Elizabeth Poor Law enacted in England in 1601. One of the basic principles in this statute was that the state is responsible for the care of its dependent persons. It was used in these early times, however, primarily to control what was considered to be not only an annoying but a dangerous problem. Treatment was based on the theory that dependency was caused by moral weakness and therefore restrictive and punitive measures were set up to attempt to discourage people from asking for public aid, and to encourage those receiving it to leave the public assistance rolls. The policy was one of laissez-faire which branded the poor man as shiftless and unworthy, with poverty considered as a disgrace.

Until developments in transportation allowed for swifter communication and consequently a stronger centralized government the "smallest political unit" was (and still is) held responsible for the relief of destitution and the prevention of starvation. That governments at any

level stepped in at all to assist their poor was due to a fundamental common law principle dating back to the time when Sparta reigned over the Mediterranean countries. The law was that "no government worthy its name...can allow people within its jurisdiction to die of starvation and exposure."¹ The methods taken, however, to relieve the poor of these discomforts were harsh and cruel. Only criminals, perhaps, were treated worse than the poor.

Gradually changes started to take place in the form of administration of relief giving. The "English Parish" system of providing for the "needy" gave way to provision for the poor and destitute by the local political or governmental authorities. As centralized government grew so did the area of responsibility to the destitute and gradually the counties and then the states took over the problem of legislation to govern this class of people. "By the end of the eighteenth century the newly formed states had incorporated in their poor laws the following methods of pauper care which had prevailed throughout the colonial period:"²

1. Outdoor relief, given to "paupers" in their homes.
2. Farming out to the lowest bidder who undertook to care for a single "pauper".
3. Contract, usually with the lowest bidder, for the care of all the "paupers" of a given locality.
4. Care in an almshouse which was under the direct control of the public officials.
5. Indenture or "binding out" which was a form of apprenticeship.

During the nineteenth century the trend was to care for the poor in the almshouses as the practice of caring for the poor in their own homes

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1. Josephine C. Brown, Public Relief 1929 - 1939, New York Henry Holt And Company, 1940, p. 4.
 2. Josephine C. Brown, Public Relief 1929 - 1939, pp. 7 - 8.

was found to be too costly and was felt to encourage idleness and increase pauperism. The former system of relief giving was commonly known as "indoor relief" and the latter as "outdoor relief." By the end of this century, however, the private welfare agencies in the larger urban centres felt this approach to be untenable and began to solicit for funds from the public in an effort to "protect the worthy poor from the humiliating and destructive experiences associated with the administration of the old poor law by local overseers of the poor."¹ These private organizations attempted not only to help financially but also attempted to determine the causes of individual poverty with a view to its cure and prevention. With the growing emphasis toward the determination and understanding of the causes of dependency, a more scientific approach became evident which in turn led to the evolution of a professional approach to this problem.

By the beginning of the twentieth century social workers were slowly moving toward a more professional status, even though still in a relatively primitive stage of development. During this period a technical phase appeared in an already scientific era resulting in new methods of treatment of the physically ill. The medical profession in general began treating its patients on a more impersonal basis, the emphasis being on the study of the disease itself and treatment of the symptoms. It was in this period of the depersonalization of the individual that social workers with their increased professional status attempted to bridge the gap between science and the humanities. With the advent of psycho-analytic theories

1. Kermit T. Wiltse, Public Assistance Personnel: Educational Requirements and Training Facilities, Berkley, Bureau of Public Administration, University of California, February, 1959, Legislative Problems: No. 5, p. 5.

of human growth and development, social workers tended more and more to be convinced that emotional dependency and other maladjustments underlay the majority of requests for financial aid.

Private social agencies prepared the way for a more humanitarian approach to relief giving. During the nineteenth century controversy raged as to whether public or private agencies were superior in distributing relief. The issue of political patronage was raised time and again by the private agencies as being a danger and common occurrence among the public assistance agencies. These private agencies sprang up probably as a reaction to the spread of abuse and corruption in public relief which followed the depression of 1873.¹ One of the faults of public relief administration was the quality, character, and training of its staff. Usually the administration of relief was delegated to a public official who was elected or appointed to discharge some other function and relief giving was considered to be an "extra duty".

There was little or no recognition that special qualifications were needed for those chosen to deal with dependent people. Relief might be and was administered, depending upon the terms of the state law, by county commissioners, by the county court, by grand jurors, by township trustees, by justices of the peace; or overseers of the poor, or poor commissioners might be elected or appointed to serve full time.²

In October, 1909, the Charity Organization Department was established by the Russell Sage Foundation in New York under the directorship of Mary Richmond "devoted to extension work and to kindred endeavours" of private relief organizations across the nation. Miss Richmond believed

1. Brown, Public Relief, 1929 - 1939, p.40.
2. Brown, Public Relief, 1929 - 1939, p. 14.

strongly that the private agencies were able to give better care particularly to the family and child than the public agencies. "She held no brief against the public agency as such but insisted that no responsibility of this kind be given to any governmental body until it was prepared to provide an administration with standards of social case work comparable to approved practice in charity organization societies."¹ A change of attitude grew on the part of the private charity organizations with the increasing agitation for mothers' aid legislation. More and more these organizations recognized the need for governments to assist in the field of public welfare. They felt that there was a place for "official" relief but that it needed to be administered "in the least harmful way".

Changes came slowly. Some public outdoor relief departments changed their titles to "public welfare departments" and invited criticism of their efforts. Some of these agencies, after being told that their work was inefficient, began to set up new standards with the emphasis on better investigations. Gradually more social workers were hired by these agencies. "The ideal seemed to be that public welfare departments should use the methods of social casework developed by private agencies, as far as was consistent with the conditions under which they operated."²

Public Assistance During the Depression Years of the 1930's:

With the advent of the great depression of the 1930's, the public relief departments were being made use of as they had never been before.

1. Ibid., p. 48.

2. Brown, Public Relief..., p. 50.

The great masses of unemployed, as a result of the financial crisis of 1929, were creating national crises in both Canada and the United States as well as other nations of the world. No longer were the arguments valid that the poor were shiftless, lazy, and unworthy of public help because of their own doing. Too many people were involved and consequently the public began to recognize that outside influences could effect changes in a person's financial status. Gradually legislation was being enacted which recognized that "there was a subsistence level below which no one should be asked to attempt to live without help from a public welfare agency".¹

In 1932 the state governments in the United States entered into the relief picture by giving "grants-in-aid" to local governments for the use of public assistance. In Canada grants-in-aid from the Provincial to the local governments and from the Federal to the Provincial Governments were being given by 1930. With the passage of the Federal Social Security Act of 1935, all three levels of government had by now recognized a responsibility to their destitute, and the growing body of social workers gave their full support to this new trend in public welfare. By the time that Franklin D. Roosevelt had assumed the Presidency of the United States the ground had been well prepared for the entry of social workers into the public welfare programs.

By the spring of 1933 unemployment in the United States had reached its peak with approximately 15 million people out of work. Four million persons representing eighteen million persons were in receipt of public relief funds. In some states 40% of the population were on relief. A

1. James McEwan MacIntyre, Social Assistance Administration in Relation to Dependency, Master of Social Work Thesis, University of British Columbia, 1957, p. 3.

similar situation existed across Canada. In British Columbia the total number in receipt of public assistance at that time was 151,730 or 22.1% of the population of the province - of these people 128,358 were "relief" recipients. Up to the time that the Federal Emergency Relief Act (F.E.R.A.) was passed in the U.S.A. in 1933, 80% of the money for public relief programs was coming from federal loans made to states and political "subdivisions" by the Reconstruction Finance Corporation.² Under F.E.R.A., however, the loans were replaced by grants and thus the Federal role was changed from one of lending to one of giving what the states and localities could not supply themselves (in Canada the Federal Government agreed to participate in aid to the unemployed in October, 1930, by paying 50% of the costs, leaving the provinces and municipalities to share the remaining 50% equally).³ A social worker, Mr. Harry L. Hopkins, was appointed by the President of the United States as Federal Administrator, thus giving evidence that the intention of the Federal Government was to treat the relief of unemployment as a social problem.

As social workers had been the leaders in the Congressional fight which led to the passage of the Federal Relief Act, they considered themselves partners with government "in an enterprise which would lead to the development of a permanent program of social casework under public auspices" (the social workers in eastern Canada worked for better conditions during this time but their work was not so well advertised or effective). Social work

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1. Harry M. Cassidy, Public Health and Welfare Organization in Canada, Toronto, The Ryerson Press, 1945, p. 62.
 2. Brown, Public Relief, pp. 145 - 146.
 3. Cassidy, Public Health and Welfare Organization in Canada, p. 58.

was used in the F.E.R. Administration because it was needed to investigate families to ensure that only those who really needed aid were given it and thus "protect the public purse". "The known professional integrity of social workers was needed to assure an honest, non-political relief administration."¹ Similar reasons may have been given by the end of the 1930's for hiring social workers to work in public welfare agencies in Canada. In one public welfare agency, namely, the Vancouver City Social Service Department, another reason was given - to promote better services and treatment for the client which in turn, it was hoped, would reduce the number of recipients.

Social work education was at various stages of development across the United States and Canada. One of the regulations under F.E.R.A. was to the effect that:

"Each local relief administration should have at least one trained and experienced investigator on its staff; if additional investigators are to be employed to meet this emergency, the first one employed should have had training and experience. In the larger public welfare districts, where there are a number of investigators, there should be not less than one supervisor, trained and experienced in the essential elements of family case work and relief administration, to supervise the work of not more than 20 investigating staff workers."²

From this it followed that the kind of administration and handling of the relief clientele depended on the particular school of thought entertained by, and the level of professional training reached by, the social worker in a public welfare agency. At first many social workers were rapidly made agency administrators only to be replaced later by persons with administrative and business backgrounds who were often more suited to the job.

1. Brown, Public Relief, p. 151.

2. Ibid., p. 276, "Rules and Regulations No. 3", July, 1933.

The regulation cited above created a further problem, namely, the demand for trained workers exceeded the numbers of graduates from existing schools of social work - a problem we are still faced with today both in Canada and the United States. Staff had to be obtained from somewhere, consequently, people from all walks of life were chosen, particularly those who had worked with the public in their previous employment, such as teachers, nurses, and home economists. Although their educational backgrounds varied they were all classified as social workers but more commonly known as "investigators" (the latter is still used in reference to public welfare workers from time to time but is gradually being replaced by the term "worker" or "visitor").

Orientation was given to these inexperienced staffs by social work instructors who were secured wherever they could be found, usually from schools of social work. Some social workers were "loaned" to the public agencies by the private organizations for this purpose. Institutes were also held for the untrained workers and aides. Later, the Federal Government of the United States allotted funds to provide for the training of public relief workers in the schools of social work across the nation. In Canada some provincial governments offered similar aid but no such help was forthcoming from the Federal government. Many persons returned from such training to assume leadership positions in the developing public assistance programs.

It was not the intention, however, of the Federal Government to make F.E.R.A. into a permanent public welfare department as was pointed out

by Mr. Hopkins at the National Conference of Social Workers in Detroit in 1933:

"I think we are in a winning fight. We want to do a good job. Our job is to see that the unemployed get relief, not to develop a great social-work organization throughout the United States. Our business is to see that the people who need relief get it, and we intend to do it..."¹

On December 31, 1935, the Federal Emergency Relief Administration was officially liquidated and a permanent Federal program in the form of categorical public assistance and social insurance as well as a Federal Works Program was set up. These new programs were largely staffed by those who had worked under F.E.R.A. During the year prior to the liquidation of the latter program these workers banded together in the larger urban centres to demand more uniform wages, and standardization of relief practices thus attempting to establish uniformity of practice in public welfare for the first time.

Public Assistance after 1939:

Since the decade of the 1930's progress has been slow in the field of public welfare in comparison to the dramatic changes made during the lifetime of the Federal Emergency Relief Administration. In 1956, however, amendments were made to the United States Social Security Act which extended and improved social insurance, public assistance, child welfare and social services across that country. Federal grants were increased for public assistance to the aged, the blind, dependent children, and the disabled (the latter in October of 1956). Federal funds were provided for medical care

1. Brown, Public Relief, p. 153.

of the medically indigent through state programs.* More notable than even the above provisions was the "explicit authorization" for expanding services for self-support and self-care for assistance beneficiaries. "The ADC program was amended to recognize specifically the objective of maintaining and strengthening family life."¹

The above amendments also authorized Federal funds to the states for training qualified personnel in public assistance as of July 1, 1957. The Federal funds would be available to pay 80% of costs and,

"...will permit the training of personnel employed in, or preparing for employment in, public assistance programs and the establishment of special courses of study or seminars of short duration, and fellowships or traineeships. It is hoped that the program will aid in improving the quality of service given in public assistance agencies through the country."²

Funds for research and demonstration projects were likewise authorized through these amendments, allowing for further study and investigation to improve the private and public programs and to reduce dependency. Such programs are sadly lacking in Canada where interest at the Federal level has been comparatively limited.

Further improvements in field of public welfare have been made since the 1956 Amendments to the Social Security Act and, hopefully, will

* In Canada the Federal grants to the provinces for "needy" people over 70 in 1927; for the "needy" blind over 40 years of age in 1937. In 1948 the age limit for the "needy" blind was reduced to 21 years and in 1952 all people over 70 years received old age security. Federal aid to the disabled "needy" came in April, 1955.

1. Wilbur J. Cohen, "Expanding Frontiers in Public Welfare, The 1956 Social Security Legislation", The Social Welfare Forum, Philadelphia, New York, Columbia University Press, 1957, p. 93.
2. Ibid., p. 94.

continue to be made on the North American continent. Canada generally has been somewhat slower to progress than her southern neighbour although certain provinces, namely, British Columbia and Saskatchewan, have comparatively well-developed public assistance programs with a focus on treatment and rehabilitation (Alberta and Newfoundland also make legal provision for counselling services in public welfare). Quebec was not influenced by the English Poor Laws but by the philosophy that the church and the private citizens should aid the poor. As a result they have many private agencies to assist their destitute. It should be noted that the Maritime Provinces such as Nova Scotia are presently in the process of making some very important changes in their public assistance programs. Earlier programs, which were based on the now antiquated English Poor Law of 1601, are now being changed in light of new philosophies such as have been outlined by the National Association of Social Workers in their public policy statement Number II:

"Every individual is entitled through public welfare to assurance that his basic needs will be met at a level which will maintain his health and well-being. The means to meet minimum economic needs must be available to all. When the supportive relationships of individuals to each other fail or falter, social services must be available to re-establish or supplement them. Children and youth and other persons of special vulnerability must be assured protective and rehabilitative care. Public welfare should be provided with adequate financing, breadth of authority, flexibility, and professionally qualified personnel to carry out its special role of ultimate social responsibility by assuring to all individuals the means to meet these basic needs for which other economic and social resources have proved inadequate."¹

1. National Association of Social Workers, Goals of Public Social Policy, New York, 1959, p. 17.

In Canada during the early years after Confederation, public welfare, "under the provisions of poor law as in the Maritimes, or municipal statutes, was almost wholly the responsibility of the municipalities."¹ Under the B.N.A. Act "charities, and municipal institutions" were assigned to the provinces as they were considered relatively unimportant functions of government. Following the post-war depression years of World War I and the depression years of the 1930's, the provincial governments began to help their poverty-stricken municipalities by giving them grants-in-aid to assist them in meeting the heavy costs of unemployment relief. Gradually the provinces were forced more and more into the business of public welfare. The provinces eventually were unable to meet the increased demands being made upon them to pay for social services, particularly unemployment relief and sought help from the Federal Government. "From 1930 to 1941 the federal government spent nearly \$1,000,000,000 on unemployment relief, mainly in grants to the provinces."² With such heavy demands being made on the senior government new solutions were sought to deal with the problems created by the depression years and the large masses of unemployed persons. Study groups such as the Rowell-Sirois Commission and the Heagerty Committee were set up to delve into these problems. Proposals were made to implement various social insurances such as unemployment insurance, family allowances, old age security, supplementary occupational and training schemes, old age assistance, blind and disabled person's allowances and Federal aid for provincial hospitalization schemes. Gradually all of these social security

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1. Frank Victor Wiedeman and Harvey Sheldon Lammer, Municipal Policy in Social Assistance, Master of Social Work Thesis, University of British Columbia, pp. 4 - 6.
 2. Wiedeman and Lammer, Municipal Policy in Social Assistance, p. 6.

proposals have been implemented by the senior governments. With the passage of the Unemployment Assistance Act in July, 1956 a break had been made with the traditional approach to social assistance in Canada - the Federal Government began its participation in a field hitherto considered the exclusive responsibility of the provinces. The Act permitted sharing of the costs of unemployment relief with the provinces and municipalities and, most significantly, made no distinction between the so-called "employable" and "unemployable" recipients of assistance.

Public Welfare Today:

There are still many problems to be overcome by the administrators of public welfare programs and their governments even today. Some of the problems are (a) Should public assistance programs include rehabilitative services of all kinds, or should social assistance recipients with problems other than financial need be referred to private agencies? (b) If the former approach is to be followed what would be the personnel requirements and the best distribution of staff to carry out such a plan? (c) What is an adequate level of financial assistance?

In England the National Assistance Board has been following a program of giving financial aid with little emphasis on rehabilitative treatment, the latter being handled by private agencies as they feel that the majority of persons in need of financial assistance "can manage their own affairs" and that there are only a few with such severe problems that they need the help of "professional" workers. Although the National Assistance Act of 1948 states that the National Assistance Board "exercise their functions in

such manner as shall best promote the welfare of the persons affected" the "visiting officers" have little chance to do anything but establish financial eligibility in view of their extremely high caseloads. "One visiting officer stated plaintively that he believed he could do a considerable amount of 'welfare' if the number of cases under his care were to be reduced to 700."¹ Phyllis Osborn makes the following observations of the English program:

"Some degree of disillusion is following the growing realization that relief from grinding poverty alone, basic and important as it is, does not necessarily solve the social and emotional problems so often associated with poverty. There are also repeated comments in the press and elsewhere regarding the need for better co-ordination of the multiplicity of existing services."²

She concludes with a wise suggestion to have a well-qualified team of experienced observers from both the American and English settings conduct a research program to assess the strengths and weaknesses in each in order to contribute to the improvement of public welfare practice in both Great Britain and the United States. The results of such research undoubtedly would also affect the welfare policy and practices in Canada.

With regard to the question of deployment of staff and required training of personnel an agency must first determine what its major policy is to be and also determine whether suitable persons are available to carry out the program that the agency wishes to adopt. If rehabilitative services are to be included in the public welfare program then the problem is to decide whether all the welfare workers are to be trained (that is, with a minimum of one year post-graduate training in a school of social work) or whether

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1. Phyllis Osborn, "Selected Observations on the National Assistance Program of Great Britain", The Social Service Review, ed. Alten A. Linford, and others, University of Chicago Press, Vo. 32, No. 13, September, 1958, p. 283.
 2. Ibid., pp. 284 - 286.

there are tasks involved in carrying out the daily program in a public assistance agency which could be done by persons with less training. The latter train of thought (to be dealt with more fully in Chapter IV) has been the most popular in recent years.

The question of what constitutes an adequate level of financial assistance has long been a contentious issue. Today it is generally recognized by professional social workers in both Canada and the United States that an adequate level of assistance must be based on an examination of the individual's budget deficiencies. Such a system takes into account the varying needs of individuals as well as the variations in cost-of-living not only from district to district, but also, across the continent. Provincial and state governments in various parts of Canada and the United States have found, however, that it is more expedient (and perhaps initially cheaper) to follow a system which establishes a definite standard of assistance, the amount varying with the number of persons involved in each family unit.

To ensure more successful treatment by professionally trained social workers, adequate financial aid must be given to public assistance recipients. The benefits of intensive casework services can easily be nullified if the client has to worry where his next meal will come from, or where he will be able to sleep the coming night.

FOCUS OF PRESENT STUDY:

During the past ten years, and especially the last five, the Vancouver City Social Service Department has witnessed a prodigious increase in the number of social assistance recipients and the staff has made desperate attempts to cope with this increase while still trying to provide good casework

services. In the past three to five years the majority of social workers have too often been providing a service which they recognize is second best. This has been reflected in discouragement and frustration, particularly on the part of the professionally trained staff who are more apt to recognize problems needing treatment. Awareness of this trying situation led to the undertaking of the present study. The purpose of this study is to review and evaluate the several different attempts which have been made in England and North America to develop principles and procedures for the efficient and effective staffing of public welfare departments, and from their findings to suggest guidelines for the optimum deployment of social workers in the Vancouver Social Service Department. A major premise of the study is that modern-day public assistance programs should provide not only financial assistance where needed but also whatever counselling and material aids are necessary to enable the individual recipient or family to achieve maximum independence.

The study begins with a review of the development of social work principles and concepts in the field of public welfare from the turn of the twentieth century to date; this is followed by an analysis of the organizational structure of the social service department of the City of Vancouver.

Supplementary information has been obtained through personal interviews with the Administrator, Assistant Administrator and Welfare Director as well as the Director and Supervisors of West Unit in the City Social Service Department, regarding the various difficulties and problems faced by the Department (henceforth to be referred to as the C.S.S.D.) in its efforts to

implement an effective rehabilitation program. Data concerning caseloads in the Vancouver public assistance programs (Social Assistance, Old Age Assistance, Old Age Security and Supplementary Assistance, Blind and Disabled Persons' Allowances) have been abstracted from the Department's statistical reports and records. Data regarding the number of social workers employed by the Department, their degree of professional training received, and their present deployment in the various district units throughout the City are also examined.

Finally, two sample caseloads carried in the West Unit of this Department are analyzed in an attempt to arrive at a more accurate classification of the types of problems presented by C.S.S.D. clientele. By relating the types of problems to the levels of skill possessed by workers it is hoped to be able to estimate the requirements of an adequate rehabilitative public assistance program.

CHAPTER II

THE VANCOUVER PUBLIC ASSISTANCE PROGRAM: ITS ORGANIZATION AND ITS PROBLEMS

From the 1880's to approximately 1911 Vancouver experienced a "feverish" expansion of population and suffered from periodic attacks of "civic indigestion" in coping with this expansion. The City experienced a severe depression from 1911 to the outbreak of World War I. There were many single unemployed men as well as families who felt the bitter pinch of hard times. Vancouver's Council of Women, later to be known as the "Friendly Aid" and later still the "Associated Charities", offered its services when the City Council failed to deal with the unemployment problem. Its members investigated each family requesting relief, reported the conditions and the need to the Health Department (at this time under Dr. F. T. Underhill) and then provided aid from its own private funds. The City Council made a yearly grant of \$1,500 to the Associated Charities for several years but, starting from 1912, the City Council began to do its own relief work and appointed a Relief Officer to serve under the Medical Health Officer. The former's staff consisted of one male clerk, a stenographer and three women "investigators", none of whom had had any training in social work. This establishment continued from 1912 to 1915 except for the inclusion of the Unemployment and Relief Association as an auxiliary to the Relief Committee in the Spring of 1914. This Association took the responsibility of raising a large portion of the funds which were actually administered by the Relief

Committee. There was a great deal lacking in this kind of public relief system; however it was a better program than was available in many other communities across Canada.

In 1915 the Relief Department was placed directly under the City Council on a newer and larger basis and received its financial support entirely from civic funds. "The Free Employment Service for women instituted by the Local Council of Women was placed with it at that time."¹ This system grew slowly, meeting the needs of its dependent populace and attempting to maintain a high standard of constructive welfare work. Until the 1930's Vancouver was the only municipality in British Columbia with a permanently organized relief department!

The private agencies in Vancouver were taking some forward strides during the later 1920's. The Family Welfare Bureau of Vancouver, organized in 1928, was placed under the direction of an experienced professional social worker. Victoria followed Vancouver's example in 1932 but went one step further by staffing its whole Family Welfare Agency with trained social workers. The addition of a graduate diploma course in social work established by the University of British Columbia in 1929 helped toward providing some of these professional workers.

After the initial blow of the Great Depression of the 1930's there was a reduction in staff, salaries, and operating budgets for the various social services even though there were now nearly 130,000 relief recipients in British Columbia. Improvements of all kinds were disallowed and even

1. British Columbia's Welfare, Martha Moscrop, Ed., "Vancouver's Early Days and the Development of Her Social Services", Lillian M. Nelson, Social Welfare Branch, March, 1952, p. 23.

grants for Mothers' Pensions were reduced. It was not till 1930 that the Federal government agreed to participate in providing aid to the unemployed and paid 50% of the costs while the provinces and the municipalities shared the remaining 50%. This was only a temporary agreement made in order to ease what was considered to be a short term unemployment problem.

The Department of the Provincial Secretary, in which most of the health and welfare services were grouped, was a poorly organized mixture of more or less autonomous agencies lacking qualified personnel in both key administrative positions and field staff.¹ Social workers were badly needed to undertake field work throughout the province. By 1934 the Provincial Government had hired one supervisor and nine workers in Vancouver who worked mainly with the Mothers' Pensions cases. They also did some work with child welfare and general relief cases, but only a few of the workers were formally trained in social work. The situation outside Vancouver was even more grim; the Provincial Government had to rely on the Provincial Police and other government officials and interested people to do a job that was more and more being considered the specialty of the professional social worker. In 1935 the Welfare Field Service was created under the direction of Laura Holland - one of the first trained social workers. By this time there had been established a centralized control of social work personnel which enabled the Service to maintain a uniform policy regarding staff recruitment and development. Personnel standards were adopted which called for graduate training in social work or the equivalent and a great

1. Harry M. Cassidy, Public Health and Welfare Organization in Canada, Toronto, The Ryerson Press, 1945, p. 65.

effort was made to obtain trained workers. The Provincial Government offered encouragement by providing scholarships for social work training at the University of British Columbia or elsewhere. By 1940 the Field Service contained a director and thirty-six visitors "...performing generalized service in 15 districts including Vancouver", twenty-eight of these workers were professionally trained.¹

The Vancouver public welfare agency sent several of its workers to the University of British Columbia for social work training in the diploma course offered by the School of Social Work. This was done in an effort to bring casework services into the Department's over-all program.

In 1942 the City of Vancouver took over the administration of the provincial schemes of Mothers' Pension, Old Age and Blind Pensions integrating them with the already municipally administered general assistance program. This was done in order to overcome duplication in administration and office facilities. From 1940 on the Vancouver Social Service Department handled all its applications and field work for the various types of public assistance through four district offices - North, South, East, and West Units. The Provincial Government aided the City by assuming the cost of one worker for every two workers employed by the City.

In May, 1943, an In-Service Training program was begun in co-operation with the Vancouver City Social Service Department. A training supervisor was appointed and the course extended over a three-month period. This emergency measure, taken to train new staff as quickly as possible,

1. Harry M. Cassidy, Public Health and Welfare Organization in Canada, p. 72.

benefited both the municipal and provincial workers, and has remained a part of the provincial government's program to meet the continuing shortage of staff. Over half of the present quota of social workers supplied by the Provincial government to supplement the staff of the Vancouver City Social Service Department today have no other training except that obtained from the In-Service Training program.

In the 1940's the Vancouver public assistance office saw many changes in its welfare program. About 1942, tuberculous patients were given an additional allowance in recognition of the length of time and dietary needs required in their rehabilitation. Other services were instituted including aid to the medically indigent. The Department of Veterans' Affairs established its own program to help in the rehabilitation of Canadian servicemen following World War II. Psychiatric services were given fresh impetus by the many "shell-shocked" veterans returning from active duty. A Rehabilitation Officer was hired by the Federal Government to provide assistance for the men in returning to civilian life.

About 1948 the Vancouver City Social Service Department attempted to relieve the pressures of work on the "social workers" (this title was given following the reclassification of workers from "clerk investigators" in 1947). These workers had been handling all the social assistance cases as well as processing all the old age pension applications, an overwhelming job. To ease their burden a special section was established just to deal with this latter group. The majority of workers were thus freed to serve the social assistance recipients more effectively.

Following the reclassification of staff in 1947, the Vancouver City Social Service Department (henceforth to be referred to as C.S.S.D.) began to set its own standards with regard to qualifications required of new workers. A Bachelor of Arts degree was set as the minimum requirement although the degree of Bachelor of Social Work was preferred. This standard has been adhered to very closely even though it is not the official requirement of the Personnel Department of the City Hall. Only the staff provided for the City's welfare program by the Provincial government has had less than the desired degree of training except for those workers who were hired during the depression years of the Thirties and who have remained with the department.

The Vancouver City Social Service Department:

The Social Assistance Act of 1945 provided for the granting of assistance to an "individual, whether adult or minor, or to families, who through mental or physical illness or other exigency are unable to provide in whole or in part by their own efforts, through other security measures, or from income and other resources, necessities essential to maintain or assist in maintaining a reasonable normal and health existence".¹ In this Act "social assistance" is defined as:

1. Financial assistance
2. Assistance in kind
3. Institutional, nursing, boarding or foster home care
4. Aid in money or in kind to municipalities, boards, commissions, organizations, or persons providing aid, care, or health services, and in reimbursing expenditures made by them.

1. Revised Statutes of British Columbia, 1948, Chapter 310, Section 3.

5. Counselling services.
6. Health services
7. Occupational training, retraining, or therapy for indigent persons and mentally ill or physically handicapped persons
8. Generally any form of aid necessary to relieve destitution and suffering

Under the Municipal Act of British Columbia city and district municipalities with population of 10,000 persons and over are entitled to receive assistance from the Provincial government with the costs of administration provided they maintain social assistance and relative social administrative services on a basis consistent with the standards established by the rules and regulations made pursuant to the "Social Assistance Act". Thus, the Provincial Government is able to demand a certain level of competence in providing services to public assistance recipients. It should be noted, however, that although the City of Vancouver has similar legal provision for setting up a social welfare department, it is not governed by the Municipal Act, but is provided for by the charter incorporating the City of Vancouver.

The Vancouver City Social Service Department.

The Vancouver City Social Service Department serves the City of Vancouver. It is housed in three buildings with the Main Office being located at 1530 West 8th Avenue. The Main Office provides facilities for three separate district offices, namely, Centre Unit which serves the downtown area; West Unit serving the western sections of the City; and the Single Men's Section which serves all the single unemployed men on assistance in Vancouver. The Main Office also houses the staffs of the Control, Accounting Sections, and Medical Section, the latter staffed by professionally trained

nurses. The other two buildings are located at 2610 Victoria Drive and 6445 Knight Road. These two offices serve East and South Vancouver respectively.

External Lines of Authority:

The administration of the C.S.S.D. is directly accountable to two levels of government, that is municipal and provincial. With regard to the former, the administrator of the Social Service Department deals directly with the City's Board of Administration which is, in turn, responsible to City Council. Provincially the Administrator of the C.S.S.D. is generally responsible first to the Region II Administrator of the Provincial Government and then to the Director of Welfare and the Deputy Minister of Welfare in ascending order, all of whom he may contact directly depending upon the situation involved. The C.S.S.D. is not directly accountable to the Federal Government, although the staff must be aware of the Federal legislation providing welfare services to such groups as the World Wars I and II veterans and the Indians in this Province.

Internal Lines of Authority:

The executive body within the Vancouver City Social Service Department includes the Administrator, the Assistant Administrator and the Department's Welfare Director. The latter person has no administrative authority but, rather, acts as a casework consultant to supervisors and does much work in the public relations field (see Appendix for chart of the lines of authority).

Each of the sections and district units are directly accountable to the Assistant Administrator. The four district Units are administered by Unit Directors (who are responsible for the administrative management of the Units) who have under them one or more supervisors and from 7 - 10 district workers. The Directors are classified as Social Worker IIIs and the Supervisors are Social Worker IIs. The Main Intake Section is also governed by a Unit Director with one Supervisor under him whose job is to manage the Single Men Unemployed section. The Supervisors in each of the District Units are responsible for instructing and counselling the social workers in "office administration, caseload management and casework techniques".¹

In each Section and Unit in the C.S.S.D. there are from one to three stenographers, depending on the size of the particular office, who are directly accountable to the Unit Director or Supervisor as the case may be. A Clerk Typist III is in charge of the Records Section which serves the whole Department but particularly the Main Office as the East and South Units are responsible for keeping the records of their active cases in their respective Units. The Records Section is responsible for maintaining and routing files.

The Medical Section is governed by a Supervisor (a registered nurse) who is directly responsible to the Assistant Administrator. This Section works in close co-operation with the social workers in the Department. The nurses employed in this section are responsible for supervising

1. Information obtained from Job Specification for Social Worker II, No. 372, City of Vancouver, May, 1956.

and placement of patients in all the boarding and nursing homes in the City which house public welfare recipients. They also obtain medical information on the welfare recipients to establish continued medical eligibility for assistance and to help the social workers form suitable rehabilitation and treatment plans.

The Intake Sections located at the Main Office, and East and South Units are responsible for taking the initial social assistance applications and sending them on to the Units concerned. Applicants for the other categories of financial assistance are referred to the Provincial office at 411 Dunsmuir Street unless they are currently receiving social assistance. If the latter is the case, it is the district visitor (a social worker) who completes the applications for the other categories of assistance. These Intake Sections also act as "referring" units, referring people to other agencies for further assistance.

The total number of "social workers" as of January, 1961, was 39. They are distributed in each Unit as indicated below. Some workers are employed by the City of Vancouver and some by the Provincial Government:

TABLE I

Distribution of Provincial and Municipal Employees by District Units*
Vancouver City Social Service Department--January, 1961.

UNIT	CITY	PROVINCE	TOTAL
CENTRE	3	5	8
EAST	4	6	10
SOUTH	6	1	7
WEST	4	6	10
INTAKE	1	3	4
TOTAL	<u>18</u>	<u>21</u>	<u>39</u>

* See Appendix I for further information.

There are an additional 9 workers classified as Social Service Assistants, but only 6 are on permanent staff. These workers process the applications of the single unemployed employable men in need of assistance. They do not have any training in social work, although some have taken a special course offered to them at night to give them some understanding of social work and the principles thereof. It should also be noted that all of the Supervisors and Unit Directors are employed by the City of Vancouver. The Social Service Assistants, because they are involved exclusively in giving aid to the unemployed employable group, are employed by the City which is, in turn, reimbursed for 50% of the costs for these workers by the Provincial Government.

Assistance Categories:

The categories of assistance handled by the Vancouver public assistance agency are fourfold: (1) Social Assistance, including financial aid to the unemployed; Old Age Assistance for persons 65 - 69 years of age; (2) Old Age Security and Supplementary Assistance for those persons 70 years and over requiring the Provincial Cost-of-Living bonus or a portion thereof; (3) Blind and (4) Disabled Persons' Allowances. The C.S.S.D. has found it expedient to deploy their social workers as follows: in each District Unit the social assistance cases are divided amongst the workers in approximately equal numbers and one or more workers in each Unit carry all the other pension categories. A special section already mentioned above as the "Single Men Unemployed Section" has been set up to cope with the numbers of single unemployed employable men requiring social assistance (this total "Single

Men Unemployed" caseload reached 2,624 in January, 1961 and is likely to increase when seasonal unemployment insurance benefits cease).

Although efforts are made to keep the number of cases carried per worker in each of the Units roughly equal, the number of clients handled by individual workers varies considerably depending upon the location of the caseload. In South Unit there is a predominance of family cases, many with serious problems, and two low-cost housing units which have tended to collect many "problem" families. East and West Units also have a great many family cases, but unlike South Unit, they include areas of a relatively high transient population following the "horseshoe" or "collar" around the False Creek area (the study by the Community Chest and Council of Vancouver in June, 1960, of 1,400 multi-problem cases known to 14 social agencies revealed that the highest concentration of these families was to be found "roughly" around the False Creek "collar" and in the two low rental housing developments).

Centre Unit is unlike the other three Units as it consists of a predominantly transient population made up of many single people and couples (married or common-law) but has very few family cases in comparison to the other Units. Most of the human "derelicts" inhabit the area served by the Centre Unit, although some of these people tend to dwell on the fringes of the East and West Unit boundaries. Many of these people are of the age at which they are considered "too old" to work and are awaiting to retire on old age assistance. In comparison to the other Units, the caseworkers in Centre Unit have fewer demands made upon them to attempt rehabilitative treatment. In the other Units (excluding the Single Men's Section), more intensive casework services are needed as there are many marital and child welfare problems to be coped

with and which, in general, tend to lend themselves more to rehabilitative treatment services. The following table shows the categorical distribution of public assistance cases per Unit in Vancouver as of January 31, 1961. The Table on page 52 gives some indication of the number of persons per case being carried by two different workers - in Caseload I the cases reside on the "collar" around False Creek; in Caseload II the cases are in a relatively transient district adjoining Stanley Park.

TABLE 2.

Public Assistance Caseloads by Type of Program and District Unit
Vancouver Social Service Department, January, 1961

ASSISTANCE PROGRAM	DISTRICT UNITS									
	CENTRE		EAST		SOUTH		WEST		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%
Social Assistance	905	18.4	1685	34.2	989	20.1	1363	27.7	4942	100.
Old Age Assistance	550	21.6	739	29.0	627	24.7	626	24.6	2542	100.
Old Age Security and Supplementary Allowance	1359	16.1	1754	20.8	2309	27.3	3045	36.0	8467	100.
Blind Persons Allowance	25	13.4	49	26.4	61	32.8	51	27.4	186	100.
Disabled Persons Allowance	39	6.7	132	22.7	213	36.7	197	33.9	581	100.
T O T A L	2878	17.3	4359	26.0	4199	25.1	5282	31.6	16718	100.

The Vancouver City Social Service Department has had a long history. Many dramatic and generally positive changes have occurred since its inception and the agency is now a large and complex organization employing many persons.

It now has many burdens and is expected to give service to great numbers of people with an inadequate number of workers. Some of these difficulties are outlined in the following chapter as these problems will greatly affect the agency's attempts to reach its intended goal of optimum service and rehabilitative treatment for its clientele.

CHAPTER III

OBSTACLES TO THE ACHIEVEMENT OF A SOUND REHABILITATION PROGRAM IN THE VANCOUVER CITY SOCIAL SERVICE DEPARTMENT

The lack of professionally trained staff, lack of staff development programs together with high staff turn-over are but a few of the problems facing the Vancouver City Social Service Department, especially in these trying times of unemployment. Not having an adequate solution to these problems the agency has been increasingly unable to provide the optimum rehabilitative services for which it has striven since the depression years of the 1930's.

Educational Level of Staff:

Although the C.S.S.D. has attempted to obtain workers with the highest possible educational standards, it has often had to employ, as have nearly all public welfare agencies on this continent, whomever it can get. Of the 39 members of staff classed as "social workers" there are none who have completed two years of post-graduate training in social work; of those with only one year of training, only one is employed by the Provincial Government in comparison to nine hired by the City of Vancouver. One Provincial and two City employees have completed the academic requirements of first year post-graduate training but have not completed their field work (i.e., duly supervised practical agency experience under the auspices of a School of Social Work). This brings the total of social workers with some post-graduate

training to thirteen - two hired by the Provincial Government and eleven by the City of Vancouver. Seven Provincial employees and three City workers have completed training leading to a Bachelor of Arts degree; and twelve Provincial workers as compared to six City employees are without a B.A. degree. The six City workers, however, have had from 14 - 30 years' experience in this public assistance agency and some have completed the diploma course offered by the School of Social Work at the University of British Columbia. There are an additional six permanent and three temporary workers hired by the City as "Social Service Assistants" (formerly as Clerk IIIs) who are without any social work training and work under the surveillance of an untrained Supervisor. These men, however, have been quite carefully selected and have proven their abilities to perform their jobs of handling the single unemployed employable men far better than the Department had expected.

The skills and training of the "social workers" of the Vancouver C.S.S.D. need to be assessed in relation to the types of problems which they are called upon to face. Those workers carrying social assistance caseloads encounter a multiplicity of problems ranging from parental neglect (physically or emotionally) of children through juvenile and adult delinquency, to marital and geriatric problems. There are also the time consuming and mundane tasks of filling out innumerable forms and questionnaires. If the worker's job entailed only the processing of applications for some needed service and the establishment of continued eligibility, the need in this agency for a full staff of highly trained social workers would be unnecessary. Although a full complement of professional social workers might enhance the quality of service

given to the agency's clientele it would likely be a waste of taxpayers' money. The policy of the Vancouver City Social Service Department clearly states, however, that the social worker is "responsible for completing eligibility and a social study of the applicant for social allowance and for giving the necessary follow-up casework services with a view towards his social and economic rehabilitation".¹ This has led the Department to the question of considering the best deployment of its trained and untrained workers in order to better carry out the agency's policy of rehabilitation, especially inasmuch as a further increase in staff appears unlikely at the present time. The agency's administration recognizes the importance of casework services as essential in dealing with the various behaviour and personality problems and the necessity of such service if preventative and rehabilitative work is to have any lasting value.

In-Service Training:

The Vancouver C.S.S.D. does not have a standardized in-service training program for its new recruits. It offers a brief orientation program about three days in length twice a year, or as the need arises. Workers with no professional training must rely on their supervisor to help them with the knowledge and skills they will need to complete their daily tasks. Too often these new workers are plunged into the job with little or no preparation. The Provincial employees working in the Vancouver public welfare agency are more fortunate in that they are given a six week course (two weeks prior to

1. City of Vancouver Class Specification #315, SOCIAL SERVICE WORKER I, revised August, 1959.

the start of their employment and four weeks after four months of field work)* covering the basic essentials including history of social work, principles underlying casework, resources for rehabilitation; together with discussions around family services, child and family welfare, behaviour disorders, departmental policy, and administrative problems.¹ Needless to say, they are somewhat better prepared to step into the duties of public welfare than the City's workers.

In-service training is important to some extent in any agency, but especially so in such a demanding area as public welfare. Workers enter this field from all walks of life and educational backgrounds, consequently a very comprehensive and intensive program is required, not only to teach them the tasks which will soon become routine, but also to give them some conception and understanding in dealing with the dynamics of human behaviour. Examples can be found (in the Provincial Social Welfare Branch) of workers being accepted into public welfare who have had little or no experience in dealing with people even as a "public", let alone on a treatment and rehabilitative basis. It is indeed unfortunate that with the ever increasing number of people now in receipt of social assistance resulting in the need for additional staff, that greater provision cannot be made for in-service training within the Vancouver C.S.S.D.

Staff Development:

Maintaining a staff developmental program in the different units of the C.S.S.D. has become an ever-increasing problem as the ranks of the unemployed

1. Martha Moscrop, In-Service Training for Social Agency Practice, Toronto, University of Toronto Press, 1958, P. 193.

* The first period has been reduced from 4 - 2 weeks in length.

on social assistance continue to swell. In the past the Units attempted to have at least two staff meetings per month, one perhaps being used for discussion of administrative problems and the other for educational purposes. With the increased pressures of work on all members of the Department, there has been far less effort on the part of the Units to maintain regular meetings and the meetings which are still held are usually administrative in nature.

Up to the end of 1960 the City Council allowed at least a few members of staff to take time off to attend various conferences, institutes, and workshops. Now, however, the Council's policy in this regard has been to reduce attendance to such programs to a minimum (the C.S.S.D. Administrator does not have the right to send staff to conferences, institutes, and so forth, but must plead each situation personally before the Board of Administrators who are responsible to the Council). It will be difficult for the City's social service department to keep abreast of the new trends in treatment and rehabilitative practices in the field of social work with such a harsh policy in effect.

Staff Turnover:

In the past five years there has been almost a complete turnover of social workers within the Vancouver City Social Service Department. The reasons given for leaving the department have varied; a number of women have left to "return to domesticity", a few persons have retired, others have left in order to further their education or seek better paying or less demanding employment both in and out of the field of social work. Some highly trained staff have moved to the private or voluntary agencies where caseloads generally

are somewhat smaller and the work often more specialized. Too often the professionally trained workers in the City lose some of their finer casework skills simply because they do not have the opportunity to exercise them. Often other agencies consider the public assistance workers in Vancouver "hard-boiled", seemingly becoming this way perhaps in order to cope with the tremendous problems and pressures of work with which they are confronted each day. The social workers employed by the City of Vancouver do not turn over as rapidly as the Provincial workers employed in the C.S.S.D. This may be due to the higher wages paid to the City workers.

Of necessity new staff must be hired but difficulties occasionally arise between the junior workers, with new ideas but little experience, and senior workers, whose ideas may be somewhat outmoded but who possess lengthy experience.

Supervision:

Lack of adequate supervision only adds to the long list of difficulties already noted above. With the ever-increasing caseloads workers turn more and more toward their supervisors for help in dealing with difficult administrative problems rather than for guidance in the more abstruse realms of casework. The supervisors in the City of Vancouver social service department have attempted to maintain casework standards of their workers, but how much casework service can be given when workers are faced with an ever-changing caseload population ranging in size anywhere from 130 - 200 social assistance cases and often including many multi-problem families'.

There has been a growing trend in the City for Supervisors to take on the job of intake and even on occasion to carrying some of their workers' cases in order to relieve the latter of their enormous burdens. Needless to say, this is not only a perversion of function, but also a misuse of the Supervisor's talents.

Recruitment of Staff:

The Vancouver City Social Service Department is faced with another awkward situation. It must rely on the Provincial Government for 50% of its social work staff under an agreement it made with the Province many years ago. Consequently, even though the City of Vancouver can hire more workers it refuses to hire more than a number equal to the present maximum set by the Provincial Government as any extra staff would be a 100% City charge. An important example, even with the recent provision of the Department of Welfare for an additional sixty workers to the Provincial social service staff, none will be allotted to Vancouver. To overcome the need for increased staff, the C.S.S.D. administration has had to hire "clerks" (recently reclassified and now being called "Social Service Assistants"). They are being used to process the applications of the single unemployed men. They do not officially attempt to give service other than to review financial eligibility periodically and perhaps act in a referral capacity. The costs of employing these clerks are borne by both Provincial and Municipal Government - the Provincial government reimburses the City of Vancouver for 50% of the costs. As a result of the difficulties in procuring trained staff, the C.S.S.D. is again faced with the need to find a more optimum deployment of its present staff if a rehabilitation program is to be attained.

Budget Deficiency or Standard Grant?

The Vancouver and British Columbia Welfare Departments today generally give cash relief to their clientele at a set rate of assistance per month according to the number of individuals involved in each case. For example, a single person, eligible for the full rate of assistance, would receive \$66.00 per month; two people living together would receive \$103.80 and so forth in approximately \$21.00 increments to the maximum rate of assistance established for a family group of eight in the amount of \$234.00.* It has long been argued by the supporters of the above program that not only is there greater equality of giving in such practice but that the client feels more secure as he knows what his cheque will be from month to month. Another argument in favour of the above program is that it is much easier to administer and requires far less accounting than does the budget-deficiency system. What has been given too little attention, however, is the fact that the basic material needs of the clients are not being met. The public assistance workers in Vancouver are constantly referring their clients to other agencies for help in obtaining such things as furniture, clothing, shoes, layettes, and other necessary items. Not until higher rates of assistance and/or a budget-deficiency system of assistance-giving is put into practice, thus recognizing the difference in need from person to person, will this Province and the Vancouver City Social Service Department be able to achieve more optimum rehabilitation of its social assistance recipients. It may be that the following

* See Appendix 2 for details regarding the present rates of social assistance.

maxim indicates the reason that the budget-deficiency program as well as higher rates of assistance have not been effected:

"The quality of public welfare services is a reflection of the level of community conscience..."¹

It is perhaps the fault of the people in British Columbia that our social assistance recipients are presently "existing" and not "living". The Vancouver Community Chest and Council's report of September, 1958, on "The Adequacy of Social Assistance Allowances in the City of Vancouver" revealed that "the gap, measured as a percentage of existing allowances, was found to range from a low of 21% to a high of 55%" (see Appendix 2 for present gaps).² Since this report was published the social assistance rates in Vancouver and British Columbia have been increased 20%.

Salaries and Wages:

Although the wages of the workers hired by the City of Vancouver are lower than those recommended by the British Columbia Association of Social Workers, this is only one of several problems in this area. One of the injustices affecting the social workers in the C.S.S.D. is the rather large difference (about \$65.00 at the highest increment) between them and the Family Court workers, many of whom have had no professional training. The educational standards of the latter seem to have been raised somewhat in the past few years, but the C.S.S.D. workers have argued that their work is far more demanding and their educational requirements higher. Attempts are now being made by the Vancouver City Social Service workers to have these differences adjusted.

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1. The National Association of Social Workers, Goals of Public Social Policy, New York, 1958, p. 16.
 2. Community Chest and Council of Greater Vancouver, Report to the Community Chest and Council on The Adequacy of Social Assistance Allowances in the City of Vancouver, The Adequacy of Social Allowances Committee, Vancouver, B. C., September, 1958, p. ii.

A further difficulty in this area is that the social workers employed by the City of Vancouver are not considered separately from other "inside" civic workers and consequently any increase in wages depends on how skilfully the employees' union is able to present the need for either wage increases or special increments to the City Council. No consideration is made for the difference in the kind of work or demands being made upon the persons in the various types of employment represented. Almost no recognition is given for any overtime that the social workers are increasingly faced with in attempting to manage their high caseloads and part of this is due to the fact that the union has determined the hours of work, with consideration for overtime, but the City has been loathe to recognize the need for it. The problem here then is one of a quasi-professional group of social workers who must operate in the confines of a bureaucratic structure. It would seem to be a far better plan for the social workers to remain apart from the union altogether or, at least, be allowed to have the union bargain for their group apart from the other employee groups.

A third fact to be recognized is the difference in salary scales between the Provincially hired employees and the City workers who are working side by side and doing essentially the same type of work. The Provincial employees, who were once better paid than the City workers, are now receiving wages well below their City competitors. Some repressed resentment is the result. This problem will be increased if a redistribution of staff is made and conceivably some Provincial workers with higher skills and training are expected to do specialized work with the more difficult cases. The City

Social Service administration has attempted to change this situation by asking the Provincial Government to pay half the costs of the social work staff it employs rather than provide half the actual numbers of social workers. The Provincial Government refuses to participate in such a scheme possibly because the City would immediately increase its staff and charge the Province for 50% of the costs.

A fourth fact to be reckoned with is that there is no difference made by the Vancouver City Hall in terms of a difference in wages for the amount of experience and training of the social worker employed. A person with a Master of Social Work degree would start at the same rate of pay as a person with less than a Bachelor of Arts degree, consequently, there is little incentive on the part of the workers to attempt to further their education.

Intake:

A handicap of the Intake office at the Main building of the C.S.S.D. is the physical setting. The office faces, and is almost level with, an alley used by many commercial vehicles throughout the day and consequently the noise level is always high. The only ventilation comes from the windows facing the alley and if these are kept open dust eventually covers everything in the office. Sound-proofing is almost completely lacking, and conversations, which are supposed to be "confidential", are heard throughout the office. The effects of such conditions on the staff and applicants needs no emphasis. Another problem is that the waiting room itself is extremely small. Pregnant

women and women with small children must (while waiting to be seen by the inadequate number of staff) sit (or often stand) in close proximity to drunken, or mentally disturbed, men and women who have on occasion even become violent. The Main Office, opened in 1954, is already far too small to handle the number of people now at its doorstep. Even the Unit offices in this building are overcrowded.

The single unemployed men in receipt of social assistance from the C.S.S.D. (now numbering over 2000) are interviewed in the former auditorium located in the basement below the main Intake Office. Little sunshine reaches this room and the ventilation here, too, is very poor. Privacy, allowing for confidential interviews, is extremely limited. There is little likelihood of any changes being made in these plant facilities in the foreseeable future.

Apart from the physical setting there has been controversy as to whether the main Intake Section should do more than just determine financial eligibility and attempt assessment of the applicant's need for rehabilitative treatment. Factors against the development of such a service at the present time are the inadequate physical facilities described above and the lack of staff to man such a program in both numbers and degree of training.

Some Client Groups:

(1) The Aged (65 Years and Over):

For many reasons, including climatic, Vancouver has attracted an increasing population of people aged 65 years and over. As of March 31, 1960, the total number of people aged 65 - 69 in receipt of Old Age Assistance in British Columbia was 7,391; the number of people aged 70 and over receiving

the Old Age Security and bonus in British Columbia was 35,493. The corresponding age group being handled by the Vancouver City Social Service Department as of January 31, 1961, was 2,542 Old Age Assistance recipients and 8,467 of those persons in receipt of Old Age Security and Bonus. With such a large concentration of these groups in Vancouver, the C.S.S.D. has been confronted with a great demand for boarding and nursing home care. The agency has a special Medical Section staffed by trained nurses who have the arduous task of finding suitable nursing and boarding home accommodation for those unable to pay for such care themselves. Although the nurses find and place those needing care in such homes as required, it is the duty of the district visitor, a social worker, to visit at least once per month to have the patients endorse their pension cheques which the City applies to the costs of their residential care. It is stressed by the Welfare Director and Medical Supervisor time and again that these people also need other services and that the workers should take time to determine the needs of this group. The workers, quite realistically, however, have little time to spare for those in boarding and nursing home care, knowing that they are at least being sheltered, clothed and fed, whereas many of their social assistance recipients are not and require more immediate attention. In consequence the services to the aged in care are somewhat meagre.

Visits are supposed to be made to those in receipt of Old Age Security and Bonus living at home approximately once in every 4 - 5 years but many have not been visited for the past seven years. Generally, any extra service is given when the client requests it, or when a need is spotted by

the worker while visiting at the Pension Board's request (the Pension Board has flooded the C.S.S.D. pension workers offices with memos to visit and clear eligibility for the Bonus portion of the Pension since the budget-declaration system was implemented in January, 1961). Visits to those in receipt of Old Age Assistance were required once a year, but it is often difficult for the workers handling the pensions caseloads to achieve even this and now many of the visits are only being made when requested by memo from the Old Age Assistance Board. In South Unit the single pensions worker is attempting to carry over 3,000 pension cases; in West Unit the two pension workers have caseloads of well over 2,000 each. With caseloads as high as these it is clearly preposterous to expect an individualized casework service. Moreover, the same workers are also responsible for clients in receipt of the Blind and Disabled Pensions.

(2) The Unemployed:

From 1945 to date there has been an increasing problem in Vancouver and elsewhere with regard to the treatment of the unemployed in receipt of public assistance. All three levels of government have been reluctant to consider the needs of this group as being similar to those classified as unemployable, but the public assistance personnel working with these people have found that their conditions are not too different. In a cursory survey of two caseloads located in Vancouver's West End, psychoneurotic behaviour or emotional disturbances were found to be affecting many of these so-called "employable" people. In one caseload marital problems and those involving child welfare also were apparent in many cases. The workers have been well

aware of the need for services for this group, but because of the lack of time and the shortage of staff social services (by Government regulation) are not to be given to this group except in extreme emergencies and then not over a prolonged period. Medical services to this group have now been discontinued. The reasoning would appear to be that these people are not subject to ill-health, or perhaps it is because the Provincial Government rather optimistically hopes that they will soon find work and thus be able to pay their own medical expenses. Whatever the reason for them, one result of such benighted policies is that service clubs and private agencies have had to bear the brunt of numerous requests from the needy unemployed to help purchase necessary medical appliances.

Another question which might be raised regarding the unemployed employables in receipt of social assistance is, "should the emphasis on rehabilitative treatment be focussed on this group rather than the unemployables, many of whom will never be able to work again in view of their handicaps?" It might be more economically advantageous to society if a greater emphasis was placed on providing service to the unemployed employable where needed in an effort to reduce the number requiring social assistance. This is a subject which bears much closer scrutiny and discussion. Research cannot answer this kind of question as it is more a matter of policy dependent on value judgments.

Unemployment insurance and supplementary benefits have changed the picture of dependency, but the following cases and groups of workers still require help during periods of unemployment:

1. Workers not at present covered by Unemployment Insurance or supplementary benefits;

2. Workers who have exhausted their rights to benefits before re-entering productive employment;
3. Workers with large families or other dependents whose insurance income is not large enough for the total family needs during periods of unemployment.¹

Types of Households:

In a study made by the Community Chest of Vancouver in 1958 it was found that 80% of the social assistance caseload was made up of single people whose financial resources had been exhausted through "extended illness, unemployment, and partial disabilities which have limited or destroyed their productivity".² Many of these people live in isolation because of their lack of either internal or external resources upon which to draw. Many of these people are migrant or transient workers who are often treated as "social parasites" when they are unable to maintain themselves. A large number of social assistance recipients are made up of couples whose mode of living and accommodation is similar to that of single persons on public assistance. Many of these people are near but have not yet reached pension age and are unable to maintain themselves for such reasons as have already been mentioned above.

Public assistance caseloads in the more settled residential districts of Vancouver include numerous family cases. In many of these families there is only one parent, in others both parents are present. In both types of cases, however, the parents are "charged with an additional responsibility of rearing a family on a drastically curtailed income", and frequently "with

1. Report to the Community Chest and Council on the Adequacy of Social Assistance Allowances in the City of Vancouver, The Adequacy of Social Allowances Committee, September, 1958, P. 6.

2. Ibid., P. 8.

impaired capacities to assume additional burdens".¹

The reasons for one parent families are numerous. Divorce, separation, desertion, or death often have left one parent to be confronted with the heavy responsibilities of caring for the children in the family. And, "the absence of one parent may leave a vacuum and/or stigma in several aspects of the child's life".²

Other Issues:

Vancouver is now regarded as having one of the highest delinquency rates in Canada. The incidence of drug addiction, alcoholism, and criminal activity has increased in the post war years. Divorce, desertion and the numbers of unmarried mothers have also increased in this City. Many of these people are unable to maintain themselves and turn to the C.S.S.D. for financial help - essential help which the workers have little time to give. These are people often requiring long term intensive casework and even psychiatric services. As more and more social insurances are provided by our governments to assist the unemployed, the aged, blind and disabled, the social assistance cases are showing a greater concentration of the socially malfunctioning individual. Thus, even without the large numbers of unemployed, which from the point of view of providing effective service have made a bad situation worse, there still remains a sizeable group of persons whose problems call for skilled, sustained casework services.

Home visiting by the workers is now mainly done to review continued

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1. Report to the Community Chest and Council on the Adequacy of Social Assistance Allowances in the City of Vancouver, The Adequacy of Social Allowances Committee, September, 1958, p. 6.
 2. Ibid., P. 10.

eligibility rather than to give rehabilitative service to such groups or individuals that would thereby benefit. In consequence, visiting to "multi-problem" families, lonely single persons and so forth is done usually for administrative reasons or if a crisis occurs in a particular case.

Clients' Problems in Two Typical Caseloads.

A brief survey was made of two typical West Unit caseloads in an attempt to determine wherein lay the clients' major problems. The first caseload (Caseload A) is located in the area between False Creek and Sixteenth Avenue, Granville and Cambie Streets. The worker in charge of this district has had several years' experience here and has completed one year post-graduate training in social work. The area in which she works is part of the False Creek "horseshoe" containing many multi-problem families and severe slum conditions. The second district reviewed (Caseload B) is the area between Burrard Inlet and English Bay from Jervis Street to Stanley Park and contains a rather transient population with far fewer families than Caseload A. The worker handling this district has had several years' experience with the Provincial Social Welfare Branch and does not have any post-graduate training in social work. She has been with her present caseload for less than a year and is still unfamiliar with many of her cases. Table 3 below shows the composition of the number of cases per worker in these two caseloads divided respectively into two categories, (a) the "indigent" or so-called "unemployable" recipient of social assistance and (b) the "employable" unemployed individual or family head. An additional 36 persons in Caseload A and 30 persons in Caseload B who are in boarding and nursing homes, have also been assigned to the respective workers (not included in Table 3).

TABLE 3.

Composition of Two Sample Caseloads in the
Vancouver City Social Service Department, March, 1961

CATEGORY	Number of Persons		Number of Cases		Average Number of Persons per Case	
	A	B	A	B	A	B
Indigent	184	131	117	94	1.57	1.39
Employable	167	71	58	32	2.88	2.21
TOTAL	351	202	211	126	2.00	1.60

The principal kinds of problems found in the two caseloads as reported by the two workers in March, 1961, in a cursory review of their cases are summarized in Table 4. There is an overlapping of problems in some of the cases. "Mental Disease" refers to the more serious mental illnesses such as schizophrenia, manic-depression, psychopathic persons and so forth. "Psychoneurotic or Emotional" problems refer to mental illnesses of a less serious nature and where there is no psychotic behaviour. "Marital" problems include cases where there is serious discord between husband and wife, but no separation, and divorce (within the past year), desertion, or separation cases. "Child Welfare" problems refer to those cases where there is either physical or emotional neglect, or both, of the children. "Other" refers to all other problems not already mentioned such as housing, problems with relatives and in-laws and so forth.

TABLE 4.

Classification of Problems in Two Sample Caseloads of the Vancouver City
Social Service Department--March, 1961

PROBLEMS	CASELOAD A		CASELOAD B	
	INDIGENT	EMPLOYABLE	INDIGENT	EMPLOYABLE
<u>MENTAL DISEASE</u>				
Diagnosed	11	0	18	1
Suspected	2	1	3	2
<u>PSYCHONEUROTIC/EMOTIONAL</u>				
Diagnosed	5	0	14	0
Suspected	56	22	26	9
*(Alcohol)	(15)	(4)	(10)	(0)
*(Drugs)	(2)	(0)	(0)	(0)
<u>MENTAL DEFICIENCY</u>				
Diagnosed	6	1	0	0
Suspected	7	0	0	0
<u>MARITAL</u>	28	9	4	0
<u>CHILD WELFARE</u>	23	17	5	0
<u>DELINQUENT/ANTI-SOCIAL BEHAVIOUR</u>				
Criminal Record	6	0	0	0
No Criminal Record	3	0	1	1
<u>EMPLOYMENT</u>	9	54	1	31
<u>HEALTH</u>	65	10	56	1
<u>OTHER</u>	41	0	25	0
T O T A L S **	262	118	153	45

* Totals have been included in those under Psychoneurotic/Emotional.

** The totals refer to the prevalence in the two caseloads of all the problems listed; since an individual may manifest either one or more of the problems listed or none at all, the totals given are not commensurable with the total number of persons in the caseloads.

ADMINISTRATIVE COMPLICATIONS:

Recording and the routing of case files are an ever present problem in most public assistance offices and are not absent in the Vancouver C.S.S.D. Repetitious narrative material is evident throughout the files. The Accounting and Control entries are often submerged in the personal history of the clients making it often difficult to check the financial aspects of the cases quickly. Medical reports are frequently repetitious and letters or notes from doctors and T.B. reports often dating back for several years clog the files. There have been many attempts to determine how best to handle this situation, but the problem still exists.

An anomaly facing the social workers in the district units is the monthly delivering of comforts cheques which would be more cheaply done by a clerk, bonded if necessary. As there is little hope at the present time of the social workers giving any intensive service to those in boarding and nursing homes, the time they now spend delivering the above cheques could well be spent on other more emergent and difficult problems. Another solution to this problem might be to mail these cheques in care of the boarding or nursing home keepers. Certainly, some cheaper way of delivering these cheques should be found instead of using the services of professionally trained social workers to do such a routine task.

SUMMARY.

The Vancouver City Social Service Department is a large institution which is attempting to serve its public in the most positive way. It is,

however, beset by many difficulties as it is required to give varying kinds of service, including intensive casework, to an ever-increasing number of persons with no increase in its staff. Administrative, financial, and personnel complications are evident and staff deployment is not the most satisfactory even though the Department's administration has not been lax in attempting to improve these conditions. Deployment of staff is a complicated procedure, but even with a satisfactory distribution of staff the above-mentioned conditions will need to be improved before a more efficient rehabilitative program can be established.

Similar situations have existed elsewhere on this continent. The ensuing chapter attempts to outline the various solutions to these difficulties in other communities which have had an opportunity to experiment with new programs.

CHAPTER IV

One of the first questions which must be answered prior to setting up a new or revised public assistance program is: "What is the purpose of the program?" Does the program have as its intent the meting out of public funds to those who qualify for financial aid and ignoring any other problems which the recipients of this form of assistance may have? Or, is the intent to offer sound rehabilitative treatment in order to help the recipient to again become self-maintaining? In this day and age this country as a whole has tended to move toward the latter program as being the ideal one to strive for. There has been doubt, however, as to whether such a program could be properly maintained in view of the great masses of unemployed which have swelled the already high caseloads to enormous proportions particularly in the past four years.

One solution to such a problem is to hire clerks and maintain a "dole" system of public assistance. The clerks would be responsible for establishing whether or not a public assistance applicant was eligible for any part of the program and if not, hopefully, the clerk might be able to assess the applicant's request skilfully enough to determine whether or not a referral to some other agency is needed.

For a rehabilitative type of program, what are the alternatives? Research programs in many parts of the United States and a few in Canada have attempted to determine the most satisfactory answers to this question,

but there is such a wide divergence in the geographic areas in which studies have taken place and a great divergence in local cultural patterns, modes of living, and so forth, that what is a suitable program for one community is not for another. We can, however, use these various experimental programs as guides in establishing a program suited to our own locale.

The following studies have been arranged firstly, to give information about experiments conducted in other areas outside Canada and lastly, to describe some of the studies done in this country (some of these studies have been poorly documented). It is hoped that in reviewing these studies some answers may be obtained to the problems and questions that the Vancouver C.S.S.D. is now facing in regard to a better treatment and service program.

CHICAGO

Purpose:

Chicago's Relief Administration reorganized its public assistance program in the thirties in order to provide better social services to its clientele. Its policy was to be one of rehabilitation in accord with "good social work standards".¹ The experiment, which was conducted in 1938 (and a later one about 1955) was one of the first efforts of its kind to be recorded.

Method:

The first step was the setting up of a controlled experiment in which caseloads were cut in half from an average of 169 to approximately 80 cases per worker. In later years the Chicago Relief Administration

1. Harry M. Cassidy, Public Health and Welfare Organization in Canada, Toronto, The Ryerson Press, 1945, pp. 177ff.

(later to be known as the Department of Welfare of the City of Chicago) established a Work Assistance Program and an Industrial Training Centre to be included in the general rehabilitation program of that City. There was no set budget for rehabilitation and, with the reduction in caseloads, the workers had time to give professional social work services. "The attempt (was) made to provide all of the services needed by the clients...(with) a broad approach to rehabilitation."¹

Results:

At the end of the first experiment in 1938 it was found that although the administrative costs had risen by \$6,500 per month, the estimated savings in the cost of relief in the last month of the experiment were over \$20,000. This study showed a net gain of \$13,500 per month, or about 9% of the estimated total expenditures for both the relief and administration. It was also found that there was lower rate of case openings, and a higher rate of case closings. The staff, which was less overburdened and better organized during this experiment, was able to do a more intensive and effective job of rehabilitation.

In 1953 the expenditures of the Department of Welfare in Chicago approximated \$16,300,000. Some of this cost is directly returned to the City, however, in the form of the earnings of the Industrial Training Centre; from services received from trainees "in the service course carried on outside the centre", and from clients in the Work Assistance Program. Because the social workers had more time to work with their clients aiding

1. Frank Victor Wiedeman and Harvey Sheldon Lammer, Municipal Policy in Social Assistance, Master of Social Work thesis, University of British Columbia, 1959, pp. 106 - 107.

in their successful placement in private industry, the savings in assistance costs each month ranged from \$15,000 to \$20,000.¹

MICHIGAN

Purpose:

In 1959 a program of in-service training and reduced workloads was instituted in the Aid to Dependent Children program to determine whether as a result of such innovation the public assistance worker would be better able to provide some of the necessary services to his clients.²

Method:

In the first experiment caseloads were reduced from 100 to 50 cases per worker. The latter were not required to process in-coming applications for financial assistance. These workers were under the supervision of a special training supervisor, whereas, in the second experiment the workers were under the supervision of case supervisors who had received in-service training from the special training supervisors. "In both experiments four groups (there were about 5 - 8 workers per group) of workers were used and various combinations of the above variables assigned so that from appropriate comparisons of findings for the groups one could infer the independent or combined facts of training and reduced caseloads."

Results:

The conclusions indicated that training was most effective for public assistance workers when provided by skilled training supervisors coupled with ample time for the workers to hold frequent interviews with

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1. Wiedeman and Lammer, Municipal Policy in Social Assistance, pp. 106.
 2. Edwin J. Thomas and Donna L. McLeod, In-Service Training and Reduced Workloads, New York, Russell Sage Foundation, 1960.

their clients. Small caseloads were a necessity for workers to do a more intensive job with families on public assistance; 50 or less was the recommended size. The results of the study also concluded that to achieve changes in the workers' intellectual skills, attitudes, values and beliefs related to the provision of casework (other than motivation to help recipients) required a training program consisting of more than 60 hours of instruction. There was no attempt made to assess the dollar savings that might result from reducing workloads, but it was felt that there would be a net dollar savings from reduced relief costs as a result of the increased self support and strengthened family living for the recipients. The study showed that reduced workloads by themselves do not bring about any positive changes for the worker and, therefore, the reduction of workloads is not an appropriate method to bring about improvement of the skill or ability of workers. "Thus, there is a definite ceiling at how much workers can accomplish with reduced workloads if they are not also given in-service training."

THE YOUNGHUSBAND REPORT

This Report¹ recommends the classification of cases according to three levels of complexity with a corresponding classification of social work staff according to different levels of competency. The cases would be classified as follows:

1. People with straightforward or obvious needs who require material help, some simple service, or a periodic visit.

1. Eileen L. Younghusband, Chairman, Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services, London, Her Majesty's Stationery Office, 1959.

2. People with complex problems requiring systematic help by professionally trained and experienced social workers.
3. People with problems of special difficulty requiring skilled help by professionally trained and experienced social workers.

The classification of workers would be as follows:

1. The "welfare assistant" whose function it is to relieve trained social workers of straightforward visiting and other duties in order that their skill may be used to greater advantage. A suggestion is made that they be used in work with the elderly and handicapped than, for instance, with the mentally ill or unmarried mother.
2. Those workers with general training in social work requiring two years of study and leading to a National Certificate in Social Work.
3. Professionally trained and experienced social workers who would undertake casework in problems of special difficulty.

The "welfare assistant" could play a part in the home help service and might also visit mental defectives where the home situation was relatively stable. The Younghusband Report recommends that this grade of worker be used only where there is a planned and continuing in-service training program provided. The welfare assistant would always be attached to, and work under, the supervision of qualified social workers.

The second classification of social worker would deal with the more complex problems which demand a higher level of skill and insight than required by the untrained workers or the worker without adequate training in social work. They would be under the supervision of an experienced or more highly qualified officer and should eventually have opportunities for further training.

The Younghusband Report suggests that after gaining sufficient experience the workers in the third category should be used to undertake initial interviews when the information available suggests there may be a particularly difficult problem. The purpose would be to assess the kind of help needed, and the willingness of the individual or family to receive it. They might also act as advisors or consultants to other social workers in various areas of social service and may also be used to teach or guide newly qualified or appointed social workers. A third area of employment would be as caseworkers for those needing the most skilled help with personal or family problems which are preventing them from making the best attainable social adjustment. It is noteworthy that another study made in Boston, U.S.A., adopts a system of classifications similar to that recommended in the Younghusband Report and considers workers classified in group 1 above could carry 103 cases (an optimum but not a maximum number); group 2 workers as described above would carry not more than 63 cases and workers in the group 3 category would carry not more than 38 cases.¹ The number of cases to be carried by the last two categories of workers was considered not only an optimum but also a maximum load size.

SAN MATEO COUNTY, CALIFORNIA:

A similar classification was used in San Mateo County, California.²

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1. Community Research Associates, Inc., New Directions in ADC; New Methods and Insights, New York, Aid to Dependent Children Project, Overseers of the Public Welfare City of Boston, April 2, 1959.
 2. San Mateo County Social Service Division, Department of Public Health and Welfare, Case Classification and Family Roster, July, 1959.

According to the system adopted in this particular demonstration project, Service level 1 includes "family-centered casework for hard-core and multi-problem families geared to families who have been diagnosed as suffering from severe, chronic, social and emotional mal-adjustment. These families are usually not only multi-problem but multi-agency families. Service level 1 also includes work with family groups with rehabilitative potential who will benefit from preventive intervention. The caseworker assumes responsibility for the problem solving for all members of the family group, and also helps integrate community services needed by these families around the total problem.

Service level 2 of the San Mateo study includes the basic service of the financial assistance agency, plus additional social services related to the planned improvement of identified problems. It may involve assisting the family or its members to secure needed medical care, the use of job and vocational resources; suggestions about adequate child care; referral to other community resources and so forth. Specialized social services may include the casework services involved in giving specific services of foster home placement, institutional placement, homemaker services, and extra financial assistance above and beyond the basic eligibility and determination of the grant. Problems in this service level often require some period of skilled casework service focussed on resolution of a specific area of mal-adjustment or a social problem, but usually in a client-caseworker relationship with the person who has the problem and does not extend beyond to the family constellation.

Service level 3 would include basic eligibility and determination of the grant as the principal service given in the public assistance agency.

MARIN COUNTY, CALIFORNIA:

The purpose of the Marin County study¹ which took place between 1951 and 1956 was to make administrative changes geared to obtaining better trained staff and increasing services to clients. All divisions of the State Department of Social Welfare were represented in this "empirical" study. County, State, and Federal and private agency staff co-operated in pulling together observations and available statistics; securing objective evaluations of case movement of the cases active in 1956; and identified administrative actions and casework practices which contributed to the achieved results. The study was concerned with the overall administrative changes from 1951 - 1956 of the Family Care Unit which was established to handle all general assistance cases of families with children and all Aid to Dependent children cases. Prior to the administrative changes this agency was housed in two separate buildings. There was a lack of co-ordination and clear-cut division of responsibility within the department. Supervisors were overburdened with clerical work and there was a back-log of work, and low staff morale.

Objectives:

1. Efficient co-ordination of efforts within the agency.
2. To keep the Board of Supervisors and the community informed of the welfare needs and activities.
3. To secure better trained staff and supply a staff development program.
4. To reduce caseloads so that not only eligibility could be determined but also, provide rehabilitative services.

Changes:

In 1952, after a review of the above program the following administrative changes were made: (a) a Family Care Unit was established,

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1. State of California, Department of Social Welfare, A Study of Marin County California, Building Services Into a Public Assistance Program Can Pay Off, 1958.

(b) only one worker was assigned per case, (c) the more difficult cases were transferred to the specialized Child Welfare Services Unit where caseloads were around 35, (d) an experimental caseload in the Family Care Unit was established of 24 chronic cases to identify the major problems in these families, help the parents provide better homes for their children, and economic rehabilitation if possible, (e) a plan was initiated for staff development, (f) clerical services were centralized, and (g) more adequate central controls were established.

Changes occurring between 1953 and 1956 were as follows: 1) caseloads were reduced (from 85 to 40-50) and cases assigned according to the problems and treatment involved and the individual strengths of the workers, 2) better qualified staff were secured (one year of graduate training plus one year of experience in family or child welfare work, or two years of graduate training in social work were the new minimum requirements), 3) provision was made for more adequate supervision, 4) the position of medical liaison worker was established, 5) there was a correlation of work with the District Attorney's office (the latter attempted to find husbands who had deserted in an effort to obtain financial help from them for their wives and children), 6) a consolidation of the Department's two offices was made, and 7) a reduction was made of the clerical duties of the social work staff by streamlining the paper work of budget changing, transferring and closing of cases, routine residence clearance, and checking of school attendance and court records.

Results:

This study concluded that to give the kind of rehabilitative and preventive social services required in this study necessitated the use of

staff having professional social work training and being allowed to work under conditions which permitted and even inspired them to "utilize their helping skills to the utmost". The following Table shows the actual savings in assistance costs in the years 1954 and 1955 during the months from July to September;

TABLE 5.¹

Areas of Cost	JUL-SEP 1953	JUL-SEP 1954	JUL-SEP 1955
Aid to Needy Children	\$114,000.00	\$117,600.00	\$87,900.00
General Relief	21,600.00	30,600.00	20,800.00
Salaries	6,500.00	10,700.00	12,300.00
Total	\$142,900.00	\$158,900.00	\$121,000.00

MINNESOTA:

Purpose:

The Work Re-Orientation Project in Minnesota (in operation since 1953) is aimed at finding and testing methods by which public welfare can control and prevent the basic social problems of dependency, ill health and maladjustment.¹ The project began in three selected counties but has gradually been expanded to include 34 of the State's 87 counties.

Two problems which concerned the Department of Public Welfare helped the project to get under way, namely: 1. A substantial proportion of the caseload was made up of families requiring the most intensive service the

1. An Abstract of "Re-Orientation for Treatment and Control, an Experiment in Public Welfare Administration", sponsored by the Minnesota Department of Public Welfare and Community Research Associates, prepared as a special supplement for Public Welfare, n.d.

community could muster. These were in contrast to the cases in which financial aid was the only service necessary or possible. 2. Despite these differences, existing operations placed great emphasis upon administrative categories and within these categories cases were viewed and handled in a uniform manner. Caseworker effort was dissipated over the total caseload; large workloads and inflexible administrative requirements often resulted in nothing more than periodic home visits, simply to verify the continuing need for assistance.

The project began its operations on the following assumptions:

1. That public welfare social workers will continue to carry large caseloads;
2. That, in the foreseeable future, the majority of public welfare social workers will not have degrees from graduate schools of social work;
3. That, if public welfare social workers are to practice social work, then ways must be found for reducing the amount of time now spent in establishing eligibility, proving continuing eligibility, mandatory home visits, narrative recording, etc.

Objectives:

1. to obtain evidence about the problems, service needs, and relative potential for social and economic rehabilitation of the families,
2. case differentiation for administrative and service purposes distinguishing between those cases requiring only ameliorative aid from those requiring corrective or restorative help, and
3. redistribution of staff time, resources, and skills so as to concentrate services where most needed.

Method:

1. Case Classification - all families were described as type alpha or beta. The former were cases requiring casework, medical, vocational, or other services that presumably would help resolve the major problem presented. The latter group did not require or could not be aided by services other than those of an ameliorative nature. Agency personnel judged the cases as to whether they were considered either in the alpha or beta category. The alpha loads consisted of no more than 30 families per caseworker.

2. Home Visiting - a more relaxed policy of home visiting was established which did not insist that all cases be visited personally in order to review eligibility; instead, office visits could be used and form letters sent out requesting the client to come in for this purpose.

3. Recording - to economize on the time spent recording case material, Minnesota adopted a form to be used to show current eligibility and budget factors. This was not a substitute for recording specific case problems, but was used to reduce or eliminate the necessity for dictation and transcription in many of the more routine cases.

4. Case Aides - the project used case aides to assist in such tasks as gathering vital statistics, obtaining residence and property verifications, transporting clients, and the securing of resources and budgetary information in routine eligibility reviews. The executive secretaries in each of the project counties designated personnel from their existing clerical staff as case aides -- usually with experience as agency receptionists. Their efforts were to be aimed solely at freeing casework time in order to raise service standards.

5. Staff Re-orientation - the information from this study showed that neither in general outlook nor specific methods are casework staffs now prepared for:

- (a) preventive problem solving
- (b) service priorities
- (c) systematic diagnosis
- (d) treatment activity
- (e) qualitative (as opposed to technical) case supervision

Results:

1. Case Classification and Case Management - The above project method made a start toward developing classifications appropriate to administrative support, control and enforcement of a treatment program. Two of the counties found the new pattern workable, but the third county, because of key staff absences for extensive periods and an unexpectedly heavy workload during the project year, was forced to abandon caseload distribution as had been originally attempted. Their experience indicates that a reshifting of caseloads without consideration of staff additions cannot be lightly dismissed.

2. Home Visiting. - The new policy and program was found to be a workable and economical procedure.

3. Recording - It was felt that procedural streamlining should be undertaken in relation to objectives for improved social service rather than narrow economy alone. The new system itself was found to save much time and effort.

4. Case Aides - All three counties found the use of case aides important in saving the time of the more skilled and higher paid workers. The work of the case aides was aimed solely at freeing casework time in order to raise service standards.

5. Staff Re-orientation - Unless all personnel understand and accept the basic idea of the family as the treatment unit, understand and accept the rehabilitative priorities implied in case classification, understand, accept and consciously use the therapeutic processes, "administrative re-orientation" is only "an empty phrase". At the end of the first year of the projects operations there was a better understanding of the basic concepts of the project.
6. Clients - Of the families selected for intensive treatment 28% have shown improvement in their major problem. Of the same group of families, nearly 47% are predicted to improve or maintain an already improved status.

VANCOUVER

Vancouver had changed its policy toward its public assistance recipients by 1940 from giving only financial assistance to giving rehabilitative services where necessary. During the year 1940 an experiment¹ was set up in South Vancouver to determine whether reduced caseloads would help the workers to provide better rehabilitative services to their clients.

Method:

A total of 1000 "relief" cases were studied in the experimental program. Assistance was given this program by the Provincial Government through its Unemployment Relief Branch. Approximately 100 cases were assigned to each worker who then set out to help his clients in the most positive ways, even helping them to find employment. Workers were chosen

1. Harry M. Cassidy, Public Health and Welfare Organization in Canada, Toronto, The Ryerson Press, 1945, pp. 178.

for their skills and training (some of these workers had completed the diploma course offered by the School of Social Work at the University of British Columbia).

Results:

Five months after the experiment began the total relief caseload was cut in half. The conclusion was that "as a result of careful analysis of every case, at least 30% had been closed as a result of the methods used". Some of this reduction, however, could be attributed to the improved economic conditions following the outbreak of the Second World War.

A second experimental project was carried out in 1949 to try to measure the results in a selected group of cases which had been given allowances adequate to meet their needs and had received service from a worker with sufficient time to develop helping relationships.¹

Method:

A caseload of 30 was given to a worker considered to have special skills in social casework. The number of cases had not been arrived at scientifically, but was suggested as a suitable number by earlier American studies. Regulations were administered "with sufficient flexibility to allow maximum use of the skills of the worker". The cases used were randomly selected to represent a general social assistance caseload as follows:

5 deserted wives, 7 separated wives, 2 divorced wives, 4 widows and widowers, 8 families, and 4 single persons.

1. Information obtained from the Minutes of the Meeting for Wednesday, December 9, 1953, to review the Control Group Project undertaken in 1949 - 1950, The Vancouver City Social Service Department.

Results:

After one year 19 cases were closed; in 5 cases there was limited improvement but family relationships were strengthened and "all lead more satisfying lives". There were 6 cases able to start part-time employment. The clients themselves "remarked on the humaneness of the worker" compared with what they had experienced in the "1930's" and wanted frequent visits.

The results showed that emotional problems are not always solved solely by financial grants. The examiners of this study (headed by Miss Marjorie Smith, formerly the Director of the School of Social Work at the University of British Columbia) felt that it was "neither practical nor desirable to have highly skilled case workers in all jobs in the public agency". It was recommended that further consideration be given to "the place of case work services in the public agency; organization of work on a selective basis and assignment of certain cases to skilled workers; not according to category, but according to complexity of the presenting problem" (diagnostic thinking and careful recording and evaluation would need to be improved). The examiners also felt that a review of the regulations restricting rehabilitation planning was needed. The final recommendations were as follows:

1. Provide financial assistance "commensurate with the cost of living and based on individual needs".
2. Individual caseloads be reduced to the point where workers can give
3. Intensive casework services where needed and best used.
4. 50% of the clients in the Control Group required psychiatric treatment - more services of this type should be made available to the Department.

CANADIAN WELFARE COUNCIL INTERIM REPORT.

A recent Canadian Welfare Council document¹ suggests two classifications of workers below the Supervisor to give direct service to public assistance recipients. The first classification would be that of the trained "social worker" who is defined as "a person who holds a degree or diploma from a recognized school of social work or is otherwise qualified for membership in the Canadian Association of Social Workers". The recommendations of the Council which could be applied to the program of the C.S.S.D. would use the "social worker" to deal with the cases where the clients' problems are (a) multiple in nature, or involve complex interpersonal relationships and (b) where the client's capacity to deal with his problems is inadequate to meet normal life stresses, unusual or acute situations, impaired by pressures such as unemployment, or chronic emotional stress.

The second classification suggested in this document is the "welfare assistant". The work area of the "welfare assistant" would involve (a) dealing with clients whose problems are simple and not involving complex inter-personal relationships, and (b) where the clients may have problems, but also a good capacity to deal with them. The "assistant" would be used to obtain required information where a third party is involved and would perhaps provide some counselling where he has developed special skills such as in the areas of employment, housing, and vocational training.

The Canadian Welfare Council brief states that the difference between the "social worker" and the "welfare assistant" would be that the

1. The Canadian Welfare Council, Public Welfare Division, Interim Report, Staffing the Public Welfare Services, February, 1961.

latter is able to recognize the client's need for professional services, but the former would not only be able to recognize, but be able to cope with the problem presented. This report does not, however, suggest what number of cases would be optimum for the workers to carry in either of the above two classifications.

SUMMARY:

This chapter has reviewed some of the major studies carried out in the field of public welfare regarding better use of staff to provide more effective service to clients. The common theme throughout has been reduction in the size of caseloads being carried by individual workers.

There appear to be three basic methods of staff and case classification. The first method is typified by Marin County, California, Chicago, Michigan, and Vancouver. Besides the common theme of the importance of reduced caseloads, three major approaches to the problem emerge. In one the emphasis is on skilled workers with reduced caseloads. In Marin County and Michigan the recommended cases per worker was 50; in Chicago, 80; and in Vancouver, 100, thus in 3 out of 4 studies of this system the recommended caseloads were well below 100 per worker.

The second method attempts two classifications of social workers; the first, a "welfare assistant" and the second, a trained "social worker". The former would carry cases of an administrative nature only with little or no attempt to provide treatment services. The latter would carry a small caseload (30 is the recommended number from the studies done in Michigan) and give intensive casework and other services, (the caseload would be

considered a "problem" caseload). The Canadian Welfare Council's Public Welfare Division in its Interim Report of February 27, 1961, has recommended this system as one method of solving the problem of staff deployment for better rehabilitative service.

The third method of classification suggested by the Younghusband Report of England, San Mateo County, California, and Boston's A.D.C. study is the use of three grades of workers and cases. The first category would be the professionally untrained worker who handles cases of an administrative nature only. The recommended number of cases for such a worker as suggested by the Boston study is 103. This is an optimum and not a maximum number. The second category would be social workers with some professional training and skills in social work who would carry cases with rather complex problems. The suggested number per worker as shown in the Boston study is a maximum of 63. The third category would be fully qualified professional social workers who would be required to handle a maximum of 38 cases which present "special" difficulties.

Other recommendations made in the above studies were: a review and revision of recording procedures, home revisiting policies; the use of case aides; in-service training; and re-orientation of the public welfare agency's staff toward the new goals of the agency.

CHAPTER V

IMPLICATIONS FOR PROGRAM DEVELOPMENT

The experiments conducted by Marin County, California, Chicago, and Michigan and reviewed in the previous chapter are typical examples of public welfare agencies using only one classification of social worker in giving direct service to clients. This does not exclude the use of case aides where practicable. These studies were set up with the philosophy that adequate service to the client could only be given by the public assistance workers if they were not overburdened with too many cases. In each of the above studies caseloads were reduced to what was considered a more manageable number of cases. The workers chosen were the most skilled available and were drawn from the existing staffs of the agencies. The results of all three of the studies using only one classification of social worker showed that better rehabilitative service could be given to the client which in turn led to a reduction of the social assistance caseload and a monetary saving to the taxpayer. Generally, there was a decrease in the number of problems encountered by these families as well as an increase in their ability to cope with them in a more effective manner.

The difficulty in establishing the above method in the City of Vancouver would be in obtaining the requisite additional staff. It would necessitate the City Social Service Department hiring approximately four times

the line staff it has at present if it was planned to pursue a program of reducing the caseload even to a generalized load of 100 cases per worker (including the pension categories). If the City were to follow the example of Marin County and limit its workers to 50 cases each then the number of staff required would be eight times the number of the present line staff (see Table below for further statistics in this regard). If the categorical pensions and Single Unemployed Men's cases were to remain apart from the social assistance caseloads, as they now do, then the number of social workers required would only have to be doubled as the present average social assistance caseload being carried by the district workers is about 190 - 200 cases* (the number of workers would have to be quadrupled if the workers were to carry only 50 cases each).

TABLE 6

Number of Social Workers Needed to Permit an Average Caseload
of 100 Cases Per Worker, Vancouver C.S.S.D. January 1961

UNITS	Social Assistance Cases	Workers Needed	Pensions Cases	Workers Needed	Total Cases	Workers Needed
CENTRE	905	9.0	1973	19.7	2878	28.8
EAST	1685	16.9	2674	26.7	4359	43.6
SOUTH	989	9.9	3210	32.0	4199	42.0
WEST	1363	13.6	3918	39.0	5282	52.8
Total	4942	49.4	11775	117.4	16718	167.2
Unemployed Single Men	2624	26.2	-	-	2624	26.2
TOTAL	7566	75.6	11775	117.4	19342	193.4

* Quoted from Assistant Administrator, April, 1961.

A second difficulty which would be encountered if the above system were to be effected is the lack of adequately trained staff. In the above studies the most skilled workers were and are being used. In the Vancouver City Social Service Department only 13 of the 41 line staff in the district Units have had any post-graduate training in this field and there is little likelihood of changing this situation in the foreseeable future.

Both the City of Vancouver and the Provincial Government are presently concerned with a "hold-the-line" budget policy and are reducing costs wherever possible. Although the Minister of Welfare for British Columbia promised in his 1961 report to the Legislature that there would be provision made for an increase of 60 additional staff in the fiscal year 1962 over that provided in fiscal 1961¹ not one worker will be allotted to the Vancouver City Social Service Department. Therefore, the single load classification method, which appears to be the most idealistic of the three, is entirely unfeasible at this time.

Two Classifications of Social Workers:

The Vancouver City Social Service Department has already made some notable attempts to redistribute its line staff with a view to achieving a better rehabilitative and treatment program. It is anxious to take whatever further steps are indicated and at the present time is considering introducing a two-fold classification of social workers of the kind recommended in the

1. Social Welfare Services in British Columbia, An Address Delivered by Hon. Wesley D. Black, Minister of Social Welfare in the Legislative Assembly, February 14, 1961, p. 7.

Canadian Welfare Council's Interim Report and in the report on the Minnesota projects. The suggested number of cases to be handled by the more highly trained staff in Minnesota's project was 30 cases (in St. Paul the "permanent" workers carried only 20 cases). In Vancouver the proposed number is at least 100 cases, and all of the complex or multi-problem type. The remaining cases would be handled by the less trained workers who would be dealing with the eligibility factors only. In all the major studies to date, one hundred "difficult" cases would be considered a completely overwhelming number for one worker to handle on more than a superficial basis and it is questionable whether the small gains - not to mention possible losses - likely to result from this redistribution justify the major administrative changes involved. Highly trained social workers could not, and should not be expected to produce favourable results with so many cases to carry. It would be a waste of their skills and the most that could be hoped for in such an arrangement would be that intensive casework services would be given to a few cases with the remainder of the caseload being dealt with only superficially; or the "social worker" would attempt merely to give "some" service to all his clients, but intensive service to none. Both clients and workers would suffer (the latter because of the frustrations arising in not being able to give service where it is badly needed) and the purpose of classifying caseloads in the first place would be negated. A further disadvantage would be the probable disappointment of the administration's and public's hopes in the efficacy of the scheme with consequent reluctance to support more firmly grounded experimental projects in the future.

The requirement which the C.S.S.D. would find harder to meet in the two-category rather than in the single or three category system is the actual ranking of workers into skilled and unskilled. Conceivably, there would be a wage differential, and as the City Council is intent on holding wage levels of its employees at their present level, it is possible that some of the workers would experience a reduction in their present salaries. Only a lowering of staff morale could be expected in such a move (if the salaries are increased there will still be a wage differential but the effects may not be as great) and there would be needed much interpretation to the staff regarding the desirability of the new program. The C.S.S.D.'s administration will have to be quite positive in its own mind that such a change is warranted and that it will be beneficial to the agency's ultimate goals toward a rehabilitation program. If they are not, there will likely be disorganization, confusion, and a lowering of the staff's morale. It is to be hoped that wages may be increased instead. Another problem which may occur as a result of the above system is that there would be little incentive on the part of the remaining workers, who would carry the less complicated caseloads, to seek further professional training in social work with the view of returning to the C.S.S.D. as there would be too few positions open to them (there may only be one or two workers per district Unit who would carry the "problem" caseloads).

A possible breakdown of the numbers of staff required under the two category system is shown below. The numbers of cases listed are the totals as of January 31, 1961, in the Vancouver C.S.S.D. The total number

of line workers including the 9 (3 temporary) social service assistants is 48. The Table below shows the necessary number of social workers of a two classification system if the workers carrying the "problem" cases are required to handle a maximum of 100 cases each. More positive results could be expected from this method of caseload and worker classification if the numbers of "complex" or "multi-problem" cases to be carried by the most skilled workers is considerably reduced from the suggested 100 cases per worker.

TABLE 7.

Two Fold Classification of Problem and Non-Problem Caseloads¹
(Vancouver C.S.S.D. Caseload, January 31, 1961)

CATEGORY	Social Workers		Assistants		Social Workers		Assistants	
	Workers	Cases A	Workers	Cases B	Workers	Cases A	Workers	Cases B
Social Assistance Only	4	100	28	1622	8	100	24	172.5
Social Assistance Plus Pensions	4	100	35	466.2	8	100	31	513.4
All Categories	4	100	44	430.5	8	100	40	463.5

1. Cases - refers to individual recipients and heads of families. Problem and Non-Problem is terminology selected by the C.S.S.D. to represent A. complex and multi-problem and B. minor problems and administrative cases.
2. For purposes of allocating staff the C.S.S.D. has recently divided its caseloads into two kinds: A includes families of complex and many problems and B includes all the rest.

A Three-Fold Classification of Social Workers.

The Younghusband Report, as outlined in Chapter IV, illustrates the use of three grades of workers to handle respectively three classifications

of caseloads. The most skilled and professionally trained social workers would carry cases in which there were problems of "special" difficulty; the clients with complex but of less difficult problems would be carried by the "general purpose social workers" and the cases with the straightforward or obvious needs would be carried by the "welfare assistant". The recommended number of cases to be carried in this three category system in the Boston study previously referred to was 38 "special" problem cases, 63 "complex" cases, and 103 (an optimum but not maximum number which could be handled) of "straightforward" cases.¹ This system would require either a more intensive screening of applications (to determine into which of the three categories they fall) at the Intake level by highly trained workers over a more prolonged period than is the practice under the present system at the Vancouver City Social Service Department; or, careful screening at the Unit level by the Supervisors. As has already been mentioned above, the present policy of both the City and Provincial Governments to reduce expenses wherever possible negates the possibility of establishing a more intensive program at the intake level in view of the number of additional workers and increased physical accommodation which would be needed.

In determining the extent of rehabilitative service which will be required a guide will be needed to identify and classify the problem of the client. San Mateo has drawn up such a guide which might be used by those whose job it will be to screen or evaluate the problems in each case (see Appendix 3). It will also be necessary to devise a more realistic system

1. Overseers of the Public Welfare City of Boston, New Directions in ADC, Part I, New Methods and Insights, Aid to Dependent Children Project, New York, April, 1959. (This is a confidential report not for release without the permission of the Secretary of the Boston Public Welfare Department.)

of classifying cases according to their composition instead of the undifferentiated case count presently used, for example, it is obvious that a family of eight is likely to have more problems of social interaction than a family of three, as well as requiring more help materially.

There are two problems which the City Social Service Department will be faced with in any new deployment of its line staff: (a) "Should the pensions cases be carried on an evenly distributed basis by all workers or left as they are?" and (b) "Should the single unemployed men in need of assistance be served by the workers responsible for the districts in which these men reside?" With regard to the validity of including unemployed employables refer to pp.47-49. Perhaps all cases should be combined and carried by the district workers in which the clients reside. If there is to be any attempt to rehabilitate social assistance recipients, however, then it would seem far better to leave these categories as they are for the present (unless additional staff is obtained), reduce the number of "special" cases to be carried by the most skilled and highly trained social workers - in general rearrange the social assistance caseloads into the three-category system as suggested by the Younghusband Report.

On the basis of the statistics for January 31, 1961, the Vancouver C.S.S.D. had 4,942 social assistance cases. This figure includes single recipients as well as unemployable and unemployed employable heads of families. If a maximum of 30 special problem cases were given to four of the most skilled "social workers" (a total of 120 "Special" problem cases), a maximum of 70 "complex" cases given to the next most skilled workers (a total of

560 "complex" cases), the remaining social workers would each carry approximately 213 cases on an administrative basis only. The pensions categories and the single unemployed men would remain as they are presently set up. It is likely that there would have to be a redistribution of the Unit boundaries to ensure a more equal distribution of cases and staff per Unit. One possible solution would be for Centre Unit to extend its western boundaries to Stanley Park and its eastern boundaries perhaps to Glen Drive. A further arrangement of the other boundaries could then be more easily made.

Proposals for a Pilot Project:

From every point of view it appears desirable to undertake a limited pilot project before embarking on wholesale changes in the staffing of the C.S.S.D. The method which recommends itself for the optimum deployment of the C.S.S.D.'s line caseworkers is that suggested in the Younghusband Report since this allows for the best use of the most skilled workers. A pilot project in the South Unit district of Vancouver should be contemplated at an early date as it would seem to be the most logical Unit to attempt an experiment in view of the additional office space available if required. The Unit itself is located in a chiefly residential district with, at the same time, many families falling in the multi-problem or complex problem category. South Unit presently handles a caseload of close to 1000 social assistance cases divided amongst six social workers.

Three workers could carry approximately 275 cases each, these cases requiring only a periodic visit to re-establish eligibility for assistance

and to determine what other needs exist. Two workers could carry 70 cases each of the more complex problem cases, and one worker (the most highly trained and skilled professional social worker) would carry about 30 - 35 of the "special" problem cases needing skilled and intensive work. If another worker could be "borrowed" possibly from Centre Unit where the caseloads are smaller and the number of individuals per case fewer, an even more favourable distribution of workers and cases could be arranged on this basis: four workers could each carry 21½ of the "straightforward" cases; two workers could each carry 60 of the more "complex" cases; leaving the remaining 20 "special" problem cases to be handled by the most skilled worker.

Unit Boundary Reorganization:

A reorganization of the South Unit boundaries would be needed if the project described above were to be implemented. The district is presently divided into six sections. It would have to be reorganized into four major sections to accommodate the four workers suggested to carry the "straightforward" cases. The two workers allotted to the "complex" problem cases would each work within two of the four of the reorganized districts. The worker handling 20 of the "special" problem cases would cover the entire South Unit district. As there are only two Supervisors in the South Unit at the present time one could perhaps carry the four workers handling the more administrative type caseloads and the pensions worker as well as substitute for the Unit Director when necessary. The other supervisor would carry the remaining three social workers.

Evaluation of the Project:

Some provision must be made for a detailed study of the results of any pilot project undertaken by the City Social Service Department (the Department has already on staff one member who is accomplished in statistical evaluations). A thorough orientation of the purpose and goals of the project must be given to all those workers involved in the study and each must know what his duties are to be. A close surveillance by the Welfare Director is most necessary to ensure that the supervisors are providing the knowledge needed to their workers, particularly for those workers handling the "complex" and "special" problem categories where casework skills will be most essential. If further staff were available some attempt should be made to provide additional supervisors and also additional workers to give more adequate service to the pensions group in the South Unit, but as extra workers are not now available the pensions category may have to remain as it is.

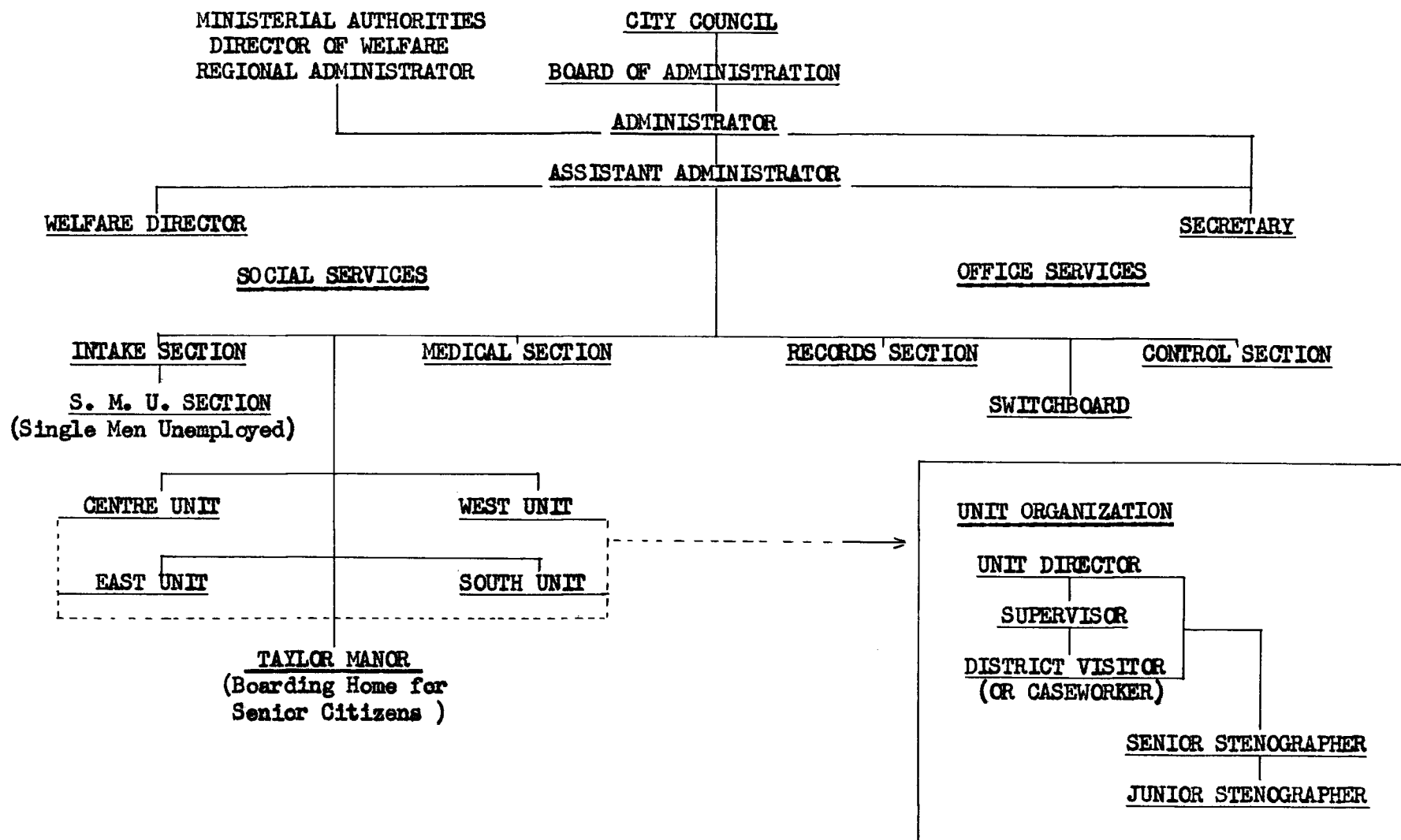
Future Goals and Outlook:

If in the future the Provincial and Municipal Governments relax their "tight money" policy, and if they are willing to provide funds for experimentation in the field of public welfare, then the administrative changes recommended above could be supplemented by establishing some type of budget deficiency program to meet the client's basic material needs. Some attempt might also be made to use the services of "case aides" or even "volunteer" workers.

If further grants-in-aid from the Federal Government were to be given to the provinces for the provision of staff, research, and plant facilities for public welfare, the strain on both the Provincial and City Governments would be considerably eased. A recruitment program needs to be implemented for persons considering what their future goals are to be. This should reach at least the senior high school students in the Province. Educational facilities are needed to provide for the probable increase in numbers of students interested in social work as a result of such a campaign. A public relations program is badly needed to inform the public of the job of public welfare agencies as well as the needs of these agencies. Citizen's advisory boards may prove valuable in determining the areas which the public needs more information and the public's understanding of the programs of public welfare agencies. The outlook, however, does not appear optimistic for any additional financial aid from all three levels of government toward the improvement of welfare services. The question must be asked, however, whether short-term economics of operation may not be achieved at too high a cost when proven methods are neglected for making our public assistance programs more effective instruments for the conservation and development of human resources.

APPENDIX I

ORGANIZATION CHART, SOCIAL SERVICE DEPARTMENT, CITY OF VANCOUVER



APPENDIX II

GAP BETWEEN PRESENT SOCIAL ALLOWANCE RATES AND RATES SUGGESTED BY THE VANCOUVER COMMUNITY CHEST AND COUNCIL

(SEPTEMBER 1958) ¶

Size of Family Group	Assistance Available in Vancouver (1)	Committee's Estimate of Need (2)	Division of Assistance Alloted to Shelter in Vancouver	Apparent Gap Between Needs and Resources	Percentage Inadequacy
I	\$ 66.00	\$ 78.00	\$ 25.00	\$ 12.00	18.2
II	103.80	134.00	35.00	30.20	29.1
III	125.40	163.00	40.00	37.60	29.9
IV	147.00	173.00	45.00	26.00	17.7
V	168.60	209.00	50.00	40.40	23.9
VI	190.20	259.00	55.00	68.80	36.1
VII	211.80	249.00	60.00	37.20	17.6
VIII	233.40	309.00	65.00	75.60	32.9

¶ Community Chest and Council of Greater Vancouver, Report to the Community Chest and Council on the Adequacy of Social Assistance Allowances in the City of Vancouver, The Adequacy of Social Assistance Allowances Committee, Vancouver, B.C., September, 1958.

(1) Does not include income from family allowances.

(2) Assumes rentals actually paid in Vancouver.

APPENDIX III - GUIDE TO PROBLEM IDENTIFICATION

I. FINANCIAL FUNCTIONING

	NO PROBLEMS	MODERATE PROBLEMS	SEVERE PROBLEMS
a. <u>POTENTIAL WAGE EARNER</u> (Presence vs. absence of person or persons of wage-earning age)	Presence of male head 18-65	No 18-65 male head but presence of a potential wage-earning substitute. Male head not present but legally liable and/or supporting.	No potential wage earner 18-65. Male head not present, not supporting.
b. <u>OCCUPATIONAL POTENTIAL</u> (Presence vs. absence of wage-earning skill)	Adequate education, training and skill to provide for family.	No specialized skill or educational preparation for job. Dependent on positive labour market to support family adequately.	No training, skill, education. Unable to provide for family.
c. <u>PHYSICAL CONDITION</u> (Good health vs. chronic disability of potential wage earner)	No physical impairment of potential wage earner.	Physical impairment of potential wage earner but treatable or manageable.	Physical impairment of potential wage earner, not treatable and non-manageable.
d. <u>RESPONSIBILITY AS PROVIDER</u> (Wage earner's acceptance of providing family income vs. indifference or selfish use of money for own purposes)	Potential wage earner realistically accepts role as family provider.	Good intentions, but with low or unrealistic standards as provider.	Refuses responsibility. Carries out responsibility mainly through illegal activities.
e. <u>OCCUPATIONAL MOTIVATION AND INCENTIVE</u> (Productivity oriented vs. dependency or exploitation)	Finds satisfaction in work. Good work record.	Weak incentive. Satisfied with mediocre achievement. Frequent changes but not for the better. Layoffs.	Accepts dependent role. Frequent conflicts with boss. Unreliable; frequent dismissal.
f. <u>MANAGEMENT OF INCOME</u> (Planned budgeting vs. irresponsibility or evasion)	Plans expenditures. Pays debts.	Impulsive spending. Luxury spending. Reliance on relatives.	Spends on self -not family. Unamortized debts. Garnishment.

II. CHILD FUNCTIONING

	NO PROBLEMS	MODERATE PROBLEMS	SEVERE PROBLEMS
a. <u>MENTAL CONDITION</u> (Diagnosed)	Not a problem.	Psychoneurotic. Emotionally disturbed.	Mentally retarded. Psychotic.
b. <u>PHYSICAL CONDITION</u> (Appropriate to age, good health vs. serious disability)	Biologically normal. Physical maturation appropriate to age.	Delayed physical develop- ment. Allergies. Frequent minor illnesses.	Basic physical impairment. Chronic illness.
c. <u>ATTITUDE TOWARD PARENTS</u> (Appropriate to age. Love and trust vs. irra- tional fear, withdrawal or rejection, hostility)	Trust and confidence in parents.	Child-parent affection: ambivalent, over-dependent, weak, withdrawn.	Child-parent affection: Rejection. Over-manipulation.
d. <u>ATTITUDE TOWARD SIBLINGS</u> (Appropriate to age. Healthy adjustment vs. cruelty, severe conflict)	Natural affection and rivalry with siblings.	Sibling relationships: Paternal role Maternal role	Sibling relationships: Excessive conflict Excessive cruelty
e. <u>SELF-IDENTITY AND MASTERY</u> (Appropriate to age. Achievement in school and home tasks vs. self-doubts, fears, hostility)	Successful achievement in: school, home tasks, peer relationships gradual emancipation from home	Passive, slow, poor participant in: school peer relationships home tasks	Over-aggressive/ withdrawn in: school peer relationships home tasks
f. <u>SOCIALIZATION</u> (Appropriate to age. Adjustment vs. over- aggressiveness, over- exclusiveness, and defiance of authority)	Successful adjustment to: school home relationships peer relationships	Uncertain in: school relationships home relationships peer relationships	Over-aggressive, over-dependent or with- drawn in: school relationships home relationships peer relationships

III. CHILD REARING FUNCTION

	NO PROBLEMS	MODERATE PROBLEMS	SEVERE PROBLEMS
a. <u>PARENTAL POTENTIAL</u> (Presence vs. absence of parents)	Both parents present.	One parent present. Adequate substitute present (aunt, uncle, etc.)	No adequate substitute present. By parental choice, child placed with relatives or others.
b. <u>PHYSICAL CARE</u> (Appropriate to child's age. Adequate vs. over-rigidity or neglect)	Teaches self-care and bodily control functions. Health schedule - adjusted to maturation.	Over-regimentation in adherence to health schedule. Erratic in care of child's health needs.	Haphazard or indifferent toward child's health schedule.
c. <u>EMOTIONAL DEVELOPMENT</u> (Balanced love & trust vs. distorted attachment or hostility)	Child loved as an individual Parent-child mutual trust and confidence.	Seductive emotional attachment. Over-devotion. Expects to <u>receive</u> love from child.	Indifferent. Inconsistent. Overtly hostile and rejecting.
d. <u>SELF-IDENTITY AND MASTERY</u> (Balanced expectation of achievement vs. anxiety, intolerance and over-punitive attitude)	Normal importance placed on: school achievement, home tasks, peer relationships. Healthy outlets for hostility Gradual separation from home ties.	Low tolerance for child's hostility. Exaggerated fears about child development and normal emancipatory patterns over-restrictive. Over-indulgent. Inconsistent re school achievement.	Indifferent or hostile toward child's achievements. Dislike of child on basis of sex identity.
e. <u>SOCIALIZATION</u> (Responsibility in defining and administering privileges vs. indecisiveness, over-rigidity or disrespect for social authority)	Privileges & limitations: Clearly defined. Consistently followed. Supports other parent. Own behavior - abides by standards and values required of child.	Privileges & limitations: Indecisive, inconsistent, over-coercive, over-indulgent. Own behavior - Inconsistent re standards and values.	Encouragement for disrespect of social authority. Indifferent or antagonistic re school attendance. Over-punitive or completely lax re limit setting. Own behavior-irresponsible antagonistic toward established authority (anti-social).

IV. ADULT FUNCTIONING

	NO PROBLEMS	MODERATE PROBLEMS	SEVERE PROBLEMS
a. <u>MENTAL CONDITION</u> (Diagnosed)	No problem.	Psychoneurotic.	Mentally retarded. Psychotic Drug addiction
b. <u>PHYSICAL CONDITION</u> (Normal capacity vs. chronic illness.)	No significant liabilities Good health practises Seeks needed medical care	Non-disabling conditions Frequent acute illnesses Frequent accidents Fair health practises Inconsistent re needed medical care.	Chronic disabling conditions. Poor health practises. Rejects needed medical care.
c. <u>EMOTIONAL DEPTH AND BALANCE</u>	Personal warmth. Affection and responsiveness.	Emotionally ambivalent Over-dependent Over-aggressive	Severe withdrawal Hostile Physically abusive
d. <u>SELF-MOTIVATION AND MASTERY</u>	Self-confidence Integrated personality, self-confident, Goal directed	Indecisiveness. Over-reliance on others. Unfounded optimism. Accepts meager achievements.	Negative and hostile. Over-submissiveness. Impulsive acting out. Incapacitating emotional dependence, passivity.
e. <u>RESPONSIBLE SOCIAL FUNCTIONING</u> (Acceptance of social standards vs. anti-social acts)	Identifies with normal social and moral standards.	Socially well-intentioned but easily influenced and corruptible. Sexually indiscreet. Over-strict, rigid.	Socially defective. Hostile Disrespect for authority. Highly rigid and prejudicial judgments. Sexual promiscuity. Low moral standards.
f. <u>ALCOHOLISM</u>	Not a problem.	Occasional incapacity but not a serious handicapping problem.	Frequent and excessive drinking - a serious impairment.

V. MARITAL FUNCTIONING

	NO PROBLEMS	MODERATE PROBLEMS	SEVERE PROBLEMS
a. <u>MARRIAGE POTENTIAL</u> (If not currently married, attitude toward previous spouse(s))	Emotional rapport. Equal concern for own and partner's emotional needs. Reciprocal helpfulness.	Preoccupied with own emotional needs. Criticizes or over-idealizes partner. Immature, irresponsible as marital partner.	Aggressively inconsiderate of partner's needs. Severely critical of partner. Hostile, punitive, exploitive, indifferent.
b. <u>ATTITUDE IMPAIRMENT</u> (Toward physical, mental or social impairment of spouse)	Assists in home care. Cooperates with treatment plan, encourages spouse realistically. Considerate of spouse's needs. Encourages spouse to exert self-control.	Neglects home care. Helpless in treatment plans.	Refuses home care, responsibilities. Obstructs treatment plans. Exploits patient's status. Encourages anti-social behavior.

Co-Ordinating Bureau for Family Services, Case Classification and Family Roster, San Mateo County Social Service Division, Department of Public Health and Welfare, May, 1959.

APPENDIX IV

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