

SOCIAL SERVICES FOR THE DISABLED

A Descriptive Study of Needs and Resources in a
Family Context; based on a Sample Group of
Total Disability Allowance Recipients,
City Social Service Department, Vancouver, 1958.

by

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ABSTRACT

Disablement is of many types and has varied causes; but when the disability is total or permanent there are serious consequences, economic and social, for the afflicted persons and their families. Two types of disability, those arising from war casualties and those arising from industrial accidents, have been the subject of special provision for many years (national Veterans' legislation and provincial Workmen's Compensation); but civilian non-industrial disablement has only recently become the subject of national legislation. Prior to the institution of Disability Allowances (1955), many of the persons now receiving these grants were Social Assistance cases.

This thesis undertakes a descriptive study of a group of such cases, with the special purpose of illuminating the family contexts of total disablement. Two types of family situation are chosen: (a) families with a dependent child or younger person; (b) families in which the male head is the disabled person. Against a background of existing records, a small number of typical families in each group were interviewed comprehensively on the nature and implications of the disease or disability, the activities and attitudes of the handicapped person and his (or her) family, and family, neighborhood and community strengths and weaknesses.

It proved possible to bring together this picture in integral form under four heads: (1) economic circumstances (including the family budget, and implications for welfare administration); (2) family contributions (strengths and weaknesses); (3) compensating activities and attitudes; (4) community resources and needs. While this account remains qualitative, it provides at least a provisional approach to the realities and limitations of "rehabilitation" for such difficult cases as these. This particular review reveals an area of family solidarity, or at least acceptance of burdens and responsibilities, which deserves more attention than it usually gains, but it also underlines the value of auxiliary welfare services, and the need for discriminate and discretionary application of administrative provisions.

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CHAPTER I

DISABLEMENT AND PUBLIC RESPONSIBILITY.

Disability: Its Definition.

Throughout the history of public welfare, disability has been one of the major causes of destitution and poverty. The Poor Law in England in the 17th century, in effect the first social legislation in the history of social welfare, implied the acceptance of the notion of begging provided that a person was not able-bodied. Thus by its use of the word "able-bodied" the act made provision for those persons who were disabled in some way, despite the public opinion of that time which was opposed to the notion of begging. It is obvious, therefore, that disability has long been recognised as a major source of financial distress.

According to Webster's New World Dictionary, the word "disable" means "to make unable or unfit, cripple, incapacitate". Thus all persons who are disabled, unfit, crippled or incapacitated come under the category of "disabled persons" generally, whatever the degree, duration or cause of disability may be. However, there are important differences in the extent of disability, and also in the duration, to be considered. The disability can be rated all along the line from partial to

total, temporary to permanent, incidental to chronic. According to the rating used by the United States Public Health Service, even a few days minor leave for sickness with full pay from the office is considered as disability.¹

With the advent of modern social welfare and its provisions - social security acts, social insurance, war veterans' allowances, etc., and, most recently in Canada, the Disability Allowance - the term "disability" has taken on a new definition. In all these cases "disability" is used as a basic criterion in establishing the eligibility for monetary payment to the individuals covered by the act; the term "disability" is used as a relative one with its own potentiality of sliding scale all along the way from the lowest to the highest degree. Thus all the factors such as type of disability, causes of disability, extent of disability and duration of disability, etc., come to play an important rôle in the establishing of the criteria in technical details. For example, war veterans' allowances are given on the basis of the cause of disability. Thus a soldier who was wounded and became disabled in World War I or II, etc., received the war veterans' allowance automatically for his disablement. And workers who were injured while they were working received the appropriate amount of compensation under the Workmen's Compensation Act. The amount of compensation depends on the degree

1. "Public Assistance Aid to the Permanently and Totally Disabled", Social Work Year Book, Vol. XII, 1954. p.402.

of seriousness of the injury in such cases.

The term "disability" has been very differently defined in the Disabled Persons' Allowance acts and regulations of different countries. In the United States of America disability is defined differently even in different states. The states establish their own definitions of permanent and total disability within the limits of the Federal Act. Some states restrict their programmes to persons who are almost helpless, while other states include persons capable of considerable physical activity but unable to engage in gainful employment. For this reason there are considerable differences among states both in the characteristics of the recipients and in the proportion of the population receiving aid.¹ This can be illustrated from the statistics on public assistance in the U.S.A. which indicate that in December 1952 one in every hundred got aid in Puerto Rico and in Louisiana while in four other states one in every two thousand or fewer received aid for their disablement.²

In Canada, the Federal definition of "total and permanent" disability has been used as a standard throughout the whole country. The definition of disability as given in the first and original regulation for the Disabled Persons' Allow-

1. "Public Assistance Aid to the Permanently and Totally Disabled", Social Work Year Book, Vol. XII, 1954. p.402.

2. Ibid. p.402.

ance Act of 1954¹ relates to a person "deemed to be totally and permanently disabled" and these are detailed as follows: when suffering from a major physiological, anatomical or psychological impairment verified by objective medical finding which is likely to continue without substantial improvement during the lifetime of the person, and is one to which the concept of cure cannot be applied. It continues that as a result of these impairments the person is severely limited in activities pertaining to self-care and normal living. He must be

- (a) bedridden or chairfast,
- (b) unable to leave home without being accompanied by another person,
- (c) normally in need of care and supervision for one or more of such self-care activities as dressing, body hygiene or eating,
- (d) unable to perform such routine activities as climbing a short stairway or walking a limited distance on a level surface, or
- (e) certified by a qualified physician to be under medical instructions to forbear from activities of the kind mentioned in sub-paragraph (d).

This definition has been in use in all the provinces

1. "Across Canada", Canadian Welfare, The Canadian Welfare Council, Ottawa, Canada. Vol. XXXIII, No. 3, September 1957. p. 136.

in Canada which have accepted the Disabled Persons' Allowance programme since 1954 when the Federal Disabled Persons' Allowance Act became effective. There have been some complaints that the definition of the term "disability" in the Act and Regulation of the Disabled Persons' Allowance programme was too restricted and thus it excluded some persons who are entitled to the allowance within the intent of the Act. Following these complaints, an amendment was made in 1957 in order to remove the possibility of excluding people who are entitled to disability allowances within the intent of the Act, and the definition of "disability" now reads:¹

"for the purpose of the Act and the regulations, a person shall be deemed totally and permanently disabled when suffering from major physical, anatomical and psychological impairment verified by objective medical finding which is likely to continue indefinitely without substantial improvement and, as a result thereof, such person is severely limited in activities pertaining to normal living".

This main paragraph is followed by exactly the same subparagraphs as the original Act and Regulation of the year 1954 as stated above.

Disability: Its Causes.

There are many possible causes for the disability of individuals, whether on a permanent or a total basis. Among the many, the chronic diseases have long been a traditional

1. "Across Canada", Canadian Welfare, The Canadian Welfare Council, Ottawa, Canada. Vol. XXXIII, No.3, September 1957. p.136.

cause. They may be congenital, such as spastic paralysis and cerebral palsy, or acquired, such as stroke, arthritis and Parkinson's disease. Whatever the diseases, the one thing they have in common is that they are chronic; the disabled person has to pass through a long period of treatment with only the faintest hope of recovery. The disabled person has to make a painful adjustment even to achieve some rehabilitation, and there is no certainty that he will ever be able to return to his normal living situation. A long list of diseases may be considered as chronic. The major causes of long-term illness and impairment, however, are accident, arthritis, rheumatism, blindness, cardio-vascular disease and cancer. The basic characteristic of chronic diseases is their long duration. While symptoms may be continuous or intermittent, all chronic diseases require medical supervision or care lasting over a period of at least a year and possibly the whole lifetime. It is important to distinguish chronic disease from chronic disability at any given moment, however. The vast majority of chronically ill persons are not disabled, while many individuals can with proper care learn to live with their chronic diseases with minimal disability.¹

Accidents are among the major causes of disability.

1. "Public Assistance Aid to the Permanently and Totally Disabled", Social Work Year Book, Vol. XII, 1954. p.402.

There are two types of accident, the civilian and the industrial accident. Civilian accidents are mostly to do with the day-to-day living situation. The unfortunate occurrences or mishaps such as sudden falls, collisions and traffic or railroad accidents which can usually cause severe physical injury are not uncommon in our daily living situation. Civilian accidents, in effect, are as innumerable as the diverse forms of individual day-to-day living situations.

In modern industrial societies, industrial accidents are becoming more and more prevalent. According to the latest World Almanac, 1958, in the U.S.A. which is the most highly industrialised country of the world today, the rate of work accidents resulting in death is one in every 37 minutes and in injury, one in every 16 seconds.¹ From these figures we can assess how high the number of those workers who are seriously injured and who become totally and permanently disabled each year will be.

Of all the causes of disability, war is the greatest. In our lifetime, we have witnessed two great World Wars that were fought on a global scale between a number of great nations which have left a vast number of disabled veterans and civilians behind. Even for a comparatively small country like Finland,

1. Don Golen Paul Associates, Information Please Almanac, The MacMillan Company, New York, 1958. p. 327.

the number of the disabled ex-service men inherited from the Second World War amounted to 45,000 out of a total population of 4 millions today.¹ Thus after two world wars, the number of totally and permanently disabled persons has enormously increased and has become a huge burden to the governments and the public in most of the countries in the world.

In addition to the chronic diseases, accidents, and wars, the uncontrollable natural forces such as fire, typhoons, cyclones, volcanic eruptions and earthquakes can also be considered as possible causes of physical injury and disability of individuals. The present study, however, excludes all disabilities caused by war or industrial accidents. These are, of course, the subject of two special programmes, Veterans' care including the War Veterans' allowance (all federal), and the provincial Workmen's Compensation programme.. This study is concerned with what may be called "civilian" disabilities, particularly as these are now provided for by a new national monetary benefit, the Disabled Persons' Allowance, and because many of the recipients before this new legislation were social assistance cases.

1. Nelson, George R., Freedom and Welfare, The Ministries of Social Affairs of Denmark, Finland, Iceland, Norway and Sweden, Copenhagen, 1953. p. 362.

The Personal and Social Implications of Disability.

Whatever the cause may be, the disability once it occurs has serious implications for most individuals. According to Mr. Francis Uphan,

"people react differently to disability, finding in the experience varying degrees of frustration and pleasure. In general, however, disability may be considered a negative, frustrating and anxiety-provoking event. It represents an attack upon the person by a hostile, malignant, unknown force. It usurps control of certain activities which the individual normally has under his own command." ¹

A major disability can also affect the interpersonal relationships within the family. Mr. E. P. Boss characterized the situation when he said that -

"the disability can place a great strain on the varied human relationships comprised in a family. If the disabled happened to be the parent, they can become such a burden to the younger generation that, after a while the children welcome any means that will enable them to be rid of them. Not infrequently it is the son-in-law or the daughter-in-law who will not tolerate the presence of the invalid in the home".²

In a normal living situation, the one who becomes disabled is a member in a family unit. He or she can be the head of the family, or a dependent within the family, or a contributing partner in the family. Whoever he may be, it is a fact that the individual disabled person forms a part of the family unit in which the needs, strengths and capacities are dynamically interrelated and

1. Uphan, F., A Dynamic Approach to Illness, Family Service Association of America, New York, 1949, 1953. p. 15.

2. Boas, E.P., The Unseen Plague Chronic Disease, J.J. Augustin, Publisher, New York, 1940. p. 30.

whose members have interlocking needs. Thus in such a social situation it is obvious that the very presence of the disabled person in the family will create a great pressure on the other members of the family.

When the wage-earner himself is disabled, the principal income is lost to the family, and if there are no savings complete dependency follows. Relatives can help in emergencies, but rarely can such assistance be extended over a long period of time. Ewan Clague emphasised the importance of the economic factor when he stated that -

"In today's modern and industrial society, successful family living is correlated in a high degree with steady employment and stability of income. It is the economic factor fully as much as temperament which influences the rearing of a family. Thus the prime requisite of successful living is reasonable continuity of income, preferably by steady employment on the part of the head of the family."¹

Thus in a family with a disabled person as its head, the major source of income may be dried up completely and this will have serious repercussions on all members of the family. The incapacity of persons during the optimum ages (e.g., 25-45) can result in tremendous wage loss for them and their families.

The personal and social consequences of disablement have been well described by M. Penelope Hall:

1. Clague, Ewan, "Economic Factors Affecting Family Living", Social Work, Family Service Association of America, New York, Vol. XXXIII, No. 8, 1952. p. 325.

"The most important social aspects of disablement are the impairment of function which it entails, and the extent to which it prevents the disabled person from leading a normal life as an economically independent and socially integrated member of the community. Severe disablement means that the handicapped person becomes at the same time more dependent on, and yet isolated from, his fellow men, and this combination of dependence and isolation, together with the frustration accompanying his inability to make full use of those powers which remained unimpaired, may easily lead to resentment and suspicion, or, what may be even harder to combat, apathy and despair."¹

We also know that both physical and mental impairment can affect the emotional aspects of the individual. External and internal pressures within the individual can create emotional disequilibrium in the personality of the disabled person. This is especially true at the time of the onset of disability. The tendency to regress and become upset is not uncommon in such cases.

The Concern of the Social Worker.

It is a well known fact that social workers have long been participating in activities concerning the welfare of the crippled, incapacitated, handicapped and disabled persons. Voluntary social workers in England and Europe have taken a prominent rôle in the development of services for disabled persons. They helped in developing such services as institutional care and financial assistance for disabled persons. We know that Napoleon I, Emperor of France, built a home for disabled

1. Hall, M.P., The Social Services of Modern England, Routledge and Kegan Paul Ltd., London, 1953. p. 246.

soldiers in France during the latter part of the 17th century. In England the development of Poor Law movements and Charity Organizations during the 16th and 17th centuries had much to do with the welfare of disabled persons.

In addition to its traditional rôle of helping in the developing of services for the disabled, social work so far has assumed responsibility for the welfare of disabled persons in at least three major areas - in public assistance, medical social work and rehabilitation settings. Among these three, public assistance was the first to be introduced. As I have stated, the right of the disabled persons to public assistance had been recognized from the time of the codification of the Poor Law. But although the history of public assistance to the disabled is old enough, the history of separate and categorical assistance programmes for the disabled is still comparatively young. The modern programme of financial assistance to the disabled persons and their families takes place in different forms in different countries. In England it is mainly carried through the social security programme and in the United States of America it is carried mainly through the programme of Aid to the Disabled. In Canada, it is carried through the programme of the Disabled Persons' Allowance. None of these programmes is more than 20 years old. In England, it was introduced only after the submission of the Beveridge Report in 1942. In the United States, it was introduced in 1945, and in Canada it was

introduced in 1955. Through all these financial assistance programmes, the social workers usually help the disabled persons who are in need of financial assistance by establishing eligibility and granting the assistance.

Another important area of responsibility taken by the social worker is medical social work. The development of medical social work dates back to the Charity Organization of the 1890's in England. This organization developed the services by which the lady almoners gave assistance to the sick and wounded in the community.¹ This was followed by other services such as the after care of the insane and nursery home care in the later period. Today, medical social work undoubtedly forms an important area of the social work profession in most of the countries which have a high degree of social welfare practice.

Another important area of responsibility shared by the social workers in the welfare of disabled persons today is that of rehabilitation. Development of rehabilitation services is the most recent one. Rehabilitation was started only after the Second World War. It was started at that time mainly because of the impact of war and the recognised need for services for the disabled veterans. At present, rehabilitation services are widely used not only for veterans but also for civilians. The term "rehabilitation" as it is used today is defined as "the

1. Stroup, H.H., Social Work, an Introduction to the Field, American Book Club Company, New York, 1958. pp.357-8.

restoration of the handicapped to the fullest physical, mental, social, economic and vocational usefulness of which they are capable".¹ This means meeting the handicapped person as and where he is and assisting him to make the best possible adjustment. A comprehensive rehabilitation programme will either restore the sick or injured person to full health and activity or will allow him to use to the full his remaining powers. In either instance, rehabilitation is vitally necessary not only for the well-being of the disabled person himself, but also for the good of the community as a whole. According to M. P. Hall -

"the aim of rehabilitation is to enable the disabled person to overcome his physical handicap and psychological difficulties as far as possible and to take his place as a self-supporting and self-respecting member of the community, able to share in both its economic and social life".²

In rehabilitation settings the social worker operates in a team. In a rehabilitation team, there are not only social workers but also doctors, physiotherapists, occupational therapists, nurses, prosthesis technicians, relatives and volunteer workers. The function of those in charge of the medico-social service is to collaborate with the physician in the disabled person's relationship with society. Social workers familiarize

1. "Rehabilitation Brief" prepared by the Division for Guidance of the Handicapped, Community Chest and Council (Greater Vancouver), 1953.

2. Hall, M.P., The Social Services of Modern England, Routledge & Kegan Paul Ltd., London, 1953. p.246.

themselves with the living conditions, family environment and the employment position of the disabled person. Social workers help the disabled to obtain at home all the necessary conveniences to aid in their adaptation to their new situation in life. They often intercede with employers on behalf of the disabled person. Together with the other members of the rehabilitation team, the social worker inspires the disabled persons with confidence in their powers of re-adaptation. The major functions of the social worker in a rehabilitation team are as follows: (1) he obtains information for the doctor and other members of the team; (2) he helps the disabled person and his family make whatever arrangements prove necessary; (3) he interprets the treatment and aims of the team to the disabled person. The social worker in a rehabilitation team has to have not only the skill in the intangibles of personal relationships but also the knowledge of material resources of all kinds that are available in the community for the benefit of the disabled person and the family.

In Vancouver, all the above-mentioned services, namely public assistance in the form of disability allowances and social allowances, etc., medical social work and rehabilitation programmes, are in operation at all levels of the social work profession, federal, provincial and local. The social workers at all levels are taking an active part in this programme for the welfare of disabled persons and their families.

The programme of welfare for the disabled is also becoming more and more the concern of social workers at the international level. This is evident from the establishment of the International Society for the Welfare of the Crippled and its World Congresses which have been held in Geneva (1924), The Hague (1931), Budapest (1936), London (1939), Stockholm (1951), and again in London in 1957.¹ As Miss Bell Greve had pointed out, "these conferences of the I.S.W.C. help to shape the national programme in many nations of the world and thus change and develop national attitude. This attitude on a national level helps to determine a state programme. The attitude of a state influences the local community".² We must remember, however, that any national movement is the outgrowth of local interest and local determination. These conferences usually review the needs of and services for disabled persons and their families. They enable delegates from different countries all over the world to exchange the ideas and experiences that they have gained in providing welfare services to disabled persons in their own countries.

1. Ravessloot, J.M., "Forward", Changing Attitudes towards the Disabled, Proceedings of the Sixth World Congress of the International Society for the Welfare of Cripples, The Hague, 1954; Central Council for the Care of Cripples, London, 1954. p. 47.

2. Greve, B., "Community Attitudes and Services for the Disabled", Changing Attitudes towards the Disabled, Proceedings of the Sixth World Congress of the International Society for the Welfare of Cripples, The Hague, 1954; Central Council for the Care of Cripples, London, 1954. p. 3.

Services for the Welfare of the Disabled.

The exact number of disabled persons in Vancouver, British Columbia, regardless of their degree of disablement, is unknown. Disabled persons in Vancouver may be roughly classified into five groups, on the basis of the kind or degree of public responsibility for financial aid. These five groups include (1) those disabled persons who are entitled to benefits under the Department of Veterans' Affairs, (2) those who come under the Blind Persons' Allowance Board, (3) those who come under the Workmen's Compensation Board, (4) those who come under the Disabled Persons' Allowance Board, and (5) those who do not belong to any of the above-mentioned four groups. The disabled persons in this last group are mostly the civilian disabled persons who cannot meet the requirements stated in the present Disabled Persons' Allowance Act. These people, traditionally, are covered by the programme of Social Allowance if they really are in need of financial assistance. This group includes disabled persons under 18 years of age, registered or unregistered with the Crippled Children Registry.

The above classification is by no means a hard and fast one. The Workmen's Compensation, of course, can overlap with the Disabled Persons' Allowance. A person, for example, may be receiving both the Workmen's Compensation benefits and the Disabled Persons' Allowance. There may also be disabled persons who are on Old Age Assistance and Old Age Security

instead of being on the Disabled Persons' Allowance, because of the age factor. So far as the statistics of these groups are concerned, the writer had taken trouble only to get the exact number of the disabled persons who are receiving allowances under the Disabled Persons' Allowance Act here in Vancouver and in the whole of British Columbia, as this is the direct concern of this study. According to the latest statistics of February 28, 1958, there are altogether 354 disabled persons in Vancouver City and 1244 disabled persons in the whole of British Columbia who are in receipt of the Disabled Persons' Allowance. Administratively, all these disabled persons come under the Disabled Persons' Allowance Board, here in British Columbia. They are considered to be totally and permanently disabled in accordance with the definition in the Disabled Persons' Allowance Act which was amended in May, 1957. These disabled persons are all civilians.

For all its disabled persons British Columbia has a satisfactory set-up of health and welfare facilities. The list of these facilities covers a wide range of the essential needs such as medical care, vocational training, academic training, recreational training, job placement and financial assistance. In the area of medical care, the Vancouver General Hospital provides care for the acutely ill or injured patients. There are, within the community, a number of hospitals serving special groups, certain segments of the population, or caring for certain diseases. The list of these hospitals includes Shaughnessy

Hospital, Tuberculosis Control Hospital, the Children's Hospital, convalescent hospitals such as Glen and Grandview, and infirmaries such as Marpole, Alce and Mount St. Mary. There are also a number of institutions such as the Preventorium for Childhood Tuberculosis, the School for the Deaf and Blind, which are available for the care of the child with specific handicaps. Other community health services include the nursing homes, boarding homes and home nursing services. The home nursing services are undertaken by the Public Health Nurses, Victorian Order of Nurses and by the Canadian Arthritis and Rheumatism Society of British Columbia Division. Most of the general and specialised hospitals have physical therapy departments. The Workmen's Compensation Board maintains a physical therapy department. There are also a number of privately operated physical therapy units in the community. The Canadian Arthritis and Rheumatism Society operates a mobile physical therapy unit for its patients throughout most of the province. The Strong Society for Rehabilitation provides a well developed programme of physical, social and vocational rehabilitation for the orthopaedically disabled. The activities of the Canadian Arthritis and Rheumatism Society and the Cerebral Palsy Association are closely coordinated with the Strong Rehabilitation Centre. The Workmen's Compensation Board provides all hospital and medical services to injured workmen. Rehabilitation services provided by the Workmen's Compensation Board include physiotherapy, vocational

counselling and guidance, job placement and training to those injured workmen who, as a result of their disabilities, may not return to their former occupations. The Assessment and Rehabilitation Unit, Department of Veterans' Affairs, provides services to the eligible veteran.

According to Mrs. Rhona Lucas, Executive Secretary of the Division for Guidance of the Handicapped, Community Chest and Council of Greater Vancouver, most of the agencies in the field of rehabilitation in Vancouver are organised to represent certain specific groups such as the crippled child, wounded war veterans, victims of accident injuries and industrial casualties. Other agencies represent certain categories of disabled persons such as the tuberculosis patient, the blind, arthritic, orthopaedically disabled and the cerebral palsy victim. In addition to these agencies which provide rehabilitation services on a voluntary basis, there are three important public agencies: the Department of Veterans' Affairs, the National Employment Service, and the Workmen's Compensation Board, the latter being provincial.

For the academic training of disabled persons, the Provincial Department of Education has a correspondence course unit which supplies, free of charge, correspondence courses for all "home-bound" persons desiring secondary education. Home teaching facilities are available through the Vancouver School Board for children who cannot attend regular classes. The teachers give instruction in courses up to Grade XI. Under this programme,

persons wishing to take advantage of the service can submit a request, through their family doctor, to the Metropolitan Health Committee which studies the applications and notifies the School Board office of those who are eligible. The children hospitalised at the Children's Hospital receive academic training while in hospital from teachers provided by the Vancouver School Board. After discharge a report goes from the hospital to the school the child will attend. Teaching facilities are available at the school for the Deaf and Blind through the Provincial Department of Education. Children suffering from cerebral palsy and having slight handicaps are prepared for attendance at regular public schools. The Vancouver School Board provides a teacher at the Strong Rehabilitation Centre. This Centre has obtained the service of a specialist in logopaedics and classes in speech therapy are given.

For the mentally retarded and defective children who also form a part of the disabled persons group, the Woodland School for mentally retarded children is available and it has teaching facilities. There is also one private school in Vancouver City which is run privately by the Association for Mentally Retarded Children.

At present, recreational training is available to persons in such organizations as the Department of Veterans' Affairs, the Workmen's Compensation Board, the Strong Rehabilitation Centre, the Children's Hospital, etc. There are a few

groups such as the Indoor Sports Club, the Blind Bowling League, and the Paraplegic Basketball Team who are conducting excellent recreational programmes.

Job placement is another problem. Some special groups who have rehabilitation programmes and can meet the requirements of the industry concerned usually make their placement primarily through personal contact with the employers. The National Employment Service maintains a division for special placements for all handicapped persons.

At the provincial level, the office of the Provincial Rehabilitation Co-ordinator is bringing the Provincial Departments concerned with rehabilitation closer together so that their policies may be developed in harmony and in keeping with the overall needs of the disabled. The Vocational Training Co-ordination Act of 1954 which is administered by the Department of Labour through its Vocational Training Branch, has been helpful in the rehabilitation of disabled persons. Schedule "M" of this Act makes provision for vocational training for certain handicapped unemployed persons. This training is given in the vocational classes now operated in the city. Provision has also been made whereby a training on the job agreement may be entered into with industrial companies. Recently, another agreement has been entered into under the Vocational Training Co-ordination Act. This agreement, Schedule "R", sets forth what are deemed to be the essential requirements and conditions of

a special schedule for the training of severely disabled persons. Funds are available for the operation of this new schedule on a 50-50 matching basis between the Federal and Provincial Governments. The provision includes maintenance during training, transportation to locality where training is available and, where necessary, local transportation to and from classes.

At the Federal level, the Federal Government has demonstrated its interest in the welfare of disabled persons, especially in connection with rehabilitation, by making available Mental Health and Crippled Children's Grants, the Co-ordination Agreement which provides monies to pay the salaries of the Provincial Rehabilitation Co-ordinator and his staff, etc., and Vocational Training. A National Advisory Committee of 35 members has also been set up and a Federal Rehabilitation Co-ordinator has been appointed.

In general, with the exception of care for veterans and for certain industrial liabilities, there has been a marked lag in the acceptance by the governments of the care and welfare of disabled persons. Services or allowances have been instituted only after public interest has been aroused, or when certain groups have taken action. As a result, there is a wide diversity of agencies in this field providing a widely different variety of services. These agencies are serving a very varied clientèle and have very different interests, procedures, standards, budgets and programmes.

The Division for the Guidance of the Handicapped.

The history of the Division for the Guidance of the Handicapped dates back to the year 1943. The present Division for the Guidance of the Handicapped was originally started as a voluntary council formed in Vancouver in January 1943. Its intention was to enlarge the community's awareness of the need for co-ordinating already-existing services, as well as for developing new services for the welfare of the disabled persons in the city.

The first annual conference was held in June 1946. Because of the degree of community interest and support, and because of the recommendations of the conference, the Council reorganized and an office was provided. The function of that office was to be a clearinghouse and a referral centre for handicapped persons. The Council has been very active in all phases of welfare for disabled persons, since it was formed. It was partly through their effort that a National Conference on the Rehabilitation of the Physically Handicapped was held for the first time (in Toronto), in 1951. From this Conference came also a National Advisory Committee, and eventually the appointment of a Federal Rehabilitation Co-ordinator supported by a central office in Ottawa for the development of rehabilitation services. The recent federal grants for rehabilitation development are the outcome of a recommendation made by the National Advisory Committee.

The Council was helpful not only in developing the above-mentioned programmes; it also initiated the voluntary registration of the handicapped. The Council has participated in the Community Chest and Council as a non-financially participating member throughout all those years. Then it applied to become a financially participating member; its expanding programme and widening field of activities placed it in a position of great financial need. The application was considered by the Community Chest and Council and the decision was finally made that the Council be integrated into the Chest and Council as a Division because of its common aim and programme in over-all planning with the Chest and Council. Thus the Council for the Guidance of the Handicapped of 1943 finally became the Community Chest Division , Guidance of the Handicapped in 1952.

The primary aim of the Division, as stated in the 1955 "Brief", is to develop a comprehensive, all-inclusive rehabilitation programme for the physically handicapped. Its specific aims and objectives are (1) to plan to develop and co-ordinate rehabilitation services, (2) to provide consultant services, and (3) to disseminate information. Some of the Division's activities past and present include: the presentation of a rehabilitation brief; the statement of the need for the compilation of a Directory of Health and Welfare Agencies, and the undertaking of the rôle of consultant to other communities and groups that are concerned with the needs of handicapped persons. Recently, the

Division has requested that study be given by the Provincial Department of Health of the development of an adult Registry of the Civilian Disabled, similar to or as an extension of the Crippling Diseases of Children Registry.

Among all the activities that have been initiated by the Division, the preparation of the rehabilitation brief is among its most worthy. This brief was prepared by a Special Committee set up by the Division. This Committee was assisted by the eight different groups in the community who represented the various aspects of rehabilitation. Each of the eight groups presented its own brief to the Committee. The Committee then organized the briefs into a comprehensive plan for a province-wide programme of rehabilitation for British Columbia. This 1955 Brief surveyed the existing facilities, analysed the deficiencies and made recommendations for a comprehensive and co-ordinated rehabilitation programme. In the summary of the Brief it was pointed out that "in this community the facilities available for rehabilitation of handicapped persons other than veterans, industrially disabled and orthopaedically disabled are either completely lacking or incomplete".¹ This is particularly true of patients suffering from strokes, cancer, heart, lung and kidney disease. There are few, if any, facilities to help or make possible the complete or partial rehabilitation of

1. Recommendations for a comprehensive rehabilitation programme for the physically handicapped in the Province of British Columbia, Division for the Guidance of the Handicapped, Community Chest and Council of Greater Vancouver, 1953. p. 8.

the patients. The Brief also stated that a lack of proper convalescent and chronic hospital facilities in the community throws an intolerable burden upon the acute treatment hospitals and hinders them in carrying out their prime function, the care of the acutely ill or injured patient. On the basis of their findings the Committee made a total of 25 recommendations in the Brief for the improvement and development of rehabilitation services in Vancouver as well as in the whole of British Columbia.¹ Out of this total, only five recommendations have been carried out so far.² One of the most important of these that has been implemented is the appointment of a Provincial Co-ordinator. The Co-ordinator is responsible to the Governmental Committee comprising the Deputy Minister of Health, the Deputy Minister of Welfare, the Deputy Minister of Labour, the Deputy Minister of Education, the Chairman of the Workmen's Compensation Board, and other Departmental representatives appointed by the Government. The Co-ordinator and the Governmental Committee are working in cooperation with the Federal Co-ordinator in the planning and implementation of rehabilitation services in British Columbia. With the appointment of a Provincial Co-ordinator, and the establishment of the Co-ordinating Body, it is hoped that the remaining recommendations, directed towards the rendering of concrete services to the disabled, will eventually be carried out.

1. Please see Appendix B.

2. Only the recommendations numbers 1,2,3,16 and 19 have been carried out. (Please see Appendix B.)

While these recommendations do give an insight into some of the most effective ways of rehabilitating disabled persons, they cannot be regarded as applicable to all disabled persons. For there are some conditions which must deteriorate such as stroke and heart ailments, or have no possibility of improvement as, for example, certain kinds of mentally deficient children. Thus rehabilitation is not a simple or even possible goal for certain kinds of persons, particularly those studied in this thesis. For them, supportive welfare services are particularly important. The recommendations of the Council must not be interpreted narrowly but must be regarded as broad and comprehensive in their operation.

Disabled Persons' Allowance Act.

The financial aspects of disablement have been looked after by a variety of programmes in different countries, depending on the type of disablement. Industrial injuries are traditionally looked after by the Workmen's Compensation programme and the Social Insurance System, etc., while war injuries are looked after solely by the War Veterans' Allowance programme. So far as civilian injuries and disablement are concerned, the programme traditionally has been a very vague and general one. In fact, it used to be considered as part of the category of general social assistance until the definite allowance programmes for civilian disabled persons were set up in some countries recently.

In England, the first National Assistance Act was introduced in the year 1948, following the introduction of the National Insurance Act of 1946 which more or less embodied the main proposals of the famous Beveridge Report. Under this National Assistance Act, the provision of welfare services including financial assistance for the handicapped became a local authority responsibility along with the social care of the aged. The Act empowers the County Councils and County Borough Councils "to make arrangements for promoting the welfare of persons who are blind, deaf or dumb and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other deformities as may be prescribed by the Minister of Health".¹

The United States of America for many years had administered disability benefits under the Civil Service's Plan, the Workman's Compensation for the District of Columbia and for Longshoremen, and the Railroad Retirement Act. It was only in the year 1950 that Congress made available a grant-in-aid for a State-Federal programme of assistance for permanently and totally disabled persons. In 1952, it also enacted the disability freeze under which a worker, disabled before the age of 65, may retain eligibility for the Old Age Survivors' Insurance benefit.²

1. Hall, M.P., The Social Services of Modern England, Routledge & Kegan Paul Ltd., London, 1953. p. 253.

2. Notes and Comments "Towards a Modern Social Security System", Social Service Review, Vol.XXX, No.1, 1956. p. 454.

Thus acts pertaining to the financial assistance and welfare of civilian disabled persons is a very recent innovation even in countries like the United Kingdom and the United States of America, which traditionally have advanced social legislation and enjoy a high standard of social welfare.

In Canada, the trend in the development of financial assistance for civilian disabled persons is much the same as in the United Kingdom and the United States of America. The disability benefit programmes such as Workmen's Compensation and the War Veterans' Allowance have been in existence in most of the provinces of Canada and in British Columbia for some time. Civilian injuries and disablement were generally covered by the programmes of social assistance such as the Social Allowance and the Mothers' Allowance prior to the introduction of the Disabled Persons' Allowance Act in 1954 except in the Provinces of Newfoundland, Ontario and Alberta which have operated their own programmes for needy disabled persons since 1949, 1952, and 1955 respectively.

The present programme as propounded in the Disabled Persons' Allowance was introduced in Canada very recently. The Disabled Persons' Allowance Act was enacted in the Federal Parliament on June 26, 1954, and it became effective in January 1955.¹ This is a Federal-Provincial programme; the Federal

1. "Allowances for Disabled Persons", Canada Year Book, Dominion Bureau of Statistics, Ottawa, Canada, 1956. p. 287-8.

Government provides financial aid to persons aged 18 or over who are totally and permanently disabled. Within the limit of the Act, each province is free to fix the amount of the maximum allowance payable to the maximum income allowed. The Federal Government's contribution per recipient cannot exceed 50 per-cent of a specified amount of money per month or of the allowance paid, whichever is less. The shareable amount of money per recipient per month was \$40 at the time of the introduction of the Act. Since then this amount has been increased twice. The first time, it was increased from \$40 to \$46; it was again increased in September, 1957, this time from \$46 to \$55.

In the Province of British Columbia, an agreement was reached in March, 1955, and became effective in April of that year, between the Provincial and Federal Governments to provide allowances to totally and permanently disabled persons, 18 years of age or over, who have resided in Canada ten years immediately prior to the effective date of the allowance and who, if single, have an income of less than \$720 (including allowance) a year, or, if married, have an income of less than \$1,200 (including allowance) a year.¹ These income figures have also been changed recently. They now read: less than \$960 (including allowance) a year for single persons and less than \$1,620 (including allowance) a year for the married recipient.

1. "Disabled Persons' Allowances", Public Welfare Services in B.C., Social Welfare Branch Annual Report, Department of Health and Welfare, Victoria, B.C., 1956. pp. 62-3.

To be eligible for an allowance under the Disabled Persons' Allowance Act, the applicant must not be in receipt of an allowance under the Blind Persons Act or the War Veterans Act, assistance under the Old Age Assistance Act, a pension under Old Age Security or a Mother's Allowance under Provincial or Municipal legislation. The allowance is not payable to a patient or resident in a mental institution, tuberculosis sanatorium, home for the aged, infirmary or institution for the care of incurables. A recipient who is in a nursing home or a private, charitable or public institution is eligible for the allowance only if the major part of the cost of his accommodation is being paid by himself or his family. When a recipient is required to enter a public or a private hospital the allowance may be paid for no more than 62 days of hospitalization in a calendar year. For the period that a recipient is in hospital for therapeutic treatment for his disability or rehabilitation as approved by the Provincial authority the allowance may continue to be paid. The power is also vested in the Provincial authorities to suspend the payment of the allowance when in its opinion the recipient unreasonably neglects or refuses to comply with or to avail himself of training, rehabilitation or facilities provided by or available in the Province.

As mentioned previously, the applicant is considered under this Act to be totally and permanently disabled when he is suffering from a major physiological, anatomical or psycho-

logical impairment, verified by objective medical findings. The impairment must also be one that is likely to continue indefinitely without substantial improvement and, as a result, such a person is severely limited in activities pertaining to normal living. Also the person must be severely limited in activity pertaining to self-care and normal living as a result of the impairment. An applicant is not deemed to be permanently and totally disabled when a favorable prognosis is obtained or approved therapeutic measures are recommended by the Provincial authority, and the necessary rehabilitation services or therapeutic measures are available.

Administration of the Disabled Persons' Allowance Act and regulations follows the same pattern as set for the Old Age Assistance Act and the Blind Persons Act, except that, in addition to the administrative Board, provision is made for a Medical Advisory Committee consisting of a Provincial medical representative, a Federal medical representative, and a medical social worker. This Committee, on examination of the medical report of an applicant and a comprehensive social report, recommends to the Board whether or not the applicant be considered as totally and permanently disabled within the meaning of the regulations.

British Columbia, in addition to the above-mentioned Federal-Provincial programme of the Disabled Persons' Allowance, has a Provincial Government programme - the Disabled Persons'

Allowance Act. This Act became effective April 1, 1955, which is the date on which the Federal Disabled Persons' Allowance Act became effective in British Columbia.¹ Under this programme, the Provincial Government adds a supplementary allowance up to \$20 per month to British Columbia residents. Thus a recipient of the Disabled Persons' Allowance in British Columbia can receive a maximum of \$75 per month, on the present scale.

This maximum allowance of \$75 a month for a disabled person in or out of the family appears to be very small. It is obvious that the Act is not taking any family implications in their true sense into consideration. It takes the family into consideration in the sense that the disabled person must be living with the family but it does not continue to consider the fact that the financial needs of the disabled person are also the financial needs of the whole family in most cases. The question arises whether this allowance of \$75 a month is going to serve the needs of a family where the disabled person is the head of the family, or any family where the needs of the disabled person and other members of the family are dynamically inter-related. Indeed, it is a very sad thing to note that the Act makes the wrong interpretation of the term "family". It would seem to keep the disabled person just alive in the family and at the same time to create pressures within the family. Thus

1. "Disabled Persons' Allowances", Public Welfare Services in B.C., Social Welfare Branch Annual Report, Department of Health and Welfare, Victoria, B.C., 1956. pp. T62-3.

if it is the real and sincere intention of the Act to keep the disabled person at home with moderate comfort and little financial pressure to the family, the Act can never concern itself with the financial needs of the disabled person alone, but it must be concerned with the family as a whole, Only then will its basic intention of giving effective help to the disabled be realized.

The Social Service Department, City of Vancouver.

The City Social Service Department is a public welfare agency serving the financial and other needs of the citizens of Vancouver City. The Department is administratively responsible to the Social Service Board of the Body of City Councillors of the Local Government of Vancouver City. The City Social Service Department is administratively organised on the basis of the geographical area of the city. The city is divided into four areas, West, Centre, South and East, for the purpose of administration and in each area there is a Unit Office which is responsible to the Main Unit. The Main Unit is the headquarters of the whole of C.S.S.D. and it is also the office of the Administrator, Assistant Administrator, and the Welfare Director who are the top officials of the whole Department. Within each District Unit Office, the administration of welfare services is the direct responsibility of the Unit Director. Each Unit has a staff of professional social workers, one or two of whom are supervisors.

The services provided by the C.S.S.D. cover not only the area of financial need, but also physical health and medical care, social and environmental, family and child welfare, rehabilitation, recreation, employment and many others. The services are given in various forms including monetary payment, referrals to other agencies, counselling and other forms of casework and medical services.

As in the case of the administration of the Old Age Security Act, the Old Age Assistance Act, and the Blind Persons Act, the C.S.S.D. is charged with the responsibility of assisting the provincial Board in its administration of the Disabled Persons' Allowance Act for the cases of Vancouver City. The cases of all the disabled persons who are living within Vancouver City limits and who have been granted allowances under the Disabled Persons' Allowance Act are transferred to the C.S.S.D. from the Disabled Persons' Allowance Board in British Columbia. The C.S.S.D. provides the medical and casework services necessary. The annual investigation of all the recipients of the disability allowance of whom the Department is in charge, is carried out by the Department on behalf of the Board.

At the initial stage of application to the Disabled Persons' Allowance Board, the Department assists in those cases where the disabled persons are already known to the Department because they are already on some type of social assistance. The Department's assistance is most helpful and valuable particularly in the preparation of the required social history, in such cases.

Recent Studies of Disabled Persons' Allowance Programmes.

The disability allowance programme is only three years old. So far, only two studies relating to the disability programme as it operates in British Columbia are known to the present writer.

In 1955, Miss E. Talker, a United Nations student from Pakistan, in the course of her second year field work as a Master's Degree student in the School of Social Work, University of British Columbia, made a review of applications for Disabled Persons' Allowance at the City Social Service Department, Vancouver. The purpose of this report was "to discover what kinds of cases are to be considered totally and permanently disabled, so as to facilitate the preparation and recommendation of such applications for the future". She reviewed a total of 186 cases in her study. Her findings indicate that the largest number of cases are those where the brain is affected as in cerebral palsy, spastic paraplegia and birth injury. The second largest number were the mental retardation cases. Judging from this survey there is an overwhelming preponderance of mental health diseases at present coming within the definition of totally and permanently disabled.

A broad review of the disability allowance programme was made by S. F. Bodlak in 1957, in a Master of Social Work thesis. His study reviews the Federal-Provincial allowance,

with particular reference to the British Columbia situation. His study indicates that the current programme which provides only for persons who can meet a defined qualification of "totally and permanently" disabled leaves a large gap in the provision of services to disabled persons in the broadest sense. He indicates that there are large numbers of persons in Canada who are economically dependent but who cannot be considered "totally and permanently" disabled. In his discussion, Mr. Bodlak also points out that the present disability allowance programme makes no mention of employability, either in the Act or any regulations, yet it is of vital importance and must be taken into consideration¹. Mr. Bodlak argues that more attention to employability would be in the best interest of both the dependent person and the community. His other conclusion is that much needs to be done to improve and coordinate the rehabilitation programmes in conjunction with the allowance programme.

Neither of these two studies deals with needs and services for disabled persons in detail. Their studies are mainly confined to general policy, procedure and administrative aspects and not dealing with services and casework help to individual disabled persons and their families. In practice, financial assistance is only the preface to the whole chapter of rendering assistance. In this sense, as at least one M.P., Mr. Trainer, has pointed out, "pensions alone are no solution to the problem

1. Bodlak, S.F., Disability Allowance, Master of Social Work Thesis, University of British Columbia, 1957. p. 110.

of the totally disabled". After the provision of the "substitute incomes" for these disabled persons, there is still a lot more to be done for their welfare as well as for their families. The social worker, in particular, needs to acquaint himself with the nature of the disabilities, the lives of the disabled persons, and their difficulties and needs. Questions relevant for the present type of study are such as the following: how are the recipients of the disability allowance living? How did the situation compare before and after the allowance? How are they managing with the allowance? What adjustments does disablement demand from the person himself, and from his family? What factors can help to compensate for the distresses and pressures which a crippling ailment produce? In short, what is the situation which has to be assessed, in a family context, to give realistic content to the idea of "rehabilitation" - and its limitations?

Method of the Present Study.

With the co-operation of the Vancouver City Social Service Department, the method followed in the present study was to select representative examples of disabled persons who had been receiving the disability allowance for some time; and to conduct extensive interviews with them covering a range of topics (as set out in Appendix A). According to the latest available figure (February 28, 1958) the C.S.S.D. had a total

caseload of 354 disability allowance cases. Of these 354 cases, 124 are in the South Unit, 116 in the West Unit, and 96 cases are in the East Unit; only 18 cases come from the Centre Unit. Since the purpose of the present study was to obtain a descriptive account of "family contexts", not a statistical analysis or comprehensive survey, a small number of cases (20, later reduced to 18 because two of the families were not available) was settled upon. Twelve of these came from the South Unit, five from the West Unit and one from the East Unit.

Most of these cases were in the total that Miss Talker had reviewed for her study in the year 1955. A few names were no longer on the list at the C.S.S.D. as the persons have passed away or gone to other places outside Vancouver City. The focus of the review was on the family responsibilities of the recipient. Accordingly in half of the cases the disabled person is the head of the family, while in the other half, the disabled person is a dependent within the family. Reasonably normal family groups were chosen; also the most typical kinds of diseases and disabilities were considered in the selection.

The cooperation of the families was secured before the writer visited the families. The interviewing was based (informally) on a questionnaire designed with careful consideration to obtain information in the following main areas:

- (1) history of the disability
- (2) problems caused by disability
- (3) housing and neighbourhood situation
- (4) economic conditions; income, etc.
- (5) free time and recreation
- (6) possible occupational therapy, training, etc.
- (7) services in the community and at home
- (8) the use of medical card
- (9) views on the disability allowance programme
- (10) attitudes towards life in general

The interview opened with the onset of the disability, and its nature, then moved on to the current living situation of the disabled person within the family context. It sought also to ascertain the attitudes of the person and his family to his disablement, as well as the needs, both met and unmet, of which they were aware. (See Appendix A).

In most of the families all the members took a very active part in the interview. In two families, only the wives were interviewed, as the disabled persons had speech difficulties. In the (6) families where the wife of the disabled person was at home, three of the wives took a very active part in the interview, two left most of the talking to their disabled husbands.

In the (9) families where the disabled person was a dependent within the family, six of the disabled persons were

interviewed along with their mothers. Of the remaining three, one was interviewed along with both of his parents, the other one was interviewed alone as the parents were not at home. In the last instance, the brother and sister-in-law were interviewed instead, as the disabled person and his parents, both Japanese, could not speak English. In one family where both the parents of the disabled person were at home, the parents took a very active part in the interview, Out of a total of nine families where the disabled person was a dependent within the family, five of the disabled persons could take little or no part, because of mental incapacity.

Interviews varied from one and a half to three and a half hours, and were generally over two hours. The questionnaire was filled in and the recording was made immediately after the interview in most of the cases, amplified later if necessary. Two families were interviewed twice as they were the basis of "pilot" interviews conducted before the final form of the questionnaire was settled.

City Social Service files on the families were read in advance for information on the previous history of the family, history of the disability of the recipient, and on outside assistance. The annual report forms filled in by the visiting social workers were particularly helpful in giving up-to-date information.

CHAPTER II

THE DISABLED PERSON AS A DEPENDENT WITHIN THE FAMILY.

Whatever else disablement means, it is different for the disabled person who has family responsibilities, for the disabled person who has no family responsibilities whatsoever, and for the young dependent who has his family to look after him. In one case there are direct effects on the wife and possibly on young dependent children, while in the other cases there are important effects on the parents and siblings. Thus the whole question of family responsibility makes the implications of the disability vary. Of all the differences that exist among the disabled persons, difference in family responsibility is a basic one of which account must be taken. With this in mind the families chosen were studied in two groups. In Group A all the disabled persons are dependent within the family; in Group B all the disabled persons are heads of families. For Group A single men or women mainly in the younger age group were selected, while for Group B married men whose wives were living in the home, and especially men with young children at home were selected. The people in Group B, naturally fell into the middle and older age groups.

In each group, however, some consideration of the type of ailments was also necessary because of the differences

in welfare implications along with the differences in the prognosis. For this reason as well as for convenience of description, the following grouping is helpful in presenting the picture of family circumstances in Group A.

1. Cerebral palsy
2. Spastic paralysis
3. Mental retardation

The first two groups (cerebral palsy and spastic paralysis) are more or less similar to each other in nature. They are today among the common disabling conditions among children. They are physical in nature and are mostly congenital in origin; both are carried over to all the later stages of life; both of them have paralysing effects and tendencies.

According to Webster's Dictionary, the term "cerebral palsy" means "paralysis due to lesion of the brain, usually one suffered at birth, and characterized chiefly by spasm". The term "spastic" is defined as "drawing, pulling of or characterized by spasm, specifically designating a form of paralysis in which certain muscles are in a state of continuous contraction, causing rigidity of normally movable parts". Both of them include lack of control of muscles. But a significant difference between the two is that in cerebral palsy the muscles are flaccid and weak while in spastic paralysis the muscles are tight and rigid. Cerebral palsy appears to be mainly due to accident or injury of the brain at the time of birth, while

spastic paralysis is due to neurological conditions.¹

Cerebral palsy is one of the most common disabling conditions among children in Vancouver, B.C. An estimate of 0.5 per 1,000 of population is often given for the incidence of cerebral palsy, but it is understood that a fairly accurate picture of the extent of the disability is presented by the Children's Registry.² The number of spastic paralysis cases in Vancouver is not as significant as that of cerebral palsy. Both these disabling ailments appear to be overlapping, however. In their social implications they are both sufficiently disabling to interfere with the obtaining of an education or later the earning of a livelihood by the children in most cases. They can be a real burden to the family, especially to the parents and particularly to the mother who has to look after them. If the treatment has not been carried out effectively while the child is young, both of these disabling conditions can have severe social implications in many respects. The disabled persons can become physically very limited. Some of them are bedridden or chairfast. They usually require assistance for most of their personal care. In these cases it is not uncommon to see mothers who are shut in the house for 20 or 25 years.

1. Interview with Miss MacKenna, Supervisor of the Medical Section, C.S.S.D., on June 5, 1958.

2. Hazell, Kenneth, Proposal for the Development of Rehabilitation Services in British Columbia with Emphasis on Medical Rehabilitation, Medical Rehabilitation and Disability Advisory Service, Department of National Health and Welfare, Ottawa, February 1956. p. 40.

Disabled persons in the third group are entirely different from the others. Their disabling condition is mental rather than physical. All of the disabled persons in this group are mentally defective. According to Black's Medical Dictionary, "mental defect" as opposed to insanity, is a primary condition in which certain persons never develop to the average standard of intelligence, whilst insanity means an occurrence of mental disease appearing in a person previously healthy. In the present study, mental retardation and the congenital mental deficiency called mongolism are taken together, because of their common nature. Both are congenital but the significant difference between the two is that the mental deficiency is accompanied by peculiar physical traits in mongolism but not in mental retardation. According to Webster's Dictionary, mongolism is "a type of congenital mental deficiency accompanied by a flattened forehead, slanting eyes set closely together, etc." In both mental retardation and mongolism, there are different grades of mental defectiveness. "Mental defect is of several types and of all grades from complete idiocy up to that of the high-grade mental defective who is merely unable to understand and transact complicated business." (Black's Medical Dictionary). In short, idiocy, imbecility, moron and moron imbecile are the different grades in mental defectiveness from grave to slight degree. The mentally retarded persons studied in the present group appear to fall within the groups of imbecile and moron, as all of them are incapable of managing themselves or their affairs

and are entirely dependent upon the care and guidance of other people.

The social implications are also different here. In this group, because of a more or less normal physical condition of the disabled persons, the pressure on the other members of the family is usually not very severe or painful. But they can also be a burden to the family in that they need constant supervision and guidance. Their relationships with other children and people in the community can also present problems for the family. In fact, at a later stage of childhood mental defectives can both become a drag upon normal children and are apt to be damaged by ineffective competition with them, as well as by teasing to which they are very liable to be subjected. In Vancouver, mental retardation appeared to be a common disabling condition among young children. This is evident from the fact that a school like Woodlands has a waiting list of not less than two to three hundred children at all times. There is also a large number of mentally retarded children who are living in the community and whose welfare has been partly looked after by the Association for Mentally Retarded Children in Vancouver.

In spite of the differences, the first two groups of physically disabling conditions and the last group of mentally disabling conditions apparently share some common aspects also. All of them are congenital and are of high incidence, being the most common disabling conditions among children and the younger

age groups in Vancouver, B.C. All of them present social problems to the parents and family as well as to the community in one form or other. But in the over-all situation the first two groups of physically disabling conditions appear to have far more severe effects on the family. The individuals are physically incapacitated and impaired. The mental retardation cases can get along within the family without causing much pressure upon the parents in most cases. The physically disabling condition and the mentally disabling condition apparently have different kinds of need and require different services.

Cerebral Palsy.

John A., Mary B. and Amy C. were all born with cerebral palsy, a congenital chronic disease, and Amy C. suffers from brain haemorrhage also.

All of them are physically incapacitated. In the cases of John A. and Amy C., the physical impairment is mostly confined to the right half of the body, whereas Mary B's physical impairment is not confined to one side but extends to her whole body. Miss C's right leg is a little bit shorter and thinner than her normal left leg. Mr. A's body bends to the left side because of the total impairment on the right side of the body including leg and hand. The fingers of the right hands of both Miss C and Mr. A are abnormally twisted. Both of them cannot grasp anything with their right hands. Both of them find it hard to control their

hands which shake. Because of this, Mr. A cannot even button his clothes and he finds it difficult to make his own bed.

Miss C and Miss B cannot care for themselves. They cannot dress, attend to body-hygiene or eat unaided. They cannot leave home without being accompanied by others. Miss B can climb a short stairway, walk a limited distance on a level surface with crutches and with the assistance of others, but Miss C is entirely confined to bed and wheel-chair. Both of them use the wheel-chair, but Miss B uses it only when she gets out of the house whereas Miss C uses it for almost all her movements. Miss C needs assistance even in getting down from the wheel-chair to bed although she can get onto the wheel-chair from the bed by herself. Unlike Miss C and Miss B, Mr. A can attend to almost all his personal needs. He needs a little assistance to button his clothes and in making his bed, however.

Mr. A and Miss C cannot speak clearly. Mr. A salivates whenever he speaks. Miss C's inability to speak clearly is due more to her shyness than anything else. She can speak more clearly on the telephone than in face-to-face situations, in front of strangers and other people. Mr. A finds it hard to concentrate on anything. Mr. A and Miss C, in effect, are also mentally a little retarded. This is the result of physical injury to the brain rather than a definite impairment of psychological and mental faculties. Miss B's mental faculties as a whole are excellent. She is a very intelligent girl who also

has a very good memory. She can even remember the number on the car plate of ten years ago.

Miss B had already reached her Grade Eight standard whereas Mr. A and Miss C can read and write at about Grade Five and Two levels respectively.

Family Circumstances.

Mr. A is 22 years old, Miss C and Miss B 23 and 26 respectively. All of them are single and living with their parents at home. Mr. A has one younger sister also at home. Mr. A and Miss B have few relatives in British Columbia. Mr. A's close relatives live on Vancouver Island whereas most of Miss B's relatives are now living in Manitoba; the relatives of Miss C and her parents are all in Saskatchewan.

Miss B and her family lived in Winnipeg, and Miss C and her family lived in Saskatchewan before they came to live in Vancouver. Miss B and her parents moved out to their present home a few years ago as the parents felt that the previous place being a hilly area was not convenient for their disabled daughter. Their present place has a flat land surface and nice surroundings.

Miss C and her parents also moved out to the present place because of their disabled child. They moved in order to be nearer to the school for their disabled daughter.

Mr. A had been living with his family in the same place all his life.

Mr. A and Miss B live in fairly new stucco houses situated in good residential areas, but small. The house in which Miss C and her parents are living is an older one, but it is big and comfortable inside. All of the houses are adequately furnished, although the furniture in Miss C's place shows signs of wear. Mr. A's house has a fairly large garden at the back and a spacious grass lawn at the front. There is no lawn or garden whatsoever in the other two houses. All the houses are owned by the parents and there are no obvious defects in the houses and their facilities. According to the families' own judgment the houses of Miss B and Mr. A are "good" and "quite satisfactory" whereas Miss C's house is described as "fair".

All the essential facilities including park, playground, shopping centre, school, clinic, movie house and church are available in the neighborhoods. Mr. A can be considered luckier than the other two because the Happy Club to which he belongs is right in his residential area.

None of these three young disabled persons has ever had an occupation in the strict sense. In any normal family situation, it is more or less a principle for the father to be a breadwinner and for the mother to be a housewife, and to this these families are no exception. Mr. A's father works in a lumber company and Miss B's father runs a bakery which he also owns. Miss C's father is a plumber. All of the mothers are

housewives, of course. All the families are apparently quite well off financially. Miss C's father, for example, brings home \$95 a week. The family also has an income from the basement suite and from two boarders. Thus the total income amounted to over a hundred dollars per week which is by no means a small amount for a family of three people. In addition to this the disabled daughter, Miss C, receives \$75 a month for her disability allowance which she uses for herself entirely. The parents even supplement her allowance sometimes and buy anything she wants. The financial situation of Miss B's family and Mr. A's family appeared to be even brighter than that of Miss C's family, as the fathers in both situations are in successful businesses. Mr. A as well as Miss B receives \$75 a month disability allowance. Their allowances of \$75 a month are also supplemented by their parents from time to time in order to enable them to buy the things they want.

Daily Life and Attitudes.

Both Mr. A and Miss C are not receiving any occupational therapy, at present. Miss B is taking a typing course at home.

Mr. A helps his father in cutting the grass at home. He helps in the kitchen by washing dishes and clearing the table; he cleans the basement from time to time. He looks after the house when the rest of the family are away. Miss B makes boxes

with the assistance of others for her father's bakery. She also makes beautiful flowers at home. She used to sell these flowers to her friends before she got her allowance. Miss C grades buttons according to size to keep herself busy.

All of them enjoy looking at TV, listening to the radio and to record-players. Mr. A cannot work the record-player by himself because of his crippled hands. However, he can be considered the most fortunate in this group as he is capable of riding his special tricycle in and around the neighborhood. He often walks or goes by tricycle to the nearby park and store. He also enjoys doing jigsaw puzzles at home. Miss B does her physical exercises regularly in accordance with her doctor's advice.

Miss B and Miss C are members of the Indoor Sports Club; Mr. A is a member of the Happy Club. The Indoor Sports Club is organised entirely for crippled children and young persons. The Happy Club is organised for all young men in general and Mr. A is able to join it as he himself is physically not badly impaired. Miss B and Miss C go to their club twice a week and Mr. A goes to his club every Friday. Miss B and Miss C often go to the Georgia Auditorium as the Indoor Sports Club makes the arrangements for them. All of them usually meet their friends at the club. Miss B is regularly visited by a friend who is also disabled, and so is Miss C. Mr. A enjoys talking to the neighbours as he can get out of the house any time.

Mr. A generally gets out of the house every day.

Miss B and Miss C are too disabled to get out much. All of them go out with their parents for long drives at the week-end from time to time. Miss B usually accompanies her parents whenever they go out to visit their friends.

Miss C is very shy in talking to other people and she feels a little depressed about it. Miss B also feels depressed, whenever she gets sick and suffers from a headache. Parents apparently are the source of encouragement for both Miss B and Miss C, whereas in the case of Mr. A, the friends at the club are apparently the greatest source of encouragement. Miss B finds satisfaction in comparing herself with other crippled persons who are worse than she is. She feels that she has been very well looked after by her parents. All these three young disabled persons apparently feel satisfied with their present situations in general. Miss B, the most intelligent girl in the group, for example, said that "she has no complaints about present life in general" and she feels satisfied with it as she herself has not experienced any other life since she was born.

Spastic Paralysis.

The disability has been with Martin D, Rosy E and Grace F since birth. Spastic paralysis is usually a congenital chronic disease. All of them are physically incapacitated. Miss F's disability is the most serious and Mr. D's disability is the mildest

in this group. Miss F is bedridden and Miss E is chairfast, whereas Mr. D can move about almost like a normal person.

Miss F cannot walk at all as her body is completely out of balance. She finds it difficult to move her body even with the assistance of others as her body is just a deadweight. She cannot sit for a long time because of trouble with her spinal cord. Miss E also cannot walk as her body is out of balance, but the situation in her case is not as bad as Miss F's. Miss E can stand up and walk if there is something to hold and lean upon. She can walk a limited distance on a level surface with the use of a bar stand attached to wheels. Miss F's hands and legs are afflicted with chronic shaking, the degree varying according to the changes in her bodily constitution. Miss E's hand tremors are such that she finds it difficult to drink or to lace her shoes. She has to use a straw for drinking purposes. Both Miss F and Miss E cannot look after their own personal needs such as dressing, body-hygiene and eating. Miss E cannot leave home unless accompanied by others; Miss F cannot leave even her bed without assistance; and Miss E is not able to speak very clearly.

Mr. D's physical impairment is confined to the left side of the body. He has no left leg but has an artificial limb. The fingers of his left hand are crippled and he cannot grasp anything properly. Mr. D is capable of walking with the use of crutches for a fairly long distance. He finds it difficult to

walk down hill, however. He looks after himself although his movements are rather slow in comparison with those of normal people.

Family Circumstances.

Mr. D, Miss E and Miss F are all in their early twenties. All of them are single and living with their parents at home. Mr. D and Miss F apparently have few relatives in Vancouver. Most of Miss E's relatives live in Manitoba. Miss F and her family moved out to their present place because the parents felt that the previous place was not convenient for their disabled daughter: there was no room for a wheel chair to move easily around the house. Miss F and her parents also prefer the present place because of its nearness to the playground. Mr. D and his parents had moved out from their previous place about thirteen years ago. Miss E and her parents have lived in the same place since they came to British Columbia from Manitoba about twelve years ago. They moved out to Vancouver because the parents felt that among other things winter snowfalls made it difficult for their disabled daughter to move around outside the house.

Both the houses of Miss F and Miss E are one-storey stucco buildings; Mr. D's house is wooden. Among these three, Miss E's place appeared to be the best as it is still new and modern. Miss F's house is older and is crowded with furniture

and boxes inside. Mr. D's place, although it is fairly old, looks nice because it is well kept. All three houses are furnished adequately although the furniture in Mr. D's and Miss F's houses is rather worn. There are apparently some defects in two of the houses. In Miss F's house, the kitchen furnace is getting very old and needs to be repaired or replaced. The door of the washroom is inconvenient for the disabled person to enter because of its shutter system. In Miss F's house, the doorways are small and are difficult for the disabled person to enter.

Miss E's house has a fairly large garden at the back and a spacious grass lawn at the front. There is only a very small yard at the front in the other two houses. All the facilities including park, playground, shopping centre, school, clinic, movie house and church are available in the neighborhood of Miss F's place. The shopping centre, park, church and theatre are far away from Miss E's place and her parents are very disappointed about this. Mr. D also felt limited as there is only one movie house in the neighborhood. All the houses are owned by the parents. Miss E's house was described as "good" and "quite satisfactory" whereas the other two were said to be "fair" and "satisfactory" by the respective families.

None of these three young disabled persons has ever had an occupation. Miss F's father has a real estate business and is also in receipt of a First World War military pension. Miss E's father is an orderly in an institution. Mr. D's father

is not working any more as he is too old. He is in receipt of a First World War military pension and an Old Age Pension. All of the mothers are housewives. Mr. D's mother used to go baby-sitting for two or three days a week.

All the families are apparently just making ends meet financially. In the case of Miss F's family, for example, the father's income from real estate is irregular and thus the family has to save for the future. Mr. D's mother finds it difficult to manage some months. They apparently had cut down on all the luxuries such as smoking cigarettes and drinking wine long ago. Miss E's mother said that there is not much left each month after paying the various bills from the salary (\$200) of an orderly like her husband. Miss F's family and Mr. D's family have cut down their expenditure to basic requirements. Such things as entertaining and parties are no longer familiar to these two families.

Each of the three disabled persons in this group receives \$75 a month disability allowance. They pay \$40 out of the allowance for board to their parents.

Daily Life and Attitudes.

At present, none of the three young disabled persons in this group is doing anything in the way of occupational therapy.

Mr. D does a little typing at home. Miss E does knitting and makes woollen rings for mattresses under the instruction of a member from the Indoor Sports Club, and with the assistance of her father. She is also taking private tuition at home. Miss F enjoys reading magazines, newspapers, and the Bible. She used to collect records of sacred music as a hobby.

All of them enjoy TV, radio and records. Miss F cannot enjoy TV very much as she cannot sit for long. Both Miss F and Miss E cannot enjoy records unless the player is operated by someone else because of their crippled hands. Only Miss E belongs to a club. She is a member of the Indoor Sports Club. None of the three has many friends. Mr. D lost the friends that he had at school as they grew impatient with him because of his physical limitations and handicaps. Miss E meets a few of her friends once a week at the Indoor Sports Club. She also knows everybody in the neighborhood and talks with them a lot.

All of them are visited by their relatives. Miss E is occasionally visited by her aunt and nephews from Victoria. Miss F is visited by her elder sister and niece two or three times a week; she is also visited by a minister from the church once a week. Mr. D's two married sisters come to visit the family from Burnaby occasionally, but too infrequently, according to Mr. D.

Miss E goes to church regularly on Sunday. She is usually picked up by a young couple from the church. She often

goes out with her father for a long drive at the week-end. She and her father also go to a movie from time to time. Because of her physical disability, Miss F can no longer go to the church Sunday school. At present, she goes to the church only on some special occasion such as the showing of color slides. Miss F hardly ever gets out of the house as it is not easy for her to move around even with the complete assistance of others. It is only occasionally on hot summer days that the family take her out to the beach. Mr. D spends the time, at present, going to the International Airport every Wednesday, Saturday and Sunday. He takes three buses to get to the airport. Mr. D apparently has established a very good relationship with the personnel at the airport. He has even been taken to Seattle in a 'plane by one of the airway companies. He also has a lot of souvenirs from different countries that were given to him by the air crews. On weekdays, Mr. D spends half the day walking down to 16th Avenue which is about eleven blocks away from home; he does this to kill time as well as for physical exercise.

Mr. D and Miss E feel very depressed whenever they cannot do what they want to do, because of their physical limitations. Mr. D sometimes feels that the world is against him. He ²was feeling particularly depressed at the time of the interview as he could not get hold of a suitable job. Parents apparently are the source of encouragement for all of them. All of them feel that their parents have made their lives worth living.

Mr. D also feels satisfied whenever he gets encouragement from his friends at the airport. Miss F is quite contented with her present situation. She is the type of girl who does not want to bother others. She prefers to give things to others rather than take from them. She loves to spend the time quietly by herself.

Mental Retardation.

Patricia G, George H and Peter I are all examples of mentally retarded people. The mental disability occurred to George H when he was four months old. In the case of Patricia G the mental disability was first noticed at the age of three. According to her mother, Miss G was unable to speak at the age when she should have been speaking and therefore an operation was undertaken. The mother is still uncertain whether or not this operation affected the nervous system of her daughter and made her mentally retarded. Peter I was born with a congenital mental deficiency called mongolism.

All these people are mentally incapacitated. None of them has the mental capacity to take responsibility. None of them can leave home without being accompanied by other persons. Miss G and Mr. I are capable of going out and moving around, but they need to be accompanied by others as they will get lost if they go out alone. Mr. H is in addition physically handicapped. He cannot climb a stairway although he can walk a

limited distance on a level surface. Mr. H is a Japanese national and he can speak only in Japanese like his parents. None of the three young and mentally disabled persons in this group can speak or write. However, none of them requires any assistance whatsoever for his personal needs such as dressing, body hygiene and eating.

Family Circumstances.

Miss G and Mr. I are 22 years old and Mr. H is 24. All of them are single and are living with their parents. Mr. I has a 7-year-old brother at home. Mr. I's paternal grandparents live on the ground floor in the same house. Mr. H's family is an enlarged one: the married brother, wife and a son are living with Mr. H and the parents in the same house. All of them have relatives in Vancouver and in British Columbia. Some of Mr. H's relatives are in other provinces of Canada.

Mr. H and his family lived in the interior of B.C. before they moved out to Vancouver three years ago, when Mr. H's brother contracted tuberculosis in a lumber camp in the interior. Mr. I and his family moved out to their present house because Mr. I's parents felt that the previous place was too small for the family. Miss G and her parents lived in an apartment downtown before they bought a house.

The houses of Miss G and Mr. I are fairly old but they are big and comfortable inside. Both the houses are

two-storey, wooden buildings. Mr. H and his family live in a new, modern one-storey, stucco building which was built about three years ago. Mr. I's and Mr. H's houses are adequately furnished with all the essential equipment and fairly new furniture. The furniture in the house of Miss G is fairly old and worn, just as the house itself is. All three houses have spacious lawns at the front and fairly large gardens at the back. The houses are owned by the parents and there are no defects whatsoever in these houses and their facilities. According to the assessment of the families, the houses of Miss G and Mr. I are "fair" and "satisfactory", whereas Mr. H's house is described as "good" and "quite satisfactory".

All the essential facilities for the general use of the family are available in Mr. I's and Miss G's neighborhood. The facilities for Mr. H and his family are fairly limited. The family being Japanese Buddhist has to go to the Buddhist temple downtown which is quite a long way from home. The family has a Japanese doctor whose clinic is in the downtown area. There are also no parks in their residential area. It is evident that this limitation of facilities in the case of Mr. H and his family is due more to cultural factors than anything else.

None of the three young disabled persons in this group has ever had an occupation. Miss G's father is a truck owner as well as a driver. He works in the transfer department of an equipment company downtown. At the time of the interview he

was out of a job as there were no goods to transfer at the equipment company, because of recent strikes in B.C. Mr. H's father is an old age pensioner. Mr. H's brother and sister-in-law who are living in the same house are on the Provincial T.B. allowance and mothers' allowance respectively. Mr. I's father works downtown. Both of Mr. I's grandparents who are living in the same house are old age pensioners. Miss G's and Mr. I's mothers are housewives. Mr. H's mother goes shrimping two or three days a week.

Both Miss G's and Mr. H's families are just managing, financially. Miss G's mother wonders whether she could apply for assistance at the social agency on the days her husband has no work. She said that it would not be possible for her to go out to work and leave the disabled daughter, Miss G, at home alone. Miss G's mother indicated that she was worried about the future. Mr. H's parents find the total income, which is largely composed of Mr. H's father's old age pension and Mr. H's disability allowance, very inadequate. They try to manage by restricting themselves to essentials. Mr. H's married brother used to support the parents and Mr. H while he was working in the logging camp. But now he can no longer supplement the budget of his parents and Mr. H, his disabled brother, as he himself is on social assistance because of his T.B. condition.

Each of the three young disabled persons in this group is receiving \$75 a month disability allowance. Each of them

pays \$40 a month board to his parents.

Daily Life and Attitudes.

Miss G and Mr. H are not doing any occupational therapy. Mr. I is learning woodworking at a private school for mentally retarded children. He is also learning to speak at the same school. Mr. I goes to the school from 8 a.m. to 1 p.m. daily on weekdays. He does woodworking with the assistance of his father at home. Both Mr. I and Miss G enjoy helping their mothers in the kitchen and in doing housework. Both of them enjoy doing gardening with their parents during the summertime. Mr. H appeared to be very limited in his activities. He is not doing anything constructive at home, as he is physically and mentally too deficient.

All three enjoy TV, radio and records. Miss G enjoys the treasure hunt programmes on TV. Mr. I, the mongoloid boy, dislikes fighting and murder scenes on TV programmes. Mr. H, the Japanese-Canadian boy, particularly enjoys Japanese music. He sings Japanese songs often and he also talks to himself sometimes. Mr. I usually plays with his electric train and a set of construction toys. He also plays table tennis with his brother in the basement. Mr. I plays with his brother much of the time. Miss G enjoys playing with jugsaws and baby toys.

Miss G and Mr. H seem to have no friends. Mr. I has some friends at the school. All of them are visited by their

relatives from time to time, however. Miss G and Mr. I are taken out for long drives at the week-ends. Mr. I, in particular, always goes out at the week-ends with his parents. Both Miss G and Mr. I go to drive-in theatres, frequently. Miss G's family are planning to take a trip into the interior of B.C. this summer. Mr. H has the company of his father at home all the time as his father himself is a physically disabled person who hardly ever gets out of the house.

These three people find their satisfactions in life by staying with their parents and families. Miss G and her mother were feeling very depressed at the time of the interview as Miss G's grandmother had passed away very recently. Mr. I demands much love and affection from his parents. His parents have to be careful how they treat the two brothers lest Mr. I think they are being treated unequally. According to the parents, the mongoloid child, like Mr. I, is very sensitive and needs continuous love and acceptance. Chastising and other forms of punishment cannot be used. Mr. H, the Japanese boy, receives full warmth and acceptance from his parents and other members of the family because of the traditional pattern of tight and close amicable family relationships that are apparently maintained in this case.

CHAPTER III

THE DISABLED PERSON AS HEAD OF THE FAMILY.

The discussion in this chapter is focused entirely on disabled persons who are heads of families. There is every reason for discussion of this group separately. It is different from the previously discussed group in characteristic disabling conditions as well as in their social implications. The disabled persons in this group are of middle age or older. All of them are married with full responsibility for their families. Their disabling conditions are those which are mostly common to middle age and old age and all of them have arrested chronic diseases. All of these people had experienced a completely normal life before they became disabled. The effect of disability on them is much more severe. The very fact that they have to make a complete readjustment in life is significant. Frustration, sorrow, repentance and regression are common psychological factors for these people at the onset of their disability. Their over-all readjustment to life is usually very painful. The effects of the disablement are severe on the members of the family as well. These people are usually forced by disability to switch from the rôle of head of the family to that of a dependent within the family. This switching of rôles can obviously upset the whole social structure within the family. Family income normally earned

by the bread-winner comes to an end. Young children who are usually controlled by the father come to be loosely controlled, and may themselves create new social problems within the family. Generally, major family responsibility tends to fall on the wife. The burden, in effect, is doubly heavy for the wife as she has to look after the disabled husband as well as run the whole household by herself. The income usually earned by the husband can rarely be fully substituted in any way. Thus economic stringency, poverty and marginal living is almost always the lot of these families. The fall of the leader means much more than the fall of the average member in the family group. Thus in social implications, the first group of young disabled persons that the writer has discussed in the previous chapter can hardly be compared to this group.

Just as in the previous chapter, in this group some consideration of the types of ailments encountered is necessary because of the differences in welfare implications along with the differences in prognosis. For this reason as well as for convenience of description, the following grouping is helpful in presenting the picture of family circumstances in Group B:

1. Tuberculosis,
2. Rheumatoid arthritis,
3. Other ailments (including poliomyelitis,
stroke, Parkinson's Disease).

In this group, tuberculosis and rheumatoid arthritis are purposely singled out because of their high incidence in Vancouver,

as well as for their significance in their social implications. Tuberculosis is a bacterial disease which is common to young adults. It is also common to people in the aged group. It used to be a very hopeless type of disabling condition but within the last eight years tuberculosis has been pretty well controlled with the advancement of modern medicine. However, treatment can be effective only in the early period of infection. In British Columbia in particular, tuberculosis patients are getting fewer in number all the time. This is obvious from the fact that the Tranquille hospital in the interior of British Columbia has been closed and the Pearson Hospital in Vancouver has fewer patients than it did a few years ago. For those patients who are too late in receiving treatment, tuberculosis has very severe effects. It has severe social implications in the sense that the disease can be transmitted to other persons, especially those living in the same house with the disabled person. Thus the case in which the whole family contracted tuberculosis is not uncommon. A man who has been attacked by tuberculosis is most unlikely to return to his previous job, and so the financial needs of the family are affected even if the patient is lucky enough to be cured. Tuberculosis is usually characterized by weakness, loss of weight, coughing and pain, etc. It is a long term chronic disease which demands a rather delicate and comfortable type of living conditions. Patients with severe TB usually stay in hospitals. Those who live at home do not create obvious pressure within the family but they can still be a burden to the family

as they can no longer function and contribute to the family income as they did previously. Instead they require special care.

Rheumatoid arthritis is one of the six major types of arthritis. Rheumatoid arthritis and osteo arthritis are the most common forms of arthritis. In the former small joints such as the fingers are crippled while in the latter type big joints such as knees and elbows are crippled. Both types of disabling conditions are characterized by pain in these joints. Rheumatoid arthritis appears to be common in people over 50 years of age. Arthritis, in effect, is a degenerative disease. In British Columbia it is a very common disease among the older age group. There are a number of associations such as the Canadian Arthritis and Rheumatism Society who are trying hard to find some way to ameliorate this type of disabling condition. It can be relieved effectively nowadays although it cannot be totally cured. According to Miss MacKenna, the one who has suffered from rheumatism is in a way crossing battle. He needs rest and care though he is retrogressing all the time.- There is not much progress expected for him. Their attitudes are hopeless and sometimes rebellious. They also are said to be difficult persons to work with.¹ There is no doubt that the disabled person with such emotional characteristics will readily create big problems within the family and bring added pressures on other members of the family.

1. Interview with Miss MacKenna, Supervisor, Medical Section, City Social Service Department, Vancouver, June 5, 1958.

In the third grouping, the writer has discussed polio-myelitis, stroke and Parkinson's Disease together for the sake of convenience, although they have some differences in technical details from a medical standpoint. Polio is a virus infectious disease, while the other two are geriatric diseases. Polio is a most common disease among children. It can occur within any age group, however. In recent years, it has become increasingly common among adults. In polio, not everyone becomes paralysed: according to medical findings, only ten persons in a hundred polio cases actually become paralysed. Polio is more or less similar to cerebral palsy and spastic paralysis in that in all of these diseases there is a lack of muscle control. In most polio cases the disabled person seems to be self-supporting. But it appears to depend on what part of the body or limbs is affected. If the whole body or all of the useful limbs are affected, social implications on the family can become very severe. The person needs assistance for all his personal needs. For those married disabled persons whose wives are still in the younger age group, the effect is particularly severe. Most of the young wives in these cases have to be totally confined to the house with all the burden on them. Nowadays it is gratifying to note that the treatment for prevention of polio (the Salk vaccine) has been quite effective. Within the last three to four years a decline in the polio rate has been markedly registered in British Columbia. But polio still remains a common disease among small children and middle age groups.

As previously stated, stroke and Parkinson's disease are much more common among old people. Both the diseases have something to do with the brain. A stroke also has paralysing effects. Both of them have no cure. The disabled persons keep retrogressing all the time in these cases. According to Miss MacKenna, in stroke one can hope for some improvement if one receives early treatment. Both of the disabling conditions appear to be the result of hard working conditions in the early life of the disabled persons, and these older people usually suffer a great deal as the less disabled have to look after the more disabled. It is not uncommon to see families where both of the spouses have become disabled with such conditions; the children of the disabled in most cases happened to be grown up, married, and living away from home.

Tuberculosis.

The disability occurred to Brown J and Arthur K in the years 1944 and 1949 respectively, when they contracted TB.

Mr. J is helpless because of asthma as well as pain. He could not easily move his body and could not walk a long distance because of pain and shortness of breath accompanying the pain. Mr. J, in effect, is like a half man because of an old scar - a result of a major operation in which six and a half ribs were taken out and one-fourth of the lung collapsed. Mr. K is also weak physically. He also suffers from shortness

of breath; he coughs all the time. Neither of them can perform any hard work. Both of them can look after themselves, however.

Family Circumstances.

Mr. J is 57 years old and Mr. K is 55 years old. Both are married and are living with their wives and children. Mr. and Mrs. J were born deaf mutes. All of their children are normal however. Mr. and Mrs. J are living with a ~~grown~~ up son at present. Their two daughters were married recently and are away from home. Mr. K and his wife are living with a son and two daughters at home. All of Mr. K's children are grown up and are over 20 years of age. Mr. K's wife is also totally and permanently disabled and is in receipt of a disability allowance.

Both families have few relatives here in Vancouver. Both lived in other places previously, before they moved out to their present homes. Mr. J moved out because the previous place was sold by the owner. Mr. K and his family moved out to their present house, which their son built, about three years ago. It is a well-built, two-storey building and is situated in a good residential area although it is far away from the downtown area. Mr. J's home is not very satisfactory; it is a rented suite in a semi-industrial area. Both places are furnished with all the essential facilities and furniture which are showing signs of wear. Mrs. J complains about the absence of a washing machine, however. She said that she has to wash the clothing in the tub

in the washroom. Mr. K's house has a fairly large garden at the back and a spacious lawn at the front, whereas Mr. J's has no lawn or garden whatsoever. All the facilities for the general use of the family are available in the neighborhood of Mr. K's place, but the facilities are practically nil in Mr. J's area. Mr. K does not have to pay any rent for the house as it is owned by their son; Mr. J has to pay \$65 a month in rent for the suite.

Mr. J worked as a baker for 30 years prior to his disability. At present, Mr. J feels like going back to bakery work again but the doctor will not allow him to go back to work because of his asthma and pain. Mr. J also used to make rugs and do french plaster work. At present, he cannot make much money as a french plasterer as there is not enough work available. Mr. K was a pipe-fitter prior to his disability. He served in the RCAF but was discharged from duty in 1947 because of his TB condition. Mrs. K is at present suffering from rheumatoid arthritis and is also totally and permanently disabled. She also receives a disability allowance. Mrs. K's disabling condition appears to be much worse than that of her husband. Mr. K has to attend to all her personal needs while the daughter is away from home, - this, in spite of the fact that Mr. K himself is totally disabled and barely able to move. Mrs. K used to belong to the Arthritis Club where she went usually for her occupational therapy and physiotherapy. But now, she is no longer in a position to go anywhere. Her movements are getting very slow and she cannot even walk

normally around the house. She spends most of her time in reading and speaking with her husband. All essential needs of both the wife and the husband are taken care of by their son and daughters. It is obvious that Mr. and Mrs. K are able to live reasonably comfortably only because of their dutiful children. One of the two daughters at home is taking general nursing training at present, perhaps because she is so used to nursing her own parents at home. Thus the pressures in this family appear to be mainly on the two daughters who have to look after both of their disabled parents while at the same time going out to work and training for a profession. In the J family, Mrs. J appears to be a good housewife, who is managing fairly well for the whole family. Like her husband, Mrs. J is a deaf-mute. She appears to be a healthy and intelligent woman. Mrs. J complained about the lack of money - the result of the disability of her husband. She said that she felt depressed as her husband could not go back to work, and earn enough money for them to live comfortably. In this family, the disability of the husband does not appear to have placed much pressure on the wife and the son, apart from financial pressure. In fact, Mr. J gives a helping hand to his wife in the kitchen by washing dishes. Both of them appear to have an amicable relationship and affection for each other. Mr. J said that they had been married for thirty years and found their life happy. In this family the disabling condition of the husband has not created many problems. Even the son who lives in the same house can lead a full normal life, going to work daily and retaining warm re-

lations with his parents. He can maintain social contact with them as he can communicate by hand signals. However, Mr. and Mrs. J feel depressed as Mr. J cannot go back to work at the moment.

Mr. J receives \$75 a month disability allowance. Mr. J's son supports the mother, giving her \$32 a month because of the inadequacy of allowance. Mr. and Mrs. J find it hard to manage with a total income of \$110 per month for both of them, as they have to pay \$65 a month for rent. Mr. and Mrs. J complain about the rising prices. They cannot even buy new clothing. They have to ask for financial assistance from their son and daughter occasionally. In the case of Mr. K's family, both the husband and wife are on disability allowance, and all of their children are working. The son works at the City Hall and earns \$60 per month while the daughter works at the Great West Life Insurance and earns \$120 a month. Mr. and Mrs. K get a total of \$150 disability allowance. Both son and daughter help the parents whenever their parents are in need of money. Mr. and Mrs. K also do not pay rent as the house is owned by the son. Thus the financial situation of Mr. K's family appeared to be much brighter than that of Mr. J's family mentioned above.

Daily Life and Attitude.

Mr. K is taking a correspondence course from the Provincial Government office in Victoria. Mr. J enjoys helping in

the kitchen. Both these men spend much time reading. Both of them enjoy watching TV. Mr. K enjoys the radio also. Mr. J plays card games at home and goes out for a walk on sunny days. He cannot go long distances because of pain, however. Neither is able to enjoy movies any more. Mr. J watches TV instead. Mr. K avoids movies because of his serious coughing which makes it difficult for him to stay long in the movie house. Both are visited by their respective relatives occasionally. Mr. K is visited by his sister and Mr. J is visited by his daughters and their families. Mr. J gets out of the house quite often. He goes out shopping and to see his doctor regularly. He and his wife often go to visit the daughters and their families. Mr. K, on the other hand, is more or less totally confined to the house and so is his wife. They seem to have cut off all social contacts. They usually go to bed early. Mr. and Mrs. K do not feel very happy because of their health condition. They feel very depressed as they can no longer go out and mix with other people. The couple have given up all hope but the wife apparently is the source of encouragement in life for Mr. K. Mr. and Mrs. J feel very happy and satisfied with the present situation. Mr. J said that they had been married for 31 years and had been very happy together. They worry only about the financial and housing situation and the fact that Mr. J cannot return to work.

The Rheumatoid Arthritic Group.

This disability occurred to Jones L in 1954 and Dennis M in 1949. They both contracted rheumatoid arthritis; Mr. M has lung trouble also. Mr. L has constant pain in his arms and shoulders and his legs feel partially paralysed. His right leg already drags. He cannot hold anything firmly with his left hand. He finds it very difficult to move around and has to use a stick to assist him in walking. Mr. L's hands and legs are losing their sense of feeling gradually all the time. Mr. M suffers from pain all over his body whenever he gets rheumatoid and arthritic fever during the cold weather. Mr. M feels very stiff and rigid. His hands are becoming crippled and his vision is deteriorating all the time. He cannot sit down and work more than four hours a day. He cannot also walk very far without having to take a rest. Mr. M said that the frequent pain all over his body and his inability to grasp things with his hands are the most difficult things for him to cope with. Both Mr. L and Mr. M do not need any assistance in attending to their personal care, however.

Family Circumstances.

Mr. L is 40 years old and Mr. M is 52 years old. Both of them are married and living with their families. Mr. L lives with his wife, two daughters and two sons. All of his children are under 18 years of age. Mr. M lives with his wife alone, as

all of his three married daughters are away from home. Both of the families have few relatives here in Vancouver.

Mr. L and his family lived elsewhere before they moved out to their present place. They moved because the previous place was sold by the owner. Mr. M and his family lived previously in rented suites downtown but they moved when they bought their present house about ten years ago.

Mr. L's present home is a two-storey wooden house which is quite old. The house is situated in a semi-industrial, older residential area. Mr. M's house is a one-storey wooden building which is fairly old but it is situated in a fairly good residential area. Both houses are furnished with old furniture, though Mr. L's was in poorer condition. The furnace that they are using at present is an old gas furnace. In Mr. M's house, the water tank is leaking and is in need of repair.

Mr. M's house has a fairly large and spacious compound with a garden at the back, whereas in Mr. L's place there is no garden whatsoever. All the facilities for the general use of the family are available in the neighborhood of Mr. M's place. Mr. L complained about the facilities as there is no movie house or park in his area. Mr. M owns the house. Mr. L has to pay \$60 per month in rent.

Mr. L worked in a lumber mill for about 20 years prior to his disability; Mr. M did fishing and construction work before he became disabled. Mr. L and almost all the members of his

family are on the public assistance payroll at present. Mr. L receives \$75 per month disability allowance and \$16.20 a month from the Workmen's Compensation Board. His wife and four children receive \$124.30 in Social Allowance (Group 5). The children also receive \$16 Family Allowance. Mrs. L does a part-time job as a housekeeper two days a week and earns about \$20 per month. Thus the total income of the whole of Mr. L's family amounted to about \$284 per month. Mr. L and his family find their incomes which is mainly made up of the allowances very inadequate. The family has to manage by restricting itself only to essential needs. They cannot buy new clothes and have to wear the old clothes given by friends and relatives. Mr. L uses an old second-hand electric razor and a pipe given by one of his friends. He said that a total income of \$283.70 is not much for the family of six people, especially with the rising prices. He said that \$5 would not buy much these days. He also said that his wife had to take a part-time job in order to supplement the inadequate income although she herself had enough work at home looking after him and the children and running the household. Mrs. L, who is in her early forties, appeared to be tired and over-worked at the time of the interview. She seems to be unable to cope with the present family situation. One of the sons is already causing trouble in the home and she finds it hard to control him. Mr. L is unable to do more than shout. The two sons apparently are mentally retarded and are attending the special classes in their school. Mr. L said that it would have been better if his wife could devote all her time

to caring for the family. At present the whole family which is composed of young children, retarded sons and a disabled husband, appeared to be very loosely controlled. Mrs. L was obviously unhappy and depressed about the whole family situation which, in effect, is deteriorating all the time.

In the M family, the disability allowance of \$75 a month is all they have to spend in each month. Mrs. M would like to go out to work and earn some money but said she could not as she had to look after the disabled husband at home. She said that the disability allowance should be increased in consideration of the wife who like herself has to stay at home. She said that her disabled husband could not be left alone at home. She said that she often had to get up at night and contact the doctor when her husband got rheumatoid fever severely. It is apparent that there is a great pressure on Mrs. M who has to look after her husband all by herself day and night, but her situation is not really very bad yet, when compared with others, as her husband is still capable of looking after himself most of the time. Both of them said that it was very difficult to manage with \$75 a month for two persons. They said that they could not even afford to pay their 'phone bills. At present, the married daughters help them pay these bills. They had to install the 'phone because they need it to call the doctor at night whenever the disabled husband becomes sick.

Daily Life and Attitudes.

Mr. M is taking intensive occupational therapy treatment at the moment. He is attending the Western Rehabilitation Centre as well as the Arthritis Association. He makes letter openers at the Arthritis Association and baskets at the Western Rehabilitation Centre. Mr. L is not doing any occupational therapy at the moment. He feels like doing something but he cannot think of what to do at the present time. Both Mr. L and Mr. M are great lovers of birds and they enjoy looking after the birds in their cages at home. Mr. M does a little bit of gardening when the weather is nice. He usually helps his wife in the kitchen by washing dishes. Mr. L spends most of the day sitting in a chair or lying in bed. He enjoys looking at TV, listening to the radio and gramophone. He reads books (the Bible and the dictionary) sometimes.

Mr. M sees his friends twice a week either at his place or at their homes. He is also visited by the three married daughters and their families at least once a week. Mr. M said that his friends have not much time to come and visit him as they themselves are very busy. Mr. L is visited by one of the neighbors regularly. He said that he no longer has many friends as he cannot maintain the ties of friendship with old friends because of his disability. Mr. L's sister and brother-in-law used to come and pick up Mr. L occasionally but not now as the brother-in-law is working on a night shift. However, Mr. L talks with his sister on the 'phone whenever he feels lonely.

Mr. M usually goes to the nearby park to watch people playing football and basketball, etc. During the week-ends, he usually goes out for a long drive with his son-in-law. Mr. L only goes out once a week. He usually goes to see his doctor or to get a haircut.

In the case of Mr. M, the family give him quite a lot of encouragement. Mr. M said that he did not want other people to suffer as he did. He seems to think that he suffers more than anybody else. He said that rheumatoid and arthritis combined made the fever very severe and caused pain all over the body. But his morale is good. He finds satisfaction in staying with his wife and looking after the two birds in the cage and the dog. All these things he feels make his life worth while. Mr. L, on the other hand, feels disappointed as there is no sign of improvement for him. But he does not despair. He said that life can be sweet and hopeful.

Other Crippling Ailments.

The disability occurred to Robert N and Philip O in 1953, when both of them contracted polio. Mr. N and Mr. O are physically incapacitated. Mr. N's disability extends to his whole body and all his limbs. He cannot move any part of his body by himself. His limbs have withered and he has a thin, emaciated appearance. He is confined to wheelchair or bed. Mr. O's disability is confined to his arms and hands, which are

completely useless; the other parts of his body are normal although he cannot move his neck freely. Both men need assistance in all their personal needs such as dressing, eating and body hygiene. They are mentally alert and active.

Mr. P, in 1951, and Mr. Q in 1953, contracted stroke. Mr. R contracted Parkinson's Disease in 1954.

Mr. P is completely bedridden. He cannot sit down, talk or walk. He can whisper just yes or no but this can hardly be heard. He needs assistance for all his personal care. Mr. P apparently has no memory as he cannot even recognize his own daughter who used to come and see him occasionally.

Mr. Q's speech is no longer normal. He speaks clearly only on rare occasions and most of the time he cannot speak at all. He can understand other people, however. Mr. P remembers little or nothing. He cannot be allowed to go far from home as he would get lost. Mr. Q can look after all of his personal care, however.

Mr. R cannot stand up from a sitting position by himself. He cannot leave home without being accompanied by others. He needs assistance in self-care such as dressing and body hygiene.

Family Circumstances.

Mr. N is 33 years old and Mr. O is 30 years old. Both of them are living with their wives and children. Mr. N has three

daughters and two sons at home. All are under ten years of age. Mr. O has only one five-year-old daughter at home. Both families have few relatives here in Vancouver; Mr. N and his family previously lived in the interior of B.C. but they moved out to Vancouver when Mr. N contracted polio; Mr. O's family have always lived in Vancouver.

Mr. N and his family live on the first floor of a two-storey wooden house which is very delapidated. The house is situated in a semi-industrial area and is going to be dismantled by the owner very soon for an industrial site. The house has no basement floor and is very cold during the winter time. The electric wiring and plumbing are very poor. The pipe line and tub have many leakages. The house is barely furnished with old furniture. The family pays a rent of \$35 a month.

Mr. O and his family own their modern stucco house which was built just before Mr. O became disabled. The house is furnished with modern furniture. There is a fairly large garden at the back and a spacious lawn at the front. Mr. N's place has a backyard which is large enough for the children to play in. Mr. O's area has all the facilities for the general use of the family but in Mr. N's neighborhood all these facilities are very limited as the place itself is a semi-industrial area.

Mr. N ran a garage and Mr. O engaged in carpentry

prior to their disability. At present, Mr. N is not doing any work as he is in a complete state of disablement. Mr. O is now checking life jackets for the Canadian Pacific Airlines. This business, which he has just started, is not earning any money yet and Mr. O had to invest quite a lot of money in it at first.

Mrs. N is a fairly young woman about 26 years of age. She has to look after her disabled husband as well as her five children, all of whom are under ten. She appears to be much older than her age. She has to work very hard to keep everything under control within the family; she has to attend to all the personal needs of her husband and the children are young enough to need close supervision, although two attend school. She runs the entire household without help. The house is not kept very clean, probably because she does not have enough time to keep it clean. Mrs. N worries about the family. She said that she is often very harsh to the children as she is the disciplinarian of the household. The children apparently have much more love for their father as their father could not do more than shout even if he is displeased with their behaviour. Mrs. N also worries about the future; she said that conditions might improve in the future when the five children are older. She often felt like taking some time off when she got tired and exhausted. She said that she sometimes went out with some of her friends, leaving her husband with the children and one of the neighbors. In this family, it is apparent that there is a great pressure

on the wife, who is still fairly young. Mrs. N appears to be over-worked and exhausted by the total situation that confronts her, although she finds strength through religion and in her young children.

In Mrs. O's case the situation is not so bad as the family has only one child at home. Mr. O needs assistance for all of his personal needs, however, and this is provided by the wife, but he does not create great pressure within the family as he himself can move around very well although he has to depend on his wife at home for all the things that require the use of the hands. Mrs. O would like to go out to work but she cannot do so as she has to be at home to look after the young pre-school child as well as her disabled husband. Mrs. O is still a fairly young woman, in her early thirties.

Both these families are living entirely on public assistance. Mr. N and his family receive a total of \$263 per month. This includes the disability allowance of \$75 for Mr. N, a social allowance of \$158 for wife and children, and a family allowance of \$30 for the children. Mr. O and his family receive a total of \$163 per month. This includes the disability allowance of \$75 per month for Mr. O, a social allowance of \$83 for wife and child and a family allowance of \$5 for the child.

Both families apparently are just making ends meet financially. Mr. N and his family somehow manage to save and are very careful about spending money. The family buy half an

animal at one time and put it in a locker which is available in the nearby cold storage. In this way they are able to live fairly comfortably on the present allowance money. The family receives old clothing from relatives and friends for their children. Mrs. N said that they have not enough blankets for the children. Mr. O and his family find it very hard to manage with the present income. They are helped by relatives. They buy only the essentials. The relatives provide clothing and money from time to time.

Mr. Q is 62 years old; both Mr. P and Henry R are 58 years old. All of them are married and living with their families. Mr. Q has a son and Mr. P and Mr. R have one daughter each at home. All of the children in these families are under 21 years of age. Mr. P has two other sons and a daughter who are already married and are away from home. Mr. R also has three other sons and a daughter who are already married and are away from home.

Mr. Q and Mr. R have always lived in Vancouver. Mr. P and his family originally came from Saskatchewan Province long ago.

Mr. P and his family moved out to their present home because they felt that the previous place was too close to the cemetery. Mr. R and his family also lived elsewhere in Vancouver before they moved out to their present place. They moved because the previous place was really just a garage which was not a real place to live. Mr. R and his family have always lived in the same house.

Among the houses of these families, Mr. P's house appeared to be the best. It is a modern, one-storey, California stucco building which was built about ten years ago. The house was built just before Mr. P became disabled. Mr. R's place is fairly old, a two-storey wooden building; it is big and comfortable inside, however. Mr. Q's home is an old, one-storey wooden building. Mr. P's and Mr. R's houses are adequately furnished with all the household necessities, although they are fairly worn. Mr. Q's place is barely furnished with very poor, old furniture. The chesterfield in the front room is about ten years old and a small refrigerator in the kitchen is about 17 years old. The kitchen facilities are very poor; washtub and basin were recently repaired by one of the neighbors. There are no luxuries such as TV or a record player in the house. Mr. Q has no garden but Mr. P and Mr. R have both backyard garden and front lawn. All the houses are located in good residential areas and all the facilities for the general use of the family are available in the neighborhoods. Mr. P and Mr. R own their houses; Mr. Q rents his. According to the assessment done by the families, Mr. R's house is "very good" and "satisfactory", Mr. P's house is "good", whereas Mr. Q's place is just "fair".

Mr. P built and sold houses prior to his disability; Mr. R worked as a plumber; Mr. Q worked in a boat and then opened a grocery. At present, Mrs. Q works in the kitchen of the Jewish synagogue on a part-time basis. Mrs. P has two

young children as boarders at home. She also baby-sits occasionally. Mrs. R does not earn any money and was attending St. Paul's Hospital at the time of the interview. Mrs. Q does all the housework and looks after the disabled husband as well as her son at home. She was suffering from nervous tension at the time of the interview. She said that she had been looking after her husband for the last five years and had been managing with the inadequate allowance through all those years. Mrs. Q felt depressed about the over-all situation, as her husband was getting worse all the time. She is extremely concerned with the medical treatment of her husband. She said that she had tried every drug and medicine available for her husband but she could not find the right one. She worries about the financial situation. She said that things would have been better if she could have worked; at present she could not work very well or take a job full time, as she herself is suffering from arthritis. According to the record file at the agency, Mrs. Q has also been referred to a psychiatrist. She is a sick woman who is overworked and exhausted. She said that she hardly ever went anywhere as she had no money to spend. She spends quite a lot of her free time reading magazines that are brought by the son, a newspaper delivery boy.

Mrs. P is also a sick woman who is obsessed with the care of her husband. She spent half of the interview period crying while she related her family story. She said that she

had not been downtown even once throughout the whole year. She bought all she needed at the shopping centre in the neighborhood. Mrs. P has been shut up in the house ever since her husband became disabled. Mrs. P said that she felt very lonely and depressed with no one to talk to in the home all the time she was looking after her husband. The young daughter spends most of the day in school. At present Mrs. P is looking after two children who are boarding with her. She said that the social worker from the agency had told her either to give up looking after the husband or the two boarders. She said that she could not comply with the advice of the social worker altogether; she did not feel lonely while the children were with her; she finds it hard to stay by herself even on Sunday when the children are taken by their own parents and her daughter herself goes to Sunday school. These boarding children apparently have a social therapeutic value for this woman. Mrs. P was in a desperate situation with nobody to talk to. She felt very depressed and worried whenever she thought of her life and her husband. Mrs. P suffers from nervous tension all the time. She could not get help in the home although she said that her husband often fell out of bed and she found it hard to lift him up by herself. She found it hard having to manage everything by herself, and she felt very isolated and neglected. She used to 'phone her daughter in the United States whenever she felt like talking to someone. The daughter apparently was nice to her, and asked her to 'phone

at any time and charge the account to them. Mrs. P was very depressed at the time of the interview. She could not even bear to watch sad scenes on the TV; she said that she felt like throwing a stick at the TV whenever there was a sad scene on it.

In the R family, Mrs. R was attending St. Paul's Hospital at the time of the interview, as previously stated. She had been in the hospital for the last six months because of hypertension and high blood pressure. Mr. R expected that his wife would be coming home very soon as she was getting better. He said that the situation would be better when she came back from the hospital. He said that he would no longer feel lonely and his personal needs would be looked after by his wife when she came back. Mr. R is dependent on his wife, particularly since he became totally disabled. He said the daughter was looking after all of his personal care for the moment. The daughter wanted to go out at the week-ends but she could not do so as the father could not be left alone at home. In this family, it is apparent that Mr. R's disabling condition has created much pressure within the family. The hypertension and high blood pressure condition of the wife might be the result of this pressure, the stresses and strains created by the disabling condition of the husband. The over-all situation might have resulted in the physical breakdown of the wife. It is certain that the return of the wife from the hospital will mean much more pressure and hypertension for her again, as Mr. R's situation is becoming worse all the time.

Mr. R's daughter works in a bank. Mr. P's daughter and Mr. Q's son are attending school and both of them are in Grade 10. Mr. Q's son works as a delivery boy for The Vancouver Sun newspaper also. The boy and the girl apparently intend to continue their education up to Grade 12.

The total income of Mr. P and his family amounted to \$165 per month. This includes the disability allowance of \$75 per month for Mr. P, \$45 a month from the two children who are boarding in the home, and another \$45 a month for two houses that were sold on the instalment plan by Mr. P prior to his disability.

Mr. Q and his family have a total income of \$175 per month. This includes the disability of \$70 for Mr. Q, \$50 which is earned by Mrs. Q, \$35 from the suite in the house, and \$20 which is earned by the son.

The disability allowance of \$75 a month is all that Mr. R and his family receive in each month. Although the daughter is working in the bank, she contributes nothing; she buys food for the family, however.

None of the families can easily make both ends meet, financially. In the case of Mr. P's family, they are just managing, but with much difficulty. Mrs. P said that an allowance of \$75 a month is not adequate for a disabled person who has a wife and a child to support; the family has to supplement it. One of

Mr. P's sons helps to pay the monthly fuel cost. He also gives all the financial assistance needed for his youngest sister's schooling. On special occasions such as Christmas and Easter he presents them with gifts. The daughter from the United States sends clothing for the family regularly. In fact the daughter at home is completely supplied with clothing by her brother and sister. Mrs. P cannot afford to buy anything for this younger daughter. Her daughter sometimes felt miserable as she cannot choose the type of clothing that she wants to wear. Sometimes she wants to dress as other girls in the school do but she simply cannot do it. She has to borrow clothes for special occasions from her closest friend who is also her next-door neighbor. She used to pick berries to earn pocket money, but not now.

The Q's, too, find the financial situation very difficult. They cannot buy new clothes. Mr. Q wears clothes that are given to him by some of his friends. Mrs. Q gets her clothing from her sister occasionally. Mr. and Mrs. Q cannot attend the Jewish synagogue as they cannot afford to donate or contribute any money.

Mrs. R said that things would be better if she were able to work more. At present, she is not able to work as she herself is not well. Also, she cannot leave her disabled husband alone at home for a long time. The son has been trying hard to get a well paid job so as to help his parents but he cannot as he is still under 16 years of age. Mrs. R said that the employers

do not want to employ those who are under 16 years of age as they cannot be covered by the insurance programme.

The R's also find the income, which is entirely composed of the allowance, very inadequate. Mr. R said that he has to support his wife and he finds it hard to manage for both of them to live on \$75 a month. He said that his income is supplemented by one or other of his sons but he does not feel like asking them for help as they themselves have their families. Mr. R said that the disability allowance should be increased for those disabled persons like himself who have wife or children as dependents at home. Thus all of the families in this group are in financial straits. It is only because they restrict themselves to essential needs and because of their helpful relatives that they are managing to keep afloat.

Daily Life and Attitude.

Mr. N is not doing any occupational therapy whatsoever. He spends most of his time reading the Bible, watching TV, and listening to the radio. He meets his friends occasionally at home. He talks to his neighbors quite often. He gets out of the house on sunny days and sometimes goes out for a long drive in a friend's car.

Mr. N enjoys watching other people. He is very shy and does not mix easily with other people. He perspires a lot

while talking to others. He said that he is not used to big and crowded places as he was born and brought up in a rural area where there were very few people and few social activities.

Mr. O goes to his business daily just like a normal business man and does painting during the leisure hours at home. He paints with a brush in his mouth as he cannot use his arms and hands. He enjoys TV at home and talks with the neighbors very often. He often goes to church, movies and dances, etc., with his wife just like a normal individual. All his daily activities are much the same as those of normal people.

Mr. Q helps in the kitchen by washing dishes and clearing the table. He sits in front of the house and watches the people passing by. He usually goes to the nearby park on sunny days. He also used to go down to Cambie Street, which is a few blocks away from home, and sit on the chair of the platform and watch the people. Some of his friends come to visit him occasionally.

Mr. R spends the time lying in bed, watching TV and watering the house plants. He sits in the sunshine and walks around inside the house. He is visited by all of his sons occasionally. He goes to see his doctor in his son's car occasionally.

Mr. P is totally confined to bed all the time as he is physically, mentally and emotionally inactive. Mr. P, in effect, is a living corpse, as his doctor and V.O.N. nurse had remarked.

All of the disabled persons in this group feel more or

less depressed with their present situation. Mr. N said that he sometimes feels depressed because of his inability to move around and do things by himself. He is learning to be patient but he still feels frustrated if he has to wait for somebody to do something for him. Mr. O also feels the same. He said that the most difficult thing for him is to have to wait for somebody to do things for him, but he also is learning to be patient. Both of them said that the ability to learn to be patient is the most important thing for persons who are disabled like themselves. Both of them apparently find their encouragement in religion. Both of them read the Bible; Mr. O said that he does not question God as to why this should have happened to him but he just asks God to give him strength to live with the disability. Mr. O goes to church regularly. Both of them find contentment in life through religion. The family apparently is also a source of encouragement for both of them; both of them enjoy living with their families; both of them love their wives and children.

Mr. R was feeling very depressed at the time of the interview. He said that he had never had such an illness before and found it very difficult to adjust during the first six months. He went nearly crazy at the time of the onset of the disability. At the moment he felt very depressed because of the gradual deterioration of his health condition. He said that he also feels very depressed because his wife is sick in hospital and because of the inadequate financial situation. Mr. R said

that life is very grim for him. He said that his wife in the home is the only source of major encouragement for him in his life. He was looking forward to the return of his wife from hospital. Mr. Q was very upset and depressed. He felt very nervous and irritable because of the skin disease on his body. He gets angry whenever he cannot understand what his wife and son are saying to him. All these things make for pressure on the wife and son as well. As for Mr. P - he has no feeling whatsoever as he no longer is active emotionally, mentally, or physically.

CHAPTER IV

FAMILY ADJUSTMENT TO DISABLEMENT: RESOURCES AND NEEDS.

From the details which have been presented, it is now proposed to attempt a composite picture. This can be done by setting out certain basic "areas" in which adjustment or maladjustment can be discerned, and classifying these as far as possible into three grades.

(1) Economic Circumstances

Moderate: Taking first the general economic conditions of the families, out of the total of 18 only four can be regarded as having a moderate standard of living, and managing to "make both ends meet" moderately well. These families are the A's, B's, C's, and H's. As the Disabled Persons' Allowance is granted to the disabled person without regard to the parents' income, the writer has deliberately not taken the figures of the parents' incomes. (The figures of the parents' income are not available in the record files at the agency, but from what the writer had observed and heard these four families apparently are in a favorable financial situation. For example, Miss C's father, a plumber, brings home \$95 a week. Miss C's mother said that they have no need to worry about the financial situation. Mr. H's parents said that they get what they want and they feel satisfied with

the present financial situation. The A's and B's also are in the same favorable situation financially.)

These four families own their houses which are still in good condition and are adequately furnished. It is true that the C's house has some defects but only if one is considering the disabled daughter. The C's have no washroom in the basement or on the first floor and thus it is difficult for the disabled daughter who sleeps on the first floor to use the washroom on the top floor. The C's want to fix a washroom in the basement for the use of the disabled daughter but they cannot do this as they cannot spare any money for that at the moment.

These four families have the history of movement from one place to another but the moves were mainly undertaken for the convenience of the disabled children. The families have never been on public assistance as far as can be ascertained from the City case files. All of these families have provided intensive medical services to their disabled children. This is evident from the fact that most of the parents in this group have taken their children even to the United States for intensive treatment. Miss B, for example, had been to the Mayo Clinic in the States and Mr. H had been to Washington State with his parents for specialist treatment. Miss C had been to Spokane and other places for treatment. At present, these families except for the C's are completely satisfied with the medical services that they are receiving. The C's have complaints: they said that

the medical card given for the use of the disabled person does not cover expenses for eye-glasses. They said that eye-glasses are very expensive to buy and thus should be included in the provision of medical services for the recipient of the allowance. The H's complained about the school fees that they have to pay for their disabled son who is going to the school for mentally retarded children run by the Vancouver Association for Mentally Retarded Children. The Government no longer supports their son with \$25 a month for education as he is already 18 years old. At present the parents are finding it difficult to pay the school fees and other educational costs of their son. They apparently felt that the Government should continue financial support for the education of mentally retarded children without regard to their age. Some of these families lack recreational activities but not as a direct result of the economic conditions at home, but because of the over-all lack of community services and facilities.

Marginal: Out of the total of 18 families studied, four families can be regarded as having a marginal standard of living and managing to "make both ends meet" with difficulty. These families are the E's, F's, G's, and K's. Out of these four families, three families are from Group (A) and the other from Group (B).

The fathers of the three young disabled persons in this group are not earning good money and thus their families

have to worry about the future financial situation. Miss E's mother complained that a salary of \$200 per month earned by her husband does not leave very much after paying the bills each month. Miss F's mother said that her husband's real estate business is a private one and does not provide a regular income. Thus they have always to make provision for possible future emergencies. She said that they cannot enjoy any luxuries and have to cut down to the essential things only. They can no longer afford parties and social gatherings. Miss G's father is out of a job at the moment because of the repercussions of the recent strikes in Vancouver on his transfer job. At the moment the mother wonders whether she can apply for assistance at the social agency on the days her husband cannot earn any money. She always worries about the future of her daughter and said that they should be able to put by some money for Miss G out of her allowance money so that she might always be financially secure. At present all of these families are managing well, however. But there is every likelihood that they will not always do so.

Some of the families apparently have a history of movement from one place to another because of economic reasons. The K's had moved out to their present place because there they do not have to pay any rent as the house is owned by their son. The G's moved out from a rented suite when they bought their present house a few years ago. Other families also moved from one place

to another but not for economic reasons. They moved just because their previous houses were not convenient for the disabled members of the family. Some of the families have a long history of social assistance. According to record files the G's were on social assistance soon after the death of Miss G's father and remained so until the marriage of Miss G's mother to her present husband about ten years ago. All of the families except the F's are completely satisfied with present medical services and facilities. Miss F's mother complained about the lack of services for the dental care of her disabled daughter. She said that the medical card does not entitle her disabled daughter to receive dental care and services. She said that they have to pay all such expenses. The daughter has constant trouble with her teeth and the parents cannot afford the expense. The mother is fully aware of the fact that the City Social Service Department can provide such denture services if they go and apply for them but so far they have not applied. Some of the families lack various forms of entertainment because of the over-all lack of community services and facilities, especially in those for disabled persons, in their area.

Inadequate: Out of the total of 18 families studied, 10 families are not adjusting well in the over-all economic situation. These families are the J's, L's, M's, N's, O's, P's, Q's, R's, D's and the I's. Out of these ten families, nine families are from Group (B) and the other one from Group (A).

All of these families find their present income, which is mainly composed of the disability allowances or in some cases disability allowance plus social allowance, very inadequate. (The N's, L's, O's and I's are in receipt of social allowances also.) They are supplementing their incomes with substantial amounts of assistance from their relatives. The J's are supported by their son with \$35 a month. The M's have their monthly 'phone bill paid by their daughters. The M's said that they had to install the 'phone at home because they often needed to contact their doctor. The K's are able to manage with their present income because the husband and wife pool their allowance money. They manage with \$150 a month for both of them, partly because they do not need to pay any rent as the house is owned by their son. Mr. K pointed out that the allowance would not be adequate for those who have to board away from home. He said that the present maximum of allowance of \$75 a month would be just enough to pay for the board for a single person and thus it would not leave any money over for other necessities. Thus all the families in this group are just making both ends meet financially but they find it a struggle.

Their standard of living is just average. Their houses are satisfactorily furnished with essential facilities and furniture which is getting rather worn. The F's house particularly has things which need to be repaired and renewed. The furnace in the house is too old and needs to be replaced,

the washroom is too small for the disabled person to enter with her wheel-chair, and the door of the washroom is not convenient either because of its shutter system. All these things need to be replaced or repaired but the family cannot undertake any improvements because of the financial situation. The P's' monthly fuel costs are paid for by one of the married sons. The P's also receive extra financial assistance from time to time from the son. The O's are financially assisted by their parents who give them various essential things for the family in the form of gifts. The I's used to get assistance from the son, but he can no longer support them as he himself is on the provincial TB allowance, while his wife is on social assistance. The Q's and L's receive assistance in kind - old clothes, a second-hand electric razor, pipe, etc., from their relatives and friends. The R's have had their inadequate allowance money supplemented by their son and daughter from time to time.

These families not only supplement their inadequate income by accepting assistance from outside sources but also restrict their expenditure to essentials. Supplementation of income and restriction on expenditure go together in these families. None of these families buys new clothing. Most of them wear second-hand clothes that were given to them by friends and, in particular, relatives. Some of them do get new clothes as gifts on special occasions such as Christmas, Father's Day, etc. Some of the families where the father

became disabled not long ago can be considered a little more fortunate than others, as they still have some good clothes that were bought before the bread-winner became disabled. All of these families have many complaints about the inadequacy of the Disability Allowance. The J's said that the allowance was not adequate especially at a time like this when prices were rising for everything, including rent and food. The R's and M's said that they could not buy much at the grocery with five dollars these days. All of them feel strongly that the allowance should be increased.

The standard of living is very low, especially in half of the families involved in this group. The L family and the N family are too far below the normal standard of living. These two families are living in slum-like, semi-industrial areas. Their houses are very old and are definitely in a state of deterioration. Some of the stairs are missing at the N's place, where facilities are too poor and limited. The electric wiring and the plumbing are very bad. The house has no basement floor and is very cold in the winter time. It is barely furnished with old furniture. Five children have to sleep in one room and there are not enough blankets. The over-all situation is very depressing. This house is going to be dismantled by the owner very soon for an industrial site. Mr. N said that they would not be surprised to get notice to move at any time and they are looking for a low rental house. The H's house has many more amenities

but all of them are very old. Facilities and furniture in the Q's house are also old; the small refrigerator is nearly twenty years old and a chesterfield in the front room is about fifteen years old. Most of the families have no washing machine: the J's said that they had to do their laundry in the wash basin. In most of these families, there are few or no essential household facilities.

According to the assessment done by these families, three houses are "good", four houses are "fair", and the other three houses are "bad". In general the over-all housing situation and standard of living is far worse in rented suites than in the owned houses. Some of the families are very lucky in that they had bought or finished building their houses just before the head of the family became disabled. This is true of the P's and O's where the head of the family became disabled right after he had the house built. These families are able to live comfortably in their houses which are still in good condition. This is also more or less true of the R's, M's, and K's who own their houses. Those families who do not own their houses have to suffer in both ways. First, they have to pay rent out of their inadequate allowances, and second, they are left with only a small amount of money or with nothing to spend on other things after paying the rent. This whole situation makes these families much poorer than those families who do not have to pay rent. The rented houses, as one might expect, are not kept in good and satisfactory condition. Economic poverty

and a low standard of living are, in effect, the two factors of concomitant variation in these families who have to live on the allowance and in a rented suite. For the families who own their houses the economic situation appears to be definitely brighter: they have more buying power and their housing conditions are also usually far better.

All of these families have a history of movement from one place to another except the R's. In most of the families, the cause of movement can be directly attributed to poverty and economic difficulty. Some of them have moved out either because their previous houses were dismantled by the owners or were totally unfit for human habitation. The L family moved out from their previous place because it was dismantled by the owner for an industrial site. Mr. M's previous place was a garage which is certainly not a suitable place to live. Some of the families apparently are not settled in their present places. The J's and N's are looking for low rental suites. They intend to move as soon as they can. Mr. and Mrs. J said that their son is going to get married very soon and they will have to move out as they cannot afford to pay the present rent by themselves. Their present house being already a low rental one, has its own defects both in location and facilities. The writer cannot really imagine how they will manage to live if they move to a lower rental suite where they have to pay less rent than in their present place. Some families moved at a certain time

because they were able to build or buy a house at that time. Some of the families have to move from place to place for the convenience of the disabled persons.

Out of these ten families whose economic adjustment is inadequate, seven families seem to be completely satisfied with present medical services. All of the disabled persons in these families see their doctor whenever they need his services. The medical card issued to the recipients of the Disability Allowance entitles their dependents to necessary medical services as well. In this respect, the families where the disabled person is the head can be considered a little more fortunate. As the majority of the families in this group are from Group (B), most of the wives and children are also getting the benefits of free medical services. Some of the families, however, do have complaints. The P's and Q's are dissatisfied with their present doctor. Both of the families feel that their present doctors can no longer help the disabled person effectively. They would like to change their doctor for the sake of the disabled person, but they feel that the Welfare Department might not approve, and fear that the Department might refuse to pay their medical bills if they do change. The R's feel the need for a specialist. Their present doctor is a general practitioner and Mr. R needs a skin specialist as he is suffering a severe skin disease in addition to his disablement, which was caused by a brain stroke. These kinds of situations reveal the fact that people do not feel free to do as they wish or think fit

when they are using medical services on public assistance. The anxieties and worries in connection with the use of these services are undesirable additional pressures on these families. The relationship with their doctor is also an important factor in some families. The J's do not feel satisfied with one of the doctors from the TB clinic they use. A poor or unsatisfactory doctor-patient relationship makes for pressures on the disabled person whose ego has already been weakened by disability and economic dependency.

Some of the families in this group are having a difficult time in connection with their work and training, etc. Mr. J wants to go back to work as soon as possible. Mr. and Mrs. J said that they were depressed because Mr. J could not go to work. Mr. J, who worked as a baker prior to his disability, can make french plaster at home but there are not enough orders for him to supply. The L's want their oldest daughter who is 18 to work and earn some money from time to time in order to supplement their income, but they resent the fact that the Welfare Department reduces the social allowance money whenever their daughter earns some money. Mr. O wants to expand the business that he has established recently for checking jackets for the Airline Companies, but he worries about the future - whether he will be able to get enough work to keep on running his business. At present he is trying to contact as many airline companies as possible in order to get more work. Mr. O said that he might

need to take some business administration courses in future in order to run his business efficiently. He also said that he would not be able to take such courses at present, even if he felt like doing so, as he could not afford to pay any tuition fees. Mr. O also worries about the financial aspect of his business because he has to return some money that he borrowed from the Marpole Rotary and Polio Foundation to get this business started.¹ There are not many problems and difficulties pertaining to the work and training of the other six families.

It is gratifying to note that all the children of school-going age in these families are not only attending their classes regularly but are also intending to continue their education up to Grade XII at least. Here again, the schooling of these children is possible only because of the financial support received from relatives in most of the families. Mr. P's daughter's schooling cost is paid for entirely by her brother. Mr. Q's son supports himself at school by working as a newspaper boy. At present both these children are in Grade X but it is very unlikely that they will go to university when they finish their Grade XII year. Mr. Q's son apparently intends to take a job to support his parents when he finishes school Mrs. Q is looking

1. Mr. O and his partner, who is also a disabled person, borrowed about \$500 from the Marpole Rotary and the Polio Foundation which is run by the Kinsmen Club to get their business started. At present, they are not getting any income from this business as they have just started and have to invest quite a bit of money in machines and must pay for electricity, room, etc. Only the two disabled persons who are employed by Mr. O and his partner Henry are receiving regular wages.

forward to the time when her son will be able to support her. This sort of feeling is not uncommon in this type of family where the parents themselves are struggling hard to make ends meet. The situation is not so bad in the case of the P's and their daughter intends to go in for nursing as soon as she finishes her Grade XII. In the N family and the M family all their children who are in school are doing very well. The parents said that their children were not too happy about going to school in old clothes. In the L family, the daughter has to work during the holidays to earn money for new clothes for herself. It is very likely for all these children that they will not be able to continue their education beyond Grade XII because of the prevailing financial circumstances in the home.

Some of the families are not having enough recreational, social and other activities in their free time, for economic reasons. Mr. and Mrs. Q would like to go to the Jewish synagogue but they cannot go as they have no money. Mrs. Q said they could go to a place like the Jewish Synagogue only when they could donate money. At present the family can go only once a year and on special occasions. The L's complained about the lack of recreational activities in their lives which was the result of their financial situation. Mr. P's daughter even cries sometimes as she has no new clothes to wear on special occasions at school and church. Mr. and Mrs. J stopped going to movies as they could not afford to go. Mr. N wants to type on an electric

typewriter during his free time but he cannot do this as he has no money to buy such a machine. He said even a second-hand typewriter would cost him about \$200 or \$300. Mr. N cannot type with his fingers; he uses a stick in his mouth. Thus, most of the disabled persons as well as other members of their families are not enjoying enough recreational and other activities in their free time, because of the lack of money.

Some Conclusions: Economic Circumstances.

One of the main problems facing disabled persons and their families concerns the economic adjustment they make and whether or not the amount of money is adequate for them. The previous portion of the chapter examined the economic condition of the disabled persons on disability allowance and their families from several points: income, financial management, housing, medical costs, work, training, and recreation.

The following are some of the conclusions that can be reached concerning economic adjustment:

1. Most of the families on disability allowance hardly manage to balance their budget. Even the best adjusted families in the group show worry and anxiety about the future financial situation.
2. Most of the families on disability allowance where the disabled person is the head of the family are not making both ends meet. Most of them have to supple-

ment their income by taking financial assistance and other assistance in kind from relatives. Most commonly clothing in these families is second-hand clothing given by relatives and friends. Most of these families restrict their buying to basic and essential needs.

3. The over-all housing situation is very unsatisfactory and the standard of living is very low in rented suites which are occupied by families where the disabled person is the head of the family. The economic situation appears to be more stable in families where all the children are still in younger age groups and the whole family income is supplemented by social allowances in consideration of the dependent children and the wife. But this fairly stable economic situation appears to be disturbed when the children become older and start to earn money on a part-time basis. At this time, the City Social Service Department starts to cut down the allowance money - that is, whenever one of the children starts to earn money. This sort of situation affects the whole family which is dependent mainly on the allowance money and is living on a marginal budget. Thus this transition period of the children, from adolescence to full manhood, in these families appears to have severe economic repercussions on the whole family because of a lack of careful consideration on the part of the City Social Service Department.

4. Many families are forced to move because of a lack of money to stay in a decent suite and live in a fairly suitable residential area. Some of the families had to move out as their previously deteriorating houses were sold or dismantled by the owner for industrial sites. This situation was especially true of the families who were living in semi-industrial areas. Some of the families had to move into low rental suites as they could not afford to pay a moderate and nominal amount of rent.
5. Some of the families are not getting the type of work, training, and recreation because of a lack of money.
6. Some of the families find the medical services provided for the recipient of the disability allowance inadequate, especially in connection with dental and optical care.
7. Over-all economic adjustment is generally better in families where the disabled person is a dependent within the family.

(2) Family Strengths

To make an assessment of such factors as love and sympathy, warmth and acceptance in these families is not easy. In these families there are not only the able-bodied members but

also the permanently and totally disabled person who has to depend in almost all respects on other members of the family.

Thus it is a two-way process - the action and interaction between the disabled person and other members of the family. The writer here has attempted to assess family strength on the basis of observation and also on the verbal responses of the disabled person and other members of the family. It seems more reasonable to attempt only two grades - "weak" and "strong" - and these are followed in this section.

(a) The "Strong" Families.

Out of the total of 18 families studied, 13 families show strong family solidarity. Out of these 13 families, 7 are from Group (A) and the remaining 6 families are from Group (B).

These 13 families are the B's, C's, E's, F's, G's, H's, I's, J's, K's, M's, O's, R's, and P's. In the first seven families, where the disabled person is a dependent within the family, all of the seven young disabled persons are receiving enough love and acceptance, warmth and sympathy, from their parents. Miss B said that her parents have done almost everything for her and she felt completely satisfied with the situation as it was. Her parents said they loved their daughter and enjoyed doing things for her. The H's apparently have the same type of feeling for their disabled son. Miss E's mother said she and her husband found satisfaction in doing things

for their disabled daughter. Miss E's father could not even stay at home without Miss E. He attends on his daughter and does everything for her whenever he is at home. The C's do not even take any money for board out of their daughter's disability allowance. They want their daughter to spend as much as she wants or needs to make herself happy. They usually send their daughter to a beauty parlor to have her hair done. In some of the families love of the parents for their disabled child is so great that it appears like a sort of sacrifice. Miss G's mother, for example, said she was already settled and has decided to look after her disabled daughter all her life. The F's have been looking after their daughter for the past twenty-four years. The disabled daughter was born to them after the third year of their marriage and they have never been separated from her. Mrs. F said she and her husband loved their daughter despite her handicap. The F's apparently feel that it is their responsibility to look after their daughter in accordance with the will of God. In the case of Mr. I, a Japanese young man who is mentally retarded, warmth toward and acceptance of him were widely demonstrated within the family. In this enlarged family, he receives love not only from his parents but also from his brother and sister-in-law. All the members in this family apparently have affection for Mr. I. The joint family appears to be fruitful in the case of the H family also. In this family, the grandparents who are living in the same

house are very helpful in looking after the disabled young man.

Mr. H, a mongoloid boy, gets along very well with his 10-year-old brother at home and his brother protects him whenever he is teased or insulted by children in the community.

All of the parents in these seven families are very considerate and show a great concern for their disabled child. All of them are intelligent and have a real understanding of the disability of their child, gained through their experience of living with the disabled child for not less than 20 years. In three of the families the parents themselves are taking an active part in various associations for the welfare of the crippled. Mr. H's father, for example, has been an executive member of the Association for Mentally Retarded Children, Vancouver Branch. Miss B's mother is currently on the executive of the Indoor Sports Club. Miss C's mother was apparently one of the founders of the Spastic Paralysis Association, Vancouver, which is now known as the Cerebral Palsy Centre in Vancouver. She has also participated actively in the movement for the provision of teachers by the School Board for the mentally retarded and physically handicapped children in Vancouver. This kind of participation and interest shows that the love of the parents for their disabled children is really great in these families. Almost all of these families have a history of movement from one place to another undertaken for the sake of the disabled child. These moves, therefore, can be directly attributed to

the love and consideration of the parents for their disabled children. And the young disabled persons in these families are cooperative, considerate and kind-hearted just like their parents.

With the exception of Miss B and Miss F, all these disabled young people are uneducated. They apparently have a strong desire to learn although they are much too handicapped to learn anything because of their mental or physical disability. Among these young disabled persons, Miss B is the brightest and most educated girl. She finished her Grade VIII a couple of years ago. She also has a very good memory - she can even remember the number plate of a car of ten years ago. Miss F can read at about Grade V level. She apparently spends most of her time in reading the Reader's Digest, journals and periodicals. For long and difficult words, she usually asks her parents. Miss B and Miss F received their education mostly at home with their own private teachers. Miss B did go to school for a few months while she was in Saskatchewan; she later withdrew from the school as it was not convenient for her to attend in a wheel-chair. She said the floors of the school were unsuitable for a wheel-chair. Miss E and Miss C can read and write at about Grade II level as they attended some classes while they were in the Children's Hospital in Vancouver. The other three young disabled persons cannot read or write at all as the very nature of their disability is mental retardation and mental deficiency. Despite their intellectual handicap and lack of proper educational

training all of these young disabled persons maintain very amicable relationships with all the members in their families and with the people they come in contact with. The writer was amazed at the hospitality shown to him by these disabled persons during the interviews. Thus in all these seven families where the disabled person is a dependent within the family, love and acceptance, warmth and sympathy, consideration and understanding prevailed despite the problems and hardships caused by the disability.

The remaining six families that have family strength are from Group (B) where the disabled person is head of the family. These families are the J's, M's, K's, O's, R's, and P's. Among these families, the J's seem to have really amicable relationships within the family. Mr. J said they had been married for thirty years and had always been very happy. Both Mr. and Mrs. J are deaf-mutes; they talk to each other by making signs with their hands. Both of them can read and write very well. The interview with the writer was done through the medium of writing. Mr. J is a very refined and educated Scottish gentleman who is deeply concerned about his family. He said he wanted to go back to work and earn enough money so that both of them could live more adequately. Mr. J apparently is the type of man who wants to be independent and stand on his own feet. He has a great love for his wife; he said his wife was a wonderful woman. Both of them understand each other and appear to have a definite

feeling of mutual appreciation of each other. Mr. J was very cooperative even to the writer during the short interview. He took off his shirt and showed all the scars on his body that were the results of major operations. Mrs. J is also a considerate and intelligent woman. The J's have only one son at home as ²all three daughters were married not long ago. The J's are completely satisfied with their son. Mr. J said that their son has never given them any sort of trouble. He seems to be a nice young man who is working as a salesman and partly supporting the parents, subsidizing their inadequate disability allowance. The son intends to get married very soon, however. Mr. and Mrs. J are very pleased with their son as he has been promoted in his job very recently. The K's also maintain strong family ties despite the fact that both wife and husband are disabled. They give a helping hand to each other all the time. Mr. K used to assist his wife and attend to all her personal needs while the daughter was not at home. Mr. K is not only considerate to his wife and children but is also concerned about other people. This is evident from his remark that the disabled who were living in dark rooms and unsatisfactory conditions should be considered first if the community were interested in the welfare of the disabled. He said that TVs and radios which were so essential for the recreation of the disabled person should be provided to all disabled persons who could not afford to buy them. In short, all of the suggestions made by Mr. K concerned the welfare of other disabled persons and their families. He said that, as

for them, they did not need any service at present. From these facts it is evident that Mr. K is a very considerate, intelligent and cooperative person who has a definite feeling of concern not only for his own family but also for others. Mrs. K is also an intelligent and educated woman who spends most of her time in reading when not talking to her husband. Both of them find encouragement in each other and are very happy to be together with their son and daughter, who are already grown up and working. The very fact that Mr. and Mrs. K are living in the home which is owned by the son is a proof of the consideration of their son as well as an indication of the amicable relationships existing within the family. Love and affection, warmth and sympathy, also prevailed in the homes of the O's and M's. Mr. O goes to dances, parties, movies and church together with his wife. Mr. O became disabled with polio just a few years after his marriage, but the amicable relationship with his young wife has been wonderfully maintained. Their relationship has remained very strong and both of them have affection and love for their young daughter who is about five years old. Mr. O is a mature person who shows a great concern for the over-all needs of disabled persons. In fact, he has already employed two permanently disabled persons in his present business and he intends to employ a few more. He said he wanted to help all disabled persons like himself to get off the allowance and stand on their own feet. Mr. O is indeed a very considerate, intelligent and cooperative man and

it is no wonder that he has maintained, with the willing assistance of his wife, strong ties within the family. The M's also retain family strength. Mrs. M does not feel like going out to work whatever the financial situation, as she wants to look after her disabled husband at home. This shows more consideration than it does dependency. Mr. M also showed consideration and concern for others; he said that he did not want anybody else to suffer as he did. Both find satisfaction in living together. They also maintain close and amicable ties with their three married daughters who come to see their parents at least once a week. And in the P family the feeling of warmth and acceptance is much stronger than in any other family. It is more like a sacrifice than an ordinary kind of acceptance. Mrs. P will not allow her disabled husband to be removed despite the fact that the V.O.N. nurse, the doctor, and the social worker from the Social Service Department have repeatedly suggested that she send Mr. P to a nursing home, as he is no more than a living corpse. Mrs. P feels that institutional care is only for those who are not wanted by anybody. She said she wanted and loved her husband and could not leave him alone in an institution. She apparently feels that her husband should not be deprived of the home he built. She said she did not want to spend the rest of her life tormented by feelings of remorse as she would do if she sent her husband to an institution or nursing home, which in her view is what happens to the unwanted.

disabled who are shut in and cut off from the outside world. Undoubtedly, there is great pressure on Mrs. P as well as on her 15-year-old daughter because of the presence of Mr. P, a completely and permanently disabled person, in the home. It is not unlikely that Mrs. P herself will collapse under the continued burden. The interpersonal relationship with her daughter was good. Mrs. P apparently enjoyed talking about the goodness of her daughter to the writer during the interview. She said that her daughter was punctual and obedient to her as well as to her teachers at school. The young daughter is a bright girl who was writing her Grade X examination at the time of the interview. She maintains very good relationships with her mother, disabled father, married sisters and brothers who are away from home, and with all her friends at school and in the community. The P family is really wonderful because they manage to maintain strong family ties despite the difficulties and pressures caused by the disabled person in the family. This is a proof that family strength will not be weakened by pressure in every case. In the record file, there is an indication that some of their daughters got married rather young and about the time of the onset of the disability of their father, however. Perhaps this might have something to do with this family's strength. However, our interest here is mainly with the present and future of these families and for this the P's as well as all other families in this group have a really strong family despite serious pressures caused by the disabled member within the family. In all these

six families from Group (B) as well as in the seven other families from Group (A) that we have previously discussed, the feelings of love and affection, warmth and sympathy, understanding and consideration were strong. Family strength consequently was also great. However, we must not fail to notice the presence of internal and external pressures on these families which exist because of the presence of a disabled member within the family.

(b) The "Weak" Families.

Out of the 18 families studied, 5 families appeared to have weak family ties. Out of these 5 families, 2 are from Group (A) and the other 3 families are from Group (B). These five families are the A's, D's, L's, N's and Q's. In the first two families the two disabled young men apparently wish to break away from their families. These two disabled young men are Mr. A and Mr. D. Both of them apparently find their satisfactions in a few friends from outside rather than within their own families. Both of them were asked what gave them the most encouragement in life: Mr. A said the friends that he met regularly at the club gave him the most encouragement; Mr. D said the friends that he met regularly at the International Airport gave him the most encouragement. Both of them want to be independent from their parents also. Mr. A said that he wanted to do whatever he liked. Mr. D thought that he was prevented from doing things

by his father. He said that he could not even go to a movie because his father did not like him to go. In spite of these feelings, both of them show consideration for their parents, however. Both of them do whatever they can at home. They help in the kitchen, washing dishes, and they also try not to give unnecessary trouble to their parents. In fact, in these two cases the disability is not so severe, compared to those who are confined to bed. Both of them can move about and are more like normal young men with normal feelings. Both of them feel frustrated because of their inability to fulfil the normal desire to break away from their parents like other young men. Mr. D has already passed his Grade VIII examinations and he appeared to be fairly intelligent. Mr. A has had very little education and he appeared to be rather apathetic. Mr. D felt that he was neglected by his married sisters: he said that none of his sisters from Burnaby comes to see him often even though each has a car. Mr. A, on the other hand, apparently has a good relationship with his sister and her friends. The parents of both young men appear to have the normal feelings of love and affection for their disabled young sons.

Among the remaining three families where the disabled person is head of the family, the L family shows signs of weakness. The children do not cooperate with their father as much as they used to do before the father became disabled. The father became totally disabled only a few years ago and was

placed on a disability allowance at the end of 1957. But the children are already showing disobedience to their disabled father who in effect cannot do more than shout even if he is not pleased with their behaviour. The father is the type of man who believes strongly that children should obey their parents. He also believes that children should look after their parents when necessary. Now Mr. L is feeling very dissatisfied with his children as they are not coming up to his expectations. At the time of the interview, Mr. L was particularly concerned about his youngest son, who was not obeying him in any respect and was causing trouble in the home. Mr. L said he might need the service of a social worker in the near future for this youngest son. Mr. L apparently had some feelings of resentment. His wife appears to be cold and unfriendly and to have little interest in the whole family. Mr. L shows more concern for the family. He appears to be the only person within the family who has helped maintain the strength of the family, so far. There is every indication that the family strength will become even weaker in the near future if Mr. L's disability becomes more severe. It is not unlikely that this family will be needing some casework service or other assistance to help solve the problems of the family or the children.

In the Q family there are misunderstandings among the members of the family. The disabled husband cannot understand what his wife and son are talking about most of the time.

Mrs. Q said that Mr. Q yelled and shouted at her whenever he could not understand, when she and her son were talking. Mr. Q apparently believes that his wife and the son talk maliciously about him. All these misunderstandings make the relationship very strained and unhappy among the three members of the family. This misunderstanding on the part of the disabled husband makes the wife upset and nervous and also creates pressures for the 16-year-old son. Mrs. Q felt apathetic because of these pressures within the family. Mrs. Q said that she could not even ask her son anything about his examinations when he came back after writing the Grade X examination a few weeks earlier. All of them have love, affection and consideration for each other, however. When Mrs. Q was asked what she would like to have in her home she said that she wanted a book-shelf for her son. This indicated that there is a good relationship between the mother and the son. The son seems to be an intellectual young man who spends most of his pocket money on periodicals and magazines. Mrs. Q, the mother, is a fairly well educated woman who spends most of her time reading. Both of them apparently are concerned about and show consideration for Mr. Q. Mrs. Q said that her husband was a friendly person who used to enjoy talking before he became disabled. It is apparent that the strained relationships among the members of this family are mainly because of the disability of the head of the family. It has really weakened the solidarity of the whole family.

In the case of the N's, family strength seems to be still fairly strong. The record file states that Mr. N has remained an influential head within the family. It also states that Mr. N was still capable of controlling the young children and at the same time maintained strong ties with his wife. The same impression was more or less received by the writer during the interview. But there is also a sign of weakness in the family. In the absence of Mr. N, Mrs. N said that she appeared harsher to the children as she had to maintain discipline and order within the family. The children appeared to be more intimate with their father. It is very uncertain whether the present family strength will be maintained. Even if it is maintained there is bound to be great pressure on a young woman of 25 like Mrs. N. It will be an enormous sacrifice for her to stay with her completely disabled husband for the rest of her life. It is very likely that some changes will occur within the area of family relationships when the present young children become a little older. The five children, most of whom are under five, appeared to be cementing the family ties at present, however.

In all these three families, family solidarity built up for so many years from the time the wife and the husband got married appeared to be getting weaker and weaker because of the pressures caused by the disability of the husband. In all of the five families in this group love, affection and warmth are

still present even though the unity of the family is threatened by the disablement of the individual within the family.

Some Conclusions: Family Strengths.

One of the questions concerning disabled persons within the family context refers to the adjustment they make in relation to the family strength. This portion of the chapter has examined and assessed the family strength of the disabled persons on disability allowance and their families from several view points: attitude towards each other among the members of the family, interpersonal relationships within the family, and the current situation of the family.

The following are some of the conclusions that can be reached concerning adjustment in the area of family strength:

1. Family strength remained strong in most of the families studied. In some of the families where the disabled person is head of the family, family strength appeared to be threatened by the disability of the husband. In such a family, the disability of the head of the family causes unbearable pressures upon other members within the family and weakens the family strength and unity that were built up over so many years. In some of the families disability causes misunderstandings among the individual members of the family and creates strained relationships within the family.

2. Love and acceptance, warmth and consideration, are present in most of the families studied.
3. In families where the disabled person is a dependent within the family, there are great social pressures especially on the parents who have looked after their disabled child for not less than 20 years. But great love and affection for their disabled child still remains. Most of the mothers apparently are anxious and worried about the future of their disabled children. Most of them felt that their children would really be in difficulty if they themselves were to become unable to look after them. All of them, however, are opposed to the idea of sending their disabled children to institutions. Most of the mothers felt that the alternative place for their children should be a boarding home where their disabled children could enjoy a more home-like atmosphere.
4. Parents of the disabled young persons appear to have more understanding and intelligence and desire to cooperate, as they have had years in which to accept and adjust to the disability of their children, than the wives of the disabled persons who are confused by the arrested chronic illness of their husbands. All of the parents and the wives of the disabled persons appear to be standing up wonderfully to great pressure

and seemingly unsurmountable difficulties, and many have found deep sources of satisfaction and strength in religion and love for their families.

5. A switching of rôles by the disabled husband because of his disablement tends to upset the whole family structure and weaken the family strength in most of the families where the disabled person is head of the family. In most of these families, the family strength appears to have been maintained only because of the able-bodied wives and mothers who are trying their best to help prevent the family from complete deterioration, but they are working under tremendous pressures. Because of these circumstances, nervous tension, emotional illness and physical breakdowns are not uncommon occurrences to most of the wives and parents in these families.
6. Many of the families maintain a traditional and conservative pattern of living by having extended families and old kinship groups. This might have helped the family in maintaining the family strengths in spite of the many problems raised by the disablement of the individual member within the family.
7. Authority and control by the parents upon the children tend to become looser and looser in the course of time

in the families where the disabled person is head of the family.

8. The children tend to welcome the opportunity to get married and go away from home in some of the families where the disabled person is head of the family.

(3) Compensating Activities and Attitudes

In the preceding section, we have examined the over-all adjustment of the disabled person within the family context in relation to family strength and now we are going to examine the over-all adjustment made by the same group of people in relation to compensating activities and attitudes.

Moderate Achievement: Out of a total 18 families studied only 7 families appeared to be making moderate adjustment in relation to their compensating activity and attitudes. Out of these 7 families, 5 families are from Group (A) and 2 are from Group (B).

The seven families are the A's, B's, C's, E's, H's, N's and Q's. In the first four families the disabled person is a dependent within the family and Mr. A, Miss B, Miss C and Mr. H are making a moderate adjustment in their personal activity and interest. Their individual as well as social recreational programmes are relatively rich and varied, especially in comparison with other disabled persons in the group. All of them belong to

one or other form of club, and they really enjoy and find encouragement in social relationships. All of them are interested in art and beauty and enjoy music, singing and dancing. Mr. A and Miss B enjoy listening to their record-players. Miss C admires her father who apparently is a good violinist. Miss C's mother said that they even used to have their own orchestra while they were living in Saskatchewan. Mr. H, a mongoloid boy, enjoyed participating in group dancing with other mentally retarded children at the school. All of them have also a willingness to learn and improve themselves. This is evident from the fact that they had undertaken schooling and training despite their handicaps and disabilities. Their outlook on life appeared to be positive. Miss B, the brightest girl among all the disabled persons of the younger age group, studied, said that she had never experienced any other life and felt satisfied with her own present life and her statement can be applied pretty well to Miss C, Mr. A, or Mr. H. All of them are capable of establishing good relationships with other people, as all of them are interested in other people. Miss B and Miss C attended the Indoor Sports Club regularly and want to join other clubs. Mr. A and Miss E maintain an amicable relationship with all the neighbors. Mr. H has a strong wish to play with the boys in his community although the normal boys do not want to play with him. All of them have a number of personal activities and interests but all of them felt that they were

limited in their personal activities by their disabilities.

Among these four disabled young persons, Mr. H, the mongoloid boy, appeared to have an excitable temperament. According to his parents, Mr. H could not sleep all night if he saw fighting or a murder scene on the TV. The father said that they had to be very careful to treat the two brothers without any favoritism at home as Mr. H might think that he was given less than his fair share. According to the parents, mongoloid boys are very sensitive and they continually need a lot of love and acceptance. Mr. H tends to become upset and moody whenever he feels that he is neglected. Miss B has a different problem. She has frequent bouts of emotional upset and periods of depression. She often gets headaches. She has already seen her psychiatrist. She even took a trip to Winnipeg with her mother, just for a change, on the recommendation of the doctor. But her frequent headaches and emotional illness remained the same. The other girl, Miss C, felt very shy when talking to other people. This depressed her. She spoke better on the Iphone than in face-to-face talking. Miss E and Mr. A both felt depressed whenever they could not do what they would have liked to do; both of them felt that their physical disability severely limited them. This, in effect, is a problem faced by more or less all physically disabled persons. To learn how to be patient appeared to be very difficult for these two disabled persons who are still young. In this group, only Miss B appeared to have some sort of

personal philosophy. She said she considered herself very fortunate compared to other crippled persons as she had been so well looked after by parents. She also said she did not feel very sorry about her disability as she had had no experience of any other life. The other four disabled young persons appeared to have no definite personal philosophy. This might be due to the fact that they all are mentally and intellectually limited or that they are still young. However, all of them are fairly cheerful and contented.

The parents of these five young disabled persons seem to have a positive outlook on life but Miss E's mother tends to become easily upset. She felt sad and depressed as it was very uncertain whether her daughter would ever be able to walk. In fact, the mother even cried for a while during the interview. Some of the mothers apparently found their compensation in religion. Miss E's mother wondered whether it was the will of God that her daughter should be in such a state of disability. She always prayed that her daughter would be able to walk sooner or later. Miss C's mother, although she herself does not go to church very often, has a strong feeling that the practical aspects of helping others in accordance with the teachings of Christ are much more important than going to church. She said she had already raised a mentally retarded boy at home and was looking after a young mother and her baby at the present time at home. Some of the mothers found consolation by comparing themselves

with other parents who were less fortunate than themselves.

Mrs. C, Mrs. B and Mr. H's parents apparently have this sort of feeling. All of them said that their situation was not so bad when compared to that of others who have a more severely handicapped and disabled child at home. The remaining two families that are making moderate adjustment in relation to their personal activity and attitudes are the N's and O's. Both Mr. N and Mr. O are heads of the family. Both of them have constructive and creative personal interests and activities. Mr. O has a profound interest in painting while Mr. N is much interested in reading, especially the Bible. Mr. O said that painting is the most constructive and creative pastime out of which a man can get full satisfaction and pleasure. Both these men have a positive outlook on life. Both of them found their satisfaction and encouragement from their children and wives. Religion appeared to be a great source of consolation for both of them. Mr. O said that he asked strength from God instead of questioning why the disability should have occurred to him. Mr. O and his wife apparently attend the church very regularly. Mr. N, who is totally confined to the wheel-chair, spends most of the day reading the Bible. Mrs. N also reads the Bible in her free time. Mr. and Mrs. N said that only the Bible provided answers to their problems. Mr. N said that he also found satisfaction in seeing somebody cured because of the advancements in modern medicine. Mr. N has a feeling that his situation is not altogether hopeless.

Mr. N and Mr. O both feel that they want to make the most of their lives; both of them always try to be patient with their disability. Both of them said that the ability to learn to be patient is the most essential quality for physically disabled people like themselves, but it was not easy to be patient. They often felt depressed and frustrated when they had to wait very long for somebody to do things for them. Mr. N appeared to be a bit unbalanced emotionally. He said that he was very shy about going to public places. He also said that he did not feel free and comfortable mixing with people. Mrs. N said that her husband perspired freely whenever he talked with other people. Mr. N apparently has some excuse for his shyness: he said that he was not used to crowds and social gatherings as he was born and brought up in a rural area. However, at present he enjoys seeing and watching other people. It is evident that a man like Mr. N can be really helped by some form of therapy; perhaps casework or group work would be of great value to him. The N's also appeared to be much more contented than any other families that were studied. Unlike other families they did not even say a word about the allowance during the interview, although they are hardly managing to make ends meet. The N's and the O's appeared to be cheerful. Both of these families show no signs of embitterment whatsoever.

Marginal: Of the 18 families studied, 6 families appeared to be making a marginal adjustment in connection with

their compensating activities and attitudes. Out of these 6 families, 3 families are from Group (A) and the other 3 are from Group (B).

These six families are the F's, G's, I's, L's, M's, and J's. In the first three families where the disabled is a dependent within the family, Miss F, Miss G, and Mr. I are making a marginal adjustment. Miss F's personal interest is reading; Miss G and Mr. I wanted to stay with their parents all the time. Both of them appeared to feel secure only when with their parents. Their other personal activities and interests appeared to be too much limited, but both of them enjoy music. In some of the families, compensating personal activities and interests appeared to be influenced by cultural factors: Mr. I, a young Japanese, is very interested in Japanese music, like his parents; Miss G is very interested in seeing programmes such as treasure hunts on TV; Miss F appeared to have much wider interests as she enjoys listening to the world news on the radio and reading magazines such as Time, Reader's Digest and the Atlantic. The personal activities and interests of these individuals appeared to be rather limited and unsatisfactory.

All of these three young disabled persons are contented with their present situation, however. Miss F said that she did not want to bother other people. Mr. I and Miss G, both of whom are mentally retarded, have no personal philosophy as such, but both of them seemed naive and rather apathetic. According to her

mother, Miss G is emotionally disturbed from time to time. The disturbance manifests itself in the form of pain in the stomach. The family had seen the physician but not the psychiatrist yet. Probably casework services might be of help to such a family.

All of the parents of these three young disabled persons found their consolations either in religion or by comparing themselves with other families that have a more severely disabled person at home. Miss F's mother, a member of the Anglican church, said that her life had been already fixed and planned by God; she said that it was the will of God that she should be in such a state. Mrs. F seemed to interpret the whole situation as a sort of punishment given by God to her. She said that she should have died long ago when she had to undergo an operation if she was not supposed to suffer any more. As for the G's, the mother appeared to have a different kind of philosophy. Mrs. G said that she was not the type who wanted to give trouble to other people. She accepts the situation as it is. She said that she was already settled and had decided to look after her daughter for the rest of her life. The I's, the Japanese Buddhists, go for refuge to the Buddha at the Buddhist temple downtown. The whole family found solace for the disability of the two members of their family through their Buddhist belief that all the sufferings in this life are the result of their wrong doings in their previous life.

Some of the parents have a negative outlook on life. Miss F's mother was particularly critical of the behaviour of the present younger generation. She also disapproved of married women who go out to work these days. She said that the women were taking the place of men and causing unemployment. None of the parents of the three young disabled persons is very happy about present day existence in general and their own situations in particular, although all of them find consolation through their religious convictions. Their contacts with other people in the community are far too limited and their knowledge of the outside world is practically non-existent. Miss F's mother, for example, has not been away from home for the last 20 years. The disabled daughter was born to her in the third year of her married life and she has been confined to the house since that time. In the case of the I's, the situation should have been better as Mr. I's disablement being a mental retardation will not create much trouble; but since the parents are Japanese and cannot speak a word of English they find it difficult to adjust in most important respects. The added troubles caused by the disability of both the father and the son make for further difficulties. In the G family, the mother looked older than she was. All the members of the G family were in a depressed mood at the time of the interview as Miss G's grandmother had passed away about a month before. The pressure was great as Miss G's father was out of work because of the recent strikes in Vancouver. Thus,

these three families where the disabled person is a dependent within the family are only making a marginal adjustment in the area of compensating activities and attitudes.

The remaining three families that are making a marginal adjustment in this same area are the L's, M's, and J's. All of them are from Group (B) where the disabled person is head of the family, and all the disabled persons in these three families have a fair number of personal activities which include looking at TV, listening to the radio, reading and going out occasionally. However, they all felt that their personal activities were too few and too restricted, although they could not think what else they could do since all of them are still able to move about within and around the house and therefore it is no wonder that they are not satisfied with their present round of personal activities. Mr. M and Mr. L enjoy looking after birds in cages at home. Mr. M has four birds and Mr. L has three. Both of them said that they spent most of their time feeding, playing with and looking at these birds, and they derive a good deal of satisfaction from them. Mr. J enjoys looking after fish in an aquarium. These pets may have some special significance for all of them: perhaps these disabled persons gain encouragement from seeing these creatures that are even more helpless than they. In other ways, too, these men displayed wider interests than any other of the disabled persons studied. Mr. L talked a bit about Canadian politics - he said that he was a Conservative. He also said that

the recent increment in the allowances was mainly because of the present Conservative Government. Mr. J enjoyed talking about other parts of the world.

These three disabled persons were all, to some extent, depressed because of their disability. They said that they did not think their physical condition was likely to improve, but they tried to see only the good side of life. Mr. M said that it would not do any good if he kept on worrying about the whole situation. Mr. L said that life was sweet - Mr. L appeared to be a bit emotional; he got somewhat excited during the interview. The record file states that Mr. L is a hostile person; this might be the result of the pressure caused by the physical disability and economic dependency. These disabled persons got their satisfactions and encouragement from their families. Mr. L also found solace in reading the Bible regularly. Mr. J apparently has a personal philosophy of consideration for others, as he said that he did not want anybody to suffer as he did. Neither husbands nor wives were happy about the total situation. The wives apparently are very unhappy because of the loss of the husband's income as well as because of the additional responsibility of having to look after the disabled husband at home. But there is no indication that the pressure is so severe as to produce emotional illness, tension, etc., in these homes. None of these families has embittered or antagonistic feelings whatsoever.

Inadequate: Out of the total of 18 families studied, 5 families appeared to be making an inadequate adjustment in connection with their compensating activities and attitudes. Out of these 5 families, 1 family is from Group (A) and the other 4 are from Group (B).

These families are the D's, Q's, K's, R's, and P's. Mr. D has nothing to do at home except look at TV and move around the house and in the community. His present personal activity of going out to the International Airport appeared to be a tiring business, although it is a source of satisfaction for him. For a crippled person like Mr. D, it is by no means easy or convenient to go such a long distance, which involves taking three buses. It would have been better if he could have some other less tiring activity. Mr. Q lacks personal activities and interests; he fills his time going out to the near-by park, watching people on the street, or sitting idly at home. Mr. K and Mr. R are totally confined to their houses and there are not many personal activities and interests for them either. But Mr. R still enjoys looking after plants that are grown in pots inside the house. Mr. K also has some constructive personal interest as he is fortunate enough to be able to take some correspondence courses with the Provincial Government. Both men enjoy looking at TV as well. Mr. P naturally has no personal activities or interests; in fact, Mr. P's situation cannot be compared with the situation of any other disabled person in this

group: he is in a completely helpless state with no memory, attitudes, or interests whatsoever. The other four disabled persons had rather negative attitudes towards life. Mr. D, the only young disabled person in this group, said that the world was against him. He said that he had lost the friends he had had at school because of his disablement. This sort of feeling was also present in the other families. They all feel that they have been deserted by their friends.

Among these five disabled persons, Mr. Q and Mr. D apparently have frequent bouts of emotional illness and nervous tension. At present, both of them are taking pills prescribed by the doctor for their conditions. None of them seems to have a definite personal philosophy which could help them to accept their disability. Mr. R, for example, said the "bone yard" is already waiting for him; Mr. K apparently has the same sort of feeling. All of them feel depressed and are not satisfied with their lives. They are very pessimistic and discontented.

The over-all situation is not good for the other members of their families. Mrs. Q and Mrs. P both suffer from nervous tension because of the heavy social pressures caused by the disability of the husbands. Mrs. P said that she could not sleep at night; she said that quite often she unconsciously jumped out of bed at night. Mrs. P could not witness any sad scene even on TV. Mrs. Q's situation appeared to be even worse. The record file states that she has been referred to a psychiatrist.

Mrs. Q suffers from rheumatism and arthritis on a minor scale. She said that the pain all over her body distressed her, and that she felt so upset about the whole situation that she could not even speak to her disabled husband. Most of the wives of the disabled persons in this group have no personal philosophy to help them adjust to their husbands' disabilities. Mrs. P apparently is the only woman in this group who receives much encouragement from religion. She said she would have gone mad without her religious faith. But Mrs. Q wondered why God should have created such a situation for her husband. In all these families, it is hard to say whether the disabled person and other members of their family are getting satisfaction from each other by staying together or not. The ego strength of the disabled persons as well as their wives appeared to be very weak. It is very likely that the wives of these disabled persons will have an emotional and physical break-down in the future if the situation within the home remains the same. Break-downs have already occurred in some of the families. Mrs. R, for example, has been in St. Paul's Hospital for months because of high blood pressure. In the K family, the wife is already completely disabled. In all of the five families involved in this group, not a single member appeared to be happy and cheerful; all of them are apathetic, pessimistic and very depressed. Their compensating activities and attitudes are either inadequate or completely lacking. All of them just keep on worrying and get depressed

with their disability instead of attempting to adjust by engrossing themselves in compensating activities.

Summary.

One of the questions concerning disabled persons within the family context refers to the adjustment they make as it can be assessed by the kinds and numbers of compensating activities and attitudes, and whether these are adequate for them. This portion of the chapter has examined the types of compensating activity and attitudes of the disabled persons on disability allowance and their families from several viewpoints: personal activity and interests, outlook, emotional state and personal philosophy.

The following are some of the conclusions that can be reached concerning adjustment in the area of compensating activities and attitudes:

1. Compensating personal activities and attitudes are lacking in most of the families where the disabled person is head of the family.
2. Compensating personal activities and attitudes appeared to be unsatisfactory even in the best adjusted families in the group.
3. Religion appeared to be an important factor in the compensating activity and attitudes of most of the dis-

abled persons with family responsibilities, the wives of the disabled persons, and the mothers of the disabled persons with no family responsibilities.

4. The family appeared to be an important source of encouragement for most of the disabled persons studied.

5. Emotional illness and nervous tension were present in some form or other in most of the families. Some of the disabled persons are shy, some tend to get easily upset, and some suffer from headaches and dizziness. Some of the wives and mothers of the disabled persons suffer from nervous tension.

(4) Community Implications: Auxiliary Services for the Disabled.

(a) Neighborhood.

Moderate: Out of the total of 18 families studied, 11 families are living in a "moderate" neighborhood, where all the facilities including parks, playgrounds, shopping centre, movie house, school, church, clinic, etc., are available for the general use of the whole family. All of these 11 families except the A's and the F's live in the southern part of the city bounded by Oak Street in the west, 10th Avenue and Kingsway on the north, Boundary Road on the east and, finally, the Fraser River on the south. This whole area is a purely residential

area and all the families that are living in this area are more or less settled families. But there are no special facilities such as an Arthritis Club, School for the Mentally Retarded, etc., which can be of direct use to the physically or mentally disabled persons in the community. All of these families apparently have no complaints whatsoever in connection with the facilities for the general use of the family in the neighborhood. Out of these 11 families that are living in "moderate" neighborhoods, 5 families are from Group (A) while the other 6 families are from Group (B).

Marginal: Out of the total of 18 families studied, 3 families are living in a rather unsatisfactory neighborhood. These families are the I's, E's, and D's. All of them are from Group (A). The I family complained about the lack of a park or playground in the neighborhood. The E family complained about the lack of a shopping centre, proper park and theatre in their neighborhood. Mrs. E said that the park they had in the area was not only far away from their place but it was situated on a hill and thus it was difficult for disabled persons to go there in wheel-chairs. Mrs. E suggested that another park which was just a few blocks away from their house should be expanded to include a swimming pool and other facilities. The mother felt that the improvement of this fairly large park would serve the purpose of the whole community including their disabled daughter who enjoyed swimming. The mother also felt that swimming was

very good for the physical therapy treatment of a disabled person like her daughter. These two families that are in need of improved facilities live near the corner of Knight Road and 33rd Avenue. The D family who live in 4000-block Quebec Street also have some complaints. They said that they had only one movie house in the area and the disabled person had to wait a long time to see a new movie. They suggested that another movie house should be opened in their neighborhood.

Inadequate: Four families out of the 18 studied are living in a very unsatisfactory area. These families are the J's, L's, N's, and C's. Out of these four families, three are from Group (B) and the other is from Group (A). The J's, L's, and N's live in a semi-industrial area on the north of False Creek and near the Granville Bridge. This area is an older residential area which will eventually become industrial. In this area, facilities such as park and playground which are so essential for children as well as disabled persons who cannot go far, are completely absent. The children from these homes have to play on the streets and highways which is very dangerous. Churches, which are so important for some disabled persons who find encouragement through religion, are few and far between. Schools for the children are far away and theatres are not found here. The district is not pleasant, one can see nothing but old deteriorating houses. According to the assessment done by these families, it is the poorest and most depressing area for anybody

to live in. None of these families enjoys living in this area. All of them want to move to a better area and live in a better neighborhood. The C family who are living near the corner of 4th Avenue and Granville Bridge find their neighborhood unsatisfactory, too. It is a semi-industrial and commercial area, the houses in the neighborhood are very old and the facilities fairly limited. All the families in this group are dissatisfied with their present neighborhood.

(b) Social Contacts, Friends and Visitors.

Moderate: Out of the total of 18 families studied, only 2 families have a moderate number of friends and friendly visitors. Of these 2 families, 1 family is from Group (A) and the other from Group (B). These families are the D's and the O's. Among all the disabled persons visited by the writer, Mr. O is the only person who is capable of moving and going anywhere in the community like a normal person. He has many friends in the community. He knows many people in connection with his present business and is also able to continue friendships with other people whom he knew before he was disabled. Mr. D also has many friends, some of whom he usually met at the International Airport as I have stated earlier; but Mr. D has a feeling that he has been rejected by some of his friends and old class-mates. He said that his friends were impatient with him as he was not able to move about quickly. Neither of them wishes to join a Disabled

Persons' club. Mr. O said that his daily life and activities are as normal as those of anybody else, and thus he did not need to join such a club; Mr. D said that he did not feel he wanted to associate with other disabled people; he wanted to do just what normal people did and he enjoyed competing with normal people in walking and in other things. But Mr. D feels rather lonely staying at home - he said that he would be very glad to receive any friendly visitor at any time. Mr. O, however, did not even feel that he needed friendly visitors. Both of these families are visited often by their close relatives.

Marginal: Of the 18 families studied, 6 families were found to have few friends and friendly visitors. These families are the A's, B's, C's, E's, H's, and Q's. The first five families are from Group (A) and the last one from Group (B). Miss B, Miss C and Miss E have a number of friends that they usually meet at least once a week at the Indoor Sports Club. Mr. A usually meets his friends at the Happy Club in the neighborhood. Mr. H has a number of friends at the School for Mentally Retarded Children. Mr. Q also has a few friends that he usually meets at the Western Rehabilitation Centre and Arthritis Association at least twice a week. All the disabled persons in this marginal group are visited by their relatives and one or two close friends from time to time.

The families in this group are greatly in need of friendly visitors. All of them said that they felt lonely, found

life dull, and would welcome friendly visitors at least two or three times a week. The disabled persons in these families would like to join a Disabled Persons' Club if there were such a thing, in order to get to know more people like themselves and to be able to spend their time more profitably. They were asked what types of activities they would like to include for such a club. Mr. A suggested that he would like to include handicraft; Miss B and her mother suggested that such a club should have a good social and recreational programme which could include luncheons, and special events like bazaars; Miss C and her mother want to include Bingo, music, and group singing; Miss E and her mother suggested that such a club should have a good programme of music and wheel-chair square dancing. In the H family the father wanted his son to join a Mentally Retarded People's club. The parents feel that mentally disabled persons cannot mix with physically disabled persons. In summary, all of the families in this group are apparently very willing to join clubs if they existed. All of them felt that this will definitely serve their social needs as well as provide recreational activities. They felt that a club would also substantially compensate for their lack of friends and friendly visitors.

Inadequate: Of the 18 families studied, 10 were found to have very few friends and friendly visitors. Their social contacts with the community and the outside world appeared to be very few. These families are the J's, L's, M's, N's, P's, R's,

K's, I's, G's, and F's. The first seven families are from Group (B) and the last three families are from Group (A). All the disabled persons in these families are more or less completely confined to their homes. None of them is a member of any club or association. Some of these families are visited occasionally by one or two friends other than relatives. The P's and F's are visited by a minister from their church. An old lady who lives in the same neighborhood used to come and visit the P family occasionally. The M family and the J family are visited by some of their old friends and the L family and N family are visited by a neighbor fairly frequently. The P's, F's, M's, J's, L's and N's are also visited by their relatives - sons, daughter, sisters, etc. - very often. The remaining four families, the R's, K's, I's and G's, are not visited by any friends whatsoever; they are, however, visited by relatives. All of these families apparently have some complaints about the lack of friends. Mrs. P said that the friends were friendly to them only when they could afford to give parties and owned a car; Mr. L said that he was unable to retain his friendships now that he was disabled; Mr. and Mrs. K said that they went to bed early at night as they felt bored talking to each other all the time. Most of the ten families in this "inadequate" group felt they could increase their social contacts by joining a club or by receiving a friendly visitor at home. All of them were asked whether they would like to have a friendly visitor and all of

them, with the exception of the I's and F's, said that they would really be glad to accept any visitor at any time. Mrs. P said that it would be a great relief for her to talk things over with someone who was interested in her. Mrs. P asked for the service of a friendly visitor, not for her disabled husband who could no longer communicate in any way, but for herself. Mrs. M said that her husband was a very friendly person and would be really glad to have a visitor. Most of these families thought that the friendly visitor would really be a solution to their problem of loneliness in their monotonous daily life. The I family and the F family do not feel that they need any visitors at the moment as they are already frequently visited by their close relatives.

All of the ten families in this "inadequate" group were asked whether they would like to join a Disabled Persons' club if there were such a thing. All of the families except the K's, I's, G's and F's gave their answer in the affirmative. They said that such a club would really help them by relieving their loneliness and isolation. Some of the families even suggested activities that should be included in such a club. Mr. M said that he would be able to play a game like bingo and would enjoy music. He suggested that such a club should have a variety of activities for a variety of disabled persons. All of them apparently felt that music should be included in the activities of the club. The reason the four families did not want to join the club was mainly that the disabled persons in these families were either

mentally retarded or were totally confined to bed. Mrs. G thought that her mentally retarded daughter should deal only with normal people. The I family where both the father and son were totally disabled did not feel like joining such a club as they could not speak English. They said that it would be difficult for them to enjoy the club as they would not understand other English-speaking people. It is obvious that, for different reasons, these ten families enjoy too few social contacts in their community and the outside world; they have few or no friends; there is nobody apart from relatives who cares to visit these unfortunate disabled persons and their families.

(c) Agency Contacts.

Moderate: Of the 18 families studied, only 10 appeared to be receiving adequate services from the community at present. These families are the E's, B's, C's, A's, H's, F's, M's, N's, L's, and O's. The first six families are from Group (A) and the remaining four families are from Group (B). The E's, B's, and C's are getting very good service from the Indoor Sports Club. This club provides social, recreational and sports facilities and occupational therapy for disabled persons in the younger age group. At present these three young disabled girls attend this club at least once a week. Miss B is taking a typing course from a staff member of the club; Miss E is sewing and making mattresses under the instruction of a member of the club staff.

Miss E is also receiving helpful assistance from the church. She attends the church Sunday School regularly and participates in most of the social and religious activities of the church in their community. A private tutor visits her at home regularly, and she has a nurse maid to care for her. In the whole group Miss B is the one who can be considered the most fortunate because her parents, being quite well off, are able to provide her with all that she needs.

The A family are also getting wonderful service from the Happy Club which provides many social and recreational activities. The H family take advantage of the School for Mentally Retarded Children to which they send their son for educational and occupational therapy. The H's also receive the services of the Lions Club which provides transportation to and from the school. The H family call on the invaluable services of the Victorian Order of Nurses for their disabled daughter who is totally confined to bed. The V.O.N. nurse comes to the house at least once a week to spongebathe the disabled person. Mr. M depends on the Western Rehabilitation Centre and Arthritis Association for his occupational therapy. Mr. M goes to this centre at least twice a week and makes baskets, letter openers, etc.

In the remaining three families, where the disabled person is head of the family, the assistance that they are getting from the community is mainly in the form of financial

supplementation of the Disability Allowance. These three families are receiving a social allowance from the City Social Service Department for their families. They are also visited by the social worker from time to time in connection with the allowance. Mr. O, in addition to this, was given financial assistance when he undertook to start up his present business by the Marpole Rotary Club and the Polio Foundation run by the Kinsmen's Club.

It is obvious from this information that all these ten families in this moderate group are wisely utilizing the helpful services offered by the community. But their needs are by no means completely satisfied, and many suggestions for the welfare of the disabled persons within the family context were given by these families.

The B family apparently want to see the community doing something about the occupational therapy programme for young crippled adults. Mrs. B said that the proposed committee of the Division for the Guidance of the Handicapped of the Community Chest and Council should be set up as soon as possible. This proposed committee, according to Mrs. B, is going to help disabled persons to get suitable training and jobs. The mother felt that such a committee would help them to choose suitable training and job for their young disabled daughter, who is already pursuing a typing course.¹ The disabled daughter, Miss B,

1. The writer believes that the Division for the Guidance of the Handicapped, Greater Vancouver Chest and Council, wishes to
(Over)

also wants the Indoor Sports Club to open a branch club in their community. She said that the present club is too far from her home.

The B family and the E family want to have the friendly day-care service for their disabled daughter. Mrs. E said that she would be glad to have the services of somebody to take her daughter out at least once a week to places such as parks, or downtown or for a long drive. The mother felt that this sort of service would give her disabled daughter a change of scene and she herself would have some relief. She said that it was a very monotonous life for her disabled daughter who had to stay at home with her mother all day long. Mrs. E felt that her disabled daughter should occasionally get away from her parents and be with someone else, as normal children do, and the disabled daughter agreed. She said that she wanted to go to the park, downtown and to the beach, etc., to relieve the monotony of her daily life. The mother and the daughter said that although they loved each other very much, they sometimes felt tired of each other's company after more than twenty years of close living. The C family felt the same way. They said that they would be very glad to have the service of somebody who would take out their daughter at least two or three times a week.

set up a new committee to look at the whole problem of the vocational needs of the handicapped, e.g., workshops, handicrafts for the homebound, training, education, and evaluation. This committee is going to be formed by the Executive of the current term (1958-59) very soon. There is no doubt that the wishes of the B family will soon be fulfilled.

Mrs. F who has already spent twenty years, which is nearly half of her life, in looking after her disabled daughter, wants to see a place in the community where her disabled daughter could be looked after on a temporary basis, from time to time. She said that she needed to undergo an operation and she wondered whether she could get a place, something like a centre, where she could put her daughter for a few weeks. She said that a place which provided such temporary institutional care would be of great value to parents who have disabled children at home. She also felt that this would enable her daughter to get a change from staying in the same room in the same house and with the same parents all the time. She said that would also give the parents a chance to refresh themselves and serve the purpose of holidays for both parties, the disabled as well as the parents. Mrs. F felt the need for some sort of holiday after spending more than twenty years continuously caring for her disabled daughter, but she felt that she would be able to do so only when a place for the temporary care of severely handicapped persons was established in the community. Mrs. F expressed displeasure at the cut in the V.O.N. budget. She said that they used to have the service of the V.O.N. three days a week but this had been reduced to once a week because of the lack of funds. For all this, she said that associations like the V.O.N. which are rendering wonderful services to people like them should really be encouraged and supported by the public. She seemed to feel that the community was

responsible for the cutting of the V.O.N. budget which had adversely affected the welfare of families living with disabled persons at home.

Mr. H (Senior), the father of the mongoloid boy, felt that a boarding home for the temporary care of mentally retarded children who live with their parents should be opened in the community. He said that they often had trouble when they wanted to go out of town, as they could not leave their mentally disabled son alone at home. Both parents felt that the present school for the mentally retarded children which is run by the Association for Mentally Retarded Children, Vancouver Branch, should also be able to care for the mentally retarded boys for one or two nights in case an emergency occurred which made it necessary for the parents to be absent from the home. Mr. H (Senior) was also dissatisfied with the Educational Department of the Provincial Government in connection with the financial support given for the education of mentally retarded children, as the writer has already stated in section 1 of this chapter. Moreover, the family thought that the present school for mentally retarded children should be run by the government instead of by a private association; and Mr. H (Senior) was dissatisfied with the present programme of transportation to and from the school for their disabled son. He said that the bus picked up their son at 8 o'clock in the morning at home but it did not reach the school till 12 noon as it had to pick up so many other

boys on the way. The boys then came back from school at 1 o'clock and thus there was apparently very little time to learn at the school. Therefore Mr. H felt that some sort of efficient transportation service should be arranged by some responsible group in the community. The H family also want the community to do something about public education in connection with the community's attitude towards disabled persons. The parents said that their disabled son wanted to play with other children in the community, but all the children rejected him and refused to play with him. They said that the children in the community also teased their son very cruelly. The parents felt that this sort of mistreatment on the part of the children in the community could be overcome only with the cooperation of the parents in the community at large. They felt that all the parents in the community should assume the responsibility of teaching their children at least not to tease disabled persons and particularly mentally retarded children living in the same neighborhood. Both Mr. and Mrs. H felt that this would be helpful for them as well as for their mentally disabled son and that this sort of public education would enable the whole family to live comfortably in the community.

In the O family, Mr. O was worrying about the future and where and how he would live. He said that a man like himself who could not look after his own personal needs would find it very difficult to live without someone in constant attendance

on him. He was all right as long as his wife was with him but he wanted to see a boarding home in the community for disabled persons who could not look after themselves. He said that such a place should have a home-like atmosphere and if possible should be attached to a rehabilitation centre.

Marginal: Two of the 18 families studied appeared to be receiving a marginal degree of help from the services provided by the community. Of these two families, one is from Group (A) and the other from Group (B). They are the I's and the K's. The I family receive assistance from the community in the form of financial supplementation. They are getting the Provincial TB allowance as well as a social allowance, in addition to the Disability Allowance and the Old Age pension. All the members of the family except the mother are on public assistance as the writer has already stated in Chapter I. The family is visited by the social worker in connection with the allowances regularly. This family is not getting any other assistance from the community apart from financial assistance. The K family is benefiting from the Provincial Government's correspondence course. These two families have few suggestions for the types of service that they want from the community although they are getting so few services themselves. However, Mr. K suggested that all the families which have disabled persons at home should be provided with TV and radio, as they are the only things which could be enjoyed by almost all disabled persons.

Inadequate: Of 18 families, six appeared to be receiving an inadequate amount of services from the community. Of these six families, two are from Group (A) and the remaining four from Group (B). These are the D's, G's, R's, P's, Q's, and J's. None of these families is receiving any concrete assistance from the community in any way apart from the Disability Allowance. But these families do have unmet needs which can be met only with the assistance of the community. Mr. D's mother said that there should be a kind of work place established where all people who are physically incapacitated and disabled like her son could work together at suitable types of physical work. She cited the example of a factory in the United States in which many spastic disabled persons were employed. She felt that it was a great problem for a handicapped person like her son to know how to fill his time. Therefore the mother felt that there is a definite need for a special workshop right here in Vancouver. The P family, too, apparently need someone from the community to come and help them in time of emergency. Mrs. P said that her disabled husband fell out of his bed very often and she found it hard to get him up. She said she would be really glad to have someone from the neighborhood come and help her in such an emergency. Mrs. P also indicated that she needed the services of an organization such as the Victorian Order of Nurses, in order to help her nurse her disabled husband. The remaining four families in this "inadequate" group were unable to make any suggestions about improvements they would like to see made in the

general services offered by the community, although they all appeared to be in need of some kind of assistance from the community.

Summary.

One of the questions concerning disabled persons within the family context and those who are on Disability Allowance refers to the adjustment they make in relation to their community and its services. This portion of the chapter has examined the types of services that they are receiving from the community, as well as their unmet needs which can be met only by community-wide effort in several areas: the neighborhood in which they are living, social contacts, and contacts with the social agencies in the community.

The following are some of the conclusions that can be reached concerning adjustment in the area of the community and general services:

1. The neighborhood appeared to be moderately good for most of the families studied, although there were some families living in unsatisfactory semi-industrial areas.
2. Social and friendly contacts with the community such as friends, friendly visitors, and clubs, etc., appeared to be very limited for most of the families studied. And most of the families said they would like to receive any visitor at any time from the community.

Nearly all the disabled persons in these families also would like to join a Disabled Persons' Club if there were such a thing in the community in order to help relieve themselves from loneliness and deprivation and at the same time improve their social contacts with the community and the outside world.

3. More than half of the families studied have a moderate number of contacts with the various kinds of social agency in the community. But the rest studied are having very few or no contacts of this kind.

An Overall Summary.

When the various aspects or criteria of "adjustment" are brought together, as they are in Table 1 which follows, it is interesting to note the difference in the proportion or distribution of the items; for example, family strengths can be great in spite of great inadequacy in income; neighborhood and agency contacts are better than social contacts; a visiting service would be particularly welcome. There is great variability in the number and kinds of compensating activities and attitudes; and indeed much more detailed research could be undertaken in this important field. In general, this is not to be seen as a primarily statistical tabulation; but it does sum up and illuminate some of the qualitative factors in adjustment.

Table 1. Summary of Ratings of General Family Adjustment. (18 sample cases)

Area	Ratings		
	Moderate	Marginal	Inadequate
1. Economic conditions	4	4	10
2. Family strengths (a)	13	(a)	5
3. Compensating activities and attitudes	7	6	5
4. Community facilities:			
(a) Neighborhood	11	3	4
(b) Social contacts, visitors, etc.	2	6	10
(c) Agency contacts	10	2	6

(a) This area rated as either "strong" or "weak", only.

General Implications and Recommendations.

Everyone will readily acknowledge that there are a multitude of needs in these families, whether the disabled person is the head of the family or a dependent within it. Unsatisfactory housing conditions and financial inadequacy which are so common to the families on social allowances are typical of these families on Disability Allowance also. The present allowance rate is inadequate especially for those disabled persons who are heads of families. The Federal Government has increased the allowance up to a maximum of \$55 a month since September 1957.

This sum plus Provincial bonus of a maximum of \$20 amounted to a total of \$75 a month at the present scale. The figure has changed, but the problem remains the same and is still very severe, especially for the disabled person with wife and children as his dependents at home.

The Disabled Persons' Allowance Act would still seem to be rigid in its content as well as in its application. Although it was amended recently - in May, 1957 - to relax some aspects of the definition of "disability", some things still remain to be done. Provision for disabled persons to earn a limited amount of money as well as provision for them to save some money out of the allowance, etc., are some of the things which need to be seriously considered. The Act should specifically consider the fact that the allowance programme itself has different implications for different persons. The very fact that a monetary allowance is paid does not solve the whole problem. The welfare of the family depends on how well the members manage, who they are and how they get along with each other, and what special needs they have.

There is very heavy social pressure on families in which one of the members is totally and permanently disabled. They have so many troubles even without that of financial pressure. In most of the families surveyed the financial problem always loomed large to the disabled person as well as to the other members of the family: and there is an element of tragedy

here that has to be seen to be really understood. Here is, for example, Mr. R, who is severely disabled as a result of a stroke and whose wife is in hospital because of a heart attack. Mr. R apparently worried a great deal about the inadequacy of his monthly income which is totally composed of the Disability Allowance. Consider a family like the Q's, where the head of the family is disabled as the result of a stroke and suffers from ulcers and skin diseases while the wife is suffering from nervous tension. Both of them are worrying how to make ends meet each month. Do the anxieties and pressures leave them anything to live for? What can society, "public" or "private", do for these unfortunate families?

These families have the common needs of ordinary families, but at the same time they have special needs created by the disablement of the individual member within the family. Their "common human needs", as Miss Charlotte Towle has called them, cover a wide range of areas including financial, housing, medical, transportation, recreational and social contacts, and education: and they have particular needs such as prothesis appliances, suitable institutions for long term as well as for short term care, friendly day-care and casework services - needs which are created by the physical and emotional stress of the disablement of the individual and family members. Therapeutic programmes such as occupational therapy, physiotherapy, social therapy, etc., are also of great importance.

Apart from the physical and economic needs, there is a great emotional need which may easily be left unsatisfied in these families. Amelioration rather than rehabilitation seems a more reasonable goal for these families. To make the disabled person more comfortable at home and in his limited society is a difficult enough but worth-while objective. Aims that will make the life of the disabled persons as well as their families more comfortable and happier are the most relevant welfare services such as friendly visitors, some kind of day-care, visiting nurses and other aspects of home care would be of vital importance for these families. Provision of special facilities such as hospital bed hoisters, wheel-chairs, are usually recognized needs. Housing deficiencies some of which might be met by repair and improvement are not usually recognized. Provision of such facilities as eyeglasses and dentures have more importance than is often realized. Reading can be the only activity for some disabled persons and for them a lack of eyeglasses results in real deprivation.

In all of these families a feeling of isolation and loneliness appeared to be overwhelmingly present and thus services which will improve their social contacts with the community would be the greatest service the community could provide to these families. In these families, the disabled persons as well as their parents or spouses have suffered much discouragement and sometimes loss of their initiative because of the external and internal pressures ~~have~~ accumulated during a long continuous

period of stress in their life. Because of these pressures and because of exceptional needs, all such families need acceptance, sympathy and consideration. It is not surprising to learn that those who have been shut in for twenty or twenty-five years often become nervous, tense and depressed.

Who can provide the services to meet these needs? And whose responsibilities are they? It is evident that the City Social Service Department alone cannot do everything. Moreover, it would not be reasonable to consider these needs within the framework of the City Social Service Department, only. However, the City Social Service Department as a basic public welfare agency may strive towards the provision of more adequate allowances, and may also strive towards the provision of regular optical and dental care for all Disability Allowance recipients. But casework services are perhaps the most imperative. As has been discussed in Section Three of this chapter, individual members of the various families are suffering from emotional stress, nervous tension, physical break-downs, etc. For them casework services would be of great value. Social workers would definitely be useful in giving emotional support and encouragement to the disabled persons, spouses and parents whose egos have been already weakened because of the stresses and strains they have had to experience for so long. Visits from workers who can heighten their awareness of economic, social, emotional and spiritual needs in these families can have real therapeutic value for all the members of such families.

In Vancouver, the Division for Guidance of the Handicapped and its allied agencies have initiated and carried out a number of activities pertaining to the welfare of disabled persons, during the last decade, but there is still much to be done. It is perhaps necessary to emphasize that the needs of the disabled persons should be visualized and approached within a family context. Services such as friendly visitors, a day-care programme, a good home care programme, development of institutions for temporary care of the disabled persons, and other services which can help reduce the stresses and strains within the family will be of great value if the Division and its allied agencies can initiate, plan and develop them.

It is of interest, in conclusion, to refer again to the 1953 Brief and its recommendations for general policy on the handicapped. For the particular kinds of disabled persons pictured in the present study the recommendations in this 1953 Brief have little direct bearing. The recommendations are most meaningful for those disabled persons who can be fully rehabilitated, not for persons who are totally or permanently disabled. The eleventh recommendation (see Appendix B) merely states:

"That, concomitant with the development of the Rehabilitation programme, serious thought and planning be given to the provision of further facilities for custodial care for those patients who cannot benefit from the Rehabilitation Programme."

There is need for more detail in formulating programmes for disabled persons who cannot be rehabilitated in the ordinary sense.

Since they have a right to live as full a life as possible, they need more services rather than fewer than any other groups of disabled persons. Not all disabled people can realistically be considered for vocational training. And the mentally deficient pose an altogether special problem.

Thus there is a great need that the Division should be extending its welfare activities to cover all types of disabled persons whatever their nature and extent of handicap may be. The writer even sometimes wondered whether the Division and the Co-ordinator are going to concern themselves only with the need of the disabled person who can benefit from physical and job rehabilitation. So far as the writer's study is concerned, it is not only a study of disabled persons who can benefit from rehabilitation but it is also a study of those severely incapacitated who cannot benefit from rehabilitation whatsoever. The writer's study being a study on handicapped and disabled persons, of course, includes the mentally retarded and disabled group too. Thus in the interest of this study as well as of real need and humanity, the writer urges that the activities of the Division for Guidance of the Handicapped and its allied agencies be extended to cover all types of disabled persons at least that are involved in this study.

The needs presented by these families cannot be met by the efforts of the City Social Service Department nor by the Division for Guidance of the Handicapped, alone. All of these

needs have to be supplemented by community-wide efforts. Their needs are varied and volunteer services could take many forms. To extend these, public education in relation to the disabled persons and their families will need to be carried out on a community-wide scale.

With these implications in mind, for specific agencies like the City Social Service Department or the Division for the Guidance of the Handicapped and its allied agencies, and for the general education of the community at large, the writer concludes this review with the following recommendations:

- I. That the Disability Allowance be adjusted in relation to fluctuations in the cost of living.
- II. That the Disability Allowance be continued even though the disabled person has to be cared for in a boarding home.
- III. That the disabled persons be encouraged to make an effort to earn money by making present rules and regulations more flexible.
- IV. That nursing services or home-care services be provided for the disabled person within the home.
- V. That casework services be provided by the City Social Service Department to the Disability Allowance recipients and their families as required. Social workers should be concerned not only with the financial needs

of these families but also with the over-all psychosocial needs of these deteriorating families with few family strengths as well as the families where some of the members are suffering from nervous tension and emotional illness, and should seriously consider whether the provision of casework services and psychiatric referrals is necessary.

VI. That attempts be made to provide friendly visitors, friendly day-care, volunteers to assist in emergency cases, etc., to these families.

VII. That consideration be given in public housing projects to the special needs of disabled persons.

VIII. That service clubs be asked if they would help maintain an interest in and provide interests for those disabled persons who do not have enough activities to keep themselves occupied.

IX. That some thought be given to the idea of opening other Disabled Persons clubs in the community to enable disabled persons to improve their social contacts among themselves as well as with the outside world. These would relieve them from loneliness, isolation, and social deprivation.

X. That additional institutional services be developed for the temporary residential care of the severely crippled young persons as well as for the mentally retarded

young persons. These would help relieve the burden on the parents, particularly those parents who have to live with their disabled children all the time.

XI. That consideration be given to opening a boarding home for those disabled persons who cannot look after themselves and who have no one to care for their needs. If possible, this boarding home should be attached to a rehabilitation centre.

XII. That in all the stages of planning for the welfare of disabled persons, consideration be given to all the disabled persons who cannot benefit from "rehabilitation" or to whom the present notion of "rehabilitation" cannot be fully applied. For these persons, it is not occupational or vocational therapy that is important, but how to live as comfortable a life as possible. Those who are severely disabled should not be neglected, as they at present appear to be, just because of the current trend to emphasize physical and job rehabilitation.

XIII. That much more research be undertaken on disabled persons within the family context with special emphasis on the dynamics of the family, the effects of disablement on the family, their needs and the services available and lacking.

APPENDIX A

QUESTIONNAIRE USED IN THE STUDY

(The same guide was used in interviewing the disabled persons as well as other members of the family.)

I. INTRODUCTORY

1. When did the disability occur? How long has it been crippling?
2. Has there been any medical care since the disability?
3. Would you like to describe your present degree of crippling?
4. What kind of special equipment do you use for your disability?
If you are not using any, do you feel that you need it, now?
What kind?
5. Do you consider that you require assistance for your personal care?
6. What things do you find difficult?
7. How could these handicaps be remedied or repaired?

II. HOUSING AND NEIGHBORHOOD

1. Have you always lived here? If not, where before?
2. What are the facilities available in your neighborhood?
3. Would you like to describe your place as good, fair, poor, or bad? What are the chief defects?

III. FREE TIME AND RECREATION

1. How do you spend most of the day? (weekdays and weekends)
2. How often do you get out of your house?
3. When you get out of your house, where do you usually go?
4. Would you be interested in doing something which might be worthwhile for you during the day? If so, do you foresee difficulty in learning new skills?

5. How often do you meet with your friends? Where do you usually meet? What for?

IV. SERVICES

1. How often do you use your medical card? For what type of illness is it mostly used?
2. Do you have any complaint in connection with the use of your medical card?
3. What was your occupation prior to disability? Could you do it now?
4. Would you like to state the kind of training and the type of job you want now? (This should be a feasible one.)
5. Would you like somebody to visit and have a friendly talk with you? How often would you like this?
6. Is there anything that you would like to do in your leisure time, but you cannot do?
7. If there was such a thing as a Disabled Persons' Club, would you like to join? If so, what would you suggest as activities or services for such a club?

V. GENERAL

1. Are you getting any assistance in the community, now? Would you like to have assistance? What kind?
2. What are the services that you would like to see in your home and in the community from the point of view of a disabled person and also from the point of view of the family?
3. What do you think are the good features of the Disabled Persons' Allowance? What do you think could be improved?
4. Do you think that the monthly income of the whole family is adequate enough for the monthly expenditure? If not, how do you supplement it? If you are not supplementing it in any way, how do you manage?

VI. ATTITUDES TOWARDS LIFE

1. What would you say you find most difficult to cope with, or most depressing?
2. What gives you most encouragement?
3. What are the things that make "life worth living"?

PERSONS IN THE HOME RECEIVING ALLOWANCE

Sex	Age	School Grade or Occupation	Relationship to Disabled Person
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APPENDIX B. RECOMMENDATIONS OF THE COUNCIL FOR THE
GUIDANCE OF THE HANDICAPPED, VANCOUVER,
1953.

We recommend:

- I. That the Government of the Province of British Columbia appoint a Coordinator of Rehabilitation,
- II. That this Coordinator be responsible to a Governmental Committee comprising the Deputy Minister of Health, the Deputy Minister of Welfare, the Deputy Minister of Labour, the Deputy Minister of Education, the Chairman of the Workmen's Compensation Board and such other Departmental representatives as the Government may see fit to appoint,
- III. That an Advisory Committee to the Governmental Committee be formed, the members of which will be from labour, management, those agencies in the province which have demonstrated an interest in rehabilitation, and from the medical and allied professions, such as psychologists, physiotherapists, occupational therapists, social workers, nurses, remedial gymnasts, rehabilitation officers, etc.

- IV. That the Coordinator and the Governmental Committee be responsible, in cooperation with the Coordinator of Rehabilitation already appointed by the Federal Government, for the planning and implementation of a comprehensive plan for rehabilitation in the Province of British Columbia,
- V. That an adequate system of case finding similar to the Crippling Diseases of Children Registry be set up,
- VI. That an adequate programme of public information and an educational programme be developed to: (a) educate the general public toward a better understanding of and interest in handicapped persons, (b) provide information for the medical and other professions,
- VII. That provision be made from the outset for a Rehabilitation Diagnostic Service to assess the suitability of applicants so that the programme may serve those who may be benefitted. Further, this Diagnostic Service must be given authority to select suitable patients. In all instances a medical assessment will be needed but the majority of cases will also have to be assessed from other points of view; social, academic, professional, vocational, training-on-the-job, job placement, etc.,
- VIII. That facilities for medical rehabilitation be established. These services can, in part, be secured from our existing treatment facilities such as the acute treatment hospitals, the Western Society for Rehabilitation, etc., but these services will have to be coordinated and integrated into the larger community plan,
- IX. That a hospital for the treatment of chronic diseases be built as recommended in the Report of the Special Committee of the Community Chest and Council in November, 1952, (This Report is appended),
- X. That study be given to the development of special foster homes for chronically ill and convalescing children,
- XI. That, concomitant with the development of the Rehabilitation Programme, serious thought and planning be given to the provision of further facilities for custodial care for those patients who cannot benefit from the Rehabilitation Programme,
- XII. That further study be given to the possibility of the use of existing privately operated nursing homes in the proposed programme for rehabilitation,

- XIII. That there be an augmentation and improvement of the facilities for care presently available in boarding homes,
- XIV. That a programme of Hospital-Home Care be developed to include not only visiting nurse service but also shopping, light housekeeping, and homemaking services, etc.,
- XV. That prosthetic appliances be made available as a part of the medical rehabilitation,
- XVI. That a system of maintenance allowances be developed for those in need during the period of rehabilitation,
- XVII. That all staff members associated with the Rehabilitation programme shall receive adequate and appropriate training,
- XVIII. That encouragement be given to the organization and extension of group work and recreational services for the handicapped throughout the province,
- XIX. That Schedule "R" as proposed under the Vocational Training Co-ordination Act and the Vocational Training Agreement be implemented by the Province of British Columbia,
- XX. That consideration be given to the setting up of special employment facilities for the severely handicapped who cannot compete on the open labour market,
- XXI. That a central placement agency be developed for the placing in employment of handicapped persons; that the National Employment Service be that agency, and that its services be expanded to provide adequate counselling and placement services, and follow-up of placement where necessary,
- XXII. That a system of discussion groups be set up between labour and management to integrate more efficiently the handicapped into industry,
- XXIII. That the participation of existing voluntary and community organizations as well as the development of others, should be encouraged,
- XXIV. That existing services, agencies and institutions should not be duplicated but should be utilized, coordinated and integrated wherever possible,
- XXV. That the Government of the Province of British Columbia consider the development of a comprehensive programme for the rehabilitation of the physically handicapped as one of the most urgent problems facing us today which can be solved only by a province-wide effort as recommended above.

APPENDIX C. BIBLIOGRAPHY

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