THE JOINT FAMILY SERVICES PROJECT

A review of two years experience in making both casework and group work service available through a Neighborhood House; based on the records of two (Family Service Agency and Alexandra House) of the three cooperating agencies; 1955-7.

by

IRIS NORDMAN

and

BEN CHUD

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ABSTRACT

The Joint Family Services Project which was in operation in Vancouver, B.C., during 1955 to 1957, is an experiment in bringing combined casework and group work services to family units. The three participating agencies are the Family Service Agency, Gordon House and Alexandra Neighborhood House. The present study is based upon the Project as it functioned in the latter Agency only; but apart from this limitation, it is the first attempt at a comprehensive review. Reaching families with incipient social and emotional problems, by means of observation of individuals who are not benefitting fully from group experiences, is the key note; and the study endeavours to assess the social services extended to those in need.

This study is based upon the reports and documents prepared prior to and during the Project. It also analyzes the main statistical data accumulated during the two years, as well as making use of recorded material of both the casework and group work staff. Interviews with the staff members served to supplement this information on important points. In the survey, particular consideration is given to (1) the client and his family, housing, the neighborhood, and other socio-economic factors, (2) the role and methods of the participating group work staff, and (3) the role and methods of the caseworker and related consultants in this leisure-time setting. Chapter One deals with the preparatory work of the Project and its objectives. Chapter Two sketches a picture of the clients and the community from which they are drawn. Chapters Three and Four focus on the skills and services of the group worker and caseworker respectively.

The final chapter brings together the preliminary findings and implications regarding this Project. Benefits to clients from the family approach to their problems are indicated; also the merits to social workers, namely, cooperating to deal with the "total personality". Some enrichments to both casework and group work can be seen in the Project process. Present achievements and possible future values should both be measured against the relatively small funds and short period of operation of this experiment.
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Department of Social Work
The University of British Columbia, Vancouver 8, Canada.
Date June 1, 1958
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Department of _______________________

The University of British Columbia,
Vancouver 8, Canada.

Date May 23, 1958 ______________________
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THE JOINT FAMILY SERVICES PROJECT
CHAPTER I

A TEAM APPROACH IN A FAMILY-CENTRED PROJECT: THEORY AND PRACTICE

For many years casework agencies have been faced with the problem of recognizing incipient social and emotional difficulties developing within families. For a number of reasons these families could not, or would not, apply for the services offered by the agencies. The latter have no authority to press in against the family's wishes except in the few cases, relatively speaking, where there is definite evidence of neglect of children which would warrant action from a protective agency. Not only were many persons not benefitting from needed help, but many others, finally forced to come of necessity, had by then made a type of adjustment that was very difficult to change.

At the same time, private group work agencies, particularly neighborhood houses, have recognized the need for individual help for many of their clients. Many group members, because of these same social and emotional difficulties, cannot fully benefit from their participating in groups and tend to remain on the fringe of activities. Other families have contact only indirectly, usually through one or more of the children who may attend the group work agency. Group workers recognize special needs, yet cannot, in the role as leaders, single out individuals for intensive help nor take
time out for sustained visiting services. When parents see a need and want to act upon it group workers aid in referring them to an appropriate source of help. In the homes from which the most seriously disturbed members come however, parents may not see the problem, or may not act upon it, or may not even be able to benefit from help. Time and specialized skills are required in reaching these people, assessing the difficulty, and in fostering interest in the utilization of help.

Between the services of these two types of agencies, casework and group work, there may be a vital gap. This may stem from the concentration of caseworkers and groupworkers each on their own specialization. It also arises from the limitations of staff, finances and public understanding. The result may be that agencies deal with only a part of the family's problems or may not reach them at all, and in some situations may be forced to do a job outside of their area of competence. The task is to find a means of bridging the gap as well as to supply a service that can offer practical value at the present time.

It was in an attempt to answer this that the Joint Family Services Project was established. Essential elements in the undertaking were the coordination of casework and group work skills in order that the families involved might receive more intensive and so more effective service. Each specialization had particular skills to contribute to the goal of
treating the family as a social and psychological unit.

The Family Centred Approach

What has now come to be called the Family Service Project in Vancouver is but one indication of the many across the continent of the recent interest in the whole subject of strengthening family life. This trend is not due to a new school of thought but rather is a revival of early social work principles plus the incorporation of later specialized knowledge. From the 1880's to the 1920's, social work was a new and growing profession as expressed through the rise of such agencies as the Charity Organization Societies, the social settlements such as Toynbee Hall and Neighborhood Guild, the specialized agencies such as family and children's services, or the social work functions in conjunction with other disciplines in such settings as hospitals and courts, etc. The social worker's central concern, in fact their raison d'être, was the interaction between the family and the community. The profession developed to help the families and to support healthy relationships within the community. In turn, it was dependent upon these same people for support, creating worker-family-community cooperation of the closest kind. The situation changed considerably by the 1930's due

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1. Since World War II projects such as the one under discussion and programs such as those of mental hygiene, family life education, parent-teacher associations, and community centres, are developing educational or therapeutic services to further this objective.
to the advent of government financing as caused by the depression, the beginning of casework and group work specialization, and the increased information in and emphasis on the area of psychiatry. These three strong influences led the way to wide diversity in the practice of social work.

Now consolidation once again becomes the keynote. The focus is no longer on individuals but on their interaction and inter-relationships. While the importance of family interaction in the development of the problems has long been recognized, the use of this principle in treatment, within the psychiatrically enriched understanding of social work, has often been overlooked. In addition, the newer psychological insights in themselves have led back to the sociological concept of the family as a unit of treatment, thus making the psycho-social approach a reality. Frances Levinson Beatman, in her article "Family Interaction: Its Significance for Diagnosis and Treatment" states:

"Our increased understanding of family interaction is itself a result of an interactive process - the interaction of various disciplines concerned with understanding man, his family, and his social setting, as these are influenced by physical, psychological, social and cultural forces. From this interdisciplinary process, in which social workers are participants, is emerging a new frame of reference which includes not only an appreciation of these diverse influences in the development of personality but also an understanding of their dynamics in family interaction and behaviour as family members move from one role to another and from one set of cultural influences to another....Family
interaction is an all-inclusive term for a multi-functional, multi-dimensional operation." 1

Seeing the individual only is the equivalent of a one-dimensional view. Mary Richmond stated this in one of her basic principles of social casework which said in effect that the family is the unit of social diagnosis and treatment. 2 Present day writers have re-stated this, such as Irene Josselyn's comment that "not the individual but the family is the smallest unit of our social structure." 3

In referring to the family as a "small scale social system", Talcott Parsons suggests that considering the total family as a social system might "yield insights not derivable from the 'atomistic' treatment of each relationship in turn." A new compound is formed by family interaction and this must be taken into consideration in order to get a true picture of a family's positives and problems.

Family-centred casework has been defined as "casework based on an understanding of the social, physical, and emotional needs of the family as a unit for the purpose of helping the family members attain the best personal and


social satisfactions of which they are capable. In family-centred casework the improvement of the social functioning of the family unit is achieved by direct or indirect treatment of individual family members, so planned, balanced, and controlled that benefits accrue to the total group.¹ The latter statement is the key to the helping process. It is necessary to consider how the problems and strengths of each affect, and are affected by, the other and what problems are most amenable to help. The family unit should be the prime consideration in the selection of treatment goals and techniques.

Family Service Agencies and Neighborhood Houses have traditionally been concerned with the family unit. At times this has been more in theory than in practice, however, due to variations in emphasis or the effects of high case or group loads. The increased understanding of the importance of the family as the basic societal unit plus the fact of higher incidence of family breakdown will mean a revision of present specializations with an incorporation of these into a basic and broad approach to the problems presently facing social workers. The Joint Family Services Project is an example of cooperation between specialized agencies toward this common goal.

¹ Scherz, Frances H., "What is Family Centered Casework?", Social Casework, October 1953, volume 34, Number 8, page 343.
This family-centred approach must then be seen in the total context. "It has become increasingly clear in the past few years that the social worker's concern must be centred on the social aspects, not only of the individual, but of his family, his group, and the community." This requires the application of the basic principles of the profession to each of these areas. The latter then need to be integrated as fully as possible, in order that the most effective results can be obtained in terms of the long-range social work goals. This is the essence of the generic outlook.

The Team Approach

Casework-group work cooperation is, of course, only one part of the generic approach but this aspect has been a predominant feature of the Joint Family Services Project. Experience in various areas has shown that many different kinds of administrative arrangements can be developed between these two specialized services. The differences derive from and depend upon the needs of the community or agencies. Casework agencies, for example, have experimented with the use of special groups in the treatment of both children and adults; group therapy is increasingly being employed and studied. Group work agencies,

on the other hand, have extensively used home visits by the group worker as well as using case workers for special services within their agency.

A. W. Erlen has classified the relationship between case work and group work agencies as being in three general categories: (1) the supplementary type, (2) the referral type, (3) the integrated type.

The Supplementary Type

"Increasingly, case work and group work agencies, finding needs unmet by their own special kind of resources, have employed supplementary programs within their own organizational 'walls' using the techniques found usually in the 'other' field. Case work agencies, for example, have been experimenting with the use of special groups in the treatment of both children and adults; group therapy and group consultation methods are increasingly being employed and studied; several operate summer camps. Group work agencies, on the other hand, have extensively used 'neighborhood visitors'; now some of them are experimenting with the use of case workers employed for intake or other special services within the agency.

The Referral Type

"Many case work and group work agencies, becoming more and more aware of each other's resources, have been doing a good deal of exploring of procedure for referring persons for services from one agency to another. In these instances, neither organization takes responsibility for participation in the process of service, after referral of an individual to the other agency; the concentration of effort and thinking has been establishing the contact for use of the other resource for helping individuals. Most of the present inter-agency relationships are of this type and from them we have learned a great deal about interpretation of case work and group work and about what
 kinds of problems can or should be referred to a case work agency; and what kinds of individuals can best be referred to a group work agency for service, and what kind of behaviour pattern cannot be handled there.

The Integrated Type

"In some few instances, case work and group work agencies have been able to recognize common responsibilities in the 'no man's land' existing between case work and group work services and have organized integrated relationships for utilization of each other's skills and resources. Operating in jointly supervised projects which take various forms, this type of relationship, where employed, has greatly expanded the service horizons and quantity, as well as quality, of exchange of services. The barrier of 'definition of function', though sometimes necessary for effective operation of agencies, has often confined agencies and prevented them from considering this type of relationship. The trend is evident, however, and, more and more, case and group work agencies are moving in this direction as they learn how to use each other and overcome traditional isolation and the blockings of institutionalization.

"Case work and group work have much to give to each other - and the best channel for transmission of their respective contributions can come through an integrated relationship in service to individuals for which both agencies share a common responsibility." 1

As will be seen from the above, Erlen considers the integrated type of relationship as one to which "more and more case work and group work agencies are moving."

Erlen briefly discusses "the barrier... (which has) prevented them from considering this type of relationship." Apart from this barrier, another difficulty has stood in the way and has come to the fore as case workers and group workers began to work more closely. Misunderstandings and prejudices between these practitioners often stood in the way of cooperation.

Wilson has made a complete study of the prejudiced attitudes which are common and the problems which have beset workers during the early stages of cooperation. One of the major problems has been the difference in the stage of professional development of group work and case work and the shortage of trained group workers.

"The greatest block to the development of cooperative service between case workers and group workers is the lack of understanding by each of the basic concepts and practice of the other." 1

During the initial stages in most cooperative experiments there has to be a period where the emphasis is focussed on overcoming prejudices and interpreting the functions and skills of each field of practice until there is a sound foundation for cooperative practice. In the early stages, perhaps, the most outstanding value has been that

case workers and group workers have learned to accept each other, and work together. From there they have gone on to perfect their relationship and practice.

"The early efforts at bringing case work and group work closer together gave workers in both fields a new awareness of each other's resources, functions and limitations." 1

In group work settings there are various possibilities. Case workers have been lent to group work agencies; case workers have been employed as full-time staff members of the group work agency; or case workers have remained in the case work agency and close integrated relationships have been developed. Scheidlinger points out the main reason why group work agencies employed the services of case workers:

"In all instances discussed, the initiative in bringing case workers to group work agencies came from the field of group work. The motivations were the recent increase in difficult behaviour of children and the growing interest of group workers in the understanding of human behaviour." 2

Regardless of the very different kinds of relationships that have been developed, and the differing opinions as to how case workers should be used in the group work setting, there is general agreement that much is to be gained through


a closer cooperation of group workers with case workers.

The case worker is helpful to the group worker by helping to increase the understanding of individual behaviour and improving their skill in working with individual group members. It would seem that in many agencies group leaders and group work staff needed to use the case worker for help in improving their own practice. This situation can be attributed to the lack of trained group workers and to the extensive use of volunteer leaders which exist in most agencies. In some cases, however, even where trained group workers were available, the case worker and his particular approach to the problem of individuals and an understanding of all aspects of personality development is very valuable.

In the opinion of Bertram Gold, there is need to re-evaluate group work - case work relationships. He believes that group workers should not need to bring in case workers to help them gain insight.

"Emphasis must be upon having group workers sensitive to individual behaviour, diagnostically orientated; able to use the interview, having knowledge of community resources; capable of referring....Our focus ought not to be upon having case workers within our agencies to do group work or for that matter upon having group workers who will do case work."

The integrated type of group work - case work relationship is not, of course, based on the concept that the case worker will do group work and vice versa. There is, however, a case for the sensitivity which Gold discusses.

The growing use of the team approach in agencies underlines the necessity to clearly define the roles of the specialists and integrating their activities in such a way as to be of best service to the client.

"Knowledge and understanding of individual behaviour, of the dynamics of the interacting processes within groups, and of the functioning of society form the composite background upon which a social worker draws when he endeavours to understand the individual in his setting. As social workers have become conscious of the deeper meaning of understanding, they have become conscious of the help that workers in specialized areas of social work practice may give to each other. Through consultation and cooperative work, case workers and group workers are broadening their understanding of individuals and groups, and are bringing to the fore many questions fundamental to the practice and professional training for both case work and group work." 1

Origin of the Vancouver Project

In the Vancouver area, the first attempt toward a solution of the problems of coordination outlined previously was the placing in 1949 of two University of British Columbia

1. Wilson, Gertrude, *op. cit.* page 5
Casework students in Gordon Neighborhood House. The experiment was carried on for two years and was considered generally successful at the time of its conclusion in 1952. Requests for assistance soon grew to be so numerous that it became necessary to limit them to a defined age range. In addition, to the immediate individual benefits achieved, the student project pointed up the need for more treatment resources and coordinated use of these.

Other agencies and groups became interested and involved as follows: after Gordon Neighborhood House came the Family Service Agency, then Alexandra Neighborhood House, and finally the Community Chest and Council. Representatives of these four met to discuss unmet needs with particular concern about referrals and to consider the findings of the Gordon House experiment. After a period in which the agencies concerned evaluated and reviewed procedures and process they began to actively consider a detailed plan to provide professional casework services at the two Neighborhood Houses. This resulted in the establishment, in September of 1955, of the Joint Family Services Project.

1. This is fully described by Fred Hutchinson in Casework Services in a Neighborhood House, unpublished Master of Social Work Thesis, University of British Columbia, 1952

From its inception the Project was envisaged as an experimental undertaking only and so formally ceased in December 1957. As such, certain controls were effected, research tools devised, and statistical and case records kept. Because of the control factors as well as time limitations, the present thesis had to be confined to the Project as it functioned in Alexandra Neighborhood House.

As stated in the first main report, issued in 1953, the Project was developed with the following objectives in mind:

1. To seek out persons in need of individual services and to bring services to them.

2. To demonstrate the possibilities of treatment which combined the skills and resources of both group work and casework agencies.

3. To determine the possibilities and weaknesses of services to families referred for casework on a non-voluntary basis.

4. To demonstrate the way in which the agencies can relate their services in a joint effort to fill a community gap.

5. To build up a back-log of information indicating persons in the community who cannot be helped either by casework or group work.

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1. In the first year the Project was financed from two sources. The Junior League, in addition to its volunteer services, provided the major portion of funds necessary for the operation. Balance was acquired through the Mrs. Frank Smith Legacy, approved for this purpose by the Board of Directors of the Community Chest. When it was officially decided to continue the Project for a second year the Community Chest then supplied two-thirds of the needed funds with the Junior League providing the remainder. This money was mainly used for payment of salaries and operating expenses.
6. To demonstrate the possibilities of extending existing services to senior citizens.

7. To make known available community resources and encourage their use at a time when needed.

8. To indicate other needed services.

Participating Agencies and the Areas Served

Alexandra Neighborhood House is rooted in the Settlement House Movement, the purpose of which is "to promote healthy, happy family and neighborhood life. This purpose is fulfilled through the provision of a variety of individual, group, and inter-group experiences for all persons who live within the prescribed geographical area. Leaders, trained in group work methods, help these people to grow personally and to practice democracy while they enjoy a variety of recreational pursuits." In age range, the House is open to those from "two to ninety-two" and endeavours to provide constructive group experience for them. Small groups are encouraged where each person receives a maximum of individual attention.

While Alexandra House is officially designed to serve a much larger geographical area, the 'neighborhood' from which most of the members come is enclosed by Granville Street, Arbutus Street, Twelfth Avenue, Cornwall Street, and False Creek.

This district is segmented by major traffic arteries and is under slow transition from a residential to a business and industrial community. This latter fact has considerable implications in terms of the residents living in such an area and the services needed by them. Because some of the basic recreational needs of the area are being met by the Kitsilano Community Centre, under the direction of the Board of Parks and Public Recreation, Alexandra House has been able to move toward the provision of more specialized group work services. Such development has been greatly aided during the last three years by the House having a full staff of well qualified personnel.

While this thesis is limited to a study of the Project as it functioned in Alexandra House only, mention should be made of the second group work agency participating in the Project, namely Gordon House. While the purpose is common in both Houses, the Project of necessity took a slightly different form in each. The communities served differ, both physically and in regard to additional services offered. Gordon House is located in an area of dense population, containing a high number of multiple family dwellings, and lacking in public playgrounds or a community centre. The function of the House is therefore two-fold — that of meeting both private and to a large extent public agency responsibilities. The extended program and membership place a heavy load on the staff, not all of whom are trained workers.
The Family Service Agency is located in the same area as Alexandra House but draws its clients from throughout the City of Vancouver. It specializes in casework services and maintains high standards as to the training of its professional staff and the services offered. The central purpose of the agency is "to contribute to harmonious family interrelationships, to strengthen the positive values in family life, and to promote healthy personality development and satisfactory social functioning of various family members." The broad purposes of the Family Service Agency are carried out through two major functions and three related secondary ones. These functions are:

1. providing casework services
2. participating in community planning
3. conducting group educational activities
4. contributing to professional education
5. engaging in research

An undertaking such as the Joint Family Services Project therefore fits in well with the agency's defined functions and indicates their contribution to it.

Personnel and Committees

The selection of the right kind of personnel was of fundamental importance in the Project. This was seen as being

far more than solely the provision of casework services in group work agencies, but rather as the integration of the skills of both methods in an overall helping process for disturbed individuals and unhappy families. In order to accomplish this aim, the use of well qualified and experienced social workers was regarded as an essential requirement.

The case worker assigned from the Family Service Agency to Alexandra House was a senior supervisory staff member, well experienced in family case work. In addition she brought with her a full acceptance and some understanding of the group work method which aided in her early and easy identification with the House setting.

As mentioned, Alexandra House's staff was composed of professionally trained social group workers. The common denominator of professional training and the understanding and acceptance of basic social work principles has been the key to effective integration which needed to take place between the casework and group work services.

Because of the premium of time of the professional group worker for direct leadership of groups, and the lack of necessity for all groups to have such leadership, carefully selected volunteers have been used to lead groups in which Project clientele participated, or where the potential for such clients existed. Volunteer leaders, such as the members of the Junior League, contributed much in relation to the treatment plan and in identification of members needing the specialized services of the Project.
During the Project monthly psychiatric consultations were provided by Dr. Elda Lindenfeld. Generally attended by all the staff these conferences provided consultation on individual or family situations. Not only was the information about the individual concerned often the key to effective help, but the psychiatric insight has generally been applicable to other situations and given good stimulation to the Project personnel.

A Project Advisory Committee of twelve members was established. Included in this were the Directors of the three agencies, a board member from each, and representatives from the Community Chest and Council of Greater Vancouver and the Junior League of Greater Vancouver. This body was responsible to the Planning Section of the Community Chest and Council for reporting on the progress of the experiment. Its chairman was a well-informed layman who very quickly grasped the concepts and potential of the Project, successfully sustained the interest of the committee members, and maintained an effective liaison with the various organizations involved.

In addition to the Advisory Committee, a Working Committee was formed. It consisted of eight professional social workers who were actively engaged in the Project itself, including the three directors of the Agencies as above. Both Committees met on a monthly basis, with the Working Committee reporting on progress to the Advisory Committee whenever occasion for this arose.
Selection of the Cases

In the selection of the Project cases there was a considerable change in emphasis. The families serviced in the early months usually presented serious problems which had existed for some time. The case worker and the group workers attempted to modify these problems, many of which were extremely deep rooted. During the second stage, however, the workers recognized problems much sooner, allowing Project services to be focussed on prevention as well as on treatment of more serious disturbances. The high transiency rate in the community frequently meant that families needing potential service moved away before the Project could be of help to them. After some experimentation the following criteria for the selection of families was developed:

1. The family in which some member(s) is unable, at least temporarily, to use group experience and who appears seriously in need of case work services.

2. The family in which some member(s) has problems which make it difficult for him to use an organized group but who is unable to recognize his problem and therefore cannot be referred to another agency.

3. The family in which some member(s) is gaining something from group contacts but whose use of them indicates difficulty in relating to others.

4. The family in which some member(s) is benefitting from group contacts but because of crisis or special problems needs strong support in the situation.

5. Individuals or families living in the areas who are not House members but who, because
of a positive feeling toward the House, go there to ask for help rather than seeking it from other sources.

6. Individuals or families who cannot or should not be referred to the case worker directly, but where consultative service will enable the group worker to be of greater help.

Operation of the Project

The teamwork applied in the Joint Family Services Project is the co-ordinated use of casework and group work in selecting the families for special services, in assessing the nature of the difficulties, in determining the area where help can be given, in executing a treatment plan, and in the evaluation of that plan.

When the Project first began, it was concerned with a backlog of cases which had been compiled previously. As this was cleared away observed problematic behaviour of group members became the next source. With the development of the Project, problems seen at the time of registration or personal requests from members or non-members were also given service. Volunteers and group workers were assigned to certain programs to observe those who were having difficulties, to record their behaviour, and discuss the matter with supervisors. A family file was begun for the accumulation of this material. Group workers improved their recording practices and a system was developed for Project cases.
The cases were cleared with the Social Service Index in order to:

1. Determine if other agencies were active with the family.

2. Ascertain the reason for their contact.

3. Secure further details about the situation if elements of protection were involved.

4. Make tentative plans about what social agency should carry the major responsibility and how the service of the various agencies could be coordinated to give more effective help to the client. Sometimes this clearing revealed that another agency, while knowing about the family and its problems, had not given as much help as they desired because of shortage of staff within the agency and resulting heavy case loads.

In addition to contacting the Index and other community agencies involved, the caseworker was usually assigned to contact the families and often the school in order to determine as much of the total picture as possible. Following this, there would be a joint staff decision as to the definite inclusion of each case into the project.

**Tentative Diagnosis**

After all available family information was compiled, consultation with the psychiatrist was usually arranged. Her help was valuable to the workers in determining what was basically wrong, what each family member needed, and in developing a plan for treatment. Usually the consultation was followed by a meeting of casework and group work staff, and then of volunteer leaders to implement this. The full team work came into play at the
point where assessment was made of the family's problems and a tentative diagnosis was reached. Both case work and group work knowledge and skill were used fully while the problem was carefully analyzed and workers decided how best they could help.

Treatment

It was important that a careful plan be made for each family member under discussion. In such a treatment plan the roles of the case worker and group worker(s) were delineated most carefully. The tasks assigned to each were related to the special skills which each brought to this team. The services were coordinated through staff conferences and individuals discussion. Ongoing evaluation was made of the plan for a family and adapted to meet changing conditions. When required, further psychiatric consultation was sought. Although a family might see only one or two of the workers, a team was always at work behind the scenes. This was time-consuming but essential to effective Joint Service.

Standard criteria were needed which could be used to evaluate the family's progress while receiving the casework-group work services. The following general outline was developed:

1. Ability to make constructive use of the agency program.

2. Ability to form positive relationships with staff, with peers, in family and community contacts.

3. Ability to function effectively in social situations, such as school, job, home.
An outline of the process involved in the Joint Family Services Project was prepared and included in *A Report on the Joint Family Services Project*. A schedule which summarizes the essential working of the Project is appended.

**Research Aspects**

The research aspects were considered to be of prime importance as the Project was a 'pilot' one by way of finding some answers or insights into the problem of family disturbance as seen by both casework and group work agencies. Careful analysis of the cases and results achieved would be necessary in order that the many ramifications and values of the Project would be realized. This thesis is but a beginning in this direction and as such is largely a descriptive introduction to the potential research material to be gleaned from the Project.

This study has been concerned with the following basic questions:

1. Who were the clients in the Project, what were their problems, and what sociological and/or psychological patterns could be derived from this information?

2. What were the particular group work skills used in the Project and what were the implications of these?

3. What were the particular casework skills used in the Project and what were the implications of these?

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4. What were the objectives of the Project and what are some of their implications?

At the initiation of the Project forms were devised which would provide the necessary data for research. These were as follows:

1. The Index Card. This provided an index on the number of families which were included in the Project during its existence.

2. The Face Sheet. This form contained factual descriptive information about the family, including marital status, nationality, religion, participation in House program, etc.

3. Behavioural Symptoms. The purpose of this form was to record as precisely as possible the kinds of behaviour observed by group workers or reported by agencies or people in the community which resulted in extending the special services of the Project to a family.

4. Problems. On this form was marked the chief problems which appeared in the course of contact with the family. In contrast to the Behavioural Symptoms form which noted observed behaviour, problems on this form are marked according to the diagnosis of the family situation made by the caseworker and group worker.

5. Services. In marking the services given an attempt was made to show the kinds of service given by the team of caseworker, group worker and psychiatrist to various members of the family; and by the whole agency staff as a unit.

6. Rating Scale. This was devised to depict the various ways in which a family had been helped through the services given. However, it proved too complex to be useful.

Copies of the first five forms are to be found in the Appendix.

The methods of study in this thesis were as follows:

1. Statistical tabulation of the data available.

2. Correlation of the findings of the above.
3. Description of casework and group work method by use of records and reports.

4. Verbal discussion with the various professional staff involved in this Project.
CHAPTER 2

PEOPLE IN THE PROJECT: COMMUNITY AND CLIENTS

Pre-School Section

The term pre-school constitutes the age range from one to five years. There were fourteen cases in the Project in which the focus was on a pre-school age child and through them on their family. Four of the children have one parent only, due to illegitimacy, death, separation and divorce. While the other ten have both parents, four of these families have had contact with a family service agency or family court, suggesting serious family problems requiring professional help. Five of the children are only children, including two of those with only one parent. The remainder have from one to five siblings, the average number being two. No information was available as to others who may be living in the home.

Six of the mothers, including the four without husbands, work regularly. Foster day care is therefore necessary for the six pre-schoolers concerned. That six out of fourteen youngsters in this important developmental age should be without their mothers for such long periods is a serious matter and one which needs careful evaluation as to cause and effect.
Of the fourteen families, eight have had one or more contacts with various social agencies in the city, including several giving services to children. Four had had no previous contacts and two are unknown. The large percentage which have had contact is indicative of the number of problems facing these families, and possibly is suggestive of the inability of present resources to cope effectively with them.

There is wide diversity as to racial origin, although most are of European extraction. Three are listed as Canadian, two as French, two Scottish, two German, one Dutch, one Polish. The nationality of three was unknown. The religious affiliation of the families are as follows: eight are Protestant, three are Roman Catholic, one is Greek Orthodox, one Jehovah's Witness, and one has not named the religious background.

Unfortunately, little information was available about housing. Three specifically listed this as being poor, one as fairly good, and the remaining ten have given no indication. Likewise, little information was gathered as to the health factors or problems which might be influential in the situation. Another lack was details as to parental occupation. However, vocational and educational adjustment was listed as a specific problem on the part of the parents in seven out of the fourteen families. Moreover, economic and housing difficulties were the next most common needs. Included in the presenting problems were arrangements for foster care which, of course, is closely tied in with family patterns and economic problems.
The remaining problems were in the area of personality disturbance in the children (five) and the children's reactions to absent, ill, or rejecting parents (four). One child was having difficulty with the conflict created between his religion (Jehovah's Witness) and the surrounding culture.

In nine cases of the total fourteen, information was obtained regarding behavioural symptoms. These were listed on Form B which is appended. Four of the children exhibited aggressive behaviour through fighting, taunting authority, inability to accept limits, belligerency, demanding attention, and projecting blame. Four others exhibited passive behaviour in the form of fears with three of these showing signs of moaddiness, fantasizing, and withdrawing, respectively. Various forms of immaturity were evidenced in five of the children, two of whom were over-protected, one who was still thumb-sucking at age five, one with eating difficulties, and one exhibiting infantile behaviour. One child showed signs of neglect.

Problems being manifested were given special attention in the recording system set up for the Project (Form C). In ten out of the present fourteen, difficulties in relationships were recorded. Seven families had problems in parent-child relationships, two suffered from marital discord, and two listed sibling situations as problems. In addition, the children in these latter two families also had difficulties in
groups and in the community. Two children were listed only as having problems with other children, and two with leaders or older persons.

The sources of referral were as follows: two potential "Project cases" were picked up right at the time of registration, eight cases were referred because of observation of them in the group, and four cases were the result of requests from the community. The parents of these children were immediately part of the concern of the Project and so were involved by means of home visits, etc.

The Junior Division

This group, comprised of those children between the ages of six and twelve and upon whom there was a main focus in the Project, constituted the largest section of clients. The total of thirty-one is in accordance with the fact that the juniors in general are the largest group receiving service from Alexandra Neighborhood House. The Agency is of greater importance to them in that they are no longer confined to their homes but have not yet developed broader interests in the city at large. The neighborhood, and particularly Alexandra House, is their play area. Therefore, it is also there that indication of their problems, if any, will likely appear.

Nineteen of the children come from homes where both parents are present, three of which families are common-law
unions. Two children are living permanently with foster parents, one on a private basis and one through a public agency. Seven of the parents are separated, two are divorced, and one is an unmarried mother. Three of the children of the parents of this last grouping are in private foster care, mainly by day. Information as to others who might be living in these homes was not readily available.

Only three of the children were without any siblings. The remainder came from fairly large family groups, the average number of children per family being 3.8. The majority of them attend school, thus relieving parents of the problems of their care during much of the day.

The Social Service Index indicates that twenty-one of the families have had previous contact with other social agencies and that seven have not. The remaining three are unknown as to whether or not they have been recipients of social service from any agencies. It is a significant fact that two-thirds of the children, or their families, should have need of professional help within the first twelve years of these children's existence.

The racial origins of this group are as follows: seven are Canadian, four are Irish, three are East Indian, two are Scandinavian, and one each are Russian and Jewish. This information is not available for thirteen families. As for religious affiliation, fifteen are listed as Protestants, three as Roman Catholics, and three as miscellaneous (the
classification being one each of Sikh, Jewish, and Christian Science respectively). Ten are unknown as to their faith.

The source of referral of the largest number of this group, namely twenty-five, was through observation in the group settings. Five were referred at the time of registration and one member requested service. Observation is particularly important as children of this age usually cannot verbalize their problems but rather express them through their behaviour. Skilled social workers are therefore needed to recognize these signs and to refer these children to an appropriate source of help.

The presenting problems, as given on the face sheet, fall into the following categories. Eight of the children were noticed because of difficulties in peer relationships and seven because they showed signs of personality problems. Five of the children were considered to be neglected, physically and/or emotionally. In one case the problem was that of a parent-child relationship while in another the mother wished help regarding making arrangements for the child's care while she worked. In the remaining nine cases the information was not available as to what particular problem brought the family to the attention of the Project.

These problems are borne out and enlarged by the family problems as listed on Form C which is appended. Under the category of relationships within the family, six were having marital difficulties, thirteen were experiencing parent-
child problems, and six sets of siblings were not getting along well. In group situations, eleven of the children were not relating well to other members and three could not get along well with the leaders. In the community, ten of the children were having difficulties in getting along with others of their own age group while one was in conflict with older persons.

Form C on Problems was not available on twelve of the families so that the above and following statistics are based on nineteen families. Of these, forty-two family members needed help with their individual personality adjustment.

Seven of the cases listed problems in the area of health. Three concerned physical health and two physical handicaps. Two others suffered from retardation.

There were a large variety of situational problems. Seven families were having difficulties in the area of economics and six with housing. These two problems are closely inter-related and so both of these factors were often applicable to the same family. Four listed vocational and educational adjustment as a problem, this again being closely tied in with the previously mentioned factors. Three were lacking in adequate recreation and two in employment. Two other families needed help in planning for substitute care of the children while one family was in need of legal help.

The following information on behavioural symptoms was taken from Form B (see appendix). Children in eleven of
the nineteen families on which information was available showed symptoms of aggressive behaviour. This might appear in one or in several forms. Eight were very demanding of attention and six engaged in fighting. Five tended to taunt authority and five were unable to accept limits. Four were belligerent and two tended to bully others. Three children were boastful, three would project blame, and one was destructive. The largest number of symptoms were in the area of aggression but this may be due to the fact that this type of behaviour is more noticeable.

Various forms of passiveness also indicated behavioural problems among the children. Six tended to withdraw a great deal and five were quite moody. Fearfulness was symptomatic and four of the children, including some of the four who were apathetic. Two showed evidence of fantasizing and another of desire for punishment. One child tended to hide while one would run away.

There were other indications of personality problems as well. The behaviour of three of the children was rather infantile, while two had difficulty in verbal communication. One exhibited confusion over the masculine-feminine role, one was suspicious, one had been over-protected and one was considered neglected.

The wide range of problems experienced by these children and their families indicate their need for professional help. This is particularly important for the children who
are in their formative years. However, it is difficult to help them on a permanent basis unless their families are encouraged to improve the total situation.

The Teen-age Division

While the teen-age years are usually considered as youngsters from thirteen to nineteen, the latter age has been extended to twenty-one for the purposes of this Project. Nineteen persons within this age group received service.

Only eight of the teen-agers belonged to a complete and continuous family unit. One parent had recently remarried and one marriage was a common-law union. Five parents were separated, four were divorced. This meant that no less than fifty per cent of the homes were broken. Four persons from this group were wards of the Children's Aid Society, two boys who were living in commercial boarding homes, and there were two girls who had resided in a series of foster homes.

Six of the single-parent group are without a parent during the day due to the employment of the latter. Likewise, the four agency wards receive varying amounts of supervision, depending upon their residence situation.

The teen-agers activities by day consisted of school for eleven and employment for five, the remaining three being "unknown". The occupations of the parents were known in ten only cases and are as follows. Of the men, one was a white-collar
worker; three were skilled workers, five were unskilled, and one was a pensioner. The women included seven housewives and three sales clerks and waitresses.

As for nationality, the largest number, twelve, are listed as Canadians. The remainder consist of one each of English, Finnish and Yugoslavian origin, plus four that are unknown. Eleven are Protestant as to religion (of which six belong to fundamentalist sects), three are Roman Catholic, and five are not listed as to this aspect.

No information was available regarding housing or health factors.

The Social Service Index showed fifteen of the families to have had contact with other social agencies. Three have no record of such and two are unknown. Of the fifteen which have had association, thirteen are known to agencies operating in the interests of children, such as Children's Aid Societies (Catholic and Protestant), Child Welfare Division, Juvenile Court, Metropolitan Health Clinic, etc. Five of these have also had contact with the City Social Service Department, suggesting the need for financial assistance and its concomitant problems.

The sources of referral of cases were largely from group observation (eleven), with problems evident at the time of registration (one), requests from members (two), and referrals from the community (five) constituting the remainder. The four wards of Children's Aid became active due to referral
after being observed in the group. The total number of referrals plus the number of previous contacts with social agencies that these persons have had, would indicate the many needs on the part of these teen-agers.

Form B, Behavioural Symptoms, was marked for ten of the nineteen cases. With each teener often exhibiting several symptoms these were tabulated as follows. Under the heading of aggressiveness three persons were considered as unable to accept limits, three were demanding of attention, two taunted authority, two were destructive, two projected blame, and one was considered belligerent. These symptoms applied to five of the cases. Six cases (including one showing aggressive symptoms as well) showed passive symptoms. Moodiness was noticed in four of the teen-agers and two exhibited fears. One had a tendency to withdraw and another to run away. In the column marked other a variety of problems came to light. Three of the teen-agers were considered neglected by their parent(s) with one mother being excessively suspicious. One girl exhibited infantile behaviour and extreme conformity.

Information was available for nine cases on Form C which covered Problems. Relationships caused considerable difficulty. Within the family, five listed parent-child relationships as being a problem, two families suffered from marital conflict, and in another a sibling situation was causing difficulty. In group relationships only one person was listed as having difficulty with members and none with
leaders. In the community two had problems in relationships with peers and one each with older persons and the opposite sex.

In the survey of situational problems the classification of the nine cases was as follows:

- Vocational and Educational Adjustment: 5
- Legal: 4
- Employment: 2
- Recreation: 2
- Economic: 1
- Foster care: 1

Even without further elucidation, this is a sizeable list, fifteen problems among nine youngsters. Some of the teen-agers had three or four of these problems to cope with simultaneously, showing their need for practical help first and foremost. It is also significant that although the problems, psychological or otherwise, of this age group stemmed closely from their family difficulties, they tended to be treated on an individual basis as so many of the family units were already disrupted.

Adults Who Received Service

This section is concerned with those cases where an adult was the main focus of attention and through them their family. Fifteen families were included in this grouping, the adults ranging from twenty-one to fifty years in age.
The largest percentage of broken homes was found in this category, namely nine of the fifteen. This constitutes approximately forty per cent of the group and as such is a serious indication of the existing family disorganization. Of these seven were separations and two were desertions. Because of this there were at least five of the mothers working and a corresponding number of children in private foster day care. It is not known what arrangements were made by the remaining single parents.

Due to this breakdown the families were fairly small. In eight there was only one child, four had two children, and three consisted of three children. The total number of children concerned was twenty-five, twenty of whom were pre-schoolers. As there were so many single parent families and as very young children constituted the majority, it is quickly apparent that care of the children is a serious problem facing most of these parents.

Ten of the fifteen families had previous contact with a social agency, in most cases several. Two had no contact and three were not known.

Racial and religious background information was available for ten of the families. Five were listed as Canadian, three were of English extraction, and two were Hungarian. Eight belonged to various of the Protestant faiths, one was a Roman Catholic, and one was a member of the Jehovah's Witness sect. The religious affiliation of the remaining five was unknown.

The sources of referral among the adults were as follows: nine constituted requests from the community, five
were requests from House members, and one was referred at the time of registration. It is to be noted that none of these families who were in need of help were picked up through observation in the group, thus showing the need for a variety of contact in order that the most effective help be given.

The majority of the presenting problems concerned children. In five cases the parents needed help in planning for the children, including foster day care. In two additional cases parents were concerned about the care being received by children in the custody of the other parent. Three families were concerned about the behaviour and personality problems of their children. In two cases there was marital difficulty in the home, and in another the father was alcoholic and abusive. Two other families were having difficulty obtaining suitable living accommodations.

Seven of the families were having problems in family relationships. Six were experiencing marital difficulties and six parent-child relationship problems, these two being closely inter-related. One family also had problems in the area of sibling relationships and the child in one family was also having problems in adjusting to peers.

There were health problems in two of the families. In one, the father was alcoholic and in the second there was both mental illness and mental retardation.

Under situational problems as listed on Form C four of the families were having difficulty arranging sub-
stitute care for their children. Two were listed as having problems in the area of economics while one each were having problems with housing and vocational and educational adjustment. Two families were in need of legal aid.

Behavioural symptoms were given for only three of the fifteen families, all of these being in the aggressive area. One of the families also exhibited passive and other behaviour. This will not be discussed as three does not constitute a sufficient number to draw conclusions from.

Older Clients

The "senior citizen" group was defined as consisting of those persons fifty years of age or over. A total of twelve, eight women and four men, received help through the Joint Family Services Project. The age group was as follows: two were in their fifties, seven in their sixties, and three in their seventies.

Of the total group only two were married. Of these two, one wife was physically ill, requiring at least temporary hospitalization, while the other wife was mentally ill to a degree requiring permanent hospitalization. Seven were widowed, one was separated, and two had remained single. As far as could be determined, only two lived with their children and neither was finding this particularly satisfactory. It would therefore seem that not belonging to, or being accepted by, a family unit was a problem for the majority of these
twelve persons.

Of the six persons whose religious affiliation was known, five were Protestant and one was Greek Orthodox. Whether the connection is nominal or active is not known but might be relevant in considering community resources. Racial origins for the same six were Canadian (two), Finnish (two), English (one), and Ukrainian (one).

Only two were regularly employed with presumably enough income to live on. One was unemployed and destitute. One person was receiving the War Widows Allowance while another couple was receiving Old Age Security plus cost of living bonus. Economic circumstances of the others has not been determined. Of the eight cases in which information regarding living accommodation was available, housing was a matter of serious concern for five of the persons.

Of the eight cases where specific information as to health was given, three had problems of physical illness while two others had problems in the area of mental illness.

The Social Service Index showed four of the cases to have had contact with other social agencies while three had not. Five cases were undetermined as to such contact.

The sources of referral to the Project were evenly divided between six requests for service from members and six from the community. It is to be noted that these persons' problems were not picked up at the time of registration nor in their group participation, yet were still in need of
specialized help.

The problems with which they desired help were of two categories, (1) "practical", material and environmental, and (2) psychological. These two are, of course, closely inter-related but are divided here for ease of discussion. First were the economic and physical difficulties such as housing, finances, employment, recreation, legal affairs, and health. These were presented as the problems with which they first requested help as the need was likely the most pressing, as these were probably more acceptable to the individual to admit, and as they were something tangible for which to ask for help.

The second group of problems were of the social-emotional-psychological variety. A large number complained of loneliness and depression. Several had difficulties in inter-personal relationships. Nearly all desired attention and encouragement, coming to Alexandra Neighborhood House for recognition and support.

Service given was usually brief and of an information-giving or referral nature.

A consideration of the common human needs of the older persons in our culture, compared to the specific circumstances of the senior citizens under consideration in this Project and of the resources available for them in the community, presents a serious picture. This picture of problems is applicable to the large numbers of such persons in our population.
### Table A

**Sources of Referral to the Project**

<table>
<thead>
<tr>
<th>Division</th>
<th>Problems Indicated at Registration</th>
<th>Problems Indicated in Group Work Program</th>
<th>Member Request for Service</th>
<th>Community Request for Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playschool</td>
<td>2</td>
<td>8</td>
<td>-</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Junior</td>
<td>5</td>
<td>25</td>
<td>1</td>
<td>-</td>
<td>31</td>
</tr>
<tr>
<td>Teen-Age</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Adult</td>
<td>1</td>
<td>-</td>
<td>5</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Senior</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td><strong>44</strong></td>
<td><strong>14</strong></td>
<td><strong>24</strong></td>
<td><strong>91</strong></td>
</tr>
</tbody>
</table>

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44 (a)
The Total Client Body

The foregoing portion of this chapter has dealt with the clients as divided into five distinct age groups. These groupings represent a convenient division which is followed at Alexandra Neighborhood House for program service purposes. It should be borne in mind that in terms of the Project the focus is on families. Moreover, it is necessary to depart from the program division of groups in order to get a social picture of the total client body. For this purpose it will be necessary to seek answers to the following questions:

1. What can be factored out as being characteristic of the clients served?

2. What environmental circumstances contribute to the situations in which they find themselves?

3. What family patterns stand out from the information available?

4. What do the clients see initially as being their most pressing problem?

5. What have they attempted to do in the past about their problems?

Some information is available which will at least begin to answer these questions. It will also help to put into relief the geographic as well as social area in which the Project has been operating.

Common Client Characteristics

A salient characteristic shared by all people living
in this area is their housing and neighborhood situation. This important influence in the background of these people can hardly be more graphically illustrated than by the following summary in one of the Project reports.

"This area is segmented by major traffic arteries, and is under slow transition from a residential to a business and industrial community. A considerable amount of housing still remains, varying in quality from average to poor, including one section in the northeast corner bordering on slum conditions. Overcrowding is very common in the lower quality housing units. The transiency rate of the residents is high—the relatively cheap housing being used by families for emergencies and stopovers. Other families, while being in very adequate conditions, are most apathetic and have very little ambition to better their accommodation. Many broken homes and one-parent families are to be found amidst a population which is composed primarily of families rather than single persons."

This short paragraph contains not merely a word picture of a geographical area but vividly suggests the economic as well as psychological elements involved in a mixed and obsolescent district of this kind.

An additional and very important document is the "Vancouver Redevelopment Plan", prepared by the City of Vancouver Planning Department, clarifying the housing situation here further. Since the plan is now more or less officially accepted, and there are provincial and federal grants-in-aid

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in the offing, it may mark the beginning of the end for some of the blighted areas in this city. And this is very important for Alexandra House which is in the eastern section of the redevelopment area.

The entire area covered by the City report is slated either for "partial" or "comprehensive redevelopment". It is significant that the entire area around Alexandra Neighborhood House is in the latter category. Two maps in the study are important with respect to this area. The first draws the "Age of Buildings" and a study of this map shows that the overwhelming majority of buildings are over forty years old. The age of these, however, does not necessarily describe the conditions of the structures. Information on this aspect is contained in the second map entitled "Quality of Housing". Here the housing is classified as poor, fair or good. In the area surrounding Alexandra Neighborhood House, all of the houses are rated either as fair or poor. Only on the very fringes of the area are there any houses which bear the rating of good.

On page seven of the study, the following interesting observation is found.

"While not so much an index of blight as a consequence of it, certain undesirable social conditions are associated, in Vancouver as elsewhere, with this substandard housing... all health and welfare agencies recognize these blight areas, not only as contributing to family breakdown and ill health but also as offering the most serious obstacles to remedial treatment. The physical symptoms
of blight may be more obvious; the human con-
sequences in loss of well-being and self-respect,
may be more disastrous and in the long run more
expensive. 1

Environmental and Family Patterns

Inter-related with the preceding is the extremely
important question of the effects on the growth and develop-
ment of both adults and children. Overcrowding has been cited
as one of the elements in the housing situation. This means
not only that more than one family occupies a given home, but
in addition, each family is living in cramped quarters. While
there is no statistical information available to support this,
the multi-familial dwellings typical in the area offer evidence
of the above. From this situation it follows that in a good
many cases adequate family privacy is impossible to maintain.
Adequate parental control of children is diminished and, in
addition, poor family patterns may be transmitted. The fact
that some families are "most apathetic and have very little
ambition to better their accommodation" indicates elements of
pathology which may easily be contagious in some instances.

Other environmental factors which influence the
people living in this area include health problems, and related
to this, questions of cleanliness, proper playground facili-
ties for the children, etc. It is not hard to correlate such
environmental pressures with psychological effects and the
behaviour of some of the children appears to reflect this.

1. Housing Research Committee, Vancouver Redevelopment Study
No. 3, City of Vancouver Planning Department, December 1957.
the word "family" appears often in this study. But
the survey of the family patterns of the clients in the Project
reveals much diversity and a far more stable situation. There
is a high proportion of broken homes here. This too helps to
explain the complexity of problems encountered by both adults
and children. Thirty-three of the families involved have only
one of the parents living at home. This constitutes more than
one-third of the entire caseload of the Project. In addition,
there are seven senior partners who have lost their partners
through death. The statistical picture of the family patterns
is summarized in Table 1.

Table 1. Family Patterns Among the Clients — 91 Cases

<table>
<thead>
<tr>
<th>Family Pattern</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Both Parents Alive, Living Together</td>
<td>10</td>
<td>21</td>
<td>10</td>
<td>6</td>
<td>2</td>
<td>42</td>
</tr>
<tr>
<td>a. Married</td>
<td>10</td>
<td>18</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>44</td>
</tr>
<tr>
<td>b. Common Law</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>c. Remarried</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>2. Broken or Incomplete Families</td>
<td>4</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>a. One Parent Dead</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>b. Parents (or Spouse) Separated</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>c. Parents (or Spouse) Divorced</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>d. Deserted Wife</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>e. Unmarried Mother</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
</tbody>
</table>

Total 14 31 19 15 10 91 (2)

1. I - Play School Group, II - Junior Division, III - Teen-age Division, IV - Adult Division, V - Senior Division.
2. Includes two in Senior Group who are single.
Of the total forty-nine families in which both partners are living together, many of the records indicate serious husband-wife difficulty. Some of these are on the very border-line of separation. This, them, is indicative of the very high rate of marital disturbance encountered in the total caseload.

It is of interest to note that there is an increase in the rate of broken homes as one moves through the ascending age groups. In the play school and junior division, roughly thirty-three per cent (fourteen of forty-five) have one parent only at home. In the teen-age group, the figure rises to almost fifty per cent (nine out of nineteen). In the adult section, more than sixty per cent of the spouses are living apart (nine out of fifteen). In the senior group, of a total twelve cases, one is separated, seven spouses are deceased, and two persons are single.

The Presenting Problem

In discussing the presenting problem, there are two essential aspects to be kept in mind. The first is that these are the problems as seen by the client or the worker at the initial point of contact. Secondly, there are certain deficiencies in the categorization of these problems. To say, for instance, that the presenting problem was marital is merely to give a convenient indication of the difficulty. It fails, however, to give an answer to a good many questions which come
to mind as to the specifics or intensity of the problems. At the same time, this indication is of some value in a study such as this.

Table 2. Presenting Problems of the Clients
(61 out of 91 cases)

<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
<th>Group V</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Relationships, Friendship Difficulties</td>
<td>3</td>
<td>9</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Parent Child Problems</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>-</td>
<td>13</td>
</tr>
<tr>
<td>Personality Problems</td>
<td>4</td>
<td>1</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td>Marital Relationships</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Need for Foster Care</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Health Problems</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Economic Problems</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Housing Problems</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18</td>
<td>19</td>
<td>13</td>
<td>20</td>
<td>13</td>
<td>83</td>
</tr>
</tbody>
</table>

There were only sixty-one face sheets out of ninety-one in the sample which contained information about the presenting problems. These, however, may be considered representative of the whole group. They show that the greatest number of difficulties were encountered in the realm of peer relationships. This is followed by parent-child relationships, then health, marital, personality problems, economic, housing, and foster case problems, in that order.

It would appear that the problem of peer relation-

1. I - Play School, II - Junior Division, III - Teen-Age Division, IV - Adult Division, V - Senior Division
ships was a preliminary diagnostic evaluation first noted by the group workers rather than as something seen by the client. This is a logical consequence of observation by the staff in the group or in activity around the agency.

**Social Service Contacts**

For every record which was set up for a family, an attempt was made to include the Social Service Index registrations. From this it was possible to ascertain three things. (1) Had the family had any previous contacts with other social agencies? (2) If so, with which agencies? Or (3) There had been no previous contact at all. These questions can be answered for sixty-eight out of the ninety-one families.

These records reveal a most interesting, even if an incomplete, story. Over sixteen of the sixty-eight had no previous record with any other agency. The remaining fifty-two families, however, have been known either to one or several agencies in the past. In order to summarize the picture of client's association with other agencies, Table 3 has been compiled under three headings: Family and Child Welfare, Public Welfare, and Health Agencies. These are further discussed below. What is of significance is the fact that twenty-one families have had contact with no less than three agencies, and some of these with as many as seven agencies.
Table 3. The Pattern of Welfare Needs (Their Social Service Agency Contacts)  
(68 out of 91 cases)

<table>
<thead>
<tr>
<th>Type and Name of Agency</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Previous Record of Contact</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>1. Family and Child Welfare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Family Service Agency</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>b. Children's Aid Society</td>
<td>2</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>c. Catholic Children's Aid Soc.</td>
<td>-</td>
<td>3</td>
<td>9</td>
<td>-</td>
<td>-</td>
<td>12</td>
</tr>
<tr>
<td>d. Child Welfare Dept. (B.C.)</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>e. Family Court Vancouver</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>-</td>
<td>17</td>
</tr>
<tr>
<td>f. John Howard Society</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>2. Public Welfare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Social Welfare Branch (Prov.)</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>-</td>
<td>11</td>
</tr>
<tr>
<td>b. City Social Service Dept. Vancouver</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>3. Health Agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Metropolitan Health Clinic</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>b. Provincial Psychiatric Services</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>c. Victorian Order of Nurses</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>8</td>
</tr>
</tbody>
</table>

Total Social Service Contact Per Group  | 20 | 45 | 40 | 19 | 8  | 132   |

It is appropriate to point out that the number of agencies with which the clients have had contact in no way

1. I - Play School, II - Junior Division, III - Teen-Age Division, IV - Adult Division, V - Senior Division.
indicates the intensity of need or duration of welfare services. It reveals nothing about the kinds of services nor does it indicate whether the family still has a continuing contact. The Index merely shows that a case was opened by a particular agency. The figures in the table should be judged in this light.

This is not enough, however, to eliminate the suspicion that some of the clients in the Project represent the so-called "hard-core" cases. These are clients with a multiplicity of problems. They have been to several social welfare agencies. They are seemingly incapable of solving their problems. This multi-problem group remains both a problem and a challenge for the field of social work. It has yet to be ascertained whether the responsibility for their continual appeal to various agencies is a result of their own lack of potential to grow and develop, whether it is a deficiency in the services given by the contact agencies, or whether it represents elements of both.

A most interesting study of so-called "hard core" cases has been made by Mr. B. Marcuse. In connection with this term, Marcuse makes the following observation:

"The term 'hard core', as has been indicated, is frequently used within the field of social work, sociology, and other social sciences to describe the long-standing cases of maladjustment. By their very nature, these are apt to absorb a large amount of community welfare resources and services. While this term has a certain merit, derived primarily from usage, it lacks
precise definition, and from a semantic viewpoint may be subject to serious question. The meaning of 'hard core' has never been precisely defined - apart from its original technical definition, which is hardly relevant without much interpretation." 1

He goes on to point out that this is a group for whom treatment has largely been ineffective and his important study is concerned with the factors which make for this type of chronic maladjustment and dependency. It would appear that many of the clients in the Project bear many similarities to those dealt with by Mr. Marcuse.

What are the kinds of needs and Welfare Services with which the clients in the Project are or have been associated? Table 3 brings a great deal of this to light. Seventeen families have been to Family Court and a like number have had contact with the Family Services Agency. Five families, according to the Social Service Index, had received aid from the Family and Child Welfare. When allowance is made for some duplication in these figures, e.g. some families had been to two of the above-mentioned agencies, there is still sufficient evidence to show that the home situation of a large number of clients in the Project is extremely disturbed.

The three agencies which specifically focus on

children, the Catholic Children's Aid Society, Children's Aid Society, and the Child Welfare Department show a total of thirty-two families availing themselves of their services. As the policy of the three agencies explicitly involves consideration of child placement, it therefore follows that these thirty-two families were faced with serious disorganization. It should be borne in mind that the Family Court, Family Services Agency and Catholic Family and Child Welfare also deal with children's problems directly or otherwise. Thus the figures referring to the six agencies above give a total of seventy-one cases. Allowing for duplication, it is fair to assume that more than fifty per cent of the total case load in the Project have, at one time or another, had contact with one or more of these six agencies.

While there is no specific information available about the economic status of the clients in the Project, perhaps some tentative conclusions can be drawn from the following facts. The City Social Service Department is primarily concerned with financial assistance, while the Social Welfare Branch deals with a wide variety of problems including financial assistance. Both these agencies show a combined total of twenty-seven families served. This constitutes about thirty per cent of the total case load. As the City Social Service Department no longer gives information to the Social Service Index, it can be assumed
that the number of families seeking financial assistance is even greater than that which is given here.

Clearly, the amount of distress prevalent among these families will have a pronounced effect on the emotional stability of its members. It is therefore important to highlight the figures relating to the mental health of the clients. Two agencies listed in the Social Service Index concern themselves with psychiatric and emotional health problems. These are the Provincial Psychiatric Services and the Metropolitan Health Clinic.

Seven children were referred by their schools to the Metropolitan Health Clinic. Six families have had contact with the Provincial Psychiatric Services. This means that one or more members of these families have been either to Crease Clinic, the Mental Health Centre, the Provincial Mental Hospital or the Child Guidance Clinic. Eight of the families have availed themselves of the services given by the Victoria Order of Nurses. These indicate health problems of a more general nature.

The John Howard Society, which concerns itself with probation and parole services, has had contact with two of the families in the Project.

The table dealing with the Social Service Index clearly shows that the preponderance of contact is in the junior and teen-age sections of Alexandra House. This is so
because these sections constitute the bulk of the Project clientele, but in the teen-age section one also finds that the proportion of services is greater.

This study does not include a statistical survey of the number of times cases were reopened in various agencies; but an interesting picture presents itself when a check is made of the number of agencies with which families have had or are maintaining contact. Sixteen of the families have had no previous record of contact. While the Social Service Index cards for twenty-three families are not available, there is sufficient evidence to show that these, likewise, constitute a constituency in need. Of the remainder, seventeen families have had contact with only one other agency. The residue break down in the following way: fourteen families have had contact with two agencies; seven have had contact with three; six have had contact with four; four have had contact with five and two families have had contact with six agencies. At the extreme of the range, there are two families who have been served by seven agencies each.

Perhaps the only significant factor in terms of information on nationality is the fact that twenty-nine have given their nationality as Canadian. This is a significant indication of the way in which people generally in Canada are becoming aware of themselves as a nation. The remainder divide in the following way: six English, six Slavic, three Scotch, three Finnish, two German, and five miscellaneous.
Thirty-seven are unknown.

Information as to religious affiliation for fifty-eight of the ninety-one families shows forty-three families listed as Protestant, eleven Catholic, four miscellaneous and thirty-three unknown.

Only a portion of the statistical picture has been commented upon in this study. The areas chosen were (a) family contact with social agencies, (b) marital status, (c) economic conditions, and (d) housing conditions. It was felt that these represent the common characteristics of the clients in the Project.
CHAPTER 3

THE GOALS AND ROLE OF THE GROUP WORKER

The general role of all social group work — in whatever setting it is practiced — is to effect changes or adaptations in a particular person's attitude, relationships, and social behaviour to the end that he will have greater personal adequacy and social adjustment.

Gisela Konopka outlines the area of competence a group worker must achieve to reach this goal. The three headings given to this competence are Knowledge, Skills and Attitudes. Konopka says that

"the group worker gains knowledge in:
Individual diagnosis (normal and pathological)
Dynamics of group behaviour (normal and pathological)
Legal framework of social work
Understanding of administrative principles
Knowledge of community resources and community organization

He develops skills in:
Supervision of lay staff and volunteers
Diagnosis of individual and group behaviour
Recording, summarizing and analyzing group process and individual material
Referral to other agencies and other professional people
Casework and counselling

He develops an attitude of:
Professional discipline and integrity
Respect for and appreciation of others in his place of work
An inquiring mind
Flexibility in the use of principles and tools. Freedom and creativity in the use of himself. 1

This study shall confine itself to a few of the principles outlined in the above. While the group workers in the Project displayed competence in the field, there was need for a great deal of experimentation and flexibility of approach. The latter provided material for highlighting certain aspects of the group work method in this agency.

The first encounter with the new member of an agency is known as the "intake process". In an article written for the Journal of Social Work, Helen Northen describes this process in the following way:

"The first step is that of selective intake of either individuals or already formed groups. In the intake process an attempt is made to help the people involved express their problems and needs, to understand the agency's services and make decisions about using them, to assess their needs in relation to the services and to judge whether social group work or some other service is indicated." 2

Northen then goes on to point to other areas in the social group work method and lists them as diagnosis and treatment, and group formations. These questions shall be dealt with in

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subsequent portions of this study.

Considerable stress was placed upon intake by the group workers in this setting. As a result, some very interesting and important additions were made to the whole concept of the intake process. The procedure utilized is described in an unpublished article which sums up the tentative findings of the staff at Alexandra Neighborhood House under three headings: (a) the Intake Interview, (b) Family registration and (c) Observations in intake program.

1. Intake Interview

"Where preventative service to the families is the aim, the intake interview is a protective and intensive process carefully designed to assess the members' needs and interests, his degree of social development, attitudes to school and work, to family, to peers and to the agency. The interviewer (is) always a professional staff person." 1

In order to illustrate how this operated in practice, the following case record will be helpful. A mother came to register her children for program at Alexandra Neighborhood House. This intake interview was the first face-to-face meeting of Mrs. A. with a staff member. The two children whom she had come to register were known only slightly to the agency as a result of being seen on the playground.

"When Mrs. A. came to Alexandra Neighborhood House to register Sady and Myra for program,

1. From an unpublished article by staff members of Alexandra Neighborhood House, March, 1958.
she talked about her eczema and her concern over money, and seemed nonchalant about plans for the children. Referral was made to the case worker for further discussion of these problems and help in planning.

"During the registration interview, Mrs. A. told worker the children were in special classes at school and that, since she often worked away from home, the children had been almost on their own since early childhood. Since she was considerably disturbed about a skin condition on her hands and financial problems, worker was able to refer her to our family case worker immediately." 1

The sensitivity of the group worker was subsequently borne out by the recording of the caseworker who interviewed Mrs. A. immediately and solicited sufficient information to highlight the need for help in her family situation.

2. Family Registration

The unpublished article then goes on to describe family registration:

"For years a parent contact has been requested at the time of registering any child. However, this now is being extended and if a parent does not come in to register, professional staff initiate interview either at the Neighborhood House or through a home visit. Observations are carefully recorded in the confidential family files, which again contribute to an assessment of family needs and plans for family service."

While this article describing intake procedure was written after the Project had been concluded, the process described above was, to some extent, being employed during the life of the Project. The following is an example of a case

1. Family file records, June 20, 1956.
where the child had been in one program activity - play school - and the father was for the first time being interviewed for the purpose of registration in another program.

"The interview lasted a little over one hour. Mr. D. talked continuously and anxiously. He explained that Mrs. D. suffered from a nervous complaint and had been advised by her physician that it would be best if she were not living at home. Larry was reacting to this. He was soiling himself two or three times a day. They had a housekeeper, but there had been great difficulty in keeping housekeepers and this represented a problem." 1

As a result of this "family registration" type of intake, this case was referred to the Joint Family Services Project.

3. Observation in Intake Program

At Alexandra Neighborhood House, new members are initiated into activity via a special intake program. At one time, this was confined to a Games Room activity; but, even before the Project was terminated, this was extended and now includes a hobby program for each age group. Apart from this, the playground, library, and special events activity are also areas where observation of behaviour takes place. The unpublished article says the following about observation in intake program:

"Here, for the first few weeks of the program period, a child can choose an activity each program day without necessarily being enrolled in a small group where group process might be

1. Family file records.
demanding. A number of skilled leaders, both male and female, are present to give him individual attention and help him participate. These same leaders carefully record and discuss his behaviour and adjustments in preparation for his placement in more intensive group service."

The intake program appears as one of the most important new methods adopted at the Agency. This procedure serves both the new member as a period of orientation to the Agency as well as enabling the staff to familiarize itself with the individual members. Thus, the group workers can help the member to integrate himself into program activities at his own pace and in a way which will be most beneficial to him.

Thus, the intake interview and family registration culminate in an observation period prior to the child taking his or her place in more intensive program. The following is a recording of observation in the intake program. It will be noted that there are no special problems which come to the fore in this recording. What is important, however, is that the child under observation comes from a family which is having some difficulties. The reaction of the family difficulties, if any, on this child therefore becomes important.

"Larry has not been coming regularly to Alexandra House this past year. He has dropped into program every now and then, but has not been a regular member of a group or activity. He has used the games room (9 to 12 year old group) most often. He sometimes went into the gym, but more often played in the games room for a while, then took
off for woodwork or arts and crafts. On two occasions, he insisted he come into Mounted Police Club with his brother. He only rarely used the library.

"Larry seemed to have enough activity outside the House this year. He sometimes borrowed equipment to play with in the playground and was usually shy about asking for it. At times he was belligerent and demanded equipment, but these occasions were infrequent." 1

Observation in the Group

An investigation of the statistics of the Project shows that nine cases were referred to it as a result of intake procedure. This represents ten per cent of the total case load. There is, however, a general consensus among the professional staff members in the Agency that this figure does not give a true picture of the number of cases referred to the Project as a result of intake procedure. This was so because the concept of intake procedure was constantly being enlarged upon, while the statistical terms indicating the source of referral were used in a more limited way. The next heading for source of referral is "Problems indicated in group work program" (see Form A of appendix). Here the statistics show that forty-four cases were referred to the Project from this source. This figure represents some forty-seven per cent of the total case load. If allowance is made for the fact

1. Family File Records, June 18, 1957.
that a portion of these forty-four belong under the heading "Problems indicated at registration", it would not greatly alter the fact that the greatest single source of referral would remain the observation by the group worker in the group.

In the record quoted below, there is not only a description of Wendy's behaviour in the group, but also some tentative diagnosis is made by the group worker. A careful perusal of the record indicates "knowledge of, skills in and attitude towards" which Konopka speaks of at the beginning of this chapter.

"Report by Leader of 'Nancy Cooking Club'"

Wendy was a member of this friendship group made up of a "natural" neighborhood group. It was during the meetings of this club that this worker has been able to observe Wendy's behaviour.

Recent Behaviour

Isolate activity within the group setting is still characteristic of Wendy's behaviour. She rarely gets involved in group activity and often separates herself from the group - either physically or mentally. On the two occasions when the group did clay modelling, Wendy stood away from the group, hiding her clay so that no one could see what she was making. When the other members modelled puppet heads, Wendy modelled a boat. Another time, Wendy was discovered delightedly throwing the clay over and over again at the wall, then climbing upon a chair and getting it down. When the group was finger painting, Wendy was discovered in the washroom excitedly spreading black paint over the basins and walls.

The fact that Wendy is absent from school frequently is often mentioned by other group members. She will often come to group meetings although she has been away from school all day. Her usual
complaint is the flu, but she has also had 'appointments', a sore finger, or has just been too late to get to school because her mother did not have breakfast prepared on time. She mentioned once that she had done poorly on a test in school; she had apparently cried when she got her marks. She did not go back to school in the afternoon, but claimed that this was because she was not feeling well and not because she was ashamed of crying.

Wendy still leaves the group many times during an activity and wanders about the halls. She seems to have developed a pattern of withdrawal whenever a situation becomes difficult. When she was embarrassed at school, she stayed at home for the afternoon. When she feels uncomfortable in a group situation, she withdraws to the washroom or to the fringe of activity. Her isolation is seen in her need to do everything different from that of anyone else, e.g. when they make puppet heads, she makes a canoe; when they made recipe books, she cut her pages an inch shorter. She seems to be striving to maintain her individuality by withdrawing or by doing things differently.

This recording is an illustration of the powers of observation and diagnosis of the group worker. This aided in referring clients to the Joint Family Services Project.

Groups - Their Formation and Make-up in the Light of the Joint Family Services Project.

The term "group work" contains within itself the essence of the activity of this profession. The practice in this field of operation is the group. It is the group upon which the group worker focusses his primary attention. Here is to be found the essential difference between the group worker and the caseworker. But just as the caseworker would be unable to be of help to the individual if he did not under-
stand the family situation of the client, so too would it be impossible for the group worker to understand the behaviour of the group if he did not develop an understanding of its individual parts. This is, however, a generalization. In practice, the situation is more complicated. If, for example, a caseworker were to seek information about a client from an employer or from fellow workers on the job, he might find that these would present quite a different picture of the client than that which he (the client) presents in his home situation. The trained caseworker would, of course, be able to find a relationship between the behaviour of the client in the family and his attitudes on the job. In a similar way, the behaviour of the individual in the group will, to a large extent, depend upon the make-up of the group in which he finds himself. Wilson and Ryland make this point very effectively when they say:

"If one is to understand an individual, one must know the groups to which he belongs. Every individual has a different status in each of the variety of groups to which he belongs. The same individual will exhibit different patterns of behaviour in different groups."

If, for example, the individual is in a group made up of friends with whom he has constant contact, then he will be free of many of the inhibiting factors which would come into

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play in a group of strangers. Because of the difference of status in a group or strangers, he may feel threatened. Because of his insecurity in this new situation, he may withdraw. In brief, the type of group to which an individual is attached at any given time will find expression in his behaviour.

This is, of course, related to the question of the operation of the Project in Alexandra House. Thus far, there has been a discussion of the client and the role of the group worker as it relates to the individual members in the Agency who were referred to the Project.

The essential question for the group worker is: how was this reflected in his work with groups?

That this was recognized even before the Project was undertaken is evidenced by a joint report issued in the material preparatory to its inception:

"To the member who wants and can benefit from group contacts, the group worker will continue to give leadership through group activities. He will encourage and support him in participating in his own way. He will recognize his contribution. He will continue informal contacts with him in neighborhood house and community." 1

During the course of the Project, a form was used on which the kind of services given to the clients were tabulated. In this study, two portions of this form are of particular importance. The first deals with Group Work Services

and specifically relates to groups; while the second will be found in Chapter Four and relates to Casework Services.

Under the heading of Special Group, this form shows that twenty-eight members were provided with this kind of service. This type of service, and an example of it, is given in this chapter. Twenty-four members were, in the course of the Project, moved to another group. An example of this will be found in the description of "The Jolly Chefs". Under the heading of "providing additional groups", twenty-three members are listed. The following table will show how many members in each of the divisions at Alexandra Neighborhood House received these services and which of the services were involved.

Table 4. Group Work Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Client Groups (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I</td>
</tr>
<tr>
<td>Groupwork</td>
<td></td>
</tr>
<tr>
<td>1. Special Group</td>
<td>1</td>
</tr>
<tr>
<td>2. Movement to another group</td>
<td>1</td>
</tr>
<tr>
<td>3. Provision of additional group</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

1. I - Play School Group, II - Junior Division, III - Teen-Ager Division, IV - Adult Division, V - Senior Division.
For those members who had certain difficulties but who could benefit from a group experience, the problem of what kind of a group could best suit their needs had to be answered. Two examples stand out as attempts on the part of the group workers at Alexandra Neighborhood House to set up special groups which would serve the needs of the disturbed members in the Project. These were the Bingo Club and the Jolly Chefs.

It should be noted at this point that the formation of these clubs necessitated moving members into situations not of their own choice. The composition of the groups had to be decided upon to a large extent by the staff. This choice of membership for the group and the reasons for the choice are not recorded, but interviews with staff members indicated the following considerations which led to the creation of the Bingo Club.

Tommy and a group of other boys (age 9 - 10) who were known to each other were creating a disturbance almost
every day in the Agency. Their aggressive behaviour manifested itself by invasion of other program activity which happened to be going on when they entered the building. The boys had all previously been referred to the Project and so there was some information available about them. R.G. was exhibiting very infantile behaviour. D. V. was a more stable boy who came from a broken home and from time to time exhibited aggressive behaviour. F. L. was quarrelsome and sulky and displayed a terrible temper. These, along with Tommy, who was their leader, represented the core. To them was added D.N., who was always around the Agency and was making demands from the staff. He had no father at home and his mother was away at work. D.H. was the sixth member. He, too, was aggressive and demanding with a very marked fantasy factor. While Tommy was the leader, it was observed that the boys were ambivalent about him. His was a rule of terror. By both the threat of physical violence and by verbal means, he maintained his leadership.

In order to develop a balance in the group, plans were made to include three other boys who stood out because of the normalcy of their behaviour pattern. This portion of the plan did not, however, come to fruition and the group remained with those described above.

It was felt that this group of boys needed a re-educative experience. This required strong leadership and
firm setting of limits and controls. The leader was to represent a strong parent substitute which the boys failed to receive in their homes, and at the same time, strive to create a warm relationship. The group worker would attempt to focus on co-operation and sharing, as well as help to create an atmosphere in which the members would undergo a re-learning of some social values.

Once the roster was prepared, it required aggressive recruitment on the part of the worker in order to bring the group together. The following short excerpts from the records of the first meeting of the Bingo Club (the record bears the heading "Tommy's Group" - which indicates that it was set up around Tommy) will give an indication of how these boys were recruited.

"They went to the Rainbow Room (a room in the Agency so named because of the many colors the children had painted on the walls during a decorating session) where there was considerable skirmishing for a few minutes before the Worker called for order and insisted that the boys sit down and keep quiet. Anyone who talked was to leave the room. Tommy supported the Worker in this, saying he would bash their heads in if they didn't listen 'about the club'."

This, then, is the first indication in the record of a club. It is clear, however, that the boys had been given an indication of the formation of a club and they had assembled to discuss it. The record goes on:

"There was some comment on this but Tommy walked threateningly about the room, looking each boy in the eye. His fists were clenched, as was his jaw, and he looked as though he would bash their heads in. He then sat on the table next to the Worker, telling him to 'get on'.

"We talked about the club as a group of friends who might like to meet together on a separate day to do whatever they planned. There was an immediate demand for things they would do. Worker suggested gym and then each suggested some other activity. Tommy wanted cooking (popcorn, cool-aid). Dick suggested woodwork, Denis games, Ron wanted gym and food and trips while Freddy wanted food and belt-making. The idea of doing many things took and Worker said they would have to plan very carefully each week for the following meeting. They all agreed to this."

This short portion of the record confirms the role which Tommy played in the group. From it can also be ascertained the fact that this group is based on the level of relationships rather than of interests. The remainder of the record confirms the aggressive behaviour of the members and indicates a very short interest span. The demand for food and candy weaves like a thread through all of the records of the Bingo Club. As a matter of fact, the main activity was cooking, baking and popping corn, while Bingo served as a stop-gap "while the cake was in the oven".

This represents the first attempt, in the very early stages of the Project, to set up a special group. The most striking thing about this group is that it was made up entirely of members who were having difficulties. It is significant
that the group was formed around Tommy. This raises the question as to whether a member who has special problems ought to be considered the nucleus around which to build or whether the member ought to be considered for a group from which the most positive experiences will accrue to him. While the Bingo Club members were known to each other, and there were elements of friendship here, it is important to note that their individual relationships to the group worker were the factors which drew them together into this group. The implications of the questions raised here will be discussed in the final chapter.

By way of contrast, the Jolly Chefs Club is an example of maturing concepts, knowledge and skill on the part of staff in aiding members who required special attention.

The Jolly Chefs was led by a volunteer leader who received constant supervision by a trained group worker.

In a record prepared in April, 1957, the leader describes the purposes of the group under a number of headings:

"This was a group of Junior girls wanting some experience in cooking." Thus, the group is immediately defined as an interest group. The element of choice on the part of the potential group members is therefore primary. At the same time, it should be noted that the intake program provides an opportunity for the staff to direct members to groups and programs. Hence, both elements are present.

"They wanted to have fun." This indicates that the cooking experience— which is the primary one— was not an end
in itself, but that it would be done in such a way as to be enjoyable. More than this, it would not be confined solely to cooking, but would include other activities as well. The records of the club disclose that there were, in fact, a wide range of activities outside of cooking. These included making Easter cards, towels, doilies, paper plates, etc. Several parties were also arranged. At one of these, another group of girls (Nancy's Club) was invited to take part.

"Specific members needed particular help", the leader's record goes on to say. This last point is particularly important to the Project. Of the ten girls who made up the membership of the Jolly Chefs, three were directed specifically to this group. A perusal of the personality profiles of the club shows that seven of the girls are definitely within the range of the normal. In one case, at least, one of these girls was directed to the club because she was Hindu and it was felt that this atmosphere would help to overcome "loneliness because of her nationality".

As to the three members with particular behavioural problems, the record of the first contains such phrases as "frightened, timid, high-strung, almost wild at times". In the case of the second, "disruptive, destructive behaviour, disliked by all members except her two friends, is completely lost when her friends are away, rushes in and out of program, hides". J., the third of the trio, has "home difficulties, economic problems, strongly under the influence of the second
member dealt with above".

The thinking of the group work staff about these three was described in the following way in an interview:

"S. G. was a forgotten member of her family. She needed to have a feeling that 'this is my club', and 'this is my leader'. J., on the other hand, needed to be tied down to an activity. She indicated interest in this particular kind of club - cooking. She needed a group where she would not be the leader and where an atmosphere of relative normalcy, consistency and positive leadership was present. The third member was not intended for this group and came into it as a result of J.'s need to fortify her position."

Thus, the Jolly Chefs Club constitutes a refinement of the idea first tried in the Bingo Club. Here, the "special group" concept is replaced by an attempt to integrate a small group of girls, whose behaviour patterns indicated special consideration, into a predominantly normal or average group of individuals. The group workers were directing the three girls into a healthier environment. Although there is no recorded material to substantiate this, there is sufficient evidence that the particular interest of the group - cooking - would also help the troubled members by meeting some of their oral needs.

The records of the Jolly Chefs show that the three members, and particularly J., who was the leader of this triumvirate, did not make use of the club on a regular basis. Furthermore, there were problems of integration for these three in the group. They were not readily accepted by the other members. Their belligerent, and sometimes destructive, behaviour often provoked hostility from the others. It required
a great deal of skill on the part of the leader to make this a learning experience for the whole group.

While it is not within the scope of this study to try to measure the success of the treatment plan formulated by the group workers, it seems appropriate, at this point, to make mention of the fact that the interesting records of the Jolly Chefs do show some beginning indications of positive movement on the part of the three members. The way in which the other members of the group gradually came to accept the three, despite the difficulties which they created for the group, is also a very positive achievement.

The two groups discussed here are not in any way meant to be counter-posed. That is to say, there is validity in the setting up of a special group, as well as the inclusion of members with special problems in an interest group. There are, however, special implications and considerations with respect to both these types of groups. While these shall be discussed in greater detail toward the conclusion of this study, several questions suggest themselves at this point. Is it valid to form a group around one member (as was the case with Tommy)? Is it necessary to have a balance of normal members with those who have problems? What is meant by a "special group" and is this the best description of such a constellation? What type of leadership is necessary for such a group and what is the focus in such a group? A number of questions also present themselves about the direction of
members with a multiplicity of problems to interest groups. What does this mean for the normal members? What happens to the element of democratic choice of an activity when a member is directed into a group? Does the attitude and relationship of the leader in such a group differ in any way as between a problem member and a normal one.

In the course of the Project, the group work staff at Alexandra Neighborhood House has been confronted with a number of new and challenging problems. In this portion of the study, there has been an attempt to deal with a few aspects of the latter. Many other areas which can be probed will be listed in the final chapter.
CHAPTER 4

SOME CASEWORK ASPECTS OF THE PROJECT

As mentioned previously, the Joint Family Services Project has been inter-disciplinary in nature—bringing together casework, group work, psychiatry, social science, administration, and research. This combination is a progressive attempt to adjust to the complex needs of the area being served. There needed to be no confusion among the various specializations as long as the central professional commitment was kept clear. The most important consideration was that professional thinking and resources should be shared for the benefit of the client. Therefore, casework service in the Project was provided, not merely as an assist to group work but as an accepted partner and was closely integrated into the program in order that the "joint services" philosophy could permeate the whole pattern of services at Alexandra Neighborhood House.

A closer examination of the important part played by the caseworker would therefore be in order. This will be largely descriptive in nature as evaluation of the inter-action, which was intangible and intensive, would require much further research. Rather, this is a basic discussion of what casework is in order to show what it offered to the team approach and
what differences or values there were when it was used in a natural setting such as that offered by the Project and the Neighborhood House. The implications will be discussed in the following chapter.

Table 4(a) Number and Kinds of Services Given to Clients (91 cases)

<table>
<thead>
<tr>
<th>Types of Services</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services Given by Case</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Exploratory</td>
<td>6</td>
<td>13</td>
<td>15</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>2. Brief Services</td>
<td>3</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3. Treatment Interview</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>4. Referral</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>26</td>
<td>30</td>
<td>32</td>
<td>16</td>
</tr>
</tbody>
</table>

Statistics re Casework Services

As shown on the above table, the casework services were divided into four categories: exploratory contact, referral, brief service, and treatment interviews. These groupings were decided upon prior to the inception of the Project. The method of statistical tabulation of items of services given is to be found on Form C (appendix) which was filled out for each family at the termination of the Project. The completed tabulations of these forms are found on the above-mentioned table. It shows a total of fifty-eight items of service given by the caseworker alone.

1. I - Play School, II - Junior Division, III - Teen-Age Division, IV - Adult Division, V - Senior Division.
There were sixteen cases in which the casework explored a situation in order to determine the problem, whether the person wished help, or to fill in the family picture, or to find whether other agencies were active or responsible. The largest number of these exploratory contacts were within the junior group and all seven of these were with the mothers of children under Project observation. The remaining nine contacts were spread evenly among the remaining groups.

Referral is, or should be, a skill held by all social workers. However, as caseworkers specialize in it and as it was included in their role in the Project, it will be included in this section of the thesis. There were twelve referrals made by the caseworker. Five of these concerned teen-agers and three each were in the adult and senior sections.

Brief service constitutes giving help to those whose problem is not so intensive that it will require long term treatment from a specialized agency and/or those who require only a little assistance in order to be able to cope with their own problems fairly adequately. There were fifteen such cases, five among the adults, four among the juniors, and two in each of the other three sections.

Treatment interviews were those in which the caseworker and client worked together on the problem(s) from both the social and psychological aspects. There were fifteen cases in which this type of service was given. Of these, six were in the teen-age group and six in the adult.
Of the total fifty-eight items of casework services only three were duplicated. The caseworker therefore provided direct service to fifty-five of the ninety-one families. The majority of the clients seen by the caseworker were the teenagers, parents, and seniors. This was a very helpful adjunct to the groupworker's efforts, as the latter had not the time nor training to give individualized help through interviews, home visits, etc.

As discussed in Chapter Two, the caseworker also cooperated with the team on the consultation aspects, e.g., casework - group work, psychiatric, and liaison with other agencies. See Chapter Two for discussion of these aspects.

The preceding figures acquire meaning only when fitted into the context of casework as a professional service. Its particular processes and techniques will therefore be presented in the following pages. It is necessary to remember that the goals of all social workers are essentially similar, but the various specializations within social work have different means for arriving at these, or that in some cases the same principles are but differently applied.

The Joint Family Services Project, as has been seen, is an attempt to combine the values of each specialization in working towards a common goal - that of the benefit of the clients, who are, in this instance, family units. In order to determine casework contribution to this, it is necessary to answer the question 'what is casework?'. 
Definition of Casework

Casework has been defined simply as "a person with a problem coming to a place where a professional representative helps him by a given process". There is endless variety as to the first two factors but the place, professional person, and process can be considered constants. In the Project setting these latter were Alexandra House, the social caseworker, and the casework process, respectively.

Any person needing or wishing help is eligible for aid. The problems may be external or internal. "The casework situation is that of a person in conflict with environmental factors or with a deficiency which must be compensated for by community resources, or the typical situation may be one in which the conflict has been to some degree internalized so that the client is in conflict with himself as well as with society." Such situations often develop to a degree requiring professional assistance in their solution. The purpose of social casework is therefore to help individuals cope more effectively with their environment and problems in social functioning. To this end, the caseworkers have developed a body of professional knowledge and a core of tested casework

skills and procedures. These are based on the science of human relations.

The main assumptions behind all definitions of casework are: (1) that the individual and society are inter-dependent

(2) that social forces influence behaviour and attitudes affording opportunity for self-development and contribution to society

(3) that not only are all problems psycho-social - inner and outer - but most casework problems are inter-personal, that is, more than one person is likely to be involved in the treatment of an individual, and particularly in casework is the family unit involved. 1

Casework, traditionally, has been concerned with the client and his social adjustment. The two major components of the latter are the client's environment and his personality: "In helping the individual achieve a better adjustment casework has used a two-fold approach; it has intervened in the environment in his interest and it has employed various psychological methods to decrease the individual's emotional burdens and increase his capacities to meet life's frustrations and make use of its opportunities. So interwoven are these internal and external threads in both causation and treatment that one can truly say that all casework is psycho-social." 2

The psycho-social approach, as emphasized by the caseworkers, is equally the interest of the other specializations and an


inherent part of the philosophy and policy of the Project.

In addition, casework is based on the principle of respect for each person and acceptance of him as he is. This means starting where the client is in terms of development rather than where many may feel he should be. The client's feelings and behaviour, although perhaps different from the norm, are understood and his rights as a person are recognized. Therefore, he should be a responsible participant at every step in the solution of his problems. This idea is the essence of the definition which states that "social casework is the art of helping people to help themselves".

The Process in Social Casework

The process in social casework is the acceptance of the client as a person and the problems he presents, the analyzing and clarifying of his situation, the attempts to encourage or supply the needed qualities by which the client can make the most of himself and his resources, and is designated by the terms study, diagnosis, and treatment. While in theory these three steps follow in logical sequence, in practice they are inter-woven with each aspect of the process paralleling the others.

Study

The social case study is especially important at the beginning of a case in order to obtain sufficient information to facilitate understanding of the person's present
situation, what he has done about it, and what he wishes to do about it. In such a situation, the significant people and events in the client's life experiences and his feeling toward them constitute the unit of attention.

The tools of study are observation, interviews, structured living or group situations, collateral contacts such as schools, hospitals, social agencies, churches, and home visits, etc. It is preferable that the majority of the material come from the client himself through the medium of interviews or that he is in agreement with other methods of gathering information. Observation plays an important role, particularly in the Project where the setting makes this much more feasible than is usual. Knowledge of community sources of information, such as the schools and Social Service Index indication of other interested agencies, is of considerable help. In many instances an observant interview in the home may aid in increased understanding of the total situation. This latter approach was well utilized in the Project due to its family-centred approach. This consideration of the situation from all aspects and from the point of view of all the family members gives the study a third dimensional and much more realistic approach. Of course, the method of study depends upon the nature of the problem and the needs of the client. For example, there is considerable difference between the information needed concerning a disturbed child as compared with that of an adult whose difficulty is unemployment.
To illustrate the study process in use, an example is given from one of the Project family files. This begins with observation by the group worker and shows how concentrated study on the part of the Project team follows:

"In the fall of 1955 group workers reported their concern about the behavior of eight year old Terry. He was consistently a 'scapegoat' picked on by the other children. Terry provoked these attacks by poking and annoying them. He was often with his older sister Nan, age eleven, who was over-protecting and dominating, with no friends of her own. She was a 'tomboy' who refused any adult attentions. Nan often disrupted activities with her aggressiveness... At a staff meeting it was decided to include this family in the Project. The caseworker was asked to visit the parents in an attempt to find out more about this family."

When the caseworker took the initiative in establishing contact with the family, this marked one of the basic differences in the Project approach as compared with many other agencies offering casework services. In this instance, it was most valuable as the family was in need of help but was unable to make the necessary effort to obtain this on their own behalf. Because of the caseworker's visit, help was brought to them, in addition to much being learned regarding the family situation.

"When the caseworker visited the home, Mrs. Douglas, although cooperative, seemed discouraged and dulled by the difficulties of life. She explained that Terry had a congenital heart condition. He had spent a great deal of time in the hospital.

doctor feared that a heart operation, which would probably prove necessary within two years, might prove fatal. Terry should not do anything which was physically strenuous. Despite this he frequently ran, tussled, and climbed trees. Because of his condition the grandparents showed special interest in him and were critical of Nan who resented her brother and sometimes expressed the wish that she too could become ill. Mr. Douglas's work kept him away from the home most of the time. (Later it was learned that he drank heavily, supported poorly, and showed little interest in the children.) The caseworker noted that the two younger children seemed healthy and happy."

Then followed a period of more intensive study, with the caseworker providing sufficient support for the mother that she was able to discuss her problems on deeper levels. Discouraged as this woman is, it would be most difficult for her to do much except respond at first. This again shows the need for and value of social workers reaching out to clients, as demonstrated in this Project.

"The caseworker continued to visit the mother periodically to discuss the progress of the children at the Neighborhood House. As Mrs. Douglas gained confidence she began to talk about deeper problems and admitted that the pressures in her life were so many that often she wondered if she could survive. She was concerned about Nan as well as Terry and said they frequently fought at home."

Last came the period of 'formal' study, during which time a social history was prepared for presentation to the psychiatrist. This is a cooperative effort on the part of the caseworker and group workers who later translate the doctor's diagnosis into treatment. Such team effort makes for a much broader understanding of the clients and services to them.
"Meanwhile the caseworker and group workers agreed that psychiatric consultation was needed to understand how this family could be helped. Mrs. Douglas was interviewed by the caseworker and contributed considerable information to the family history which was prepared for the psychiatrist. The results were shared with her following the consultation."

**Diagnosis**

Out of the study information the caseworker's professional opinion is formed as to the nature of the difficulties and the evaluation of the clients in terms of strengths and weaknesses. This formulation is then known as the diagnosis. On this appraisal the treatment plan is based.

In casework, and part in Project team approach, diagnosis is essentially a psycho-social formulation. Within the psycho-social, or person-in-situation, concept is placed the inter-personal diagnostic configuration, or person-to-person, especially the intra-familial problems of balance and interaction. In the latter, diagnosis achieves an extra dimension:

"It offers both a vertical (etiological) and horizontal (current interaction) perspective in studying personality or intra-familial conflict and it inevitably influences the treatment process. In addition to evaluating the developing forces which have influenced the shaping of the personality of the client-child or adult-equal attention is paid to the current family Gestalt."

This can be done most effectively when group worker and caseworker cooperate in the presentation of parts to make a total

A specific Project example of this is the Brown family which consists of mother and four year old Raymond.

Diagnostic recording, dated 8.11, 56, on the boy is as follows:

"Raymond is an aggressive child who has a great need for attention. Anything is better than the indifference shown to him by his mother. Her punitive attitudes do not hit him too hard as they seem to show that she cares. There is little wrong with Raymond – rather he is reacting to his situation. It is a strength that he can fight against it. The real difficulty lies with the mother."

The caseworker's diagnostic thinking regarding the mother is now presented for the purpose of seeing each member of the family as an individual and observing the interaction between them. The caseworker presented the following information and diagnostic study based on her contact with the mother. This material was essential to the team that they be able to understand Raymond's behaviour and how best to plan methods of helping this family.

"Mrs. Brown is a young woman of good intellectual ability who seems to have been so emotionally deprived herself that she finds great difficulty in her relationship with her son Raymond, age four. The exact nature of her attitudes toward him is not yet clear. As a mother she has been unable to set any limits, has wavered between over-protection and indifference to the child; between indulgence and periods when she screamed at him and was fearful that she might hurt him because of her anger."

"Mrs. Brown's father died when she was a baby and her mother was described as a conforming lower middle class woman who had rigid standards about what was right and wrong and what was 'fitting'. She was in receipt of Social Allowance during Mrs. Brown's growing up years. Mrs. Brown's need
to have particularly good clothes for Raymond so that he will not be 'different' seems related to her own feelings of being different as a child. However she cannot admit this. She represses hostility to her older sister who was always a model daughter and who is still living near the mother."

"It is difficult to see any areas where Mrs. Brown has found much satisfaction. She found school work easy but went to work during the war years and so didn't complete her education. She liked her work but stated she did little of it. Mrs. Brown gives the impression of one who stands on the side lines, admiring some parts of the work being done but not being involved in it herself.

"She says little about her husband, except that he is kind to Raymond on the few occasions when he sees him and that the father may wish a divorce now because of his interest in another woman. The way in which Mrs. Brown avoids talking about her husband seems to indicate that it is a painful area. In her way of speaking about friends - both men and women - there is shallow effect.

"The predominant mood apparent in Mrs. Brown is anxiety. In the Playschool Mothers Group, having asked for an appointment with the caseworker, she left the room and later described her reaction as one of panic. When she talks about Raymond she finds it hard to admit that there is any difficulty and rushes on to explain how bright he is. It is as if any such discussion threatened her in a very basic way. She has talked about her panic and about the fact that only recently did she allow herself to see that Raymond's behavior was a problem and that she was involved in it. It is important to see more clearly the precise nature of Mrs. Brown's feelings about her son in order to be able to help her and therefore him as well."

These few paragraphs present a comprehensive and vivid picture of the personalities in this family and of the interaction between them. Because of this diagnosis of the mother, the team members could then plan the best means of
helping Mrs. Brown and her son. To have treated only Raymond on the basis of his symptomatic behaviour without investigating and involving his family would have been a one-dimensional approach as compared to the far greater coverage and effectiveness of the team approach.

Treatment

Treatment is the sum of all activities and services directed toward helping an individual with his problem. It is concerned with solving, or at least relieving, the immediate problem brought to the caseworker's attention, and also, if made feasible by the client's recognition and participation, modifying basic difficulties and complications. Often treatment of the client's main complaint leads to its connection with a gradually emerging core problem which the person is then able to face directly.

Since the goal of casework treatment is to stabilize or improve the functioning of the client in his social milieu, especially in the balance of inner and outer forces, the psychosocial approach used in study and diagnosis is equally applicable to and characteristic of treatment aims. Dr. Gordon Hamilton states:

"One way of expressing the objective of psychosocial adjustment would be to say that the caseworker is interested in preventing social breakdown, in conserving strengths, in restoring social functions, in making life experiences more comfortable, or compensating, in creating opportunities
for growth and development, and in increasing the capacity for self-direction and social contribution.

The direction of the treatment is determined by the preponderance and weighting of the factors in any given situation. Basic in this is the person – his constitutional equipment, his acculturated personality, his self-awareness, and his desire for improvement. The severity of the problems, the effects of these upon the client, his family, and the community, and the probability of change, all need to be carefully evaluated (diagnosis) in order that the treatment may be as effective as possible. In addition, the community resources and opportunities available to the person must also be considered. Included in this are the functions of the particular agency and the skill of the workers involved.

The main approaches in treatment are simplified, for the sake of discussion, into three basic classifications. (1) The first is administration of practical services. In this the worker assists the client to choose and to utilize a social resource afforded by the community. The proper use of a practical resource implies a diagnostic survey, appraisal of the client's own strengths and resources, and a movement toward intake, or else careful preparation and careful referral to an appropriate agency or institution. Here the resource is the treatment but it is the caseworker who enables the person

or family to use it constructively. And it is the group worker or group work agency that makes the help possible through recognition of the needs and supply of the means of help.

An illustration of this is the case of Miss White, a member of the Sunny Seniors Club at Alexandra House. The group worker referred her to the caseworker for discussion of possible investment of a small legacy about which she seemed quite uncertain.

To quote the recording of 10.2.57:

"Miss White's manner was direct and she seemed to find it helpful to talk about her situation... She mentioned that relatives in Scotland think she should share her bit of money with them but she feels she must provide for her own old age. One sister with several children had wanted Miss White to sponsor her coming to Canada, but Miss White refused to do so. Her attitude seemed to reflect a habit of facing facts honestly, and expecting others to do the same. I gave support to the realism of her stand, and she seemed to appreciate this. One of her worries is about medical expenses. She has been having difficulties in menopausal changes and expensive injections have been necessary. Her doctor has pared down the costs as much as possible. I discussed possible referral to the Out Patients Department at the hospital but her assets of $1,600 put her above the eligibility level. I explained that I had checked about Dominion Annuity plans and she could receive full details from Mr. Smith, ground floor of the Concord Building. Miss White will ask for an appointment with him. She also spoke of the problem of clothes, and later when some clothes of very good quality were given to the House, she was told of them."

The case of Joan Johnson is also one that illustrates the use of practical services. This teen-ager was referred by the group worker because of her personality problems plus her circumstances. She had quit school without much thought or preparation for the future and so needed assistance with this.
We discussed her desire to get a job. She would like factory work or work as an usherette. She likes baby-sitting, has considerable experience and spoke enthusiastically about liking children. Joan quit school because she didn't like mathematics and spelling and because one teacher 'picked on her continually'. She seemed convinced that she was 'dumb' in school and appeared to be very lacking in confidence in herself. We spoke of the limitations in job prospects with her education and how that limited the people she would meet. She was sure however that she couldn't return to school and I made it clear that I was not trying to persuade her but rather just presenting some facts. Joan likes typing and spoke vaguely of going to night school. I assured her I would speak to the person in the Youth Section at National Employment Service and arrange an appointment for her.

10.11.55 "Spoke to Miss Black at the National Employment Service about Joan. Job possibilities for a girl her age and less than grade ten education are almost nil. However Miss Black will see Joan 17.11.55 at 10:30 in an effort to help her in any way possible. I relayed this information to Joan."

A third example shows the same procedure applied to problems of personality adjustment as compared to the previous examples which were more concerned with practical circumstances and their rearrangement. The following summary is taken from the Joint Family Services Project Report of January 12, 1956:

"A young man in the community came to the Neighborhood House to enquire about recreational facilities for his father who had recently arrived in Vancouver. During the interview it became clear to the group worker that Mr. Lane was greatly concerned about his father's depressed state of mind and complete lack of interest in social activity following the death of his wife. In coming to Vancouver Mr. Lane Sr. left a small town where he had lived for over twenty years and had considerable prestige. He
seemed almost immobilized by his wife's death and in des­peration his son had brought him to Vancouver. On the suggestion of the group worker Mr. Lane talked over his problem with the caseworker who made plans for referral to the Family Service Agency. By doing so she made it possible for Mr. Lane Sr. to obtain the specialized help required in order that he might be helped to re-establish a pattern of living."

In each of these examples there has been a sequence of group work to casework to needed resource. Each of the latter has a specialized service to offer but all three are necessary that the client receive the appropriate help.

(2) The second type of treatment is environmental modification. All attempts to correct or improve the situation in order to reduce strain and pressure and all adjustments of the living experience to offer opportunities for growth or change may be regarded as environmental modification. This includes arranged situations such as home-making services, camps, and group experiences, educational and vocational adjustments, substitute family care, etc. The approach may be predominantly social or there may be greater emphasis on modification of interpersonal adjustment, but both elements usually have a part in the process. Because this approach deals with effects rather than causes it is often called indirect treatment.

The Donaldson case shows effective use of environmental modification through the means of several resources. While this example shows the combined efforts of caseworker and group worker on a team basis, a caseworker in another agency could bring about the same effect through good referral and use of community resources. However the social work
cooperation in the Project setting, both from the administrative and treatment point of view, made the service to the clients more effective. The value of environmental modification with an inter-personal, family-centered approach is shown in the following summary regarding the Donaldsons: 1

Group workers alertness to the existence of problems, magnified by the presence of the Project in the Neighborhood House, was the reason for this family coming to the attention of the team. The latter was necessary in order that the Donaldsons receive the help they needed in so many different areas, which could not be supplied solely by any one particular specialization but rather required the combined efforts of the various team members.

"For two years the staff had wondered what would be done about Bobby, age seven. He was unable to get along with other children in group activities, yet he was frequently at the House. At summer program he had wanted the exclusive attention of the leader. He looked desperately unhappy. His brother Terry, age five, was sullen and restless at the House playschool. He was particularly upset when mothers came to help. He said "I don't have any mother. She went away". Attempts were made to see Mr. Donaldson but he was reticent about coming to the House. On the one occasion when the group worker was able to talk to him, Mr. D. discussed only his own problems and could give little attention to the children and their needs. There was no time on the group worker's part to make repeated efforts to know him better. . . . . After the commencement of the Project, a combined effort was made to see how this family could be helped. Full information about the behavior of the children was gathered and there was consultation with the psychiatrist. Even though the facts available were meager the doctor underscored the seriousness of what was happening to the children and suggested ways the staff could help them."  

1. Advisory Committee, An Interim Report to the Community Chest and Council, October 10, 1956, Appendix B, case one
After the psychiatric diagnosis the caseworker and group workers then proceeded to help the family, each according to their particular skills. Likewise the assistance of volunteers was utilized in the all-out effort to aid this family with their problems. The approach was that of changing the environment sufficiently that a more positive family atmosphere be created.

"Attempts were then made by the caseworker to talk to Mr. Donaldson about his two boys. He missed the first three appointments, and when he finally did come, obviously expected criticism of the boy's behavior. Gradually, however, he was able to talk about the difficulties at work, about his concern over the children, and about his wife having left the home. He showed interest in his sons but was almost overwhelmed by his confusion over the desertion of his wife, securing a good housekeeper, having her understand his two boys, and learning how he himself could best help them. He was invited to attend the Parents Group of the Playschool. As he worked in this he found a recognition from his neighbors that was new to him. He saw the house as helping him to give security to his boys and attended special gatherings with them. He turned to the caseworker to talk about his tangled feelings about his wife, and when Bobby's behavior seemed puzzling he asked for help with it and was able to use the suggestions given."

"At Mr. Donaldson's request the housekeeper was visited and invited to help at the Playschool. She too had many problems because of unhappy experiences in the past which had shaken her self-confidence. There were the present difficulties too, of dealing with Bobby and Terry who were restless and defiant. She found strength to stick at this hard task, partly from the friendliness of the mothers of the playschool children and partly because she knew that she could turn to the caseworker when any difficulty loomed too large."

"With a clearer picture of the needs of this whole family the group workers worked out a plan for helping Bobby move gradually toward being able to play with other children in a group. A special attempt was made to interest him in the Junior Fun Club. He came, but remained unhappy and sullen. He demanded constant attention. A Junior League volunteer assigned to the group was brought into the planning to help
Bobby. He gradually reacted to her warmth and understanding and began to participate in activities with other children. As the year progressed Bobby began to relax for he became more convinced that "the people at the Neighborhood House" were interested in him. . . . Terry also showed a quick response to developments in the home. He was satisfied that he was like other children when the housekeeper took her turn helping at the playschool".

The results, in both the social and psychological areas, showed the effectiveness of the team approach in attacking the family's problems on the level of environmental modification. The Project setting showed well the inter-relationships between the many personalities and factors in this situation.

"At the end of a year, during which time the combined skills of volunteers, group workers, caseworker, and consulting psychiatrist were used to help this family, Bobby no longer looked unhappy - he had come to Summer Fun Club where he had enjoyed himself, made friends with other boys his age, and had even shown some signs of leadership. Terry was now a happy and active child looking eagerly forward to school. The housekeeper had been able to remain steady and to give security to the boys. She said that without the help of the caseworker she could not have endured the constant stresses. Mr. Donaldson had settled into a new regime at work, was more relaxed at home, understood his children better, found satisfaction in helping them and had gained some understanding of his own problems".

This case has been presented in considerable detail as it shows the caseworkers role in the perspective of the total process.

(3) The third category is direct treatment. "By this is meant a series of interviews carried on with the purpose of inducing or reinforcing attitudes favorable to maintenance of emotional equilibrium, to making constructive decisions, and to growth or change".  

1. Hamilton, op. cit., page 249
The common method employed in direct treatment interviews is professional counselling, which is to some degree an educational process. It is intended to help a person in a rational way to sort out the issues in his situation, to clarify his problem and his conflicts with reality, and to free the client realistically to assume the responsibility of making a choice, as well as to discuss the feasibility of various courses of action. Just as it required knowledge and skill to help the client to use practical services to relieve his situation, so it requires knowledge and skill to help the client use the direct treatment type of interview so that he can make a decision and carry it out.

There is also the area of therapeutic interviewing concerned with adaptive patterns which are consciously recognized by the client but which nevertheless require a high degree of specialized skill to modify. In the Project the caseworker did not undertake such intensive levels of help so this aspect will not be discussed here. Outside the area of social work is a deeper level of therapy yet - that of psychiatric treatment which deals with the unconscious causes of problems. The latter is mentioned because it is an aspect of the following case illustration. The excerpts from the summary of casework with the Morton family, December of 1957 to March of 1958, show the various levels of treatment, chosen according to the needs of each family member.

Mrs. Morton:

"In December Mrs. Morton came for regular weekly interviews and expressed growing inability to cope with her feelings and with the responsibilities of the home. She could not do the routine things around the home and particularly found
that Carl irritated her. A plan was made whereby he
would be cared for by a friend to relieve this situa-
tion . . . Mrs. Morton was given a prescription for
tranquillizers by her doctor and one day when she vi-
sited him without taking the pill she was in such an
upset state that he referred her to a psychiatrist.
She asked to remain at home over Christmas and in Jan-
uary was admitted to the psychiatric ward of the Van-
couver General Hospital where she remained for six
weeks. She welcomed this trend of events as she had
reached a point of needing to escape from all respon-
sibility and she seemed to have a good understanding
of the necessity for psychiatric help."

Mr. Morton:
"During this period Mr. Morton was seen to discuss
problems around Carl, John, and his wife and plans for
the children during her absence in the hospital. An
attempt was made to interpret to Mr. Morton the reality
of the emotional difficulties encountered both by his
wife and his son John. He seemed seriously trying to
grasp these things but limited in his ability to do so.
Considerable interpretation was given about the feel-
ings of a woman who is experiencing the menopause and
how he could help to reinforce her self-esteem and sense-
of being loved. Mr. Morton could never express his real
feelings about his wife going to Ward R but it seemed
obvious that he had them."

John:
John came regularly for weekly appointments and grad-
ually became more relaxed in his attitude and ability
to use the interviews more constructively....One of the
difficulties in trying to give John any help was the fact
that his life was almost a vacuum. He got up very late
each day, did a few things around the house, watched TV
until late at night. He could talk about this and ex-
press the fact that it was not much of a way to live.
He had little contact with people his own age, and seemed
to be withdrawing from the parties to which he was invited.
The caseworker therefore asked his help in moving an
elderly lady and John later brought her a Christmas hamper
of his own accord. He was placed in charge of the House
pool table Monday evenings and so gradually got in with
a gang of teenagers and felt accepted by them. A good
indication of this was an impromptu party at his home which
gave him considerable pleasure. John was also assisted
by the caseworker to look for a job which he found very
difficult by himself."
This administering of practical services, plus environmental modification (indirect treatment) was in preparation for his ability to use direct treatment as follows. This section shows a new level of treatment - that of changing or improving basic problems which constitutes direct treatment.

"In March he seemed to move into a new way of using the interview. He started to talk about religion which had not been mentioned for a long time. He reported talking about this with the other young people, discussions in which he had been entirely negative in his comments and had shocked most of them. The caseworker emphasized that it was good to use one's head and to have critical thoughts about every aspect of life but kept reiterating that there was something important in religion even though he might object to the way in which some people refused to think critically about their beliefs. He moved from religion to politics, saying there was much in communism and seemed to favor nationalization of industry. Again the caseworker encouraged him to think and analyze himself but also to build up a basis of facts which would help him to think clearly. It seemed that these general discussions might provide an important opportunity to help John sort out some basic values."

The Mortons show the inter-relationship of all forms of treatment as well. Use of community resources, environmental modification, and direct treatment all played an important part in the helping of this family.

Casework Methods

The preceding sections have been devoted to a discussion and definition of casework, for it is essential to have an understanding of what casework is before going on to discuss what it does. How casework is able to help persons in difficulty must be considered now.
The means of helping are variously referred to as techniques, methods or processes. Combining the comments of Hollis and Hamilton, the writer has divided these methods into four main areas — use of relationships, interviewing skill, psychological support, and interpretation. The latter is subdivided under the headings of explanation, clarification, and insight development. As each of these are such important aspects of the casework process, they will be discussed separately. But it must be remembered that these are closely inter-related in use.

**Use of Relationship**

The idea that the relationship of the worker and the client is important in helping people to help themselves is one of the oldest in casework. This is well expressed by Kenneth Pray who stated: "The functional conception of the role and meaning of social casework as a serving and helping process, used by the client, rather than a treatment process controlled by the worker, finds expression in another decisive and characteristic concept" — that of the professional relationship. "The decisive factor in the helping situation

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and in the helping process is the offering of a new experience for the client, in which and around which old patterns of thought and feeling and behaviour - provided inadequate for the existing need - can be broken through sufficiently to afford a new start toward some personal and social reorganization.¹ Thus, relationship is used consciously by the caseworker as both climate and catalyst for problem-solving. Without it, little can be accomplished which is of lasting value.

While relationship is always involved in social casework to some degree, the more intimate the history and the more disturbed the person, the more it is essential that relationship be strong enough to permit disclosures of self. This has been a particularly important factor in the Family Services Project, as so many of the clients needed to establish strong relationships with the worker before they would accept help. This can be considered as directly due to the high incidence of personal and social disorganization as shown in Chapter Two. It is also partly due to the specific setting of the Project, whereby the caseworker often had to take the initiative for establishing contact and had to be accepted by the prospective clients before they would feel secure enough to bring their problems to her.

An integral part of the purpose of professional relationship is the aim that it be growth producing, if at all possible. Therefore, in addition to the client and workers

acceptance of each other, it is preferable that the worker encourage and motivate the client. The following illustration from the Perron file illustrates the effective use of relationship and shows what an important instrument it can be:

"Mrs. Perron showed that she welcomed the visits of the caseworker which at first were focussed around the children's progress in groups, and later around how. Mrs. Perron could help her children with their particular problems. She had slumped to a level of discouraged endurance of life as it was, but she responded to the caseworker's stated belief that she had something important to contribute to her children. The mother encouraged Nancy in more feminine interests; she arranged special meetings with her to add to the girl's need for a sense of importance, and she commented enthusiastically about Nancy's responses to her efforts. Mrs. Perron seemed to find stimulus and support in sharing part of her burden of responsibility with the caseworker. At a parent's meeting, a film was shown depicting how a caseworker helped a family. Mrs. P. commented later on the professional relationship: 'I'm like Mrs. Jones in the film. I couldn't talk this way to neighbors and certainly not to relatives. They don't help you to see things more clearly.'"

Mrs. Perron accepted the worker for the interested but objective professional person she was. The success of this depended upon the caseworker's understanding of the use of relationship and concomitant skill in putting it into practice.

**Interviewing Skill**

Communication is necessary in all forms of interpersonal relationships. It follows, therefore, that in social
work, particularly casework, clear communication is essential. It is to this end that many persons, in a variety of occupations, hold interviews every day, but caseworkers are almost the only ones professionally trained in the use of interviews. Considerable skill is needed in this area, as it is the main medium through which the caseworker helps the client.

Effective interviewing, for social work purposes, rests upon the base of relationship and its concomitant aspect of acceptance. Respect for the client is shown through the discovery and building up of his strengths, as well as understanding his needs and his feelings of inadequacy. Implicit in this are the casework principles of self-direction and self-help on the client's part.

While it is important that the worker be personally accepting of the client and his problem(s), it is equally important that the worker not become personally involved. Objectivity is just as necessary as acceptance, for personal involvement prevents proper perspective of the situation and so is a deterrent to professional help.

The skill needed in interviewing is evident in the Donaldson case (as presented on page 99 of this chapter). A pertinent section will be quoted here for discussion purposes:

"Attempts were then made by the caseworker to talk to Mr. Donaldson about his two boys. He missed the first three appointments, and when he finally did come, he obviously expected criticism of the boys' behaviour."
Apparent in this is Mr. Donaldson's fear of criticism as a father, and, therefore, his reluctance to come to the caseworker. However, once he came, she could show him that she accepted him along with his strengths and weaknesses. In addition, he would begin to realize that her motivation was a positive one of wishing to help him to improve the situation rather than negatively condemning him for it. Due to the caseworker's skill, this was accomplished and Mr. Donaldson felt free enough to begin to reveal himself and his problems:

"Gradually, however, he was able to talk about difficulties at work, about his concern over the children, and about his wife having left the home. He showed interest in his children but was almost overwhelmed by his confusion over the desertion of his wife, securing a good housekeeper, having her understand the two boys, and learning himself how he could best help them."

The caseworker continued to encourage the father in his thinking about his problems and his action in regard to them. This was, of course, done in conjunction with the efforts of the other members of the team. As stated in the summary of the case:

"At the end of a year, during which time the combined skills of volunteers, group workers, and caseworker and consulting psychiatrist were used to help this family....Mr. Donaldson had settled into a new regime at work, was more relaxed at home, understood his children better, found satisfaction in helping them and had gained some understanding of his own problems."

Had not the team approach been used in this family-centred effort, it is likely that the casework interviewing skill would not have been nearly as effective in that it
would have been widened in order to touch only indirectly on the many other important areas needing help as well.

The Project setting provided resources not ordinarily available and these proved very valuable in active treatment.

Psychological Support

While this method is common to all social workers, caseworkers in particular employ it to strengthen the client in times of stress. The individual is thereby assisted in adjusting to the psychological and environmental pressures surrounding him. It is accomplished through the use of relationship, through the pointing out and encouragement of the client's positive qualities, and through realistic (as possible) interpretation of the situation.

The use of psychological support varies from cases where the client has temporarily become unable to cope with his situation and needs some support from an outside person until he has regained his balance and so his ability to deal with his situation, to cases where the client's instability is of a chronic nature requiring continued support plus prevention of further stress. With regard to the latter, maintaining the present balance is often an equally valid social work task.

The Nelson case, concerning a deserted mother and her seven year old son, portrays this use of support graphically. The following material from the record, both quoted
and summarized, shows the thinking which led the team to the conclusion that the caseworker should approach the situation through the method of using psychological support. The very task of managing to function in the community was an effort for these two, and so they did not have sufficient strength to consider causation and cure. Rather, the caseworker should supply the needed support in order that they maintain at least a minimal balance.

"Mrs. Nelson was seen by a group worker and asked about after school plans for Gerry. She was referred to the caseworker because she was over-anxious and excitable, seeming to need further help in planning for herself and the boy. It seemed necessary to assess carefully how disturbed she might be."

Social Service Index showed that Mrs. Nelson had had contact with a number of social agencies, all of whom considered her unstable and few of whom had been able to be of much service to her as she would not accept such and moved frequently. The effect of the mother on the child was serious and he was in need of positive factors in his life experiences. As the psychiatrist felt that Mrs. Nelson would need long-term psychiatric treatment in order to change her problems, it was decided that the caseworker should supply sufficient reassurance and support to the mother that she would relieve some of the pressure on the boy, and would do everything possible to mobilize the community to help him.

The caseworker saw Mrs. Nelson on a fairly regular interview basis as well as being available to her by telephone in between these times. The caseworker exerted every effort to show Mrs. Nelson that she was liked and accepted; that her desire was to help, not to criticize. The caseworker assumed the role of the accepting mother to whom Mrs. Nelson could admit some of her fears, and discuss situations which she
found difficult, without encountering criticism and rejection. There was constant emphasis on the strengths Mrs. N. possessed. It was only very slowly that Mrs. N. was able to trust the acceptance of the caseworker and it was only within this relationship of growing trust that she could tolerate any discussion of reality factors. Some ordinary disciplinary measure at school was construed as flagrant discrimination and always her tendency was to want to move somewhere else - to withdraw Gerry from the school.

These things have provided maximum support from the community for Gerry; his mother has been helped to be slightly more reasonable in her treatment of him, and in her reaction to everyday events. The serious deterioration which threatened this family has been averted at least for the time being.

1. Interpretation

There are several degrees of interpretation - explanation, clarification, and insight. These are the means by which the client obtains the knowledge needed and is helped to utilize it with regard to his problem(s).

Explanation is often termed 'information giving'. The caseworker may provide the necessary details regarding the policy of the particular agency or acquaint the client with the resources available in the community. Sometimes this is all the person needs in order to take action on his own problem. A brief illustration of this is taken from the Olson family file:

"7.6.56. Mrs. Olson telephoned asking about possible placement of Debbie from nine o'clock to five each day during the summer as mother is working. Lily has been attending kindergarten at the public school. In answer to
the caseworker's question, Mrs. Olson indicated that her husband was not in the home. It was explained that this was asked only to see if she would be eligible to use the Foster Day Care Association services. The mother did not know of this resource and was delighted to learn of it. Worker discussed its operation, location, and gave the names of the workers.

Neither mother nor child were known to have had any previous contact with Alexandra House. It is interesting that in time of need, the mother turned to it as a source of help because of its neighborly aspect. Provision of such service is both valid and valuable from the House and Project point of view.

(2) Clarification is the level of much casework interpretation. It is usually thought of as rational discussion about social or psychological problems. The client is stimulated, through relationship and professional knowledge, to participate in the study of his situation, to share in the planning, and to make an active effort to solve his own problems.

This is effectively illustrated by the Ronald case. It was referred to the Project by the Playschool teacher as Mrs. Ronald had indicated to her that the home situation was difficult because of the husband's drinking. In the interview with the caseworker, Mrs. Ronald indicated there was considerable friction in the home, that her husband was abusive to her, and possibly dangerous for the children (Jan, age five and Judy, one).
"21.2.57. The caseworker tried to assure Mrs. R. of her desire to help her and stressed the importance of the mother evaluating the effect of this situation on herself and the children both in present and long range terms. The only thing Mrs. Ronald was certain of was that her husband had no desire to change his attitude. Worker said that she knew how complicated one's feelings could be about a partner, that no one would attempt to make any decisions for the mother, but that help would be given whatever the decision."

"14.3.57. After several serious happenings in the home, Mrs. Ronald proceeded to talk about plans for leaving her husband.... She was emphatic that she had no love left for him and was not afraid of her ability to provide for the children in future. She stated she was glad she had met the caseworker as 'there are some things you can't do alone'...Throughout the interview she stated several times that she did have some rights as an individual, which seemed to be a repetition of what worker had said in previous meetings. At Mrs. Ronald's request caseworker carefully outlined what the mother's legal position was, suggested contact with the Family Court in Regina (where she planned to move), and discussed community resources for financial assistance, etc. should she need such for a temporary period. Mrs. Ronald again expressed appreciation for being able to talk to someone who understood."

The main service given Mrs. Ronald, and so her family, was the thinking through or clarifying of her situation in order that she would be able to make a decision regarding it. Included in this were psychological support and information giving, showing the inter-relationship of these with clarification. While this case did not receive treatment from the team, service was given because of the awareness of the team members, e.g. the teacher, and because of the natural neighborhood house setting of the Project.
(3) The deepest level of interpretation is insight and must be used with caution. In the psychiatric sense, it means making the client conscious of the influence of sub-conscious material and motivation. This is outside the social worker's area of competence, unless accompanied by psychiatric consultation. Dr. Hamilton states:

"Interpretation of the overt aspects of the problem, clarification of issues, of attitudes, of conscious and pre-conscious feelings, distinguishing between feelings and reality, pointing up patterns of behaviour, are essential to self-awareness and may be regarded as forms of insight." 1

While reality data is shared with a client, it is necessary to be cautious in sharing data concerning psychological matters, since the client may not be ready to face the question of emotional motivation. Timing is a very important element, usually requiring that the client be very secure with the worker and that the treatment be on a long-term basis as insight is a very complex area. For these reasons, insight is not used by most caseworkers and specifically was not used in this Project.

CHAPTER 5

JOINT FAMILY SERVICE: AN INTERIM REVIEW

The history of the Joint Family Services Project can be traced back approximately ten years. Beginning with the placement of two casework students in Gordon Neighborhood House in 1949, the idea for such a project developed through several stages. These were an evaluation of the student experiences, a growing recognition by several agencies of the need for services to the total family group in a leisure time setting, the involvement of interested lay organizations, the establishment of a representative committee to make plans and work out the objectives for this pilot project. Its two year period of operation involved extensive effort and interest on the part of both professional and volunteer personnel.

The decade of investigation and experimentation then culminated in the incorporation of the objectives as a permanent feature of the services given by both Neighborhood Houses.

While the values of the Project were empirically demonstrated, a thorough written analysis of its component parts is now needed in order that the elements involved be understood. This study has thus far attempted to describe some of the important aspects of this Project. In this concluding chapter, some of the implications of the following areas will be discussed: the objectives of the Project, the
community in which it functioned, the clientele served, some of the effects of the Project on group work method in the Agency, and casework activity in a leisure time setting.

The Objectives of the Project Reviewed

The Report of 1955 listed eight objectives for the Project, these being enumerated in Chapter One of this thesis. In the subsequent Report of 1956, these objectives were reduced to four, those remaining being numbers one, two, four and eight. It can be surmised that this reduction was due to practical considerations, e.g. one of the aims listed in the original eight was "to demonstrate the possibility of extending services to senior citizens". It becomes obvious that this objective can occupy the full time and energy of one or more professional staff. The delimiting of the objectives of the Project was therefore necessary in order that those concerned might concentrate on the essential elements. The four aims which were finally decided upon will be discussed here, with emphasis upon those which pertain most directly to the material previously presented.

1. TO SEEK OUT PERSONS IN NEED OF INDIVIDUAL SERVICES AND TO BRING SERVICES TO THEM.

In order to demonstrate the extent to which this objective was carried through, it is of value to review the sources of referral to the Project. The two categories which
pertain to the objective of 'seeking out and bringing' services to persons in need are (1) problems indicated at registration, and (2) problems indicated in the group work program. These figures show that nine clients were referred as a result of registration and forty-four as a result of group work observation. This, then, means that some sixty per cent of the clients were sought out and services offered to them.

Involved in the above objective is 'aggressive recruitment', a term known to social workers but not extensively practiced at present. The lack of application would appear to be due to a number of factors. Two of the main ones are the influence of the functional school of thought which requires voluntary request for service and the work load pressures upon most social workers at the present time. Several studies have been made recently which reflect the trend of reaching out to the hard-to-reach families, e.g. the project in New York City. The potential client who does not come to an agency for help, or who has not been able to utilize the services previously offered, nevertheless is in need of aid. Moreover, it is incumbent upon professional social workers to meet the needs of such clients. The principles applied in specialized areas such as corrections and mental illness are equally applicable to a setting such as this.

In addition, the willingness or preparedness of the
client to seek aid is not necessarily related to the disturbed situation in which he finds himself. Neither is it necessarily indicative of his ability to use such aid when offered. Willingness to seek aid is dependent upon many things. The reason may sometimes be found in the fact that the potential client is not aware of the resources available to him. Again, it may stem from a cultural environment which has shunned contact with social agencies. It may also be rooted in the fear of the unknown. The reticence of the potential client may also be based upon psychological and social immaturity. The reasons are innumerable but an understanding of them is vital to effective carrying out of the social work method. Whatever the cause, the case for seeking out and bringing help to those persons in need of aid is still manifest.

This Project shows that reaching out to families in a distressed situation and bringing help to them, perhaps before they are aware of the problem or have mobilized themselves to obtain assistance with it, can be effective and so is very worthwhile. The work done with playschool children and juniors is of great significance. In most cases, application for help would not have been made, or made belatedly, for but the perception and method of the skilled staff. The workers observed problems and strove to eliminate these before they became permanently fixed in the child's personality. The parents were subsequently helped to understand the needs of their children and the process of their development. Such
measures can be defined as preventive social work. It can therefore be said that, to a large extent, the first objective was attained.

II. TO DEMONSTRATE THE POSSIBILITIES OF TREATMENT WHICH COMBINED THE SKILLS AND RESOURCES OF BOTH GROUP WORK AND CASEWORK AGENCIES.

While many facets of the team approach have not been the subject of study in this thesis, it is possible, however, to draw some inferences of the way in which the team operated from the kinds of services rendered in a joint way. Over the two year period, a combined staff meeting was held every second week. Prospective referrals to the Project were discussed at these meetings. If the case was accepted, the group workers undertook to gather all recorded material on the client, and in some cases, to bring records up to date. The caseworker would, in most instances, make a home visit. Thus, the team approach started at the very beginning and the immediate result was a fuller picture of the family unit.

These meetings also served the purpose of choosing and preparing cases for psychiatric consultation. After a case had been selected for such consultation, it was necessary to draw together all the recorded material, and, in addition, the group workers and the caseworker drew up a list of questions which were submitted to the psychiatrist. Many meetings were devoted to discussing the suggestions made.

There was considerable reporting back to the total group on the progress of various cases in order that the staff
might coordinate the various treatments being carried out. There were, in addition to these meetings, twenty-nine cases in which the caseworker and group worker met privately for further consultation.

It still remains for future evaluation studies to show in greater detail the process of integration and coordination in order to bring better services to the client. Certainly the need for and the great value of such coordination was evident.

III. TO DEMONSTRATE THE WAY AGENCIES CAN RELATE THEIR SERVICES IN A JOINT EFFORT TO FILL A COMMUNITY GAP.

In attempting to evaluate the measure of achievement in the above objective, it appears that this aim should have been more clearly defined. There are, in fact, two parts to this objective: (a) relating agency services, and (b) filling a community gap.

This Project in itself is a valuable demonstration of how agencies can coordinate their services. The cooperation of the three agencies directly involved showed their desire to improve total services. Despite the heavy pressures already being experienced by the Neighborhood Houses, their staff gave generously of their time and skill. Likewise, the Family Service Agency released two of its senior caseworkers. The Community Chest and Council provided leadership and financial support, while the Junior League contri-
buted considerably through volunteer services and financial assistance. Representatives of the above groups composed the Advisory and Social Work Personnel Committees, which met regularly to aid in and assess the development of the Project. In addition, the School of Social Work at the University of British Columbia provided some research and consultation. The large number of persons involved indicated the extensive effort required to make this Project a success. This portion of the objective was achieved to a large extent.

If by 'filling a community gap' the initiating committee had in mind the reaching out to unreached families, then this objective was only partially filled. However, valuable service was given to many persons needing help. In addition, the Joint Family Services Project did serve to point up the needs and to demonstrate one way as to how coordination of services would help meet these. This, of course, closely related to objective four and to the following discussion as to the character of the particular community involved.

IV. TO INDICATE OTHER NEEDS.

A major need in the geographic area served by this agency is for additional services to children. This has been noted previously in the Special Report re Day Camp and Fun Club. These groups serviced a large percentage of the children of families receiving Project services, as well as
others from the neighborhood and found that "there is a pressing need for more child care services in the community." This was substantiated in the Project during the course of referring clients to other agencies. Twelve such referrals were made. This is a seemingly small group, but when one considers the breadth of service offered by the Project, and the number of other agencies already serving so many of the clients, then these twelve can be considered significant.

Five of the referrals were to agencies dealing with children's problems, three to family service agencies, and the remaining four to a variety of other agencies. These figures bear out the observation made in the special report regarding the summer programs.

In the course of this study, one central issue came more and more to the foreground. What are the underlying causes which deeply affect the inhabitants of this area? These can be, in the main, surmounted by radical environmental changes in this sector of the city. The Project, which undertook via the team approach to come to the aid of ninety-one families, was a worthwhile undertaking; but even under the best of conditions, it would only be a beginning in this area. The history of all settlement houses is rich in examples of organization of communities for self-aid. Already, there are forces at work which could change the physical and psychological face of this community. In this study, mention
has been made of the Vancouver Redevelopment Plan. It is to be hoped that it will be accepted and steps to implement it undertaken. In order to derive the full value of the Plan, the people in the community themselves should be involved in the process, rather than having it superimposed on them from without. Thus, the changing of the physical environment would become more meaningful for them.

Several questions may be posed about agency policy and the social work method of social action:

1. Has the Agency displayed sufficient initiative and leadership in the field of community organization in this area?

2. What are the chief problems of this community from the residents' point of view and to what extent can they be hoped to participate in the solution of these?

3. What is the state of fact-finding and interpretation in this community?

4. What are the resources, organized and otherwise, which could be mobilized for the purpose of involving this community in its own self-improvement?

There is, of course, evidence of groups which have been and are active in the community. Apart from Alexandra Neighborhood House, a noteworthy example is the Parent-Teachers Association of one of the local schools. Likewise, it is relevant to note that five of the most important social agencies have

1. The Community Chest and Council, the Family Service Agency, The City Social Service Department, the Children's Aid Society, and Alexandra Neighborhood House.
their headquarters located in this immediate vicinity. All of them have considerable investment in the well-being of this particular multi-problem community. The Joint Family Services Project has been a cooperative effort on the part of three of them, and as such, a good beginning. This should be followed up by even greater efforts in the area of social action.

The Character of the Community and its Problems

The basic area of clientele to which it originally intended that the Project would offer service was that of those families with incipient social and emotional problems who had not, for one reason or another, applied for service from a social agency and who were not benefitting fully from group experiences. It is obvious from the description of client body in Chapter Two that the overwhelming number of families did not fall into this category. This is no reflection on the actual services rendered, as all of the clients were carefully screened as needing help. Due to the social character of the community in which Alexandra Neighborhood House operates, the membership at the House includes many distressed families and correlated with this is their considerable contact with many other social agencies. In the process of referring members to the Project, the professional staff's main consideration was the obvious need of the client and
not whether 'the families had not already secured services' as stated in the Joint Family Services Project Report of August, 1957.

What did the existence of the Project mean for the members of Alexandra House? First, it meant that ninety-one families were offered the services of group workers, a caseworker, a consulting psychiatrist, and all of the knowledge, skills, and resources which these professional persons could make available for them. Secondly, it meant that the knowledge of the existence of this service influenced fourteen members of the Agency to come and request various kinds of help voluntarily. Thirdly, twenty-four families were referred from the community to the Project. Apart from this, it meant that the group workers, either by observation in the groups or at the point of registration, were able to note the problems of fifty-three of the clients and to undertake service to them and their families via the Project.

In one sense, all the clients can be divided into two groups. Approximately eighty per cent had been or presently were in contact with one or more social welfare agencies, while the remainder were receiving such service for the first time. It would be important to ascertain whether or not there is any significant difference between these groups. A comparative analysis between the larger and smaller
group would be valuable. The following points might be helpful in an assessment of this:

1. Does the smaller group, which has had no previous contact, live in any particular part of this area, what is the length of their residence, and what are their reactions to their housing conditions?

2. How does their economic situation compare with the larger client body?

3. In the smaller group, what is the average duration of marriage and what are the family patterns?

4. In what ways, if any, do their problems differ from those of other members of the Project?

5. What services were rendered to them by the Project staff, e.g. referral, brief service, intensive casework, intensive group work, psychiatric consultation?

6. Was the kind and duration of treatment to the smaller group different from the larger?

7. Can it be said that the success of the treatment was greater in the smaller group?

These questions do not exhaust the many features of this group of twenty per cent which deserve analysis. But they might be particularly relevant, if among this group are to be found the answers to the questions which brought the Project into being. No attempt can be made to answer them in the present study, but these remain areas for further analysis.

What might be called the multi-problem group represented eighty per cent of the Project clientele. What are the implications to be drawn from the material available
about them? This study has already discussed some of the common characteristics of these people, such as their economic, marital, housing, mental and physical health difficulties. They are influences which can have a corroding effect on individuals, their families, and the community. One need not emphasize that they are the conditions which can contribute to juvenile delinquency, the need for protection of children, the continued dependence upon financial assistance, the loss of family solidarity with corresponding effect upon individual personalities. In other words, many social ills flourish in the fertile soil of this blighted area.

What meaning has this for Alexandra House? Bernice Baycroft, in her thesis *Casework in a Neighborhood House*, speaks of the role of such an agency. She says:

"The need for a neighborhood house in such an area is quite apparent. The House was established in accordance with the best traditions of the neighborhood house movement, to serve the total community as well as the house members; to contribute to the social development of the community and of the individual; to provide a place where people can come together for the purpose of solving common problems; to serve the individual by offering him the advice and help of professional staff in using other community resources, and to further democracy through the practice of democratic principles."

While the preceding described the function of Alexandra Neighborhood House in general, it would still be necessary to consider the specific elements of this particular locality. What are some of the challenging questions raised for "The Nabe" (as it is called locally), by this area of service?

1. Should the program be geared to the person with relatively few problems, as is done in many recreation agencies?

2. If so, should special programming be planned for those members who are known to have many difficulties?

3. Has the relatively high number of people in the neighborhood with more than average problems had the effect of creating a treatment-centred attitude on the part of the staff, to the detriment of the 'normal' member?

4. What effect, if any, has the high incidence of disturbed behaviour among members had upon the setting up of groups?

5. How has the family-centred orientation of the Project changed or modified the agency's service to this unit in the community?

These are but a few of the implications for the Neighborhood House which flow from an examination of at least a ninety-one family sampling of the community in which the Project operated.

There are, of course, implications for more than just Alexandra House. In fact, the most significant implications relate to the larger community, i.e. metropolitan Vancouver, as in the final analysis, the social agencies serve
and represent this area. The many needs of the client group are indicated both in the variety of presenting problems and the large number of previous contacts with other social agencies.

With regard to the latter, this study showed that fifty-two families had one hundred and twenty beginning contacts with social agencies. This figure does not include possible contacts with agencies not using the Social Service Index, such as the City Social Service Department and the Social Welfare Branch. The average per family then is approximately two and one half contacts, excluding the present connection with the Project, at Alexandra House.

Since approximately eighty per cent of the Project families were estimated to have had previous contacts with other agencies, questions arise as to the reasons for the need of continued services. Are these clients' needs so varied that the services of several specialized agencies are required, or is the client unable to use the proffered help? Was insufficient service given on the part of individual agencies and/or were the services of the various agencies insufficiently coordinated? These are important questions, as the effectiveness of existing resources constitutes one of the most important areas of social work research today.

Much more knowledge is obviously needed in order to
understand the many inter-related factors causing this situation. A new approach is therefore needed, based upon adequate fact-finding, in order that even more effective services be rendered to the multi-problem group. In addition to its many other values, the Project has been a beginning in this regard. The character of its clientele and the community in which it operates makes it a valuable source for further study and which might supply some of the answers sought by those initiating the Project, as well as by all those engaged in the profession of social work.

Some Implications for Group Work Practice in the Project

This study has pointed up some rather exciting new and flexible reshaping of social group work thinking based upon the reality situation of the membership served. This is particularly true, first, in the area of intake. While there are indications that the procedures of intake were already under review prior to the Project, there is no doubt that a deepening and constant refining of this process was stimulated by the latter. Moving from the old idea of routine registration of a member for an activity, the present intake process includes three distinct phases: (1) the intake interview, (2) the family or parent interview, and (3) observation and intake program.

What stands out is the fact that in each of these
features of intake, crystallization and an understanding of
the significance of this process became more and more apparent.
Of particular importance is the methodology employed during
the member's initial contact with the agency. This contact
was understood to mean a good deal more than an intake inter-
view. Nor was it assumed that only a portion of the new
membership needed to have an orientation period before they
decided or were directed to various groups. In fact, the
entire beginning of the program year now constitutes a per-
iod of orientation for old and new members and an intensive
observation period on the part of the staff.

It should be borne in mind that Alexandra Neighbor-
hood House is basically a leisure-time agency. The usual
practice in leisure-time agencies is to offer a variety of
program to the new member who chooses one or another of
these. Very little, if any, consideration on the part of
the staff goes into the choice which the member makes. The
responsibility rests with the member. He may choose to join
a particular group because his friends are there, because
of his own real interest in the activity, or because of
the glamour or status which may be attached to a given
program. Furthermore, the only limitations placed in some
agencies for participation in any particular activity is
usually dictated by two consideration - the age range and
the maximum number for the group. While age of the member
and number in the group are two considerations at Alexandra Neighborhood House, the placement of an individual in an activity is dependent on a number of other factors. Among these are: the readiness of a member for an intensive group experience; the type of group activities best suited to his or her needs; the make-up of the group in relation to sex, personality, needs, etc., so that the member may have a positive experience. Other considerations are the kind of leadership (volunteer or trained) given to the group, and the members' requirements in addition to a group experience.

Assessment before placement is exceedingly important where the possibility of some disturbance in prospective members is high. The chances of the ensuing group experience being a positive one for the individual are greatly increased. It is in the process of seeking ways and means for a more effective placement in programs that the present intake procedure was formulated.

Assessment at point of registration does not mean that free choice of activity on the part of the member is ruled out. Not only that, but the whole program operation depends upon voluntary participation. If this were not the case, it would indicate a disregard of the natural wishes and the democratic rights of the members involved. It does, however, point to an awareness on the part of the group work staff of the locality in which they operate and the type of
Following the intake interview, a period of observation of the member takes place in intake program and members are given an introduction to various types of activities. These consist of games room, hobby and activity groups, library periods, playground activities, and special events. Intake program is the sieve through which pass the members who are able and prepared to go into a more formalized group. Those who indicate an inability to move into a group are helped to prepare for this experience. The relatively informal nature of the intake program makes few demands upon the member so that he is not - at this stage - asked to subordinate his own wishes to those of a group. At the same time, it permits the group worker to function with individual members without, as would happen in a group, overlooking the needs of the whole. Thus, the intake interview and intake program are the conscious efforts of the agency to start where the client is in relation to meeting his needs. The family-centred focus of the Project stimulated fuller development of the registration procedure to include not only the registration of the individual who came for service, but, wherever possible, the entire family group. While the amount of use of program by other members of the family varied, some successful attempts were made to include family members in groups, or at least in special events around the agency. Particular success is to be noted in this regard in the playschool and junior divisions.
Through family registrations, too, it became possible to give more complete service to the individual members of the family. Family registration helped to deepen the understanding of the individual members of this primary group. In addition, often the help given to individuals was beneficial to the entire family. The intake procedure, therefore, can be described as a good working example of the manner in which both the members and the staff were helped.

In summary, the intake procedure, as developed, benefitted the member in the following ways:

1. It gave a better orientation to the agency.
2. It gave an opportunity to try out the various activities.
3. Through it one could meet more of the other members.
4. It helped to create the feeling that "my family is with me here".
5. It gave an opportunity for the member to move at his own pace from intake to a group.

For the group work staff this intake procedure made it possible to:

1. Add to the intake and family interview by observation in the intake program.
2. Observe peer relationships, behavioural symptoms, and determine interests.
3. Evaluate readiness for group experience.
4. Base program plans on demonstrated needs and interests of members.
5. Move to keener diagnostic evaluation and
an ability to share the latter on the basis of collective observation.

6. Form warm and healthy relationships with members prior to intensive group experiences.

Further research and analysis of the whole concept and operation of intake procedures would make a valuable contribution to a better understanding of this method. In this Project, and more specifically in terms of the field of group work, the movement towards a more effective intake procedure at Alexandra Neighborhood House stands out as a highlight.

While the area of intake shows a great deal of positive movement, the problem of group structure and composition is admittedly still in the process of experimentation in the Agency. The Bingo Club and the Jolly Chefs are both examples of this. In the case of the former, it was shown that the group was formed around one child. Furthermore, the members of this group were all seen as children with special problems. While the plan for the club was to include a number of boys who would have given some balance to the entire group, this did not materialize. An examination of the Jolly Chefs Club shows that certain advances were made in the formation of this group. It was formed around an interest and the majority of the members were considered to be relatively stable. Only after the stable nucleus had been formed were two children from the Project added to the group. There are indications which point to some weaknesses in the choice of these two for the same group.
The above is not meant to be an evaluation of the structure of the groups per se is meant as an illustration of the difficulties encountered during the course of the Project in the setting up of groups which would best serve the membership. What might have appeared to be a simple problem in other agencies became complex in an agency where such a large number of members are coping with so many problems in their daily lives. This raises a number of questions for consideration by the group work staff:

Is a friendship group necessarily a sound foundation for group structure in this Agency? In attempting to answer this question, it should be borne in mind that not all of the members in the Agency require extensive help. On the other hand, "friendship" in this area does not necessarily constitute a socially healthy constellation.

How are the interest groups decided upon and what criteria should determine the membership structure of such groups? Again, the factors to be considered are largely related to the character of the membership. The pathology here would indicate that interest in a particular activity cannot be the major reason for the inclusion of a member in an interest group. A caution seems to be appropriate at this point. In directing a member to a group, serious consideration should be given to the feeling of frustration and rejection which the latter may suffer because his own
interest in an activity is seemingly not being considered. The voluntary participation of members in an activity is a prime prerequisite and one of the basic tenets of social group work in this kind of setting.

What is meant by a "special group" and what is its function? It is suggested that the term special group is not the best or most desirable description for such a constellation and needs to be reviewed. Because the focus in such groups will be on treatment, it will require the direct leadership of trained workers.

Should there be consideration of an on-going and more extensive informal program setting for such members who - even after the intake program has been terminated - still cannot fit into a group? There has been an attempt in this study to place emphasis on the positive character of the intake program. It would appear that this constitutes a base from which further development can take place in terms of on-going program.

The Joint Family Services Project has highlighted rather than uncovered the community characteristics which were already known to the staff to a large extent. The difference which the Project made was to confront the group workers with a more tangible involvement with families. In the course of the Project, the group workers have already demonstrated their ability to cope with many problems. Many areas still require further study. The above represents but an attempt to
Some Casework Implications of the Project

The casework concepts and methods used in the Project have already been illustrated (Chapter Four). Further research will be needed in order to analyze the process and the outcome of the individual treatment, two aspects which could, of course, constitute a thesis topic in themselves. However, some general conclusions can be drawn from the material at hand. Perhaps it would not be reasonable to expect many novel features to show themselves with regard to casework because (1) the Project was operating in a leisure-time-recreational setting, (2) the proportioning of the staff, e.g. there was one part-time caseworker as compared to several full-time group workers, and (3) group work is generally recognized as being a later development in terms of specialization and so there was more chance of group workers benefitting from the specialized knowledge and techniques of the caseworker.

The caseworker was involved directly in approximately sixty per cent of the Project cases, showing the need for such a service as an integral part of the House program. It is to be noted that nearly all those seen by the caseworker were teen-age, adult, or older persons. Since caseworkers are equally well trained in dealing with children, it is to be assumed that a decision was made regarding this division.
The caseworker did serve as a consultant and assisted the staff in the coordination of the activities to meet the needs of the youngsters. The casework - group work cooperation was of considerable value, whether treatment was direct or indirect, as the clients received the benefit of broader services and knowledge.

The role of the caseworker was essentially that of an 'enabler' as expressed in the social work goal of helping people to help themselves. In the Project, this was extended to some who were not aware of their problem and possibly not desirous of professional assistance. The caseworker's job then was to aid them in working toward the objective of accepting and utilizing help, if this were possible, as early detection and solution of problems is an important aspect of preventive work. This often meant a much slower approach in many cases in order that the person be allowed to move at his own pace. The aid is always a mutual endeavour rather than something done to or for the client without his participation in the process. Consideration of the client and careful timing were therefore a necessary part of the caseworker's approach in order to accomplish this desired goal.

Another part of the caseworker's role was that of an interpreter. This task was two-fold. The social and personal disorganization in this community was reflected in the individuals within it, tending to make them passive in personality
or aggressive in an unhealthy way. The caseworker, therefore, needed to explain community resources and reactions to them, throughout encouraging their recognition of same. On the other hand, the caseworker also needed to interpret these persons to the larger community and so mobilize support and understanding in meeting the many needs of this particular client group.

With regards to the Project, the caseworker contributed a number of skills. Many of these are common to all social workers, but it is the caseworkers who have developed these techniques to a highly professional degree. Examples of these are the art of interviewing, the therapeutic use of relationship, the knowledge of cause and effect with regard to intra-psychic and inter-personal relationships, the knowledge of the dynamics of family constellations, and the working through of appropriate referrals. Caseworkers have also had more opportunity for extensive development of their ability in study, diagnosis, and treatment on an individual basis.

Because of these factors, the caseworker could be of considerable value in the Project. This included the taking on of House cases needing individual and more intensive service than possible in groups, consulting with such persons as the play-school teacher in order that the caseworker's specialized knowledge about growth and development in such areas as the emotions might be of indirect value to all of
the children, and possibly be of some assistance in determining the group work program due to understanding of the needs of individuals. The caseworker was also responsible at first for the referral and liaison aspects of the Project. As these are generally considered to be two areas with which all social workers should be equally familiar, these tasks were later shared by the staff, depending upon the individual case.

The values of the Project to casework were many. One of the foremost of these is that the caseworker's horizons of knowledge would be much increased by the addition of information as to the functioning and psychology of groups. Participation in groups is an integral part of living in modern society and, as such, should be much better understood by caseworkers. Because of their lack of training in, and contact with, group work they are not able fully to appreciate or utilize its many benefits for their clients. Equally important, in terms of values, are the different elements introduced into the casework situation by the leisure-time recreational setting and staff familiarity with many members who are potential clients. These latter values have become somewhat lost in the antiseptic professional situation found in many casework agencies. The acceptance of the worker and the establishment of a beginning relationship prior to Project contact lessens the need for, and length of, the introductory period before proceeding with the needed service.
Within the Project setting, the casework processes of study, diagnosis, and treatment assumed new dimensions due to the added area of group consultation. This gives far greater breadth to casework which has previously specialized in these areas on a depth basis. The fact that families come in groups to the agency is of considerable advantage to the caseworker in that it gives opportunity for encouragement and observation of more positive inter-play between the various family members. Parallel with this is the availability of broader resources and greater ease of use of these. A good example of this is the Donaldson case which was presented in Chapter Four. Just as study and diagnosis are greatly broadened through discussion with several family members and through observation of their participation in agency activities, so is treatment more effective due to the combined skills used in attacking the problem, the greater amount of time many clients spend in the therapeutic setting, and the prevention of valuable energy being spent in overcoming the client's resistance, as he is already familiar with and comfortable in the House surroundings.

While the preceding has been considering the advantages from the point of view of the caseworker, these values pertain to the clients equally well. An important factor is their positive feelings toward, and personal investment in, the Neighborhood House. This is demonstrated by a number of clients living in the area who, although not House members, turned to Alexandra House in time of need just as
they would to a friend or neighbor. The agency in effect belongs to the people, which makes use of its services, both recreational and therapeutic, much more acceptable. This includes acceptance of the caseworker. When a parent talks to the latter, it is much easier to discuss family problems and personalities, as many of these are already known to the worker. The service received is certainly more convenient and comprehensive in terms of the actual physical setting and the breadth of the application by means of several specializations working toward the common goal of aiding this family with their problems. It is, after all, better service to clients, in this case families, which is the essential goal of social work in general, and of this Project in particular.

Many important research questions remain, such as:

1. What are the differences, if any, of the casework approach in this Project as compared to that practiced in agencies specializing largely in casework services?

2. Were there any differences in the application of the various casework treatment methods?

3. How was the coordination of casework with group work effected and were there new elements resulting from the synthesis?

4. What was the effect of the informal contacts with clients at the House on casework treatment?

5. How was relationship used and were there common elements in this?
Some Remaining Areas of Study

This study was undertaken with the realization that it would constitute a first general review of a very important experiment. This Project provides material for further study, not only for the agencies involved, but for the whole field of social work. Many important areas have yet to be investigated and analyzed. Some suggestions for further study are here included:

1. How were the administrative aspects of case-work - group work cooperation worked out?

2. What is the effectiveness of the team approach in the solution of individual and family problems?

3. Was the Project an illustration of private agencies' opportunity and responsibility to experiment in new ways of helping people?

4. In what ways did the Project aid in prevention and how can this be increased?

5. Did the Project serve to re-emphasize the social work aim of helping the total person in the total social situation - with careful balance between assisting with internal and external pressures - and stress on serving the whole family?

6. What is the role of the group worker with respect to the individual in the group as illustrated in the Project?

7. What were the effects on, and the trends in, recording and filing?

8. What conclusions as to the use of psychiatric consultation can be arrived at?
Summary

In the course of this investigation, the writers have noted the enormous amount of effort and interest invested by those involved in this Project in its two-year period of operation. This investment is in no way reimbursed by the small budget, relatively speaking, of $12,000. (See Appendix F for further explanation of finances). The value, in terms of the broader services received, directly and indirectly, by more than three hundred persons at Alexandra House alone, cannot be estimated. Likewise, the additional values of inter-agency coordination and casework - group work cooperation represent an important beginning. These positive aspects have now been incorporated into the programs and services offered by the Neighborhood Houses. The results of this Project are therefore far-reaching in their effect. The Joint Family Services Project is rich with material for further research which will bring to light many more values of this progressive experiment.
## Source of Referral:

- 1. Problems indicated at registration.
- 2. Problems indicated in group work programs.
- 3. Member request for service.
- 4. Community request for service.

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<th>in B.C.</th>
<th>in Neighborhood</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Presenting Problem(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maiden Name Father</td>
<td></td>
</tr>
<tr>
<td>Date of Marriage</td>
<td></td>
</tr>
<tr>
<td>Divorce</td>
<td></td>
</tr>
<tr>
<td>Separation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Marriage - Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mo:</td>
<td></td>
</tr>
</tbody>
</table>

| Housing | |
|---------| |

| Family Recreation & Interests | |
|------------------------------| |
APPENDIX C

FORM B

JOINT FAMILY SERVICE PROJECT

BEHAVIOURAL SYMPTOMS

<table>
<thead>
<tr>
<th>FAMILY SURNAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages F M C1 C2</td>
</tr>
<tr>
<td>C3 C4 C5 C6</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

AGGRESSIVENESS          PASSIVENESS          OTHER

( ) 1. Fighting         ( ) 1. Hiding            ( ) 1. line feminine role
( ) 2. Destructiveness  ( ) 2. Running away  ( ) 2. behaviour
( ) 3. Taunting authority ( ) 3. Fears             ( ) 3. communication
( ) 4. Inability to accept limits
( ) 4. Apathy
( ) 5. Belligerency
( ) 5. Moodiness
( ) 6. Bullying
( ) 6. Humility
( ) 7. Demanding attention
( ) 7. Fantasying
( ) 8. Desiring attention
( ) 8. Punishment
( ) 9. Projecting blame
( ) 9. Lying

MEANS OF IDENTIFICATION

BY WHOM OBSERVED

0. Observed behaviour
(1) in groups
(2) about agency
(3) on playground
(4) in community

R. REPORTED BEHAVIOUR

BY: (1) member of family
(2) person in community
(3) agency

I. INDIVIDUAL AWARENESS OF PROBLEM

DATE
LEGEND

SERVICES

CASEWORK
1. Referral Service
2. Brief Service
3. Exploratory
4. Treatment Interviews
5. Liaison Work Interviews

GROUP WORK
In Groups
A. 1. Direction to a special group - provision of professional or specially selected leadership.
2. Movement to another regular program group or activity better suited to meet individual needs
3. Provision of additional group experiences

B. In Total Agency Setting
1. Provision of increased sensitivity of all staff to individual needs
2. Provision of consistency in staff reactions to individual behavior
3. Provision of special attention by one or more staff members

CONSULTATION
1. Casework - Groupwork
2. Psychiatric
# APPENDIX D

## FORM C JOINT FAMILY SERVICE PROJECT

<table>
<thead>
<tr>
<th>FAMILY SURNAME</th>
<th>Ages</th>
<th>M</th>
<th>C1</th>
<th>C2</th>
<th>C3</th>
<th>C4</th>
<th>C5</th>
<th>C6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PROBLEMS

### A. RELATIONSHIPS

1. **Within the Family**
   - a. marital
   - b. parent-child
   - c. sibling
   - d. other

2. **In Group Situations**
   - a. with members
   - b. with leaders

### B. INDIVIDUAL PERSONALITY ADJUSTMENT

1. **Within the Family**
   - a. marital
   - b. parent-child
   - c. sibling
   - d. other

2. **In Community**
   - a. pre-school
   - b. 6-12
   - c. 12-21
   - d. adults (young)
   - e. Sr. Citizens

### C. PHYSICAL AND MENTAL HEALTH

1. **Physical**
   - a. illness
   - b. handicap

2. **Mental**
   - a. illness
   - b. Retardation

3. **Intellectual retardation**

### D. SITUATIONAL

1. **Economic**
2. **Employment**
3. **Housing**
4. **Vocational & Educational Adjustment**
5. **Recreation**
6. **Planning Substitute car of Children**
7. **Legal**
8. **Immigration**

## SERVICES

<table>
<thead>
<tr>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASEWORK</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
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<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>12</td>
</tr>
</tbody>
</table>
## APPENDIX F

### JOINT FAMILY SERVICE PROJECT BUDGET
(First year)

**TOTAL FUNDS AVAILABLE**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior League of Greater Vancouver</td>
<td>$3593.00</td>
</tr>
<tr>
<td>Mrs. Frank Smith Bequest</td>
<td>2200.00</td>
</tr>
<tr>
<td></td>
<td>$5793.00</td>
</tr>
</tbody>
</table>

**AGENCY BUDGETS**

### FAMILY SERVICE AGENCY OF GREATER VANCOUVER

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two Senior Caseworkers (4 days per wk)</td>
<td>3593.00</td>
</tr>
<tr>
<td>Stationery</td>
<td>25.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>$3718.00</td>
</tr>
</tbody>
</table>

### GORDON NEIGHBORHOOD HOUSE

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group work staff (Supervision $480.00) Specialists in group work $220.00</td>
<td>900.00</td>
</tr>
<tr>
<td>Stationery</td>
<td>25.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>10.00</td>
</tr>
<tr>
<td>Equipment (file)</td>
<td>10.00</td>
</tr>
<tr>
<td></td>
<td>945.00</td>
</tr>
</tbody>
</table>

### ALEXANDRA NEIGHBORHOOD HOUSE

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group work staff</td>
<td>763.00</td>
</tr>
<tr>
<td>Telephone</td>
<td>36.00</td>
</tr>
<tr>
<td>Stationery</td>
<td>25.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>10.00</td>
</tr>
<tr>
<td>Equipment (file)</td>
<td>10.00</td>
</tr>
<tr>
<td></td>
<td>824.00</td>
</tr>
</tbody>
</table>

**EXTRA STENOGRAPHIC HELP**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>125.00</td>
</tr>
<tr>
<td></td>
<td>5632.00</td>
</tr>
<tr>
<td>Balance in account</td>
<td>$161.00</td>
</tr>
</tbody>
</table>

### JOINT FAMILY SERVICES PROJECT BUDGET
(Second year)

**TOTAL FUNDS AVAILABLE:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior League of Greater Vancouver</td>
<td>2059.20</td>
</tr>
<tr>
<td>Community Chest and Council</td>
<td>4629.80</td>
</tr>
<tr>
<td></td>
<td>$6689.00</td>
</tr>
</tbody>
</table>

**AGENCY BUDGETS**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Service Agency of Greater Vancouver</td>
<td>3940.00</td>
</tr>
<tr>
<td>Gordon Neighborhood House</td>
<td>1355.00</td>
</tr>
<tr>
<td>Alexandra Neighborhood House</td>
<td>1394.00</td>
</tr>
<tr>
<td></td>
<td>$6689.00</td>
</tr>
</tbody>
</table>
## OUTLINE OF THE PROCESS INVOLVED IN THE JOINT FAMILY SERVICES PROJECT

<table>
<thead>
<tr>
<th>Method</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Selection of cases</td>
<td>Sources (a. observed behavior in groups from which (b. problems seen at registration cases (c. requests of members and non-members for service</td>
</tr>
<tr>
<td></td>
<td>1. observation of members in groups</td>
</tr>
<tr>
<td></td>
<td>2. expression of concern by group worker</td>
</tr>
<tr>
<td></td>
<td>3. diagnostic assessment of needs in situation by group work staff</td>
</tr>
<tr>
<td></td>
<td>4. family file started</td>
</tr>
<tr>
<td></td>
<td>5. clearing in Social Service Index</td>
</tr>
<tr>
<td></td>
<td>6. contacting other social agencies</td>
</tr>
<tr>
<td></td>
<td>7. consultation with caseworker</td>
</tr>
<tr>
<td></td>
<td>8. joint staff decision for referral to Project services</td>
</tr>
</tbody>
</table>

| 2. Tentative Diagnosis      | Further exploration of information from family, other agencies, by home visits, interviews, review of records, etc. and diagnostic formulation. Psychiatric consultation might be needed here. |

| 3. Plan of Treatment        | 1. Treatment goals defined                                                |
|                             | 2. Delineating of roles of group worker and caseworker                   |
|                             | 3. Plan for co-ordination of service including recording                 |
|                             | 4. Psychiatric consultation where required                               |

<p>| 4. Execution of Plan and On-going Evaluation | Group Workers tasks will include: 1. Provision of special group services - i.e. changing of group experience Providing special group experience Provision of relationships with group worker according to diagnosis |</p>
<table>
<thead>
<tr>
<th>Method</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Execution of Plan and On-going Evaluation (continued)</td>
<td>Group workers tasks will include (con't.)</td>
</tr>
<tr>
<td></td>
<td>Consideration of special problems, e.g. family relationships, sibling rivalry</td>
</tr>
<tr>
<td></td>
<td>2. Cooperative work with other agencies</td>
</tr>
<tr>
<td></td>
<td>3. Continued observation, recording and evaluation of the client's reaction</td>
</tr>
<tr>
<td></td>
<td>Case Workers task will include:</td>
</tr>
<tr>
<td></td>
<td>1. Plan for home visits or office interviews</td>
</tr>
<tr>
<td></td>
<td>2. Use of community resources and giving practical help where advisable</td>
</tr>
<tr>
<td></td>
<td>3. Provision of casework relationship in accordance with diagnosis</td>
</tr>
<tr>
<td></td>
<td>Recording and evaluation of client's progress</td>
</tr>
<tr>
<td></td>
<td>Co-ordination of Service through:</td>
</tr>
<tr>
<td></td>
<td>- staff conferences</td>
</tr>
<tr>
<td></td>
<td>- individual discussions</td>
</tr>
<tr>
<td></td>
<td>- recording</td>
</tr>
<tr>
<td></td>
<td>- periodic evaluations</td>
</tr>
<tr>
<td></td>
<td>- re-evaluation of plan based on further psychiatric consultation if necessary</td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
</tr>
<tr>
<td>1. Ability to make constructive use of agency program</td>
<td></td>
</tr>
<tr>
<td>2. Ability to form positive relationships with staff, with peers, in family and in community contacts</td>
<td></td>
</tr>
<tr>
<td>3. Ability to function effectively in social situations, such as school, job, home.</td>
<td></td>
</tr>
</tbody>
</table>
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Richmond, Mary, Social Diagnosis, Russell Sage Foundation, New York, 1917.

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**THESSES**


**OTHERS**


Housing Research Committee, *Vancouver Redevelopment Study*, City of Vancouver Planning Department, December, 1957.