SUPERVISED HOMEMAKER SERVICE IN VANCOUVER CANADA

by

GWENDOLYN BURCH

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ABSTRACT

SUPERVISED HOMEMAKER SERVICE IN A VANCOUVER FAMILY AGENCY

Supervised Homemaker Service in the Family Welfare Bureau of Greater Vancouver provides "homemakers" to families that are without mothers, either temporarily or permanently, for the purpose of maintaining the home and caring for the children. The Bureau has developed over a period of twelve years a group of experienced and well-trained women to do this work. The Service alleviates what might otherwise be a traumatic experience for a growing child, by keeping him in the familiar surroundings of his home; and it relieves the anxiety of the parents. As a result, in case of illness of the mother, either at home or in hospital, her recovery is not retarded by worry about her family. The Service builds upon the existing strengths within the family toward planning for their future well-being, and to this end it is co-ordinated with casework service to assist in the solution of family problems.

The material for the study was secured from many sources within the Family Welfare Bureau, which included minutes of the Homemakers' Committee; Director's Reports since 1938; minutes of other committees and meetings having a bearing on the homemaker service; minutes of homemakers' meetings; personal discussions with members of the professional staff; records of homemaker cases and applications for service. Two questionnaires were used: one for the caseworkers supervising homes which had homemaker service; the other to secure the views of homemakers themselves. The balance of the material was obtained from articles on the subject and correspondence with and visits to agencies in other cities having a similar service.

The study traces the development of the Service in Vancouver from its beginning in 1937; the methods by which it has been supervised; and the changing direction of policy, from the provision of an emergency housekeeper to coordination with casework. Types of service, and special problems are illustrated by sample cases. A tentative evaluation is made of the homemakers as a group, and of their growing appreciation of their contribution to team-work within a family agency.
The writing of this thesis has been a great pleasure to me; not only because of the interest I have had in the subject, but because of the wonderful spirit of co-operation which has been extended to me both by the Family Welfare Bureau of Vancouver, and by the Social Work Department of the University of British Columbia. This invaluable assistance is gratefully appreciated. Responsibility for any shortcomings is necessarily my own.
Chapter I.
INTRODUCING HOMEMAKER SERVICE

Homemaker Service may be briefly described as a service given by the Family Welfare Bureau of Greater Vancouver, in British Columbia, Canada, to place women in motherless homes as "substitute mothers". Homemaker service did not originate in Vancouver, but was patterned after similar organizations to be found throughout the North American continent. Predecessors to the homemaker service on this continent may be found in a number of European countries. Some of the European homemaker services have made splendid progress in the high standards they require of homemakers, training programmes, and the establishment of status in their communities. Many magazine articles have been read by the writer which give a bird's-eye view of this work in foreign countries of which England, Sweden, and Finland are outstanding examples, but conditions in those countries are so different to what exists on this continent that material from these articles will not be used in this paper.¹

Supervised homemaker service is an aid in preserving family and home life, and is frequently used as an alternative plan to foster home placement of the children when the mother

must be out of the home, due to illness. The following quotation from a United States Government publication covering homemaker service in its general aspects is applicable:

"The advantages of such a plan are apparent. It preserves the responsibility of the father in the direct care of the children; it maintains the home to the advantage of both father and children; and it requires far less adjustment on the part of all concerned than a plan which temporarily or permanently calls for the breaking up of the home and the separation of the family".

Supervised Homemaker Service in Vancouver is a casework service, which means that its effectiveness depends on adapting it to meet individual needs and situations. It is a casework service because it has been found that many of the people or families requiring homemakers have other problems which they have not been able to solve, and for which they need help. Moreover, a homemaker often makes it possible for a family to accept the other needed casework services. The following composite case with fictitious names will illustrate the value of homemaker service:

The Carter Case

A crisis has occurred in the Carter family. There have been other crises during the ten years since Mr. and Mrs. Carter were married, and the subsequent arrival of the three children, Bill seven years old, Jack four years old, and Dora two years old. One difference between this crisis and the others is that there seems to be no solution that will preserve the unity of the family. Mrs. Carter must enter the hospital in two days for an operation

which her doctor assures her is necessary if she is to maintain her health and continue as wife and mother. A relative was coming from Saskatchewan to care for the children, but wrote a week ago that she was unable to come. The family exhausted their ideas in the intervening week trying to get a housekeeper. They interviewed several women who were either unsuitable, or who were not satisfied with the ten dollars a week the Carters could afford to pay. Finally, three friends came to the rescue, saying they would each take one child. Mr. and Mrs. Carter reluctantly agreed to this plan, but they were fearful that it would not work out well, for the children were accustomed to being together, and Dora had required a great deal of special care due to a club foot which had now been corrected. Also, the doctor said that after two weeks hospitalization, Mrs. Carter must not do any housework for at least three weeks. This meant that the only part of the problem which was solved was the period of hospitalization.

Then a neighbour told Mrs. Carter about the Supervised Homemakers' Service. A telephone call to the Family Welfare Bureau was made, and an office appointment was arranged for Mr. Carter with the district worker. Mr. Carter was worried and nervous when he met the worker, and since he knew very little about the service, she explained it briefly to him as follows:

The Supervised Homemaker Service was only one of the family services offered by this agency, and was supported by the
Community Chest. It was designed primarily for emergency situations, in homes of more than one child, where the mother must be out of the home temporarily due to illness, or required complete bed rest at home, and when no other plan could be made for care of the children in their own home. The worker would need much information from Mr. Carter so the individual needs of his family could be satisfied.

Mr. Carter was also told that the homemakers were a group of mature, older women, who received their salaries and supervision from the Family Welfare Bureau. Most of these women had successfully reared their own families. They were neither in the same category as charwomen, nor ordinary housekeepers, as they were carefully selected for their qualities in adapting themselves to all kinds of family situations. They must have real love and understanding for the needs of children, and be able to cope with their problems, as well as ability to meet their physical needs and prepare low-cost meals of good nutritional standards. In other words, they acted as "substitute mothers", to carry on as nearly as possible the mother's planning for the family while she was out of the home.

It was further explained that the service was given to each family on an individual basis, to meet the particular needs of that family, and the homemaker who was best suited to the conditions of the home was placed there, if possible. Mr. Carter asked about the total cost of a homemaker. He was answered that the cost of
the service for a five-and-a-half-day week, not including administration, was ________ dollars. The cost to him would be worked out on an individual basis, according to his income and the budget needs of his family, and what they could afford to pay. Mr. Carter said immediately that he could pay $10.00 a week. Later in the interview, it was discovered that according to the minimum budget standards as set forth by the Dominion Government, and due to a loan he had secured to pay previous medical bills, Mr. Carter could not be expected to pay anything. However, he was proud, and the worker felt it was better for his morale to accept his agreement for payment of $5.00 per week. It was explained that a recommendation from the family physician was necessary for homemaker service, and permission was secured to contact the doctor. Arrangements were made with Mr. Carter for the worker to visit his wife at home.

The visit to Mrs. Carter was made the same day, as this was an emergency situation, and it was understood that Mrs. Carter must be worried about leaving the children to enter hospital. Mrs. Carter was expecting the worker, and apologized for the untidiness of the home, although the worker thought the housekeeping standards were good, but had probably been recently neglected, owing to Mrs. Carter's ill health. The homemaker service was also explained to Mrs. Carter, which seemed to relieve her natural anxiety.

Mr. Carter said that he could manage with a non-resident homemaker, who would be in the home for eight hours a day, leaving
him with responsibility for the children the remainder of the time. Mrs. Carter did not agree, and pointed out that this would mean that Mr. Carter would have to work a short day in order to get home before the homemaker left, which would result in a corresponding decrease in his income. She said that when she was not home, Mr. Carter did not take care of himself, although he was good with the children.

Enquiry was then made regarding home facilities, as homes must meet certain minimum standards, and in the case of a resident homemaker, arrangements are made for a separate bed and preferably a separate room. The Carter home was a four room wartime bungalow with two bedrooms, one occupied by the boys, the other by Mr. and Mrs. Carter and Dora, the youngest child. It was arranged that a resident homemaker would stay in the home while Mrs. Carter was in the hospital, sharing the bedroom with Dora, and Mr. Carter would sleep on the chesterfield in the living-room. It was planned that when Mrs. Carter came home from the hospital, the homemaker would become non-resident for the remainder of the time she was needed, in accordance with the recommendation of the doctor.

The worker learned as much as possible about the children, and Mrs. Carter's housekeeping routine, explaining that this was to help the homemaker follow Mrs. Carter's plans as much as possible. It was arranged that the homemaker was to have some evening time off, and the usual weekend leave from Saturday noon to Monday morning. The worker reassured Mrs. Carter by telling her that she would
personally be visiting the home frequently to see that every­
thing was running smoothly.

The homemaker selected, Mrs. MacRae, was taken to the
Carter home by the district worker, and introduced to the family
the day before Mrs. Carter was admitted to the hospital. The
worker described the arrangements which had been previously made,
in the presence of both the family and the homemaker, to alleviate
the possibility of a misunderstanding. Plans were then completed
for the homemaker to return for resident duty the following day.

The caseworker visited the homemaker in the Carter home on
the third day while Billy was in school and the two younger
children were having their afternoon nap. The homemaker was very
pleased with the Carter home, and said that this was a happy and
congenial family. There was only one problem which Mrs. MacRae
had noticed in the home to call to the attention of the caseworker
as follows: Dora, aged two, ruled the home; everyone jumped to
obey her wishes, and if this was not done immediately, Dora had a
tantrum, jumping up and down and screaming. Dora had to be
wheedled into eating, and this usually resulted in Dora's leaving
her vegetables and eating two helpings of dessert. The only way
that Dora would drink milk was from a baby bottle, which she
insisted on having every night in bed. Mr. Carter had a great deal
of anxiety about Dora, showing this by arising several times during
the night to assure himself she was sleeping. The homemaker had
tried to start teaching Dora to feed herself, but Mr. Carter thought
she was too young. Mr. Carter also thought that when Dora grabbed one of the boys' toys, even though he was playing with it, she should be permitted to keep it. The caseworker told Mrs. MacRae that she would talk to Mr. Carter about this matter on a basis of making the work easier for the homemaker.

Mr. Carter in his first interview with the caseworker after the placement of the homemaker, expressed himself as very pleased with the homemaker in every respect except her care of Dora. This gave the caseworker an opportunity to discuss methods of child care, and Mr. Carter's anxiety regarding the youngster. Mr. Carter realized that Dora was not as advanced in motor activities as most children her age, but attributed this to the hospitalization which had been necessary for her club foot. Mr. Carter was quick to grasp the idea that Dora was now setting her personality and behaviour pattern for life, and that he and Mrs. Carter were not helping her to grow into an emotionally mature adult. This was not accomplished in one interview, but was a gradual learning process, wherein the homemaker and the caseworker supplemented each other in assisting the family to develop a normal attitude toward Dora. Mr. Carter was now glad to have the homemaker's help in teaching Dora to feed herself and to drink milk from a cup, and to start teaching Dora that she could not always have a toy, especially if it belonged to one of her brothers and he was playing with it. Mr. and Mrs. Carter were pleased both with the casework services which had been made available to them, and to the homemaker.
programme as demonstrated in their home.

The Carter case illustrates the use of homemaker service and its co-ordinated use with casework. The majority of families needing homemaker service have more complicated emotional difficulties, often necessitating casework services long after the homemaker service has been terminated.

Five Categories of Homemaker Service

Five classifications of homemaker service are generally accepted by social agencies to differentiate between the kinds of service given. The majority of agencies, however, are not able to provide all five of these services, and this is true of the Vancouver agency.

(a) Inclusive Care. This service is given when the mother is absent from the home either permanently or for a long period of time. This type of service is not usually given by the Vancouver Family Welfare Bureau, although a few families have received homemaker service over a long period when no other plan was available, and it was considered detrimental to place the children in foster homes. This type of home requires an especially skilled homemaker, not only in her housekeeping abilities, but in meeting the emotional needs and aiding in the growth and development of the children. The homemaker must be very careful not to supplant the father in his relationship to his children, but rather to supplement and further

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3 These five categories may be found in several authoritative pamphlets on homemaker service and can not be attributed to a single source.
that relationship.

(b) **Interim Care** is that given by a homemaker during the temporary absence of the mother from the home. This is the type of service given in Vancouver to the majority of families which they serve, although it is called short term homemaker care, rather than the above name. The emphasis is on maintaining the home as near as possible in the same manner as though the mother were at home, and in effecting as few changes as possible in the care of the children. During this type of care, which varies in length of time from one week to three months, the emphasis is on good housekeeping standards, including the preparation of proper food, good physical care of the children, and continuance of the mother's training program for them. If a homemaker, over a short period of time, tried to initiate extensive changes in the home, regardless of how much they might be needed, this might make the mother feel inadequate, resentful and hostile, and cause trouble between husband and wife by pointing up to the husband uncomfortable comparisons of achievement between the homemaker and his wife.

(c) **Exploratory Care** is service offered in a motherless home, while the father and agency are trying to decide upon the best permanent plan for the future. The homemaker must do a good casework job in observing, and being able to understand and interpret the actions and behaviour of the children and father to the district worker, and not become involved, herself, in the family relationships; otherwise her effectiveness in the home is weakened.
(d) **Supplementary Care** is the use of a homemaker in a situation when the mother is at home but is unable to do any physical work. This means that the mother does the planning and directing of the home, which can be a very difficult situation for the homemaker, since she does the work but has no freedom in doing it the way she wishes. Usually, this service is given on a non-resident basis, and requires supervision from the worker to see that the plan is working smoothly, that the client understands the function of a homemaker and does not try to use her as a charwoman, and that the homemaker is not completely frustrated in being unable to use her homemaking talents as in a motherless home.

(e) **Auxiliary Care** is used by only a few homemaker services, as this is given when the mother is employed and there is no other plan available for keeping the family together in their own home. This service is not given in Vancouver.

**Types of Care Given by the Vancouver Agency**

The Vancouver homemaker service gives "Interim" and "Supplementary" care, which is short time care, usually given when the mother is ill and is dependent for its use on the recommendation of a physician. It is natural that this type of service should be the one given in the large majority of the homes served, not only because the need is more prevalent but this kind of service reaches more families and requires less homemaker time. This type of
service is important, making it possible to extend the amount of service further within the budget allotment from the Community Chest.

There are two reasons for not giving "Inclusive" service as a general policy: first, the budget will make no allowance for homemaker service in a permanently motherless home; second, it curtails the usefulness of homemakers who are in permanent placements, by making it impossible for them to circulate among the many homes receiving short term care as mentioned above. In other words, "Inclusive" service is too expensive to be financed by the Community Chest when measured in value received by the community in comparison with other types of service. There are two families who are being given long term homemaker service. Both of these families are large, the father in both cases is a good parent, responsible and interested in his children. When a father dies, the mother is given an allowance to remain at home and care for her children, but there is no such provision when a mother dies. If the father has the financial means he may hire a housekeeper; if he is without financial means, foster home placement of his children is often the alternative. Possibly the right solution for these families, and less expensive to the tax payers, would be for the public welfare department to establish a homemaker service to be used in homes where the primary need is not for casework services.

Inclusive service is given to a limited number of families and is financed through other than Community Chest funds.
It is a plan to provide homemaker service in homes which have a tuberculous mother, through the recommendation of the Metropolitan Health Committee, and financed by a federal health grant. The other special families which fall within the limits of this service are those when the mother is ill with cancer, financed by the Canadian Cancer Society; and the families when the mother has poliomyelitis, which is financed by the Kinsmen Charities.

Exploratory homemaker care is sometimes given in a permanently motherless home, but the homemaker is placed on a time limit basis, and only if the father has a constructive plan and this service is used as a stopgap until permanent plans can be made. The Family Welfare Bureau does not consider it is good casework to help a family get nowhere, so the families who receive help in these situations are the ones who have family strengths, and can be helped to help themselves.

Auxiliary care to provide a homemaker for a working mother is usually impractical, as this would entail long term service, therefore would be too expensive for the agency. In most cases, the mother's income would be little more than the homemaker's wages. There are agencies, however, which give this type of homemaker service.

The homemaker service in Vancouver has been in operation for thirteen years. Splendid progress has been achieved by the
agency and valuable service given the community, in spite of the intermittent need of extending a too slender budget to attempt coverage of a field dictated by need.

Supervised homemaker service may be given by a family agency, a children's agency, or a public agency. In Vancouver, where the family agency provides this service, the focus has continued to converge on maintaining the family as a unit. The following two quotations from a general article on homemaker service seemed apt in describing the Vancouver homemaker service:

"...it uses the homemaker as a vehicle of treatment, and so assumes a responsibility comparable to that assumed in placement by the children's agency".\(^4\) Thus, "Homemaker Service has an unique opportunity to enrich and strengthen individual security and family life, and co-operate with those efforts in the community which foster these purposes".\(^5\)

\(^4\) Homemaker Service, A Method of Child Care, New York City, Child Welfare League of America, June, 1941, p.3.

\(^5\) Ibid., p.2.
CHAPTER 2
RECRUITMENT AND TRAINING

During the "depression" years of the thirties, when unemployment, poverty and a low standard of living were widespread, the Family Welfare Bureau of Vancouver, a private family agency, was constantly made aware of the serious conflicts and difficulties by the families who came to them for assistance. Much of the work of the Family Welfare Bureau was devoted to helping clients resolve their difficulties, determine and build up their strengths, and overcome their weaknesses. Part of the work of the agency was to help clients meet their environmental needs through using available community resources. However, one group — namely, motherless homes in the submarginal income brackets — had no community resources other than resort to foster-home placement of their children; and it is obviously impossible to explore the possibility of meeting the need of such homes in other ways.

In Vancouver, two events combined in 1937 to stimulate an interest in attempting to solve this problem of the motherless home. The Family Welfare Bureau annual meeting (May 5 in that year) heard an address by Mrs. Cody of Toronto, who spoke on the Visiting Homemaker Service of that city, which was a service provided the motherless home. At the same meeting, a report was made by the Director of the Family Welfare Bureau, Miss Mary McPhedran, on a recent study of 39 motherless families known to the agency. Of these families, eleven mothers had died, nineteen had deserted their families, eight were in mental hospitals or
sanitariums, and one father was granted the custody of his children following a divorce. The economic status of this group was as follows: 17 fathers were employed, 5 had pensions, 15 were receiving relief, and 2 families were receiving support from older children or other relatives. These fathers were harrassed by their dual role of being both mother and father to their children. Neighbours made complaints about the children which would not have been made if there had been a mother in the home. When these complaints were investigated, as a rule no legitimate basis was found for them. Usually, the father was trying desperately to keep his family together. He was often handicapped economically by being unable to afford the services of a good reliable housekeeper, consequently the supervision of the children was affected. It was thought that the families who applied to the agency for help were probably a small percentage of the total number of families in the community who were motherless and without the economic resources to resolve their problem satisfactorily on their own.

It was due to this preliminary survey and recognition of the needs in the community that the visiting homemaker service was originally instituted in the agency. It started in the form of an experiment, to ascertain whether or not such a service would help to meet the needs of motherless homes, either temporarily or permanently. Criteria at that time for a recruitment programme were scarce, and due to the early concept of a homemaker as someone who did housework and cared for the physical needs of the family, it was at first thought that "good strong Mennonite girls" might make good homemakers.
It was also suggested that homemakers might be recruited from the Y.W.C.A. It was soon found that, although the Mennonite girls were certainly good strong charwomen, they were not suitable as homemakers, while girls from the Y.W.C.A. were too young and inexperienced for the responsibility of this service. It was at first decided to have two classifications of women doing this work: first, there would be housekeepers when the mother was ill but in the home; and second, there would be homemakers when the mother was out of the home either temporarily or permanently.

Three homemakers started to work early in 1938. Two were middle-aged women, known to the Family Welfare Bureau, who were seeking employment and also were known to have successfully raised their own families. The third homemaker was recommended to the agency by one of these women. It was from this early experiment with only three homemakers that the service has developed to its present position of prestige in the community.

It was very difficult in 1938 to learn what other homemaker services were doing on this continent, as little written material on the subject was available, since the National Committee on Homemaker Service was not established in New York until 1939. There is nevertheless an interesting history of the homemaker service which can be traced on this continent. It had its beginning in the United States during the 1930's when unemployment was rife, and the Works Progress Administration had to find employment for many women. The United States Government started housekeeping

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services in many parts of the country to give employment to women. Paralleling the need of these women for employment was the need for people who could serve in the many motherless homes to prevent the temporary or permanent disruption of families. The end of the Works Progress Administration brought no cessation of requests for this service in homes financially unable to make their own arrangements. Many homemakers were later able to return to other employment more to their liking; but a nucleus remained who enjoyed the work, liked people and were fond of children.

The Chicago Home for the Friendless in Chicago, Illinois, started a housekeeping service as a short-term plan to keep a family together in their own home when the mother was ill and out of the home temporarily. This is a private child-care agency which was originally an orphanage, but is now devoted entirely to short-term foster home care and the above-mentioned housekeeping service. Practically all the housekeepers hired were negroes. Many of them came to the agency well-trained by the Red Cross.

The Experiment Started.

The methods used in recruiting new homemakers were in a fluid or experimental state in Vancouver in 1938. It was feared that publicity regarding the need for homemakers might attract unsuitable persons for these positions. No carefully laid plans to interest prospective homemakers had been made, although securing

7 Chicago Home for the Friendless, Chicago; information obtained from personal interview with the executive, January, 1949.
the right kind of women for these positions was recognized as a serious problem. The chief sources of application for this work were Family Welfare Bureau clients, the Nurses' Registry (practical nurses), and personal applications – some in the latter instance having heard of the service through one of the homemakers or from a family who had used the service. In this way, one at a time, a fourth, then a fifth homemaker was added to the homemaker staff before the year 1938 was ended.

The conditions of employment under which homemakers were recruited are exemplified by the personnel practices under which the homemakers operated in 1938. The visiting homemakers were termed "Mother Substitutes", and were sent to manage the home in the following instances:

(a) when the mother was ill, either in or out of the home;
(b) when she had deserted;
(c) when the mother was dead; and
(d) when the mother needed instruction in home management.

It was decided to have two types of visiting homemakers: first, the capable, efficient housekeeper and household manager, who was skilful with children when both parents were out of the home; and second, the capable, efficient housekeeper who could work under the guidance of a mother who was ill at home but still able to manage her household.

Visiting homemakers could be required to be either resident or non-resident, or they might be placed in homes on a part-time basis. The scale of wages depended on the following factors: the problem in the home; the number, age, and nature of
the children; the condition of the home; and the hours of work required. The wages were established at from twenty-five cents per hour to ten dollars per week, plus transportation, if needed. It should be recalled that in 1938, these wages were not out of line with wages in similar fields, as domestic help was being paid an average of twenty dollars monthly.  

In 1938, the training of homemakers consisted of individual instruction in homes where they were assigned. Emphasis was placed on the fact that they were employed by the Family Welfare Bureau, and that their choice of loyalty was to the agency rather than to the family being served. The need for a real training programme was recognized at this early date. However, these were depression days, which necessitated placing the emphasis of training on economical household management. During the year 1939, recruitment and training of visiting homemakers was continued arduously. Although the number fluctuated, at the end of the year there were twelve visiting homemakers on the staff; seven were working full-time, four were working half-time, one was working two days each week, and one was working one and one-half days each week.

As the agency acquired more experience and learned more about the desirable qualifications of a homemaker, it became clear that women over forty years of age were usually better adapted to this work. Also the fact that a woman had successfully reared her own family was recognized as a good criterion for this position.

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8 The writer, in the fall and winter of 1938, paid from $15 to $25 per month for domestic help in Vancouver.
Another important quality was flexibility in her thinking, so that she could accept work with any kind of family, in any kind of situation, and so that the behaviour often found from emotionally disturbed children would not affect her adversely.

The agency was continually aware of the need for a training course, as the training continued on an individual basis, both at the agency office and in the homes. Emphasis in training was placed on care of the children and proper nutrition for the family who usually had a low income. Sometimes, the homemaker's instruction was to enable her to help the mother in household planning so the living standards of the family might be elevated. Sometimes, the homemaker was assisted in a plan to teach the older girl or girls in a family so that they might assume responsibility in the home when the homemaker was no longer there.

The early records give no indication that working conditions were discussed with the homemakers, but there was a constant desire to raise the standards of the personnel practices. Psychologically, homemakers were still being classified as domestics, although their work was approaching that of a profession. Early in 1940, it was decided that homemakers who had been employed for a year would be entitled to a week's holiday with pay, although no legal holidays were granted, as the Minimum Wage Board of the Province of British Columbia had ruled that domestics need not be given this time away from work.
Since no specific recruitment plan was established for homemakers, and standards were not sufficiently well-defined to predict with any accuracy which women would be able to adapt themselves to the role of homemaker, the turnover of these employees was considerable. Many frequently left of their own accord, or were told they did not seem suited to the work. This can best be illustrated by the number of homemakers employed during 1940. Of twenty-five homemakers given employment, fifteen were former clients of the agency, three were referred by other agencies, and seven made personal applications. During the next year, thirty homemakers were given employment, and in 1942, fifty-nine homemakers were hired during the year; but this number gives no indication of the number of families served, nor how many homemakers were on the staff at any one time. The number of families using homemaker service may be some indication of the development of the service:

<table>
<thead>
<tr>
<th>Year</th>
<th>Homemakers Hired</th>
<th>Families Served</th>
<th>Cost in Homemaker Salaries</th>
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<tr>
<td>1940</td>
<td>25</td>
<td>38</td>
<td>$2,397.60</td>
</tr>
<tr>
<td>1941</td>
<td>30</td>
<td>49</td>
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</tr>
<tr>
<td>1942</td>
<td>59</td>
<td>111</td>
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First Standards in Personnel Practice

In January 1941, after three years of experimentation, trial and error, an attempt was made to set certain standards for the recruitment of homemakers, and to classify those already on the staff according to their various abilities into two classifications: group A would be better paid; there would be educational

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requirements; age and weight of the applicant would be taken into consideration; but there would be no hard and fast rules. The final choice of the homemaker would be left in the hands of the Supervisor, a home economist at this time. When selected, this group would meet for discussion groups on the following subjects: the home, nutrition, budgetting, the child in the home, the ideal home, the homemaker as an interpreter of life to the child, and co-operation in the home. This group would act as "substitute mothers" under the following circumstances: when the mother was to be absent for a long period of time; when the mother was dead; when the mother was incapable of assuming responsibility for her family and it was necessary for the homemaker to teach her, or to look for or obtain evidence of neglect. Group B would be housekeepers to go into homes with the mother assuming responsibility for the children, or the housekeeper assuming the role of the mother for short periods of time. It was thought that women in this group would need good practical knowledge and have marked ability as housekeepers.

It was recognized from the beginning of the homemaker service in 1938, that a uniform medical examination was necessary for the homemakers. If a new homemaker did not already have a physician who could certify to her good health, the Family Welfare

To differentiate the titles of the supervisor of homemakers and the supervisor of caseworkers, the terminology of the Family Welfare Bureau is followed. Since a home economist was hired especially for the former position, "home economist" when used in this and following chapters refers to the supervisor of the Bureau's homemaker service.
Bureau paid for such an examination. The Tuberculosis Clinic agreed to give chest x-rays to homemakers and prospective homemakers, if they brought a letter from their physician, and they also agreed to give instruction to any homemaker who was placed in a home where there was tuberculosis. At this time, the Family Welfare Bureau's requirement regarding health of the homemakers was a physical examination, to include vaccination and tuberculosis x-ray. An attempt was being made to have these physical examinations performed free of charge by the Outpatients' Department of Vancouver General Hospital.

Definition and clarification of employment policies, duties of homemakers, training, working conditions, wages and hours, were further moulded into a program of written procedure in 1942. In this, emphasis was placed on the responsibility of visiting homemakers to the Family Welfare Bureau, and the need for reporting progress in the home or any incident affecting the relations of the family, as well as bringing any reports or misunderstandings to the attention of the Supervisor. A visiting homemaker must take the position to which she was appointed, but if she had a suitable reason for requesting that she be withdrawn, this might be done. It was ruled that a homemaker must not smoke while on duty.

The duties of the visiting homemaker in home management included assistance to the mother if she was in the home, but unable through sickness to do her own work, or care of the home if the mother was in the hospital. Emphasis was placed
on care of the children according to their regular routine, and if no routine existed, to start one in simplified form, so that if the mother was interested in this later, it would not be too difficult for her to learn the rudiments of such a plan. Other duties consisted of preparing nutritious and low-cost meals for the family, and responsibility for the regular household cleaning, washing and ironing.

Wages were increased in 1942 to a minimum of $30.00 per month for eighteen days service (the usual maximum), and $1.50 for each additional day worked. The work day was not to exceed ten hours a day, or sixty hours a week, and preferably the work week should be less. Those in residence service would receive salary consideration as an inducement. Each visiting homemaker should have one and a half days off each week, from not later than two p.m. on Saturday until Monday morning. Four out of the eight annual holidays would be given, and equivalent time off would be allowed for the other four holidays at the convenience of the family and the Family Welfare Bureau. A medical examination was still required. In the case of substandard living conditions, where a resident homemaker was necessary, a complete bed and bedding would be placed in the home for the homemaker. Each visiting homemaker was entitled to two weeks' holiday with pay, if she had been on the homemaker staff full-time for a year. Accidents to the homemakers while on duty would be considered on their individual merits. Visiting homemakers would have the same consideration regarding sick
leave as other employees of the Family Welfare Bureau. This was a timely consideration and showed that progress was being made in the improvement of status of the homemaker.

A training programme was now proposed, to consist of twelve lectures, given weekly, until completed. This was the most thorough plan devised up to that time to teach homemakers the various phases of their work. Enthusiasm was shown regarding the belief that this need would soon be satisfied. It was believed that since these women were selected on the basis of their past experience in home making, housekeeping standards were not the chief topics to be discussed, but that nutrition, health, normal and abnormal behaviour of children and adults and the reasons for such behaviour, would be far more helpful in their work. "Period one" was to be a discussion of the Family Welfare Bureau, the Visiting Homemakers' Service and how it fitted into the agency programme. Periods two to seven were to be on housekeeping and nutrition by the home economist. Periods eight and nine were to be on the care and training of infants and home remedies given by one of the nurses from the Victorian Order of Nurses. Periods ten and eleven were to be a discussion on the training of older children and behaviour of problem children and adults by the Assistant Director of the agency and secretary of the Homemaker Committee (Miss Grubb) who was a skilled psychiatric worker. Period twelve was to be a summation, including a further discussion on the responsibility of the homemakers to the Family Welfare Bureau. Unfortunately, due to the pressure of other work, it did not prove possible to put this training programme into effect.
This was discouraging, but determination to improve was strengthened. The need for homemaker training dictated that this programme be instituted at the first opportunity.

In August 1941, it was decided at the Conference on Supervised Homemaker Service, which was part of the National Conference of Social Work, to send a questionnaire to the agencies known to have a homemaker service to obtain information on existing personnel practices as they applied to homemakers. Fifty agencies replied to the questionnaire; for comparative purposes, it is interesting to see what the personnel standards of the Vancouver Supervised Homemaker Service were in relation to others on the North American continent. The following is from this report, made available in 1942, and gives majority findings:

of from three to five days. (As mentioned previously, it was realized that a training programme was an unfulfilled need in Vancouver).

Hours of Work: The majority reported a five-and-a-half or six-day week, and an eight- to ten-hour day. This question needed further study to bring about greater uniformity. (Vancouver reported on this as varying from eight to ten hours per day).

Wages: There was great variation in this area, too, as weekly wages varied from five dollars to twenty-nine dollars, and daily wages varied from $1.14 to $4.80. The majority of agencies had no plan for payment on days when the homemaker was not employed. The hourly pay for over-time was from twenty-five cents to fifty cents per hour. (Vancouver was in the lower middle group regarding wages).

Insurance: Only a few agencies provided liability insurance, and only three agencies protected homemakers against legal suit by a family if a child in the family was injured. (There was no insurance arrangement at that time in Vancouver).

Sick Leave: Nearly two-thirds of the agencies had no arrangements for sick leave. (Vancouver allowed the same sick leave to homemakers as to other members of the agency staff).

Vacation: There was a great variation in this area, some agencies had no plan for vacation with pay, those who had such a plan reported that their homemakers had from a week to two weeks with pay after being employed as a homemaker for a year. (Those on the permanent staff at Vancouver were entitled to a two weeks holiday with pay).

In the year 1948, the above report and the early evolution of the Vancouver homemaker service were discussed with Miss Grubb. She commented that Vancouver was so far away from all other services of this nature, that the evolution of their programme had been quite independent of what went on elsewhere. It was gratifying to the Vancouver organization to realize that their homemaker service had progressed satisfactorily in comparison with
other homemaker services. The standard of personnel practices also compared favourably with those of other agencies. This report, made available in 1942, was the most important help the agency had received to date in evaluating their work, by seeing the progress which had been made elsewhere.

It had been noted during the early forties that, in the fall of the year, during Community Chest campaigns with publicity about homemaker service, the number of applicants to do this work had increased. It was due to the value seen in publicity that advertisements for women to work as homemakers first appeared in the Vancouver papers.

The First Organized Training Programme

A great deal of difficulty was experienced in recruiting women for work as visiting homemakers, also in holding the more adequate ones, due to the low salary scale and difficulty of the work. In 1943, the agency had only three women on the permanent staff as visiting homemakers. They were guaranteed a monthly salary. Other women on the auxiliary staff were paid for the time they worked by the hour. The auxiliaries could be promoted to the permanent staff after six months service, if a vacancy existed. The permanent homemakers were provided with uniforms with the initials VH on the pocket, and the auxiliaries were provided with arm bands. As a part of the training programme, several joint meetings were held between the Homemakers' Committee and homemakers. In this way, the committee obtained a first-hand account of the problems which the homemakers encountered. The
homemakers, too, learned about the problems with which the committee worked. This contact with the committee was beneficial in raising the morale of the homemakers.

During the fall of 1943, a long-awaited training programme for visiting homemakers was instituted, which lasted three days. This training course started with an interpretation of the Family Welfare Bureau, and its function in the community. Then a history of the visiting homemaker programme was given, its purpose, responsibilities, and relation to other social agencies in the community.

A portion of the training programme was devoted to a discussion of the visiting homemaker, her work and her relationship to other people in the "team" or the community: the home economist; the social worker of the Family Welfare Bureau; the social workers of other agencies; doctors, the Victorian Order of Nurses; the public health nurses; the school; and the family. There were lectures on household management, budgeting of the family income, food budgeting, and other household problems such as dishwashing, laundering, etc. The lectures on the behaviour of children were given by the supervisor of the Child Guidance Clinic. This material covered the child in the home, at school and in the community.

A psychiatric caseworker lectured on the behaviour of adults, and the meaning behind various kinds of behaviour. This was made practical by fitting the homemaker into the situation,
showing what was required of the homemaker in situations where
the mother was out of the home, and in other situations where
the mother was in the home. Fathers' needs were discussed, as
well as the meaning of both good housekeeping and poor house­
keeping. A medical social worker lectured on different types
of illness, both from the organic and functional point of view,
pointing out the psychosomatic elements in tuberculosis, and
emotional factors in other illnesses.

The reality of at last being able to inaugurate a
training programme was in itself a big step in improving the
status of the visiting homemakers. The importance of the train­
ing programme in this respect was recognition that this was a
professional group of women, by placing emphasis on the emotional
factors in the homes which required their services. It was
possible that the homemakers themselves did not recognize any
change in their status up to this time, even though they had been
told repeatedly that they were staff members, except that their
work was in homes of clients rather than in the office. The
difference now was in their being treated as a recognized member
of the skilled team for assisting families to keep their unity as
families.

The training programme was also continued on an
individual basis as in-service training in homes which needed
homemaker service. It was decided that it was no longer necessary
for the programme to include both housekeepers when the mother was
ill at home, and homemakers in situations when the mother was out
of the home. It was realized that sometimes more skills were required on the part of the homemaker when the mother was home. The homemaker in such a situation must be careful not to usurp the mother's position with the children. She must not allow herself to be imposed on by an inadequate mother, who might be very demanding, or a mother who might want to use the homemaker as a crutch on which to lean, thereby becoming more dependent.

The following quotation gives a description of the attributes of "the perfect visiting homemaker" as follows:
"...a woman of 35 to 55, with an unselfish love of children and some experience in caring for them and for a home. She should be a stable, balanced person who has made a success of her own personal relationships, and who can be cheerful under difficulties. She should not be upset by disturbing behaviour on the part of adult or child, and should be able to adapt herself quickly from taking complete charge of a family to acting under the mother's direction. She should be able to turn out a wholesome meal without proper dishes and utensils, and should not be above getting down on her knees to scrub a dirty floor. Her own home responsibilities should be such that she can, on occasion, work overtime, or even stay right with a family for several weeks when both parents are away".  

Qualifications for Homemakers Established

The chief difficulty encountered during the middle 1940's, 1945, 1946 and 1947, were in relation to recruitment.

12 Director's Annual Report, Family Welfare Bureau of Greater Vancouver, April 28, 1944.
Every facility known to the Family Welfare Bureau was used to arouse sufficient interest in the community so that suitable applicants would be interested in becoming homemakers. Advertisements were placed in the Vancouver newspapers, and speeches to various groups regarding the activities of either the Family Welfare Bureau, or the Homemakers' Service included mention of the need for more homemakers. The homemakers were constantly being made aware of the need for more applicants for homemaker positions, and it was from this source that most of the best homemakers came.

In the year 1946, the Family Welfare Bureau prepared and started to use a four-page mimeographed brochure describing the homemaker service, to be used by agency workers, and other agencies who were interested in the service. This interpretation of the service was also to be given to women interested in becoming homemakers. The professional standards and duties of the homemaker were set forth as follows:  

1. The Visiting Homemaker works usually eight hours per day, 5½ days per week. Hours may be varied slightly to suit the individual case up to 48 hours per week. Some auxiliary Visiting Homemakers are available for week-end work where no other plan is possible.

Hours of work for the homemakers were very flexible.

The aim was to discourage dependency in the family using the

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Information for Agencies and Workers on Visiting Homemaker Service, Family Welfare Bureau of Greater Vancouver, January 1946. The clauses which are part of this "manual" are discussed seriatim in this chapter.
service, to give the family enough hours of homemaker help so that it would be an important factor in the rehabilitation of the family by helping the mother to regain her health. In one family, where the father had deserted, the mother was left with three small children all under five years of age. The mother was a recipient of Mother's Allowance. She had to be hospitalized for a hysterectomy, and she had no relatives or friends who could assume the responsibility of her home and three small children. A resident homemaker was placed in the home, but she remained for seven straight days at it might have been emotionally disturbing to the children to have an auxiliary homemaker assume responsibility for them over the weekend. When the mother returned to the home, it was possible to replace the regular homemaker over the weekends, and to give her some evenings off until this mother was able to resume her household duties.

2. The Visiting Homemaker will care for the children, make meals and do the regular work of the house. When desired, she will manage the family finances and do the shopping. She may take meals to a sick mother but is not responsible for nursing care.

Due to the homemaker's training, her ability to shop economically and prepare nutritious low cost meals were such that when most families saw how skilful she was in these ways, they were often eager for her to take over these responsibilities. The mother may have been struggling for a long time with an inadequate income until she became completely frustrated and could see no way of preparing appetizing meals with such a limited amount of money. The homemaker entering the home, with tasty
well-prepared food on an attractively set table, and a cheerful homemaker serving it, combined to raise the morale of not only the mother but the entire family.

3. She tries to adjust herself to the desires and habits of each family to whom the case worker explains that she is not a domestic servant. She is told she is a substitute mother. All members of the family are expected to help her with the work of the home.

A considerable portion of the homemaker's training was to stress the importance to her of adapting herself to the needs of each family, but this did not mean that she should allow herself to be imposed upon. If the family was too demanding and unco-operative, this was a problem to be taken up with the agency, if it was something which the homemaker could not work out with the family.

4. She will do the current washing and cleaning, but is not expected to cope with arrears of dirty clothes or a very dirty house.

The family was prepared before the entry of the homemaker by being told that she was not expected to do the work of a charwoman, but in spite of this, some families did expect unreasonable amounts of work from the homemaker. The homemakers usually had plenty of work without having heavy cleaning, washing of blankets, etc. The homemaker passed on the results of her training to the family in the way of better housekeeping methods, and a larger quantity of good, tasty and nutritious food. The way she handled unreasonable demands was an individual matter, but she was expected to call on the agency for assistance if needed.
5. In the absence of the parents, she will enter into and guide the children's spare-time activities, will discipline them when necessary, and will maintain the usual family contact with school and church. She will try to teach the older children to take responsibility for home management.

Such situations were extremely difficult for the homemaker as she must assume the role of both father and mother. The absence of both parents was often interpreted by the children as parental rejection, which made the homemaker's task more difficult.

6. The visiting homemaker is a staff member of the Family Welfare Bureau and is responsible to the Family Welfare Bureau Home Economist. She is appointed, instructed, paid and discharged by the Home Economist and not by the case worker or by the family.

General recognition was given to the difficulty which all agencies experienced in recruiting homemakers. A United States Government bulletin gave much valuable information on the selection and placement of homemakers, and emphasized that the success of a homemaker programme lay to a large extent in the quality of the homemakers employed. Most agencies offered lower wages than would attract homemakers. To meet the requirements for this exacting work, social agencies should offer good working conditions, and some kind of guaranteed annual income, depending on working a certain minimum number of weeks during the year. They should also offer annual vacations, sick leave, and time and a half for overtime.

Some women could be interested in becoming homemakers

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by showing them that they were making a real contribution in caring for children whose mother was ill, and that in working with a social agency, they were sharing the responsibility for the well-being of a family with the caseworker. It has been well said that "the skills used by social agencies in finding prospective homemakers are similar to those used by child-placing agencies in finding foster parents..."15

Well-Defined Personnel Practices in 1948

In November, 1948, the personnel practices as used by the Family Welfare Bureau, in relation to supervised homemakers were a matter of record. The qualifications desirable in a homemaker were itemized as follows:

1. "The homemaker should be between the ages of 35 and 65". This might seem like a wide age range, but 35 as the lower age limit is intended to eliminate women with small children. 65 as the upper age limit might seem high, but occasionally there has been a very capable homemaker in her sixties who did not feel the work was too difficult or tiring.

2. "She should have had experience in the care of children". There have been very few single women employed as homemakers. The majority of the homemakers have had experience in caring for their own children, and a few have previously been employed to care for children.

3. "She should have a sincere interest in children and should understand them".

It is not difficult to learn how much interest and understanding a prospective homemaker has for children, because she tells that unwittingly in whatever she says about youngsters.

4. "She should be able to work with different types of people".

This is very important if she is to do a professional job. She cannot be governed in her work by strong likes and dislikes, since she must take any assignment given her.

5. "She should be able to accept supervision and take her place as a member of the Family Welfare Bureau staff.

At the time of employment, if a homemaker has never previously worked outside her own home, it may be difficult for either the supervisor or the homemaker to know how well she can accept supervision or adapt herself to the agency in its programme. When a homemaker is working in a home, she often becomes attached to the family. She must enjoy her work, to be of the best service to the family. This is recognized by the agency when a homemaker is enthusiastic in doing her share toward the rehabilitation of a family. However, if she becomes sentimental over the family, allows them to impose on her both in time and the work to be done in the home, does not follow the plan as worked out among the doctor, public health nurse, district worker, supervisor of homemakers and herself, and does not report important occurrences to the supervisor, she is not working to the best interest of either the agency or the family. The majority of new homemakers are
sentimental over their first family, but through talks and the use of examples in showing how other methods work, a new worker may in time become one of the best homemakers, with a thorough understanding of the need for a professional attitude toward her job.

6. "She should be able to respect the confidence of families served".

This means that the homemaker should maintain the same kind of confidentiality as the social worker. The homemaker should not discuss a family where she has worked with the family where she is working, with her own family, or friends. She should of course be free to discuss anything and everything regarding the family with the supervisor of homemakers, since she is a member of the Family Welfare Bureau staff, and the family understands her relationship as being on this basis.

The status of the homemakers in 1948 was as follows: permanent homemakers were paid a monthly salary whether employed full time or not; auxiliary homemakers were paid by the hour when they were working, but could be promoted to the permanent staff after six months of employment if needed. Fifteen or more working days in a month were considered a full month, nine to fourteen days as half a month. Salaries were paid twice a month, permanent staff receiving a salary of $75.00 to $90.00 per month and carfare. Increments of $5.00 after six months of satisfactory service, then $5.00 per year to the maximum. Auxiliary staff homemakers were paid 45¢ per hour for the first six months, then 50¢ per hour if not promoted to
the permanent staff, plus carfare. In figuring the length of
service, fifteen days would count as a full month, nine to
fourteen days as half a month. Resident service entitled the
homemaker to $2.00 more per week, on the basis of a 44 hour
week. Overtime was paid on the basis of 50¢ per hour.

The Final Stage of Development, 1949-1951

In 1949, Homemaker service underwent a reorganization.

In May of this year, additional homemakers were needed to take
part in a programme of giving homemaker service in homes where
the mother had tuberculosis. This meant that a training programme
for the homemakers was a necessity, not alone for the new appli­
cants, but for those already on the staff. A Family Welfare Bureau
caseworker, Mrs. Cowper, became the supervisor of the homemaker
service in place of the previous home economist. She was made
responsible for the recruiting and training programme, and the
homemakers were all made directly responsible to her, any problems
which arose to be discussed between the homemaker and Mrs. Cowper.
The district workers were to supervise the homemakers in the homes.
This planning was intended to bring the homemakers more closely
into the family group of the agency, while they were to work with
the caseworker toward a better understanding of the family with
which they were working. It was to be a co-operative casework
venture, and the joint aim was to re-establish the strengths in
the family toward independence.
The programme to recruit suitable homemakers was given impetus in several ways, asking the homemakers to refer any of their friends whom they thought were suitable, and letting the need be known among friends of the agency. During the early summer of 1950, one of the popular Vancouver newswriters wrote a short article on the homemaker service, and the need for new applicants for homemakers. This was not just publicity, but the right kind of publicity, and the article brought quite a large number of applicants, several of whom have since developed into good homemakers. At other times, when a new homemaker is needed, and applicants are not available from usual sources, the National Employment Service is asked for assistance in finding women with the necessary qualifications.

Certain distinct qualities are now looked for when hiring a new homemaker. It is preferred that the applicant be a woman who has a family of her own, who likes people, is fond of children, has some insight into child behaviour, and has a real desire to help people. She must be a good household manager and a good plain cook, in good health, and with no emotional problems of her own which she might identify with the clients. She must be calm and even-tempered, she must be pliable and able to adjust easily, and hence able to bring a feeling of assurance and relief to a troubled household. She must be reliable, responsible and honest, and able to accept suggestions and criticism from both the caseworker and her supervisor.

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It is not hard to realize that it is difficult to find an adequate number of good homemakers, and even more difficult to secure resident homemakers. Only a limited number of homemakers are willing to go to resident placements. The extra bonus of two dollars a week for resident service holds no particular appeal, as the majority much prefer to return to their own homes every evening.

The Family Welfare Bureau now believes it is better to have no homemaker in a home than to have the wrong kind. When the tuberculosis programme was inaugurated in May, 1949, a group of homemakers had to be employed quickly without proper screening for the right qualifications, but since then, this has been corrected by keeping only those women as homemakers who are flexible enough to continue learning, and using their knowledge with the families they serve. The tuberculosis programme meant that the homemakers required greater skills in the handling of emotional problems in a family. The qualities which make a good homemaker — one who is appreciated by the average family who needs short-term emergency homemaker service — are the very qualities which make her a threat to the tuberculosis mother. The tuberculous mother often directs all the hostility she has in other areas of her life on to the homemaker, and it has not yet been determined how much hostility a homemaker should be expected to accept.

The tuberculosis programme is not handled as a separate division of the supervised homemaker service, as most of the
homemakers work in tuberculosis homes. No homemaker is placed in a tuberculosis home, however, if she fears the disease. Due to the nature of homemaker placements in homes with tuberculosis, and the need to extend the service to as many families as possible, one homemaker may serve several families simultaneously, going to two or three families, two or three times a week, for whole days or half days, as the physician recommends. This means that the homemaker must be trained rigorously in the meaning of confidentiality, so that she will not talk about one family when she is working in the home of another. This has been the most difficult part of the training, as it has been hard for some of them to understand what harm can come, for example, from making complimentary remarks which imply comparisons.

During the past two years, a satisfactory method of conducting interviews with prospective supervised homemakers has been developed. The first interview is for the purpose of forming impressions. The majority of applicants have never worked except in their own homes, so may feel and act a little uncomfortable in an interview for employment. It is necessary to keep in mind that this applicant is not a client, that the purpose of the interview is to decide jointly whether this is the kind of work she can do and will enjoy. She is therefore made to feel as much at ease as possible.

The applicant is never asked about her marital status, as she may be defensive about it, but she is asked if she has to work, if she is dependent on earning her own income. The question
put in this way often reveals her marital state e.g., widowed, separated, or divorced. It is important to know prior to employment how she feels about marriage, men and children, but this is usually ascertained later in a natural way when discussing her home and family experience.

During the first interview, she is given an explanation of the service the Family Welfare Bureau meets in the community, and an interpretation of a supervised homemaker as a "substitute mother". It is found out how she feels about tuberculosis. A great deal of emphasis is placed on this being a difficult job, with many children's problems, and there is some talk of the symptoms of child disturbance. The work is hard, but emphasis is made to discourage anyone who might not want work that is difficult. An explanation is given about everyone working together for the rehabilitation of the family.

The applicant is sent home after the first interview to think it over, unless, of course, she indicates that this is not the kind of work for which she was looking, or it appears to the Family Welfare supervisor that this applicant is not suited to the work. In the latter case, this would be frankly discussed with her. The second appointment is made entirely on the initiative of the prospective homemaker. It is not until the second interview that she is told all the particulars of the work. Often the matter of pay is not discussed until the second interview, then this is discussed in relation to the total programme and the entire process is explained thoroughly and carefully, including staff meetings,
training programme, supervision by the district worker when in a home where the home is also being supervised by the district worker, and overall supervision of the homemaker by the supervisor of the homemaker service. At this time, the application blank is filled out. It is very helpful if the applicant asks a lot of questions, as her feelings and qualifications can be assessed more easily than if she is a woman who does no talking. Arrangements are made for the applicant to have a full medical examination through the Outpatients' Department of Vancouver General Hospital, and a tuberculosis x-ray from the Tuberculosis Unit.

No interest is shown regarding a homemaker's personal life, except as it relates to her work. Much is learned due to the way she feels and reacts to different situations; however, it cannot be stressed too much that she is not a client. There are certain qualifications necessary to this work which might not be valuable in other types of employment. The qualifications which are most necessary are the attitudes and feelings of the prospective homemaker toward people, her ability to adjust to all kinds of people, and her interest in doing so. The applicant is checked through the Social Service Index to learn if she or her family is known to any of the social agencies; but this should not be my feeling that this should not be relied on too strongly.

The programme of recruitment and training of supervised homemakers has rapidly come of age. Greater progress was achieved in this area during the past two years than in the
previous five years. This came from the benefit of experience and mistakes made in the homemaker service during the period of evolution, as well as learning from the many sources of information now available of policies found to be sound in other places in a service of this kind. It was realized in the agency that a programme of closer working relationships with the supervised homemakers would lead to better morale. To further this purpose and to establish a training programme, monthly staff meetings for the homemakers were started in January, 1949. But this new activity is so closely interwoven with supervision that it will be discussed in a different section.
During the early years of the Vancouver homemaker service, the frequent change of the supervisor of homemakers was not as disruptive as it might seem, since continuity was maintained in the overall administration and supervision of the entire programme by the director of the Family Welfare Bureau, Miss McPhedran, and assistant director, Miss Grubb. A Homemakers' Committee was formed to establish policy and act as a case committee for homemaker cases. The first committee members were appointed from the Board of the Family Welfare Bureau, who at first met with the director of the agency. Soon afterward, Miss Grubb became secretary of the committee, which position she held until she retired from the agency in 1949. The first homemaker committee meeting was held January 26, 1938, at which time it was decided to employ a qualified home economist as supervisor of the new service. It was established that the committee would assist in determining which families should receive the assistance of homemaker service.

From the first meeting, a number of other agencies, such as the Children's Aid Society, City Social Service Department, Social Service Department of the Vancouver General Hospital, Social Service Department of the Tuberculosis Unit, the Victorian Order of Nurses, and the Metropolitan Health Nurses, were asked to send a representative to the monthly meetings of the homemaker
committee. It was clear that the first or experimental stage of this programme would require careful administration and supervision, as the Committee decided to request only $700.00 for homemaker salaries during the year 1938. Later, a small additional amount was secured.

The home economist appointed, attended the second meeting of the homemaker committee. Decisions made in the first two meetings may be summarized as follows: the home economist's duties were to recruit and train (a) housekeepers for homes when the mother was ill temporarily such as cases which would usually be referred by the hospital; and (b) homemakers for situations when no mother was in the home. The home economist was to explore the home before placing either a housekeeper or homemaker. It was recognized that great care must be used in selecting the right housekeeper or homemaker for any given circumstances. The home economist was to instruct housekeepers - and older girls in motherless homes - on the care of the home, budgeting and meal planning, and to assist clients in budgeting. In other words, direct supervision of the programme, the homemakers, and homes served by the homemakers, were to be handled by the home economist, as supervisor of the service.

A report made to the committee at the meeting held April 13, 1938, showed that three women had been employed for either full-time or part-time service: two were in motherless homes, and the third in the home of an invalid. A fourth homemaker, when one was found, would be placed in another motherless home. It was acknowledged at this meeting that other agencies
would be able to use the service. The most difficult problem was to find suitable women for the work. The home economist believed that a training class would conserve time she spent training and supervising homemakers in home.

The Visiting Homemaker Service was initiated in the first place due to the many permanently motherless homes in the lower income groups which came to the attention of the Family Welfare Bureau. However, it did not take the home economist a year, working with the many applications for service, and a small budget which had to be extended over the entire period, to realize that it was not practical to tie up all the homemakers in homes which would need a permanent or long-term service. In motherless homes, with an older girl, the home economist and the homemaker co-operated in training her for the work of caring for the home and family, as this service was intended as a constructive plan in rehabilitating families. In other words, there had to be a balanced programme, enough emergencies of a temporary nature to balance the long-term cases, to preserve the flexibility of the service, so homemakers would be available for an emergency such as a mother suddenly being sent to the hospital, leaving several small children at home. In a case of this kind, if no relatives or friends could help in the situation, dad must stay home from work to care for his youngsters, which meant the family would be further disrupted, with less income to defray expenses.
The emphasis began to swing away from service to the permanently motherless home before the first year of operation ended. From April 1, 1938, to March 31, 1939, seventeen homes were provided service. The following indicates the reasons for placement of a homemaker: in four families, the mother was dead; in four families, the mother was ill at home; in five families, the mother was temporarily ill in the hospital; in two families, the mother was in a mental hospital; and in two families, the mother had deserted.

The home economist was kept busy, working with the secretary of the homemaker committee, and the committee, to establish some kind of uniform standards. It was necessary to seek and read what scarce information existed on this type of service in other places. It was a problem to know which families who were referred, or who applied for service, should receive it, since there were not sufficient homemakers to care for all in need. Although women were hired for both full-time and part-time work, the latter were often found unreliable when needed for an emergency, because their own families might require their efforts before they could work in another home. It was also found that former clients of the agency who had become homemakers often had personal problems which prevented them from being sympathetic to the difficulties of the homes where they were placed.
Meeting Environmental Needs

The emphasis of the home economist in supervision during the first year of the service was largely on meeting the real physical need of families for someone to take over the organization of their homes and reinstate routines. Some of the situations were so desperate and so near complete disruption that anyone coming in to care for the home was better than having no one. There was the father (we will call him Mr. Brown), who was left with five children between the ages of two and twelve when his wife died of cancer, following a long illness. Complaints of neglect came to both the Children's Aid Society and the Family Welfare Bureau. Some of the complaints were: the father was lazy, shiftless, quarrelsome with the neighbours, inadequate in caring for the children; was unable to hold a regular job; left the care of his children to inadequate housekeepers; and was a lavish spender, owing many bills. It would appear from these reports that this was a protective case.

The actual situation sifted out after seeing Mr. Brown was much different. Two years previously, it was discovered that Mrs. Brown had cancer, so treatments had started at that time to try to cure her. Three operations necessitated large hospital and other medical bills. The family had no relatives who could help them in the care of the children when Mrs. Brown was unable to do so. Friends helped a great deal while Mrs. Brown was living. Even then, Mr. Brown had to remain home from work sometimes to assure himself that the children were getting proper care.
After Mrs. Brown died, friends and neighbours advised Mr. Brown to break up his family, to either relinquish them for adoption, or at least have the Children's Aid Society place them in foster homes. The more advice he was given of this nature, the more determined and defensive he became about his home and children, especially as he realized his youngsters were not getting the kind of care to which they were entitled. He was genuinely fond of his family, and was determined to keep them together, if possible. Certainly he had many debts, as he had always been too proud to ask for relief, but he was paying on them. It was true that he had difficulty keeping a job, for with his small income, he had been unable to hire the right kind of help. There had been a series of inadequate housekeepers, and when one left, or was released, if no one was found to care for his family, he had to stay home and do so. He had lost two jobs for this reason as these were the days when a worker was easily replaced. However, he pointed out that he had a good work record, and was always able to get another job as soon as he was relieved of care of the home. He was quite discouraged, but it was apparent that this was a well-knit family group, and that if he were relieved from the worry of poor care of the youngsters, he would probably earn an adequate living.

A homemaker was placed in the home. Mr. Brown responded by getting himself another job immediately. At the end of the first week of service, it was evident this was the right solution
for the family. Mr. Brown's morale was lifted, he came home to a well-cared for home, happy children and a good hot meal at night. He lost his defensiveness when neighbours gave him unwanted advice, and commented voluntarily on how much his attitude had changed. Aside from the real social value of keeping the family together in a family unit, the cost in money of placing these five children in foster homes, as no one home could take five children, would have been far greater than the cost of placing a homemaker.

Meanwhile, the home economist was learning about problems in homes from the homemakers, problems which might not have been known by the agency for a much longer time. The home economist was in the position of working with both the family and the homemaker, but she was not a caseworker. Problems of household management were handled but other family problems, unless glaringly evident or thought urgent were apt to be overlooked. The agency recognized that the solution of supervision was not completed by the employment of a home economist, but it was the only way in which the programme could be financed.

In September, 1939, the second home economist supervisor of homemakers was employed to replace the first. She started where the first home economist left off, giving budgeting assistance to caseworkers, clients, and homemakers; supervising homemakers and
the homes where they were placed; making speeches on nutrition, budgeting, etc., holding classes in home management and budgeting for teen-age girls from motherless homes. The home economist was responsible for the statistics of this new service, and the compilation of the monthly report to the homemaker committee. She also gave budgeting assistance to several other agencies: the Children’s Aid Society; the Vancouver Day Nursery Association; the Mother’s Allowance Department of the Public Welfare; and the Nutrition Clinic of the Vancouver General Hospital.

From April 1, 1939 to March 31, 1940, the home economist supervised thirty-eight homes who had homemaker service. She hired, trained and otherwise supervised twenty-five homemakers who were employed at one time or another during the year. (As mentioned previously, the turnover was great, though there was an attempt to find workable criteria for ascertaining the suitability of applicants). The home economist also drew up forty-five budgets for clients of the Family Welfare Bureau, aside from the other duties enumerated above. During this year, the classification of the cases accepted for service was being changed still further to give more service in emergency situations. The following reasons for placement of a homemaker may be of interest in this connection: in seventeen families, the mother was ill at home; in ten families, the mother was ill in the hospital; in four families, the mother was dead; in four families, the mother had deserted; and in three families another member of the family needed care. Twenty-nine of these thirty-eight families received help with other difficulties as follows: nutrition instruction and family budgeting; children's
school and behaviour difficulties; health difficulties; lack of recreation; poor home equipment or housing; tangled family relationships; and financial difficulties. As can be seen from these factors, great emphasis was placed on an environmental level, which was natural to find under supervision by a home economist lacking in casework training.

During the year 1940, the visiting homemaker service grew to large proportions, due both to the service becoming better known, and the need for homemaker assistance in homes when the mother was ill and the father was away in military service. It became apparent even before the statistics were completed for the fiscal year April 1, 1940 to March 31, 1941, that the home economist could not continue to supervise both the homemakers and the families where they were placed.

Experiment in Supervision

On January 1, 1941, the new home economist who became supervisor of the homemakers had her work completely divorced from work with the families who had homemaker service. The district workers supervised the homes, conferred with the home economist, who in turn supervised the homemakers. It was recognized that this method of operation was cumbersome, but the agency was experimenting with supervision, within the boundaries of the budget.

The following home economist's report for the year April 1, 1940 to March 31, 1941, seems to be the best illustration of
the way in which her work had changed. Forty-nine families with 152 children were supplied with a visiting homemaker during the year, twelve of these were military families. The reasons for placement of a homemaker were as follows: in thirty-seven families, the mother was ill; in seven families, the mother had deserted; and in five families, the mother was dead.

The home economist continued to recruit, train and supervise the homemakers, she continued to be responsible for all records and statistics for this service, under the guidance and supervision of the secretary of the homemaker committee, Miss Grubb. The home economist continued to be responsible to the homemaker committee which remained an active group in recommending changes in policy regarding supervision, personnel practices, or advice as to continuation or withdrawal of a homemaker from individual homes. Much emphasis on an environmental level endured as the budgeting service continued. Part of the emphasis on budgeting was made necessary since the Family Welfare Bureau agreed to include in the agency programme a war-time service with families of men in the armed forces for the Canadian Government, to determine eligibility for assistance with medical bills. The home economist prepared ninety-one budgets this year, of which forty-five were for families of enlisted men, and she held forty-eight classes on budgeting aside from her work of supervising homemakers.
For a short time an experiment was tried, the district workers supervising both the homes who had homemaker service and the visiting homemakers. The home economist continued to give general supervision to the homemakers and the service. The homemakers were quick to voice their dissatisfaction with this arrangement as they had been satisfied with their supervision by a home economist. The agency placed emphasis with the district workers that confidential information regarding families must not be passed on to the homemaker, but one of the duties of the homemaker was to pass on to the district worker any information she might have regarding the family. The visiting homemaker was not being treated as a co-worker, too much of the feeling of a "master-servant" relationship existed. In other words, although the agency gave partial recognition of the contribution that homemakers were making to the families whom they served, and therefore to the agency, this group had not yet received proper recognition of their importance to the programme. The programme had evolved at this time to the point that supervision of the homemakers started to emphasize care of the children and proper nutrition for the families, placing household tasks as such in a secondary role.

On May 1, 1941, another home economist, came on the staff of the Family Welfare Bureau as supervisor of the homemaker service. During this time, there was a rapidly expanding need for homemakers,
and it became more apparent that the mechanics of supervision had not been resolved adequately. It seemed a logical evolution to have a caseworker in this department, supervising the families who had homemaker service, while the home economist supervised the homemakers, but it was several months before a caseworker could be secured for this work. Prior to the advent of the caseworker, the avalanche of cases requiring immediate attention completely buried a clear supervisory picture. The home economist supervised some homes and all of the visiting homemakers, while district workers supervised the remainder of the homes. They had no time to sit down then to analyse the elements of supervision, but policies were unconsciously being formulated, and the programme continued to be flexible. Application forms for families needing the service, and other forms to simplify the work of the supervisor were originated.

To show the confusion around administration of the programme, a proposal was made to the homemaker committee that homemakers be paid according to the difficulty of the problem in the home in which they were working. A tentative scale of wages for the visiting homemakers was discussed with the homemaker committee without discussion of criteria which would be used in assessing prior to placement the type of home in which the homemaker was to be placed. The proposed scale was as follows: twenty-five cents plus carfare would be paid for work by the hour, four to eight hours; a salary of twenty-five dollars per month
would be paid for the care of a home presenting no serious problem, and when the management of the home was not very difficult; a salary of thirty dollars per month would be paid for the care of a home which needed a great deal of attention, and in which the children needed care and instruction; wages of $7.50 to $8.50 per week and carfare would be paid for the care of a home during confinement and hospitalization; wages of ten dollars per week would be paid for the care of a home where there was a difficult problem such as a child being released from Juvenile Court.

**Joint Supervision in Homemaker Service**

There was a great deal of discussion regarding the problem of supervising homemakers, and the need of securing skilled women who could accept supervision, to work in homes which were disturbed through illness or emotional difficulties. To satisfy this need a caseworker came on the staff January 15, 1942, to supervise the homes which had homemaker service, and to assess homemaker applications for service thereby gathering criteria to help establish plans and policies for the service.

This co-operative effort of home economist and caseworker might have had a good chance for survival, except that the number of cases continued to increase to such a point that the caseworker was completely swamped with so much work that her efforts had to be almost entirely on an eligibility and environmental basis,
rather than working as intended, with the emotional difficulties in the families requiring homemaker service. After a few months' trial, the agency decided this was not a workable method of supervision but this method remained in operation until 1943. In reviewing this period nine years later it is apparent that both the caseworker and the home economist were too busy with immediate emergencies to formulate plans for the most efficient and constructive joint supervision.

The following report for the fiscal year April 1, 1941 to March 31, 1942 should give some indication of the way the need for this service pyramided during this period. One hundred and eleven families, with three hundred and fifty children, were provided with a visiting homemaker. Forty-four of these were military families. The reasons for placement of a visiting homemaker were as follows: in one hundred families the mother was ill; in five families the mother had deserted; in four families the mother died; and in two families the mother needed instruction in home management. Aside from this large number of families needing supervision, fifty-nine homemakers were employed during the year, although only a portion of these continued in employment as homemakers, since most were found unsuitable by the home economist. It was becoming apparent, that not every woman who was a good housekeeper and who had successfully reared her own family, could necessarily be trained in this work. The supervisor realized that the homemakers must understand
that their first loyalty was to the Family Welfare Bureau, and not to the family. If the home economist in training of the homemaker found her continually unwilling to accept supervision, that homemaker could not be of value to the agency, since she might identify herself too much with the family, and withhold information that was necessary for the worker to have to better understand at what level this family was functioning.

During this period, the home economist prepared one hundred and ninety individual family budgets. One hundred and thirty-four of these were for families known to the Family Welfare Bureau, twenty-four were for families being assisted by other social agencies, and thirty-two were for families known to the military auxiliaries. Ninety-nine of the total were for families of men in military service. During this period, too, twenty-two talks on nutrition were given by the home economist in the community.

The home economist conducted a regular weekly interview with two teen-age girls in one family who had a visiting homemaker for a long period as the mother was dead. This was an experiment, but seemed to be getting the necessary results in co-operation with the homemaker in the home. The home economist had discussions with the girls on: personal appearance, nutrition, work schedules, clothing selection and care, household equipment, purchasing and selection of household articles, home cleanliness and stain removal.
Aside from the immediate supervisory work within the Family Welfare Bureau the home economist acted as publicist in the community in relation to the service. She supervised seven nutrition classes in women's auxiliary groups, some of whom were enthusiastic. She gave a radio talk on the "Adequate Diet", under the auspices of the Greater Vancouver Health Programme. Each month, the home economist took sampling of food prices from several different classes of stores, and made necessary changes in the costs of living in relation to minimum food budgets.

Interesting information was gathered through a questionnaire sent by The National Conference of Supervised Homemaker Service of the National Conference of Social Work to seventy agencies on the North American continent who had homemaker services. The questionnaire was on personnel policies, and on the question relating to supervision, out of thirty-four replies, the following information was given: twenty-four agencies reported that supervision was provided by the caseworker, six by the homemaker supervisor or home economist. Several of the homemaker supervisors were caseworkers with much experience, and many of the caseworkers who were doing supervision had training in home economics. In agencies where both a home economist and caseworkers were employed as supervisors, frequent consultation was necessary.

This report was significant in point up the importance of supervision of this service by a caseworker. However, this was probably overlooked due to the overwhelming number of applications for service which were being made to the Family Welfare Bureau. During this wartime period, the caseworker, home economist combination had no opportunity to function successfully due to the large volume of work.

District Workers Supervise Homemaker Homes

The home economist left the Family Welfare Bureau in June, 1942 to join the Army, and another home economist replaced her as the new supervisor of homemakers. The caseworker remained until March, 1943 as supervisor for families who had visiting homemaker service.

In March, 1943 a new era started in supervision which continued in much the same manner until January 1, 1949. The home economist continued to be the supervisor of the visiting homemaker service and of the homemakers. The district workers now supervised the families in their district who had a homemaker, but had little contact with the homemaker except through the home economist.

It was apparent that much of the difficulty of supervision could be avoided by properly preparing the family before placement of a homemaker. It was further recognized that the agency, by
eliminating unsuitable homes from service would also improve
the ease of operation of the service. These considerations
were incorporated in the change made in method of supervision
in March of 1943.

A definite plan for the handling of homemaker cases had
been evolved. The agency intake worker took all the initial
information regarding a referral for the homemaker service. It
was first ascertained whether the family could make any other
plan, whether they were financially able to pay for service, and
if so, they were usually referred to the government employment
service. If the applicant seemed eligible for this service, the
name, number of children, religion, problem and reason for re­
questing service were given to the secretary of the homemaker
committee, who would accept it and pass it on to the district
worker, or if certain aspects needed further clarification before
acceptance, it might be returned to the intake worker.

The district worker would visit the family the same day
when it was an emergency, otherwise an early appointment would be
made to discuss the plan. The district worker explained and
interpreted the service to the family. She explained that the
homemakers were qualified and skilled "substitute mothers", who
could either manage the home if the mother was in hospital, or
could work under the supervision of the mother when ill at home.
The service was not usually given to homes with less than two children, and the aim was to help families by caring for the youngsters in their own homes. Permission was secured to contact the physician, and it was explained that length of service would depend on the doctor's recommendation. The worker explained to the family, and both the mother and father had to be seen before placement of a homemaker, that the homemaker was not a charwoman, that she would do the regular housework, the regular washing and ironing, but would not be expected to do any heavy scrubbing or washing of blankets, etc. The family was expected to pay something toward the service, and the worker usually worked out a budget with the family according to their income and needs. The father was expected to take some responsibility for the home, as it was not supposed to be left entirely to the homemaker.

In visiting the home in which a homemaker was expected to work, the district worker discussed the home facilities with the family, for if the home standards or equipment were too inadequate, no homemaker would be placed there. The home must be within a reasonable distance from transportation, so the homemaker would not have a long distance to walk. The homemaker was being placed in the home to help the family, and the family was expected to help her in every way possible, and not leave all the work and responsibility entirely in her hands.

At this point there would probably be a joint conference
regarding the placement of a homemaker in this home. The con-
ference would be attended by the district worker, her supervisor,
the home economist and the secretary of the homemaker committee,
and it would be decided which homemaker was available, as an
effort was always made to place a homemaker suited to the cir-
stances in a home.

Since material under this subhead shows an effort by
the agency to avoid difficulties in supervision by a good un-
derstanding with the family at the commencement of service, it seems
appropriate to mention here the change of name of the service.
This was done with the thought in mind that the name Visiting
Homemaker did not reflect the true picture of the service, as it
failed to indicate that these homemakers could be accepted into
the home with confidence because they were trained and supervised
in their work by the agency. Therefore in May, 1946 the name of
the service became "Supervised Homemakers' Service".

The district worker had no casework contact with the
visiting homemaker. The home economist gave the homemaker infor-
mation regarding the family, which she had secured from both the
application for service and in conversation with the district
worker. If a car was available, and it was convenient to the
district worker, the homemaker would be taken the first morning
to the home where she was assigned, but after this, any time the
district visitor called at the home, the homemaker must leave
the room so the client and worker could have a confidential talk.

This period might better be called the period of the "wedge", for any information regarding the families, or any complaints from the homemakers could not be given to the district worker direct, but must go through the channel of homemaker to home economist to district worker. Any information which the district worker wanted the homemaker to know must go through the same channel in reverse. More than once an embarrassing situation arose because the homemaker did not choose to leave the room when the district worker arrived, although she knew this procedure was incorrect, and of course knew this would later be brought to her attention by the home economist. Such an awkward manner of supervision could not help but create a wide gap between workers and homemakers. There was constant complaint by the homemakers that the workers had no appreciation of what difficulties the homemakers had in the homes. This system of supervising was definitely holding apart the two factions which should be working in close harmony. It is for this reason that the term "wedge" is used to indicate the period affected.

**Casework Supervision of Homemakers**

The last home economist to supervise the homemaker programme left at the end of 1948, and arrangements were made to use the service of the home economist on the staff of the Metropolitan Health Committee whenever the need arose for budgeting
service. Since the end of the war, need for budgeting service by the Family Welfare Bureau home economist had diminished, and since budget scales were set up in sufficient detail, the district workers found it simple to draw up any budgets they might need for their families. It had also been learned through experience that the families who needed budget service most, through their own inadequacy in planning the expenditure of their income, were the most resistant to any budgeting suggestions. Also at the termination of the war, which brought an end to the government reports on eligibility of military families for assistance with medical bills, it was no longer necessary to give the government information on the ability of families to budget their income adequately.

Since the need of a home economist had diminished, and it was believed to be a better method of supervision to co-ordinate casework and homemaker service more closely, it was decided to make this change during the reorganization necessitated by the resignation of the former assistant director.

The Family Welfare Bureau had a caseworker on its staff who was already familiar with the homemaker programme. She was a former business woman whose training and experience fitted her for the role of supervisor of the homemaker service. The secretary of the homemaker committee and assistant director of the Family Welfare Bureau, Miss Grubb, launched the new
programme of co-ordinating casework supervision of the homes and homemakers while on duty in the homes by the district workers, and supervision of the homemaker service and general supervision of the homemakers by the new supervisor of the service, Mrs. Cowper. Miss Grubb had nursed, cajoled, disciplined, and otherwise stood by during the infancy and adolescence of the homemaker service. Now that it had reached adult status she felt she could leave. Mrs. Cowper took over all of Miss Grubb's responsibilities pertaining to homemaker service, including secretaryship of the homemakers' committee.

The new supervisor of homemakers realized that she needed to develop techniques to ascertain what qualities to seek in the recruitment of homemakers needed immediately for the new tuberculosis programme. Because of the difficult emotional problems usually accompanying tuberculosis patients, and the understanding necessary to cope with these problems, a programme such as this needed the utmost in co-operation from the homemakers, there would be no time to devote to prima donnas. In order to have this co-operation, the supervisor fostered close acquaintanceship with her homemakers and their problems, so a good homemaker-supervisor relationship would be developed.

The new supervisor realized that the homemaker's job was a very difficult one, so difficult that without the compensation of really liking people, and wanting to help them, a homemaker
could not do this work satisfactorily. Now, instead of continuing to tell the homemakers that they were staff members of the Family Welfare Bureau, which they had already been told on numerous occasions, they were now invited to the Family Welfare Bureau office, as staff members. Mrs. Cowper recalled the first time one homemaker came to the office to see her. This homemaker had been employed for several years, but had never been in the office since the day she was hired. When she walked down the hall, it was noted that she strutted a bit. It might seem a petty item, but the supervisor thinks this is very important in the morale of the homemakers, as their work is often tedious, wearing, and tension-producing, especially if they are in a tuberculosis home and there is the usual tuberculosis emotional pattern of criticism of everything the homemaker does.

Another important way of indicating staff status relationship to the homemaker was shown by the method used in handling a complaint of them. No matter what the source of the complaint, the homemaker was asked to come to the office on agency time to discuss this fully with the supervisor on a basis that the homemaker is a staff member.

In 1949, under the casework supervision of homemakers, homemaker staff meetings were started. This was another morale booster, for it was explained to them that the casework and clerical staff had regular staff meetings during the day, but since
the homemakers were busy during these hours, their meetings would be held at night. They understood that these staff meetings would be used to discuss any business matters with them that were necessary, general problems which arose in the homes, and that it would also include a training programme, and each evening would end in a social hour when the homemakers would have a chance to get acquainted.

The first meeting was held January 28, 1949. It was attended by five homemakers, three homemaker committee members, and twelve Family Welfare Bureau caseworkers. It was at this first meeting that Miss Grubb outlined the new plan for the homemakers as follows:

While working in the home, the Supervised Homemaker will have direct contact with caseworker and be free to discuss with the caseworker any problems in the family situation and ways of meeting these problems. Hours of work, time off, and arrangements for weekend duty while at the current job, will be made with the caseworker.

Mrs. Cowper will assign cases, arrange pay, holidays, appoint and discharge Supervised Homemakers, and be available at all times to Supervised Homemakers if they wish to discuss any aspect of their work. Problems in connection with the family's attitude or behaviour should be taken up directly with the caseworker.

Supervised Homemakers, starting February 1, will keep a daily time sheet of hours of work, carfare, travelling time, etc., these to be submitted on the 15th and end of each month. The Supervised Homemakers payroll to be compiled from these sheets.

A staff meeting for the homemakers is held the evening of the fourth Friday in every month. They elect their own officers, write their own minutes. Although they were not aware of it, Mrs. Cowper was deliberately developing leadership,
and teaching the group parliamentary procedure. The meetings are planned ahead, sometimes speakers from outside the agency come and speak to the group. One meeting consisted of a speech about tuberculosis and the tuberculosis personality, and two movies about tuberculosis were shown, followed by a discussion period. At other meetings, speeches on nutrition and low cost meals were heard. At one meeting a pamphlet covering inexpensive but nutritious meals was given to all the homemakers. The homemakers especially liked the talks on behaviour and emotional problems, and some had a real awareness of the kind of information needed by the district worker, and the reasons for the need.

The supervisor of the homemakers frequently talks in these meetings regarding confidentiality, constantly cautioning them not to talk about one family to another family where they are working, or to talk about them to their own families or friends. Mrs. Cowper recognizes with them the difficulty of absolute silence as the homemaker works by herself, and has no one to whom she can get something "off her chest", whereas the caseworker is in a better position in this respect. Mrs. Cowper is confident that the amount of talking she has done on this matter has had the desired effect, as it now rarely happens that this kind of situation has to be called to the attention of a homemaker.

The minutes of the homemaker meetings are taken and written by one of the homemakers who was elected secretary of
the group. Mrs. Cowper at first thought it would be necessary for her to edit the minutes, but soon found that this would be unnecessary. 2

The supervisor of homemakers keeps constantly aware of any institutes which may be of interest to the homemakers, such as care of children, behaviour problems, nutrition, etc. One meeting consisted of the reading by some of the homemakers of papers they had prepared on various aspects of their work, the information had been gained from the monthly meetings, other meetings they had attended, and books they had read. The subjects selected for these papers were Nutrition, Tuberculosis, The Homemaker Service, and others. 3 These papers were considered to be so good that they were also read to the casework staff. The long road the homemakers have come during the past two years with casework supervision is clearly indicated by the quality of these papers.

A definite policy of giving a homemaker a compensating easy assignment after she has been working in an especially difficult situation for several months has been adopted. There is also no hesitation in commending a homemaker and praising her work when she has been unusually helpful in rehabilitating a family. This type of recognition of their work is especially

2 Minutes of one of the Homemaker Meetings are reproduced in Appendix A.

3 Some of the papers written by homemakers are reproduced in Appendix A.
necessary, as they have no other yardstick by which to measure
the result of their effort, especially after working with a
family who has been very critical of everything the homemaker
has done.

The supervised homemaker service is definitely
geared to a casework service, each aids and supplements the
other. In families where casework service has been rejected it
has been found that it was usually inadvisable to continue home-
maker service in the family on the basis of an environmental
need alone. As a rule this kind of placement shows a lack of
consideration of the homemaker and a lack of appreciation for
or understanding of the service.

It may sound as though supervision of the homemaker
is divided; but in its method of operation, the supervision is
co-operative, and produces a joint effort of caseworker and home-
maker to achieve the same result - the rehabilitation of the
family, physically and emotionally. It might be said here that
the new system of supervision, as now handled, has removed the
"wedge" which had been holding apart the two factions of operation.

A supervisory technique has been evolved to establish
closer working relationships between the homemakers and caseworkers.
When a homemaker is to start work in a new home, Mrs. Cowper te-
lephones her and gives her a brief summary of the new family,
and an idea of the length of time she will be needed in the home. An appointment is then made for the homemaker to come to the office to discuss the new situation with the caseworker and Mrs. Cowper. During this conference, there is a frank discussion of the family, why a homemaker is necessary, suggestions as to the ways in which the homemaker can best help the family and the caseworker. The homemaker is paid for the time necessary for this discussion in the Family Welfare Bureau office. In all cases, the district worker drives the homemaker to the new home on the first day. The worker also outlines again the duties and responsibilities of the homemaker, and of the family, although this has been done previously with the homemaker and family separately.

A high degree of loyalty has been developed in the group of homemakers. Their sense of responsibility and understanding of their function as a staff member of the Family Welfare Bureau are of a high order. A good illustration of this attitude shown by all the homemakers occurred when the transportation system failed during the snowstorm early in 1950. All homemakers managed to reach the families where they were working, some of them by walking through snow drifts for several miles, because, as one homemaker said, "They were depending on me, I couldn't let them down". Another homemaker who was injured in a bus accident the previous night, started from home much earlier than usual the next morning, at 6:00 a.m., so she could reach the home.
where she was working in time to prepare the children for school. She was surprised when told that she should have stayed home and looked after herself.

The supervisor of homemakers must be a warm and understanding person, who gives support to the homemakers when they feel discouraged. The Family Welfare Bureau is fortunate in having such a person in this position. The writer's personal observation revealed these women as a group of congenial, enthusiastic, good-natured, loyal and understanding "substitute mothers" with a kindred spirit in their work and attitude toward the Family Welfare Bureau. They are homey and confident, and radiate assurance. Their loyalty and respect for their supervisor was evident all evening, as was the pride that Mrs. Cowper showed in her organization. The mutual feeling and present morale status of this group must have its foundation in the heart and spirit of the agency as administered by Miss McPhedran, and as interpreted and supervised by Mrs. Cowper. An illustration will indicate the effectiveness of the supervision given the homemakers: A client gave the homemaker confidential information, then said, "Don't tell the 'Welfare!'" The homemaker calmly replied, "But I am the 'Welfare'."
The Supervised Homemakers' Committee of today bears little resemblance to the Committee which started in the year 1938, other than its continued energy and keen interest in all matters concerning the service. The current Committee has a number of charter members who have been, and been a part of, the changes and evolution of the Homemaker Service. The complement of the Committee today is about evenly divided between lay and professional members. To the original lay members who were appointed by the Family Welfare Bureau Board of Directors, have been added other members who have shown an interest in this service given the motherless home. The professional members are appointed representatives from various health and welfare agencies in the community.

The Homemaker Committee acts as a liaison group between the Homemaker Service and the Board of the Family Welfare Bureau, making recommendations regarding policy, financing, and other matters, which the Board must confirm before being used by the Homemaker Service. To illustrate how this phase of the Homemakers' Committee operates, suppose the supervisor of homemakers, after consultation and authorization from her casework and administrative superiors in the Family Welfare Bureau, should ask the Homemakers' Committee to study and recommend that an experiment be tried in supplying a limited number of elderly
couples with homemaker service. This would require the hiring of two new homemakers, who would work two hours a day with each couple. As complete a report as possible would be given the Homemakers' Committee, with information on this type of service elsewhere, estimated costs, methods of financing, etc. The Homemakers' Committee would discuss the matter, and if approved by the majority it would be presented to the Board for approval.

The Homemakers' Committee is close to the homemakers and their needs so makes necessary recommendations regarding personnel practices which cannot become a part of homemaker service practice until confirmed by the Board. The committee tries to keep homemaker policies and personnel practices abreast of policies and personnel practices in the Family Welfare Bureau as a social agency. There are certain differentiations which must be made, since the homemakers' function differs from that of others in the agency, she works hard physically, and the strain emotionally is also greater than on others in the agency. However, in all broad aspects, and interpretations, policy and personnel practices for this service must conform to the same factors in the agency as a whole. Incidentally, the Homemakers' Committee has shown a great deal of understanding and sympathy for the work the homemakers are doing, and they are continually trying to improve the working conditions of the homemakers.
The Homemakers' Committee also acts as a Case Committee. Accepted procedure is for the district worker to present her case. There is anonymity for the family by calling them by an initial, for instance, "Mrs. B". The facts of the past situation are given in brief summary form by the district worker, then the present situation is discussed, together with the physician's recommendation, progress of the home due to the use of a homemaker, and a presentation of the present problem with which assistance is being asked of the Homemakers' Committee. The district worker may be asking that the homemaker be left in a home for a longer period than the time previously planned. If progress is being made, and further service is needed, the Homemaker Committee will probably agree to an extension of service, and a further review of the situation at a specified future date. On the other hand, the discussion may be around a family who seems unable or unwilling to use the homemaker service constructively. In such a situation, the committee may feel justified to suggest that the service be terminated, but that the family be given a certain specified time to make other arrangements.

Current Personnel Policies

The personnel practices in its current form is a tribute to the progressive thinking and action of the Homemaker Committee, and today it is considered that changes will continue to be made in the personnel practices, in line with improved standards and
working conditions for the homemakers.

In January, 1951, the supervisor of homemakers considered it was time to discuss with the homemakers personnel practices which applied to them. It would not have been possible to plan such a discussion as short a time as a year ago, for the homemakers would have shown little interest. During the past two years, there are no aspects of personnel practices which have not been discussed with the homemakers, either in individual interviews or in groups. The part which was new was to have the personnel practices typed in their entirety, and provide a copy for each homemaker that she could follow the discussion intelligently.

Personnel practices were discussed by Mrs. Cowper at the January, 1951 Homemakers' Meeting, at which nineteen homemakers out of twenty-four were present on a very cold and unpleasant night. Two absentees were on 24-hour duty. Mrs. Cowper explained that these practices, with one or two exceptions, were the conditions under which the homemakers were now employed, and under which the service was now operating. The exceptions would be brought before the Homemaker Committee for approval if the homemakers decided they would like to have this done.

It will be helpful to present the official statement on Personnel Practices of the Vancouver Homemaker Service, and to comment on this section by section, and later to compare these
practices with those recommended by the Committee on Homemaker Service of the Welfare Council of New York City in January 1948.¹

**SELECTION AND PLACEMENT:**

The Supervisor has the responsibility of employing the Homemaker Staff.

The Supervisor is responsible for defining for the applicant the qualifications desired, the requirements and the salary of the job and conditions of employment.

The applicant is responsible for making available to the agency facts about herself with regard to training, experience, individual interests and capacities, health and employment.

The applicant is required to furnish an up-to-date medical report or to undergo a medical checkup by her own doctor or by the Outpatients' Department of the Vancouver General Hospital, with whom the agency has a special arrangement. She is required also to have a chest x-ray, and if employed, subsequent x-rays every six months, as well as medical examinations when requested by the Supervisor.

Application forms should be filed at the time of personal application. References must be given from former employers or other responsible persons.

The supervisor read the above first section from the personnel practices, and asked if there were any questions or comments. A number commented that they understood this section. One homemaker asked what was meant in the third paragraph - the reference to extra medical examinations if the supervisor requested it. Mrs. Cowper gave a hypothetical illustration by saying that if she knew a homemaker had been working under un-

usually difficult circumstances, and looked tired and worn out, she might ask her to have a physical examination to determine her state of health, since it was a part of her work as supervisor to look after the homemakers, and to be sure the agency was not keeping them working too hard. The tuberculosis x-rays every six months were a precautionary method since the majority of homemakers worked some time during the year in at least one tuberculosis home.

WORKING CONDITIONS:

Hours of Work: For Homemakers working in non-resident jobs the maximum weekly working hours are 44. Travelling time in excess of one hour each way will be counted as work and paid for accordingly. Homemakers will be paid at overtime rates for any work beyond 44 hours per week, and where possible will be given the equivalent time off between jobs.

In resident jobs Homemakers are entitled to 1 1/2 days free per week, i.e. Saturday 1 p.m. until Sunday night or Monday morning, or the equivalent at a time to suit the family. When a substitute cannot be obtained and the Homemaker cannot be released for this period, overtime at 8 hours per day will be paid. When possible, time off during the week while the children are at school or after they are in bed will be arranged.

The supervisor is to be informed immediately in case of illness or accident to the Homemaker.

Meals: Non-resident Homemakers are entitled to midday meal at least. Resident Homemakers are entitled to all meals except during the 1 1/2 days off per week. If the family can not pay for this, other arrangements must be made by the Supervisor.

Sleeping Arrangements: The Resident Homemaker will, if possible, have a separate room with reasonable privacy. She will never share a room with anyone but a child. Bed and bedding can be provided by the Supervisor if needed.
Uniforms or Aprons: These shall be worn, when supplied, while Homemaker is at work.

Infectious Cases: Homemakers will be asked to enter homes where there is infection only when satisfactory precautions are possible.

There was a little confusion among the homemakers regarding the number of hours considered a working week. There was apparently a good deal of unevenness regarding the number of hours each homemaker was working. It was explained to them that this month certain homemakers might be working more than the 44 hours per week. Next month, the same would be true of other homemakers, while the ones working long hours this month might be working their straight 44 hours next month.

There was some good-natured joking regarding meals in some homes. One homemaker commented that she took a sandwich with her on the three days a week when she worked in one tuberculosis home. She does not know how the family can get a home so dirty in the day or two between the days when she is working in the home. Mrs. Cowper told her that the intolerable conditions under which she was working in that family would be discussed for the third time with the family, and that homemaker service in that home would be withdrawn if the family did not become more cooperative, or if the condition could not be corrected by the application of casework service.

Methods are provided for food in a home which has home-
maker service if the family cannot afford extra food for the homemaker: the Family Welfare Bureau can give the family an allowance to cover the food for the homemaker; an allowance can be given the homemaker to buy food for herself, or noon-day meal in a restaurant can be provided for the homemaker if the living standards in the home are so poor that the homemaker cannot eat there.

Early in the history of the homemaker service, it was often found necessary to provide the homemaker with a bed and bedding in homes when a resident homemaker was required. Often it is difficult for a family to understand why a homemaker needs a bed alone, why she cannot sleep with a couple of children.

The tuberculosis cases come under the heading of infectious cases, and the public health nurses see that the necessary precautions are maintained in these homes. One homemaker commented how fearful she had been of tuberculosis before she had learned about the disease, and how to take precautions. A number of other homemakers agreed with her. Mrs. Cowper reminded them of that the health officer had told them about working in tuberculosis homes, that they were less likely to contract the disease in such a home due to the hygienic measures taken than they were to contract it on a bus or other public place where there was no control over people who had tuberculosis.
TRAINING:

Homemakers are expected to attend staff meetings and training courses when required. Time thus spent will be counted as work hours.

SALARY SCALE:

Homemakers are classed in three groups:

Group C - salary .55¢ per hour
Group B - salary .60¢ per hour
Group A - salary .65¢ per hour

Group C: The starting group for all homemakers. The six months time spent in this group is considered a probationary period.

Group B: Homemakers with six months service or over comprise this group.

Group A: A selected group of homemakers with over one and a half years of service. Elevation from Group B will be determined by two factors: length of service and quality of work, with special emphasis on the homemaker's ability to work with the social worker on the case work level. All homemakers in this group must be prepared to remain in resident service, if so requested.

Overtime: Rate of pay for all groups over a 1/4 hour week is one and a half times the regular salary rate.

Resident Service: A full working day on resident service is computed at 8 hours, a half day, i.e., Saturday until 1 p.m., 4 hours. Bonus for resident service is $2.00 per week.

The homemakers thought that seeing the salary scale in black and white clarified it better for them. Mrs. Cowper explained to them that until quite recently, homemakers were divided into auxiliary and permanent homemakers, and those on the permanent staff were formerly paid a monthly salary. Now,
all homemakers are considered on the permanent staff after
the first six months probationary period, and qualify for the
raise in salary to 60¢ per hour. In order to qualify for
Group A, a homemaker must be a very skilled person who is able
to co-operate with the caseworker.

The homemakers were asked if they preferred to be paid
on an hourly basis, or would like to receive a monthly salary,
regardless of the number of hours worked. The homemakers were
outspoken for the present system of being paid wages by the hour.
Mrs. Cowper told them that it was because she wanted to be
accurate in figuring the pay which was due them, that she kept
stressing the matter of the home makers turning in their time
sheets early, showing the number of hours they had worked in
the previous half month.

One homemaker mentioned that she had been working as
a homemaker for seven months, and had noticed on her last two
cheques that she was still being paid on the Group C basis.
She was reminded that her first two months as a homemaker, she
only worked part-time, so the first two months would total one
month in actual working time. She now recalled that this had
been mentioned to her when she was working short months. She
was told that her next cheque would have her established on the
Group B salary scale.

Mrs. Cowper said she had been a bit doubtful as to
whether she should include the part about one and a half times
the regular salary for overtime beyond a 44 hour week, since this had not yet been approved by the committee. She made it clear that she was not sure of being able to secure this for them, but that according to recommendations made in a study by a Committee on Homemaker Service by the Welfare Council of New York City in 1948, this provision was recommended, or equivalent time off duty with pay. Mrs. Cowper favours equivalent time off, but thinks it is not always possible to do this, so feels that they should have the provision of additional pay. The present basis of pay for Vancouver homemakers is 60¢ per hour for overtime, irrespective of the supervised homemakers' salary scale. The homemakers agreed they would like Mrs. Cowper to ask if they could have this provision incorporated in their personnel practices, although she emphasized that both the Homemakers' Committee and the Board of the Family Welfare Bureau would have to pass on it.

**TERMINATION OF EMPLOYMENT:**

Resignation: Legal notice of two weeks shall be given by the Homemaker, except if the Homemaker is in Group C, when one day's notice is sufficient.

Dismissal: Legal notice of two weeks shall be given by the agency, except if the Homemaker is in Group C when one day's notice is sufficient. At the time of dismissal the Homemaker shall be informed of the reason for discharge.

Reorganization: Where it is necessary to reduce the staff because of reorganization of the agency, the following factors shall be considered:

(a) The skill and capacity of the Homemaker in relation to her work record.

(b) The length of the homemaker's service with the agency.
A number of homemakers said they did not realize that anyone in Group C could be dismissed or leave of their own accord with only one day's notice. Mrs. Cowper explained it to them by asking if they all remembered their first week as a homemaker, and how they felt. A number of them made remarks to the effect that they wondered if they could ever become proficient homemakers. Mrs. Cowper went on to say that it was not always possible for a woman to know whether or not she was suited to the work of a homemaker, and it was fairer to her to allow her to leave with only one day's notice, rather than making her stay in uncongenial work while she gave legal notice of two weeks. The homemakers nodded agreement to this.

Some of the homemakers wondered what the section of reorganization meant, if some of them were to be "let out". Mrs. Cowper said that was included simply as a precaution, and there was no indication at the present time that there would be a reorganization programme in the near future. The tuberculosis programme was dependent on a government grant to pay for homemakers in tuberculosis homes, and it was never known whether or not such a programme would be placed on a permanent basis. Mrs. Cowper stressed the need for their services in this community, and hoped to keep them all for as long as they wanted to be homemakers.
REHIRING:

If the Homemaker has been laid off due to reorganization of the staff, whenever possible she shall be placed on a preferred list for one year in case the position again becomes available. The period away from the agency should not be considered as termination of employment, in order that she may be reinstated in the salary scale.

Where the Homemaker who has resigned voluntarily, is rehired, she does not necessarily assume the seniority which she has attained during her previous period of employment with the agency. Her position in the salary scale should be based on evaluation soon after her return.

The above seemed clear-cut, and so far as the homemakers were concerned, they did not indicate a need for explanation.

LEAVES:

Vacation: Vacations should be considered as a reward for past services and also an opportunity to recuperate mental and physical strength in preparation for services to be rendered in the future.

Vacations should not be allowed to accumulate from year to year since this practice defeats the purpose of vacation leaves.

The following is the schedule for holidays with full pay:

"After six months of service and under one year at the rate of one working day for each month of service. After one year of service, 12 working days, Saturday being considered one working day. The "vacation year" shall measure from May 1st to May 1st."

Statutory Holidays: Homemakers will be paid at overtime rates if they have to work on these days. Where possible, the Homemaker will be given an equivalent time off duty.

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Sick Leave: Homemakers are entitled to sick leave with full pay up to 12 days each year after one year of service. After six months of service and under one year at the rate of one day for each month of service. This leave is not accumulative from one year to another. The Supervisor may require the Homemaker to consult a doctor not later than the third day of illness.

Special circumstances may be taken up with the Committee.

The "Sick Leave Year" shall measure from January 1st to January 1st.

Leave of Absence: Leave of absence will be granted at the discretion of the Supervisor for such reasons as illness of homemaker or illness or death of member of her family, or for other reasons considered valid by the Supervisor.

The Supervisor and the Homemakers' Committee will always bear in mind that Winter travelling conditions, poor housing with inadequate fuel supplies, long working and travelling hours, as well as the inevitable flu and cold epidemics may contribute to the necessity of homemakers requesting leave of absence just because of a run-down, tired feeling. Whenever possible leave of absence will be granted in the above circumstances, but this will not always be possible due to pressure of work.

The practices currently in effect were straightforward and required no explanation. Regarding the over-time rate if homemakers must work extra time, it should be remembered that the present rate of pay for overtime, no matter what salary scale a homemaker may be on, is 60¢ per hour, which Mrs. Cowper is hoping to be instrumental in having changed to payment of time and a half for all over-time, and counting the work on statutory holidays as overtime.

Regarding sick leave, two of the homemakers thought this should be accumulative from year to year, as sometimes
they contracted 'flu from a home where they were working which resulted in need of sick leave. Mrs. Cowper explained that if additional sick leave was necessary from having contracted an illness while working, this would be an agency responsibility, and treated as an individual matter in bringing it before the homemakers' committee; in any case, the homemaker would not have to suffer loss of salary in such circumstances within reason.

The matter of requests for a leave of absence by a number of homemakers has become a real problem, since working conditions and the emotional problems found in tuberculosis homes, has completely worn out a number of homemakers. Mrs. Cowper could not very well mention her intentions in relation to this matter at the time of this discussion with the homemakers in January. But since that time, she has worked out a bonus plan for homemakers for presentation to the Homemakers' Committee. A bonus would give the homemakers the income necessary to enable them to take time away from their work, and recoup the energy they have so generously expended in their work as homemakers.

**Line Organization and Review Procedure**

The Bureau's statement on responsibilities now reads as follows:
While working in a home, the Homemaker has direct contact with the social worker, and is free to discuss with the social worker problems in the family situation and ways of meeting these problems. Hours of work, time off, and arrangements for week-end duty while at current job will be made with the social worker.

The Supervisor assigns cases, arranges pay, holidays, appoints and discharges Homemakers and is available at all times to Homemakers if they wish to discuss any aspect of their work. Actually, problems in connection with the family's attitude or behaviour should be taken up directly with the social worker, but if she cannot be reached, contact with the Supervisor is advisable.

Complaints: Complaints about an individual Homemaker's discharge of her duties or attitude to her work will be discussed with her by her Supervisor. If complaints persist, a Homemaker may be placed on a probationary status with the provision that if her work or attitude does not improve, dismissal may be necessary.

Review Procedure: Review Procedure is provided for prompt and impartial consideration and adjustment of misunderstandings and grievances. It is suggested that the following principles be observed:

The Homemaker should consult the Supervisor and, failing to reach a satisfactory adjustment, either or both may refer the matter to the Director, who reviews it with one or both of them.

Should this review fail to bring about a satisfactory adjustment, the matter should then be referred to the Homemaker Committee. The decision of this Committee is final and will be presented to the Homemaker by the Supervisor.

During the homemakers' meeting, the homemakers freely discussed their work with the caseworkers, and how much they learned by having this kind of supervision in the homes. Some of the homemakers were embarrassingly complimentary regarding the supervisor of homemakers, and their feeling that she was always on the job to look after their interests.
Regarding the matter of complaints, the homemakers were agreed that the homemaker usually knew when a family was going to make a complaint about her, as it was often preceded by threats. Mrs. Cowper told them that although it was repetition of what she had told them previously, she would again say that whenever a complaint was made regarding a homemaker, this would be discussed with that homemaker immediately. One homemaker said that some of the tuberculosis families were unreasonable in their demands for service and complaints of the homemakers. Mrs. Cowper agreed, but she felt that every complaint of a homemaker, no matter how trivial or untrue, should be discussed with the homemaker, as repetition of complaints by a family was often an indication of the family's unwillingness to co-operate.

The question of accident insurance was brought up by one of the homemakers, and she was told that the Family Welfare Bureau had an insurance policy to cover accidents to the homemakers while they are working in a home as a homemaker, but this has no coverage on their way to and from work. Some of the homemakers have taken out individual accident policies.

Mrs. Cowper deliberately left out of personnel practices any definite age limitations for homemakers, primarily because there are two homemakers who are in their sixties, who are still capable of meeting the high standards necessary for homemakers,
and she felt that an age stipulation would be discriminatory.

Comparisons between the Supervised Homemaker Service of Vancouver, and homemaker services elsewhere regarding the status of homemakers are difficult to make without a study being made of the other services. Personnel policies have little meaning without knowing the way those policies are administered. There is, however, a method of drawing a comparison by measuring comparative wages of allied fields in the same vicinity.

In Vancouver, according to the National Employment Service, wages for housework by the day range from 65¢ to 75¢ per hour, plus transportation and noon meal on all scales. On a basis of 65¢ per hour, for an eight hour day, the wage is $5.20, a wage of 70¢ per hour is $5.60, and an hourly wage of 75¢ amounts to $6.00 per eight hour day. Another worker in an allied field is the practical nurse who has her certificate. The practical nurse has a wage of $5.50 each eight hour day, and if she is on twenty-four hour duty, and must live in the home, she receive a daily wage of $7.50. Comparatively, the Vancouver homemaker on a basis of 60¢ per hour earns only $4.80 for her eight hour day, which is less than the minimum wage paid for daily housework, and the homemaker must be considerably more skilled and versatile than either the woman doing housework or a practical nurse.
In New York City, the minimum wages for household help for a 40 hour week are $35.00, and for a 48 hour week $42.00 and up per week. The minimum wages for a practical nurse are $32.70 per week for the first six months of service, and for the second six months of service there is an increase to $35.00 per week. The recommended minimum salary for a homemaker working in New York City was $35.00 per week. In other words, a homemaker in New York is expected to accept a salary which is the minimum that an ordinary domestic worker receives. To carry out our comparison, a conclusion may be drawn that the homemaker in New York is slightly better paid than the Vancouver homemaker, inasmuch as the Vancouver homemaker's salary is 80% of what is paid for housework. While in New York, it has been shown that the homemaker is paid on a par with the one doing only housework.

The Committee on Homemaker Service of the Welfare Council of New York City gave the following recommendation for qualifications of a homemaker:

"A Homemaker is an employee of the agency and under its supervision is expected to carry out the services planned by the agency with a family. The Homemaker has to maintain a balance in identifying herself appropriately both with the agency as her employer and with the family to whom she is directly and personally giving service. In doing this job she must exercise a high degree of independent judgment, and be able to make on

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the job decisions without consulting the agency, at each move. She must have understanding of people, ability to maintain poise under adverse conditions and have an objective attitude in emotional situations involving family tensions. She must be adjustable, able to go easily from one home to another, sensitive to home situations, able to gear the degree of responsibility she assumes to the needs of a particular family as they differ from those of other families or vary within the same family as conditions change - such as gradual convalescence of a mother. She must be able to perform efficiently under a variety of circumstances the whole gamut of homemaker's tasks and be able to assume full responsibility for the management of a household and the care of the children. A Homemaker must be able to use her abilities, experience and training in helping people. 3

Under the same heading of "Recommendations re Salaries", it is stated that a part of a homemaker's compensation is paid in "status", "greater security on the job", "satisfaction in the job", "recognition of their responsibility to the families and their value to the community". 4

If a woman could be found with all of the above abilities, it is a matter of conjecture as to whether she would agree to work as a homemaker and/or lieu of an adequate wage receive her


4 Ibid.
compensation in the presumed "status" of the work and enjoyment in being of value to the families she serves and the community.

The Vancouver homemaker service has excellent standards in relation to the recommendations of the New York Committee regarding holidays, vacations and sick leave, since the Family Welfare Bureau has a flexible policy allowing for individual consideration rather than a rigid policy of so many days for each homemaker each year on sick leave.

There are comparisons with homemaker services in other countries which could be made - in Sweden, Finland, and in England. Briefly, the services in these countries are government sponsored. Homemaker training classes are available and required for those wishing to do this work. Homemakers have status in their communities, and there is job security in the permanence of their work, insurance and retirement benefits.

Organization

As this study is confined to the supervised homemakers' service, other areas of Family Welfare Bureau organization, such as the administrative "line", although important to the successful operation of the agency, have not been emphasized. The Board of the Family Welfare Bureau establishes policy of this private family agency, and have delegated administrative responsibility of the agency to the director, Miss McPhedran, whom they brought from eastern Canada in 1928 to establish this agency.

5 See footnote No.1, p.1, regarding magazine articles on homemaker services in European countries.
The Family Welfare Bureau is a Red Feather service under the Vancouver Community Chest, and derives its income from the annual fund-raising campaign of the Community Chest. This agency's primary function in the community is the giving of casework services to families and individuals who need assistance with problems. A large part of the agency's work has been in the experimental field developing new services and casework techniques of value in the community.

Four casework supervisors operate under the administration and general supervision of the director, and supervise the caseworkers who are called district workers. All but two of the district workers are senior caseworkers. One casework supervisor, Mrs. Mabee, is general supervisor of the supervisor of homemaker service. This assures continuity of supervision of this service, as Mrs. Mabee is cognizant of and a party to all planning in this division of the agency.

Casework and caseworkers are important to the successful operation of the homemaker service, but this is not a paper on the casework factors except insofar as it is necessary to interpret their function in relation to the homemaker in the home, and the family receiving homemaker service. The caseworker interprets to the homemaker the needs of the family, and secures her co-operation in constructive planning for the family. The caseworker understands that although the homemaker is not a caseworker, she is ready and willing to assist in casework
planning. The homemaker may not know social work terminology, and may not know or be able to understand the emotional basis for some forms of behaviour in adults and children, but she is capable under the direction of the caseworker of facilitating the operation of the plan.
CHAPTER 5

THE DEVELOPMENT OF POLICY

The policies which govern the supervised homemaker service have been developed within the framework of the Family Welfare Bureau. The board of directors of the Family Welfare Bureau have recognized the need for a policy-making committee to be directly responsible for the homemaker service in the agency. Also, the Supervised Homemaker Committee has worked in the closest co-operation with Family Welfare Bureau administration, and the supervisor of the homemaker service. The development of policy was a matter of trial and error in meeting the needs of the community, as expressed by recommendations from representatives of other agencies on the Homemaker Committee, and as found practical by the Family Welfare Bureau through experience.

The method of review adopted in this chapter is to set out the current statement of agency policy, and to follow this with case histories, or explanations, or both, to illustrate the way in which policy operates. It is necessary to make clear that there is no policy for placement of a homemaker which is not subject to alteration by the Homemaker Committee when they believe there are extenuating circumstances of need, and no other solution possible except the placement of a homemaker. The policies as written still leave the supervised homemaker service of the Family Welfare Bureau of Greater Vancouver, a flexible public service in the community.
The policy statement starts with a detailed explanation of the nature of the service:

The Family Welfare Bureau has always been concerned about the motherless family and in 1938 the homemaker programme made its beginning as part of the agency service. It is under the direction of the Supervised Homemakers' Committee of the Family Welfare Bureau on which are representatives of the Family Welfare Bureau Board and staff and of the staffs of other health and social agencies.

The homemakers are staff members of the Family Welfare Bureau. They go into the home to care for the children during temporary absence or illness of the mother. Usually they go by the day, but occasionally, when accommodation is suitable and resident care needed, they may give 2½ hour service. The service is available to families known to Family Welfare Bureau and within certain limits, to other agencies, while many families make direct personal application.

The aim of the Supervised Homemaker Service is to preserve family life and to protect the child from the disturbing effects of temporary loss of his mother. Incidentally, it aids in the recovery of the mother and the welfare of the father by relieving both of home worries. The service is intended as part of a casework plan to be used for constructive purposes with a definite objective in view. It can best be used when the whole family is prepared to co-operate with the homemaker and is able to take responsibility for planning towards self-dependence. Failure to secure co-operation of both parents or a teen-age child before the homemaker is placed in the home may create insuperable difficulties later. The service is not suitable for care of children without a responsible guardian.

While the greatest good of the family is the primary consideration, the comparative cost to the community of homemaker service and of placing the children in foster homes is of interest. In general, the expense of providing a homemaker for a family of only one child is prohibitive. With two children, homemaker service may be more expensive, while where there are more than two, homemaker service, taking everything into account, is usually cheaper. The fact that the number of homemakers is limited makes careful selection of cases necessary. The homemakers cannot be employed by other agencies or by private individuals. Homemakers are not intended for the purpose of allowing the mother to take a trip.
This first section, intended as "Information for Agencies and Workers", thus now gives a very complete definition of the service and those for whom it is designed. The third paragraph, indicating that homemaker service is not a service in itself, but is supplementary to, and dependent on casework to ensure a reasonable expectancy of helping the family see their problems in their entirety. By this method, their rehabilitation is more likely to become a reality. It has been found through experience that without the co-operation of both mother and father, and teen-age children, a homemaker's tasks in the home can easily deteriorate to those of a charwoman's and the home become completely disrupted unless there is a clear understanding with the family prior to placement. If the mother alone is seen, the father may have no conception of the homemaker service, and may think the homemaker is in the home not only to do the housework and care for the children, but to assume his responsibilities, such as chopping and bringing in the wood, mowing the lawn, caring for the children in the evening. It is much more conducive to a successful placement of a homemaker to have a clear understanding prior to placement, rather than trying to correct a misunderstanding of a homemaker's function after it has occurred.

It is also indicated in the last sentence, third paragraph of this section, that: "The service is not suitable for care of children without a responsible guardian". These are the families
where the father does not live in the home, and the mother is hospitalized. Legally, a homemaker or the Family Welfare Bureau cannot assume the role of guardian without court action, which leaves both the homemaker and agency with far too much responsibility. However, there are situations, without any other solution except foster home placement of a large family of children, where a homemaker has been placed and where the only guardian of the children, the mother, was in the hospital temporarily. The following case illustrates one of the exceptions where a homemaker was placed without there being a guardian in the home:

The Johnson family was referred to the Family Welfare Bureau for homemaker service. There were five children, the mother was in the hospital preparatory to an operation, the father died two years ago and since he had been in the army, Mrs. Johnson's income was a pension from the government. A middle-aged friend was caring for the children, but she had suddenly become ill, so there was no one caring for the children.

The worker saw the mother prior to her operation, and found her preparing to leave the hospital and return home, as she was not aware that arrangements could be made through the homemaker service for care of her children.

Mrs. Johnson had moved to Vancouver from Ontario soon after the death of her husband, as she thought her pension would be more adequate in a milder climate, and she wanted to get away from her late husband's relatives.

Mrs. Johnson said she had needed an operation for a long time and due to crowded conditions in the hospital and difficulty in getting someone to care for the children who would not charge more than she could afford to pay, this had been her first opportunity in nine months to take care of her health. Mrs. Johnson's physician was contacted with her permission, and he confirmed the information which she had given the worker, and recommended that she have a homemaker.
The caseworker told Mrs. Johnson that the agency did not usually place a homemaker in a home which was without a guardian of the children, but agreed to do so in this case. Mrs. Johnson was glad to talk to the worker about her problems, an inadequate income which meant sub-standard living conditions, poor housing, inadequate food and clothing. Also, due to Mrs. Johnson's medical condition, and the fact that she was tied down every minute of every twenty-four hour period with care of the children, her morale was low.

A resident homemaker was placed in the home while Mrs. Johnson was in the hospital, and for two weeks after she returned home. Then a part-time non-resident homemaker was placed until Mrs. Johnson was able to do her own work. Casework services were continued, as Mrs. Johnson needed considerable support in making plans as the only parent of her children.

Some homemaker services would have rejected this family for service immediately at the time the application was made, as certainly no responsible guardian of the children was in the home, since their sole parent, the mother, was in the hospital. The alternatives to homemaker service were: first, the mother could have postponed her operation and returned home to care for her children. However, a postponement might have been detrimental to Mrs. Johnson's health, and there was no guarantee that she would be able to make a better plan for care of the children at some later date. Second, the five children could have been scattered around in licensed foster homes by the Children's Aid Society. No foster home could take all five, so they would have had to be separated. The children had already lost their father through death, which to a child is a traumatic experience and is the same as desertion by a parent. Now the mother had left
them, which was a further traumatic experience. Then, as though the children had not had enough anxiety-producing experiences, if someone placed them in foster homes, this succession of emotion packed experiences might retard their normal emotional growth for many years. A homemaker placed in the home meant that they could remain in familiar surroundings. The children could have care by someone who was fond of and understood children. The mother, too, was relieved to know that her children were receiving good care, and this contributed to her rapid recovery.

The second section of "Information for Agencies and Workers", has been found helpful within the Family Welfare Bureau, in either confirming policy which the intake worker knew to be true, or to be read to an applicant for homemaker service, or one who was making an unsuitable referral.

1. The interested agency or worker discusses the proposed case with the supervisor of homemakers. If the referring agency has a representative on the Homemakers' Committee, this representative should be in on the discussion. Application and agreement forms, supplied by the Family Welfare Bureau, indicate the type of information required. See also the items under "Eligibility".

2. If a case from another agency is to be accepted, decision will have to be made as to whether the Family Welfare Bureau will give casework service or only homemaker service. If the referring agency does not undertake casework service as part of its programme, the Family Welfare Bureau will assign a caseworker.

3. After application has been tentatively accepted for the service by the supervisor of homemakers, forms should be completed by the caseworker and forwarded to the Family Welfare Bureau. The caseworker should ask to see the house to determine standards and suitability of the service.
4. The supervisor of homemakers will then arrange for a homemaker. The caseworker describes the family to the homemaker, prepares the family for the homemaker's arrival and explains to them her position and her duties.

5. The caseworker sees that the homemaker has the means of securing food, minimum cooking and cleaning equipment, sufficient children's clothing and money for incidental expenses. She sees that plans are made for care of the children when the homemaker is not there, i.e., weekends.

6. The caseworker tries to find means of preparing the home, e.g., sleeping accommodation may be limited, the house may be very dirty, or there may be an accumulation of dirty clothing. The Family Welfare Bureau has beds and bedding that can be used by the homemakers when needed.

7.(a) In Family Welfare Bureau cases, the caseworker will assume responsibility, during the period of service, for all contacts with the home, and will visit within two or three days after the homemaker starts work. He will interview members of the family and the homemaker as often as necessary to ensure the best value being obtained from the service. He will obtain regular medical reports by which type and length of service can be determined. He will keep the supervisor of homemakers informed as to the progress of the case and as to the abilities and development of the homemaker. If difficulties arise that the caseworker cannot meet, these should be discussed with the supervisor of homemakers.

7.(b) In cases where other agencies are carrying the casework, arrangements will be made between the caseworker and the Supervisor of homemakers as to which of them supervises the homemaker. If the caseworker assumes this responsibility, frequent visits will be needed and procedure will be as 7.(a). If the supervisor of homemakers undertakes it, there will be frequent consultations between the two. Difficulties should be reported at once.

8. The caseworker determines when service is no longer needed, but the supervisor of homemakers will assume the right to discontinue service, after full discussion, if it is felt that the service is not constructive or if other more serious needs warrant this step. In doubtful cases, the Homemaker Committee may help to reach a decision.

The proportion of cases which are clients of another agency and referred by that agency are small. It is important to the
homemaker service that it shall be decided on an individual basis, as to which agency will supervise the home, and the homemaker in the home. Generally speaking, if the other agency is doing casework in the family, and has established a relationship with that family, in all likelihood they will continue to supervise the home. The homemakers are not as happy under supervision by a worker in another agency, as they feel Family Welfare Bureau workers have a better understanding of the difficulties of the homemaker's work. Often, too, it is found that a worker in another agency is not sufficiently familiar with the programme to do a good interpretative job with the family who is to have the service, and this, too, creates difficulties.

It is necessary that the Family Welfare Bureau have certain minimum standards for the homes in which a homemaker is placed. The homemaker's work is sufficiently difficult, without the addition of working in a home where there are no modern conveniences, where they are expected to cook when there is only one cooking utensil, or walk a mile or two in order to reach the home.

Each family which has very sub-standard living conditions and has applied for homemaker service is decided on an individual basis. It has been found essential that the caseworker see each home before placement of a homemaker, as people differ widely in what they consider acceptable living arrangements.
There have been mothers and fathers who, in an office interview, described their home as having every modern convenience, including a washing machine. When the caseworker arrived to visit the home, she found the following conditions: a shack in filthy condition, both outside and inside. The kitchen stove was a broken-down affair which looked like a good fire trap. The washing machine had broken down from old age six months previously, and nothing had been done to have it repaired. They had an inside toilet, but no bathtub, and no place to give the children a bath but the kitchen sink. They had no wood chopped, and what was in the yard had not been piled, so was all wet from the rain. They had one cooking utensil beside a leaky tea-kettle, and a few cracked and chipped dishes, all of which were dirty. No clean clothes for the children could be found. No food was in the house except some potatoes and lard, and the children said that all they usually had to eat was potatoes cooked in the lard. Also, neighbours indicated that the children were usually left to care for themselves as their mother was away from home most of the time, and the father was usually away working. The co-operation of the mother and father was completely lacking, the father was alternately evasive and irresponsible when appointments were made to interview him. A homemaker was not placed in the home. This decision was not reached entirely on a basis of an unsuitable home, but because it was apparent that the family were unable to take part in a constructive plan to improve their living conditions.
Another family, Mr. and Mrs. Lord, with a family of three children, had a home which was similar in living standards to the above home. Both Mr. and Mrs. Lord were dependent kind of people who had both been sick a great deal, but they were willing to put forth effort to try and help themselves. A homemaker was selected who was especially good in teaching a mother to organize herself and her home. Beneficial results were obtained in this home, because of this family's ability to use casework services in a limited way. The homemaker who went into this home was not given this as an assignment, she was told the exact home conditions in all their grimness, and was asked if she would be willing to try it. She was willing and she was able, in co-operation with the caseworker, to see a marked improvement in this family.

The third section of "Information for Agencies and Workers", relates to "Eligibility" for homemaker service,(including costs) and reads as follows:

In determining eligibility, the following points are taken into account.

1. **Religion.** The service is, as a rule, limited to Protestant and Jewish families.

2. **Ability to pay.** At present, we are primarily accepting those families who cannot afford to pay full cost of a housekeeper of their own choosing. Exceptions have been made for families who can pay full cost but who, at the moment, are not able to choose or direct a housekeeper, or for whom very temporary service will avert a serious crisis. A distinction should be made between cases where a domestic servant or charwoman would be more suitable and where family can pay for this service, and cases needing someone to take more responsibility.
3. Relatives. It is understood that all possibilities of help from relatives have been explored before application is made.

4. Size of family. Cases are not usually accepted where there is only one child in the home and where the mother is absent.

5. Medical advice. If the homemaker is requested because of the mother's illness, a medical diagnosis and the doctor's advice as to the need and probable length of service will be obtained by the caseworker.

6. Mental or emotional illness. Where the mother's illness appears to be mental or emotional rather than physical, homemaker service is not usually given. If an exception is made, it will be only with a full understanding of the situation and after consultation with a psychiatrist. A short period of trial will be given in such cases, e.g. one or two weeks. Some cases will be found to have this type of illness as well as physical illness. Consultation for these should be arranged when possible.

7. Nursing care. If the mother needs full nursing care in the home such as cannot be given by a visiting nurse, the case is not usually considered suitable for homemaker service. Minor nursing service can be considered with the approval and under guidance of the Victoria Order of Nurses.

8. Contagious or Infectious illness. In general, the service is not available where there is contagion or infection in the home. Some exceptions have been made after consultation with public health authorities and with the consent of the homemaker.

9. Time service will be needed. Temporary service only is given, i.e., under three months, except by special arrangement. In cases of desperation, chronic illness, or death of the mother, where the situation appears permanent, the service is sometimes given for a short period to enable the father to re-adjust his life and make other plans. Continuation of service for a longer period is at the discretion of the Homemakers' Committee.

10. Location of home. Service is available only to families in Greater Vancouver.

11. Other factors. Accessibility of the home, adequacy of accommodation and equipment and availability of homemakers will be taken into account.
12. Unusual types of case, needing mother substitute care can be presented, through the supervisor of homemakers, to the Homemakers' Committee for decision.

COST AND PAYMENT.

The amount family should or could pay depends on total financial situation, not on income alone. When all required information has been obtained, the supervisor of homemakers may be able to help decide a possible and reasonable fee, but the caseworker discusses this with the family and is responsible for seeing that collection is made.

The current hourly cost of the service, including administration, may be obtained from the supervisor of homemakers. Where payment is being made by someone other than the family, it is well to discuss the rate to be charged with the supervisor of homemakers. Any unmet payments come from contributions to the Community Chest.

If a family finds itself unable to meet the payments agreed upon, the caseworker will discuss the case with the supervisor of homemakers.

Number one is a general policy limiting the service usually to Protestant and Jewish families. The Catholic Family Welfare Bureau usually prefer to make their own arrangements for help in the home of their own Catholic families. Occasionally, an exception is made, after clearing with the Catholic Family Welfare Bureau as to the correct procedure to follow in a particular situation, and of course the wishes of the family must also be adhered to.

Second, the policy of generally accepting only those for homemaker service who cannot afford to pay full cost, is necessary since often these people are less capable of making their own plans, aside from their economic need. Families who are able to
pay full costs of a homemaker are also less apt to have problems which need a caseworker, or at least they have been found to treat the service as more of an employment problem than anything else, and to wish only the service of a housekeeper.

Exceptions are made at times. There was the physician, Dr. Wyckoff, with two small children, whose wife was in the hospital for confinement with her third child. The family had an excellent housekeeper to care for the children while Mrs. Wyckoff was in the hospital. The housekeeper had to be rushed to the hospital suddenly for an emergency appendectomy. The doctor's office nurse was caring for the children until other arrangements could be made. There happened to be a homemaker available who was not urgently needed elsewhere for a few days. This homemaker was placed in the home for a few days until Mrs. Wyckoff came home, and another housekeeper was hired privately. Dr. Wyckoff paid the full cost of the homemaker, and was very complimentary in his remarks regarding the homemaker, and the care she gave his children.

The Family Welfare Bureau believes that the majority of homemaker placements should be made within the specified policy of the homemaker service. Numbers three, four and five under "Procedure" set certain limitations for service. Number three indicates that if there are relatives available for the care of the children, usually homemaker service is not given to a family with this resource. The same decision is likely in the case of one child in the home, which is number four. Number five ensures that the worker will secure from the doctor the diagnosis, prog-
nosis, and length of time a homemaker will be needed in situations where service is requested due to the illness of the mother. It is the exception to the first two rules, and a demonstration of the wisdom of contacting the doctor in the third, which is shown in the following case history.

Mr. Pope telephoned to request homemaker service upon his wife's return from the hospital. He was a veteran and a law student at the university. His only income was from the Department of Veteran's Affairs while he was in the university. There was one child, a little boy four years old. In reply to a question about relatives, Mr. Pope said Mrs. Pope's mother lived a short distance from them, but he didn't like to ask her to come to their home and help in this emergency. Mrs. Pope was ready for discharge from the hospital after having had pneumonia. The youngster, David, had been run over by a car when he had been crossing the street, and was also in the hospital in a body cast. Both were now due for discharge from the hospital.

An inexperienced intake worker might have rejected this family for service at this point, since there were several ways in which this family did not meet the requirements of policy. However, there was something about the urgency and anxiety of Mr. Pope which the intake worker thought should be examined more closely, so this case was turned over to the district worker as an emergency. Mr. Pope had given his consent at the time of the application that the physicians could be contacted.

The worker visited the home and found it rather shabby, but homey and adequate. Mr. Pope was extremely worried about how his family could be cared for; he was willing to do everything needed, but this was examination time at the university. He had used his allotment of credits allowed him for university training in relation to the length of his military service. He could continue only if he had good grades through special arrangement with the Department of Veteran's Affairs. Mr. Pope became almost panicky at the thought of asking his mother-in-law for help, but was agreeable that the worker contact her after seeing Mrs. Pope in the hospital.

The worker telephoned Mrs. Pope's physician, who said that she would be unable to do very much for a week after she
arrived home, and then could gradually resume her household duties. David would be unable to move very easily and would require care, but the physician thought that Mrs. Pope could look after most of David's needs.

The district worker visited Mrs. Pope in the hospital. She found Mrs. Pope eager to return home, but fearful of just how she would be able to manage the care of David and her home, as her doctor did not want her to do much for another week. The worker asked if her mother could possibly help for a couple of weeks. Mrs. Pope told the worker her husband had already told her that the worker had made this query. Mrs. Pope said that her mother had been opposed to her marriage because she felt that Mr. Pope's family were beneath them. Also, Mrs. Pope described her mother as a very neurotic person, who had nervous breakdowns whenever she needed an excuse to take a trip. Children made her mother nervous, and she could not bear to be around anyone who was ill.

The worker was satisfied that this family was one of the exceptions which should be granted homemaker service. A homemaker was placed in the home immediately. At first, David whined or screamed if he wanted something, even if it was just attention. Mrs. Pope admitted later that she knew she couldn't meet David's demands, she thought the homemaker should have jumped to meet David's whims, but didn't like to say anything for fear it would sound critical when she was really grateful for the homemaker help. The first couple of days, too, there was a great deal of trouble with David over his wetting the bed.

The homemaker had not been in the home a week before Mrs. Pope realized that David was no longer behaving in an infantile manner, and he was no longer wetting the bed. She realized that the homemaker had brought about the change in David in a relaxed, pleasant way, so Mrs. Pope asked the caseworker for help with David, as the homemaker suggested that she do so. The homemaker assisted Mrs. Pope in being consistent with David, in a co-operative plan formulated with the caseworker. Gradually, Mrs. Pope was able to resume her place in the home, and the homemaker was released for use elsewhere.

Number six under "Eligibility" is a new policy, regarding service not usually being given in a family where the mother
is mentally or emotionally ill, and only in exceptional cases, after securing the advice of a psychiatrist as to the need and value of placing a homemaker in the home, and written assurance by the psychiatrist that the patient is not dangerous to themselves, their family or the homemaker. The service has been curtailed in homes of this sort, as the value of placing a homemaker there is questionable, since casework services are usually unacceptable to such a person, and to those in this category who do accept casework services, little value is usually apparent.

The Pearson case which follows, points up a number of the policies found necessary in the granting of homemaker service:

Mrs. Pearson made a personal application for homemaker service, as she had not been in good health since she had rheumatic fever a year ago. She said that her physician told her she had a heart murmur, and should be hospitalized for two months to give her heart a complete rest. Her problem was that her husband, Mr. Pearson, was employed in the post office, and his salary was not sufficient to secure an adequate housekeeper while she was out of the home. No relatives or friends could help. They had two children, a girl Darlene, age four and a half, and a boy Ray, age two and a half.

Mrs. Pearson's physician was contacted after her consent. The physician told the worker that Mrs. Pearson had been his patient for a number of years, but that she never followed his orders. He had not intended to hospitalize her, but had suggested that if she could not follow his orders at home, she have someone else care for the children, and that she go and visit relatives where she could remain in bed for a minimum period of two months. The doctor disgustedly told of a succession of housekeepers, who had all proved unsuccessful as far
as Mrs. Pearson was concerned. The doctor considered that Mrs. Pearson was a perfectionist regarding her home and children. The doctor recommended that Mrs. Pearson have the homemaker service on a trial basis. In reply to a question by the caseworker, the doctor did not feel that Mrs. Pearson was any more neurotic or emotionally unstable than a good many other women who were able to function normally. Arrangements were made to check with the physician at regular intervals as to Mrs. Pearson's condition, and the effect it was having on her and her family to have a homemaker.

The worker saw Mrs. Pearson again, and talked with her further regarding homemaker service. Mrs. Pearson seemed to be an intelligent woman with a good deal of understanding regarding child psychology. A thorough interpretation of homemaker service was given Mrs. Pearson. She was asked by the district worker about her understanding that she was to be hospitalized. She had talked with her doctor today, and said he told her there was no chance for her to have bed rest in a hospital, due to the overcrowded conditions. She knew that he felt she would not rest at home, and let anyone else take over the responsibility of her home. She told of the succession of poor housekeepers she had had, who had no idea of even simple cooking or housework, and she could not lie in bed and see everything neglected.

The district worker gave a second and thorough interpretation of the homemaker's function in the home, and the conditions and responsibilities which the homemaker and the family would share. It was explained that the homemaker was being placed in her home to relieve her not only of the housework and care of the children, but to relieve her of anxiety. It was explained that the homemaker was a staff member of the Family Welfare Bureau, and worked closely with the district worker in order to achieve the greatest good in their home.

Mr. Pearson was seen in the office, and a thorough interpretation of the service was given him. Mr. Pearson agreed to take over responsibility for the children at night, and on the weekends from Saturday noon until Monday morning, to give the homemaker her usual time off. Financial arrangements were made with Mr. Pearson for him to pay ten dollars a week which he insisted he could do, although the minimum budget showed his income to be inadequate for the minimum family needs. It was explained to Mr. Pearson that homemaker service was being given as an experiment, and due to medical recommendation. Arrangements were made that the service would be given for two months if Mrs. Pearson followed the doctor's orders for complete bed rest at home.
It was not until the homemaker was placed in the home that a true picture was seen of the family. Before continuing this case history, it might be well to point out the number of policies which have already been shown.

This seemed like a perfectly straightforward application for homemaker service, within the range of policy which could be accepted for supervised homemaker service. This was a family with too low an income to hire an adequate housekeeper privately, there were no relatives or friends who could be useful in this situation, there were two children, the physician recommended the use of a homemaker, as the mother needed two months bed rest at home, the family gave assurance of their willingness to co-operate. Mrs. Pearson was to have minor nursing service from the homemaker as stipulated in number seven under "Eligibility", and the time limit had been tentatively set at two months, which was less than the three month time limit set in number nine under "Eligibility". Both Mr. and Mrs. Pearson were seen, and both understood and were willing to co-operate with regard to the homemaker.

A homemaker was placed in the home, who was cheerful, calm and capable. At first, Mrs. Pearson was fearful that the work would not be done as she wanted it done. She started to get out of bed a number of times when one of the children cried or yowled, but the homemaker was right on the spot to joke Mrs. Pearson out of carrying out her move to get up and attend to the children. The children were very infantile and dependent. Neither child
could dress himself. Ray, age two and a half, still had his baby bottle to take to bed with him, and neither child had ever been out in the yard to play. Neither child had ever played with any toys except soft rag dolls.

After the homemaker was in the home for two weeks, Mrs. Pearson commented to the homemaker that the children whined only to her, and that she had been very pleased over the way the homemaker had taught the children to dress themselves, and the contented way the children now played by themselves with things of interest concocted by the homemaker. They were also now starting to venture into the fenced back yard. This gave the homemaker the opportunity she had been waiting for, to suggest that Mrs. Pearson might find it helpful to discuss these matters with the district worker, since helping people with their problems was the principal work of the caseworker.

The homemaker had been aware of the problem with the children, and had already discussed it with the district worker, who advised her to wait until an opportune time, then suggest that Mrs. Pearson discuss these problems with her.

As it neared the end of the two month trial period, advice was again secured from the physician, who advised that Mrs. Pearson had shown marked improvement, but he considered she should remain on bed rest for another five or six weeks. Mr. Pearson had been paying his ten dollars per week regularly, and this was a matter of concern to the district worker, as she felt he could not afford to pay this amount for homemaker service. Casework services had not only been fully accepted by Mrs. Pearson, but by Mr. Pearson as well, as he had also been instrumental in keeping his children too dependent.

This family was showing marked progress, improved physical health of Mrs. Pearson, clearer recognition and effort in changing their methods of child care, the assuming by the family of an adult type of responsibility, and consideration of the homemaker.

It was now necessary to take this problem to the Homemaker Committee for final decision, as to whether homemaker service should be extended beyond the three month period as stipulated in the policies. Due to the progress and improvement made in this home, the Homemaker
Committee was glad to vote the extension of homemaker service if it was needed. The Homemaker Committee also voted that Mr. Pearson's weekly payments be reduced to five dollars per week, since this service was needed for a longer period than the family had thought would be necessary.

Number eight in the section on "Eligibility", regarding the impracticality of using homemaker service in homes which have contagious or infectious diseases is necessary in order to protect the homemakers. Exceptions to this policy are rare, and then only with the advice and approval of the Public Health authorities and the consent of the homemaker. The following case illustrates an exception to the rule:

Mr. and Mrs. Brewster were having a hard struggle financially, as Mr. Brewster's earning power in a lumber mill was not high, although he was a steady worker. There were six children, and Mrs. Brewster was going to the hospital any day for confinement with her seventh child.

Mrs. Brewster had arranged that friends would take all the children in one's and two's while she was absent from home. At almost the last minute before she went to the hospital, two of the children contracted mumps so all must be kept home. There was no one to care for the children, unless Mr. Brewster remained home from work.

There was no other solution but to place a homemaker, if one could be found who would agree to enter the home in spite of there being a policy regarding contagious diseases. Also, the homemaker selected must be one who could capably care for a large family of children.

The homemaker selected had raised a large family of her own after her husband died, and she had some way seen every child through high school and two of them through business school. The homemaker had never had mumps, but she readily agreed to care for this
family, which she did. The aftermath was that the homemaker had to have sick leave as she contracted mumps, and passed mumps on to a grown daughter who was living with her.

The dangers of readily accepting families for homemaker service where there is a contagious or infectious disease, as a matter of routine policy, can be seen. In the above case, advice regarding precautions was secured from the Public Health Department, and adhered to; but, in spite of this, the agency was deprived of one of the most capable homemakers while she recovered from a disease contracted while working for the agency. The cases accepted with a tuberculosis mother from the Metropolitan Health Committee are accepted on a different basis, and the homemakers have special training regarding necessary precautions and care by a public health nurse.

Number twelve under the section "Eligibility" gives further proof of the flexibility of the policies of the homemaker service. As has been shown, exceptions are made to most policies, and the final paragraph in this section has for its purpose caring for any other kind of situations which may not have been covered under a specific heading. It would take too long, and might be confusing to recount the many different types of cases which are covered by this heading. Each case of this nature is decided on its individual merits, and in relation to alternative solutions to the family problem, in deciding whether or not it is valid to use a home-
maker in the home. If the homemaker service becomes more prolonged than it is anticipated when placement is first made, it is reviewed at regular intervals, and disposition made by the Homemaker Committee. The following case is one of the unusual kind of cases which was decided by the Homemaker Committee. It might also come under the heading of an "Exploratory" case, if this agency had such a category:

Mr. Scott came to the Family Welfare Bureau for help in finding a foster home for his four children. Mrs. Scott had deserted the family, allegedly due to another man. She had deserted twice before, but Mr. Scott had been able to persuade her to return on both previous occasions, and he felt he would be successful this time, if someone were looking after the children, and giving him plenty of time to spend with his wife.

In the course of several casework interviews, it was suggested that a homemaker might fill a temporary need. The Homemaker Committee agreed to this as a temporary plan, and Mr. Scott accepted a homemaker on this basis. The caseworker had pointed out to Mr. Scott how difficult foster home placement would be for his children, first losing one parent, then the other parent, making the children feel that neither parent wanted them. Even though Mr. Scott was ready to try the plan of using a homemaker in his home, he was not sure that this was the right solution. Mr. Scott said he was not sure that he did want his children, for his wife had never wanted them, and had deserted him because of them. When asked, he did not know whether or not he loved his wife, but he wanted her home, and was willing to take her back on her own terms. At this point, the worker did not have a very good idea as to what strengths, if any, there were in the family.

The homemaker placed in the Scott home was one who had shown herself to be especially skilful in difficult situations such as this, and able to help a father regain his self-confidence and strengthen his relationships with his children. Mr. Scott surprised himself regarding the pleasantness he felt about coming from work to a clean
home and a good hot dinner every night, and four clean-faced youngsters greeting him eagerly, as the homemaker made a point to get the children to wash their faces and hands when she knew it was nearly time for their father to arrive home. The homemaker said, "Father needs to have his family fuss over him, he works hard without much appreciation of how hard he has to work. He needs to come home to kids who have spruced up especially for him, and to a hot dinner that is ready especially for him. This makes working for his family seem more worthwhile".

The homemaker remained in the home for three months, during which time the caseworker saw Mr. Scott once a week, and the homemaker once a week. Sometimes, if there was special need for consultation between the homemaker and the caseworker, this was done during the day when Mr. Scott was at work and the children were at school. At first, the homemaker had difficulty with the children, especially the two older boys who were twelve and thirteen years old, and who resented her as an interloper in the home, and because she was a woman toward whom they were transferring their feelings about their mother as she was a reminder to them of a bad mother.

Gradually, the children were won over by the homemaker, and were able to verbalize their dislike of their mother, and to finally say they hoped she would never come home.

Mr. Scott was helped by the caseworker to become more realistic regarding his own feelings, and what he really wanted. He finally decided that it was his pride which made him think he wanted his wife home. He saw that he really had no feeling of love for her, or even liking. He was also helped to see why his wife reacted the way she did, and that she could not help her actions, since she was an immature person. She could not stay with her children, because emotionally she was a child, and she could not tolerate competition from other children in the family. It was like a weight lifted from his shoulders, when Mr. Scott realized definitely that he did not want his wife home.

From that time on, Mr. Scott's relationship with his children improved rapidly, he made them feel that they were important to him, and the children enjoyed the new closeness to their father.
Once Mr. Scott knew that he was going to be solely responsible for his children, with the caseworker's help, he was able to make permanent plans for his family. Mr. Scott arranged for his widowed sister with her one child to come and keep house for him. At the end of three months, the homemaker had completed her work in this home and was withdrawn. Another family unit was preserved. Since that time, Mr. Scott has occasionally returned to the Family Welfare Bureau for casework services, when he had a problem with which he wanted help.

To the Family Welfare Bureau, in the acceptance of a family for homemaker service, "policy" as established by the agency, is used as a guide post -- it is not a rigid set of rules. The homemaker service, in relation to "policy", treats each family as an individual problem, and decides between acceptance and rejection on a basis of need, and lack of any other acceptable facilities as a solution. The following situation illustrates the acceptance of unusually difficult circumstances by homemakers:

Mrs. Jones with sub-standard housing, three children and elderly parents living in the home, applies for a homemaker while she is in the hospital. It will be a difficult situation. This family should be automatically rejected for service if the adherence to policy were strict, very poor housing and relatives in the home, but---! The mother considered the elderly parents could not give the children proper care, in fact needed someone to care for them, too. Foster home care for the children was no solution; aside from the traumatic disturbance of moving the children to strange homes, the elderly couple would be left without care.

In a situation such as this, no homemaker is given the assignment and told she must accept it. The supervisor of homemakers gives the homemaker the facts of the home situation in all their starkness and the homemaker usually says without
hesitation, "Of course I'll go". This shows their attitude of loyalty and co-operation toward the agency and to the homes which they serve. Exceptions to policy such as this would be difficult to make without the co-operation of the homemakers.
CHAPTER 6
THE HOMEMAKERS

All agencies agree that women with the necessary qualifications to be good homemakers are scarce. It is also recognized that the success of a homemaker programme is dependent on the skill of the homemakers. A Chicago agency recognizes the importance of the above statements in issuing their bulletin which shows what they believe are the essential qualifications for a homemaker, as follows:

Qualifications of a Homemaker:

a. **Age** - women between ages of 25 and 60 years; maturity and richness of experience are not necessarily measured in chronological age.

b. **Desirable Qualities** - honesty, reliability, good morals, industry, co-operation, adaptability and understanding of human behaviour.

c. **Health** - good health and high standards of personal cleanliness are essential.

d. **Experience** - previous work as a domestic or a practical nurse is desirable. Knowledge of children, gained through employment or rearing own family, and skill in household management are required.

e. **Abilities** - ability to fit service to the needs of the individual members of the family; sensitivity to home situations; security in relationship with the Department to the extent that the Homemaker will recognize and feel free to assume the degree of responsibility that she should carry in any home; ability to observe objectively situations of social significance within the family and to bring such situations to the attention of the Supervisor for the purpose of providing more effective service to the family; ability to work effectively with people and to accept and utilize supervision and criticism.

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The present chapter examines how far the Vancouver homemaker service is developing the desired qualifications in homemakers; and it is based on records of the supervisor of homemakers, as well as two questionnaires, one of which was answered by the caseworkers with a separate questionnaire for each homemaker placement, the second questionnaire being answered by the homemakers after discussion in a homemaker meeting.  

The average person knows very little about homemaker service; in fact, the majority of people have never heard of it. The first question asked usually is, "What is homemaker service?" When this question is answered satisfactorily the second question is, "What kind of women become homemakers?" At the present time there are twenty-four women employed as homemakers in the Vancouver homemaker service, whose length of service varies from six months to eleven years; and the age of the homemakers varies from thirty-five years to sixty plus. The majority of the homemakers are married women or widows. Most of them have grown children. Some of the married homemakers need employment due to a sick husband, or because a retired husband has an inadequate income due to the present high cost of living. Several of the widows have worked for years supporting and educating their children. One homemaker has seen all of her children through college through her previous employment. The formal education of the homemakers varies widely,  

2 See Appendix B for questionnaires.
the lowest being fourth grade, the highest being college, with the average being eighth or ninth grade. The work history of the homemakers range from no previous employment, having gained their experience through rearing their own children, to employment in various business activities or professional work. Good health is a requirement which all of the homemakers are able to satisfy, and all are clean in their personal habits and neat in personal appearance. The abilities of the homemakers vary widely, but in general they approach the abilities set forth above as the requirements of a Chicago homemaker service.

Evaluation of the Vancouver Homemakers by the Agency Workers

The questionnaires answered by the caseworkers who supervised both the families within their own districts who had homemaker service, and the homemakers in the homes, have a two-fold purpose. First, they are an evaluation of the homemaker in a particular home at the completion of the service, and secondly, they are a progress report for Family Welfare Bureau files. The present study is concerned only with the latter. The questionnaire was intentionally designed to show briefly the family situation, reasons for placement, and later withdrawal, of the homemaker; homemaker's comments to the caseworker regarding the family; the ethical conduct of the homemaker in that home, and her ability to observe confidentiality. The caseworker is then asked to place the homemaker in a category which most nearly describes her attitude toward her work in that particular home.
as follows: first, four sub-heads under a mother person; second, four sub-heads under a grandmother person; third, four sub-heads under a friend person; and fourth, a blank category which permits the caseworker to show a definition not previously designated.

Eighty questionnaires answered by the caseworkers have been used. The compilation of this material by Family Welfare Bureau casework staff was a difficult task since some of the cases were closed, and some had been the cases of students who were no longer in the agency, so were answered by the supervisors. A minority of the cases had more than one homemaker, some had as many as three or four within the period of 1950 and each homemaker was evaluated in relation to her work in that particular home. A long-term tuberculosis case with emotional problems may wear out two or three homemakers in a year, just as two or three foster homes may be worn out by an emotionally disturbed child placed by a children's agency. Constructive casework planning may require different qualifications in a homemaker when a mother is both physically and emotionally able to assume more responsibility in her home. She may at this time require a homemaker who will encourage her to take responsibility, instead of doing all the work herself, as the first homemaker had been doing. The second phase may later progress into a third phase where a homemaker will be needed only half a day twice a week, at which time the mother's need
may be for an efficient, practical, impersonal and thoroughly professional homemaker, after which the mother will be able to resume complete care and management of her home. This does not mean that the first homemaker is necessarily incapable of making the psychological adjustment in relation to the progressive needs of the family, but in changing the amount of time the homemaker has to spend with a family, this may better fit the schedule of another homemaker.

A description of two of the homemakers shows the wide variety in personalities which are successfully used in Vancouver homes when a homemaker is needed. We will call the first one Mrs. Jones although that is not her name. 3

Mrs. Jones has been a homemaker for two years. She has been a widow for many years as her husband was killed in an accident. She reared and educated her three children by doing practical nursing. Her references who were previous employers, spoke very highly of her. Mrs. Jones is an attractive little woman, speaks in a well-modulated voice and dresses smartly. She has an overwhelming sense of humour, as well as a great imagination. Children love her. With her sunny disposition and her ability to make up to children, she could be a great threat to mothers, but Mrs. Jones is smart enough to sense this, and handles the situation very well. She has the ability to relieve a mother of responsibility without the mother feeling she is losing something. Mrs. Jones has boundless energy.

Mrs. Jones is an excellent housekeeper and manager and can accomplish a great deal in one day. Clients are amazed at her ability to keep several small children amused as well as accomplishing so many household tasks. Mrs. Jones is not above letting one of the children play hobby horse on her back while she is on her knees scrubbing the floor; thus she keeps the child amused and does

3 All personal information regarding homemakers are from files kept by the supervisor of homemakers, but in each instance they have been disguised so that their identity cannot be known.
her work. She believes in having a routine in a home, it is not long before she has one established and the family are enjoying the security of it.

Mrs. Jones has a strong sense of loyalty to the Family Welfare Bureau, and enjoys her contact with the social workers. She considers the client ahead of herself and is inclined to give almost too much to the client.

Because of Mrs. Jones' warm personality she naturally falls into the category of a mother person, but her ability to adapt herself to the different circumstances may place her in a different category in her work. Her best work is in families burdened with many environmental problems, or serious health problems.

Homemakers who are mother persons may vary widely from Mrs. Jones, they may be outgoing, flexible but also consistent; or permissive, overly kind and lacking in discipline; or over-identified with client. The last two headings under mother person sound undesirable, however they do have their important roles to fulfill. A permissive mother person may be exactly what a child with a stern and harsh father needs, whose mother is in the tuberculosis hospital for a long time. A homemaker who is a mother person and over-identifies with the client is usually too sentimental to work well with the agency, she often "takes sides" with the client, and loses her effectiveness as a representative of the agency by failing to report when a client imposes on her, or when a client is not following medical orders. The grandmother person, with the same subheadings as the mother person, is placed under a separate category, although there may be some confusion in making a differentiation.
The third category, a friend person, was difficult to name, and possibly more difficult to explain. She is not a mother or grandmother person, as a homemaker she enters a home as a friend to help in whatever ways she is needed. A short summary will be given of a homemaker who is generally speaking a friend person, and she will be called Mrs. White although that is not her name.

Mrs. White has been a homemaker for only six months. She too has been a widow for many years, so supported herself and her family of children by doing housework.

Mrs. White looks much younger than her years. She is pretty and attractive, dresses young but not too young, and with good taste. She speaks in a quiet composed way, and you have the feeling of a very sincere wholesome person. She seems to have a great deal of feeling for people, yet she is not demonstrative.

Mrs. White has displayed in her short period of employment a remarkable ability to grasp casework concepts and to understand the motivation of people. She has a keen interest in homemaker service and the agency as a whole, asks intelligent questions, and has shown a remarkable ability to grow. She quickly grasped her own role and that of the caseworker and has been of great assistance to the caseworkers in evaluating difficult situations.

Mrs. White is the type of homemaker who could help an emotionally immature person to grow up because she does not satisfy their dependency needs. Sometimes clients refer to her at first as being unfriendly, but this is only because of her reserved manner. She does not get too close to people and yet she is interested in them. She is fond of children but again is not too demonstrative.

Mrs. White is the kind of homemaker who can be placed in a home which has serious emotional problems; and will not become involved in the family situation; she will remain objective
and helpful to both the family and the caseworker. Both Mrs. Jones and Mrs. White have some attributes in common, although they are entirely different types of women, and should be placed in different kinds of homes, both are fully cognizant of being staff members of the Family Welfare Bureau and render a professional service, and both are well able to remain within the limitations established by the agency. Mrs. White has been a homemaker an unusually short length of time, this fact is indicative that length of service is not necessarily a criterion by which the skill of a homemaker may be figured. The summaries of Mrs. Jones and Mrs. White were selected as typical of the homemakers as a whole, other summaries might just as well have been selected.

The supervisor of homemakers has continually talked with the homemakers, both at the homemaker meetings and to the homemakers individually, regarding ethical conduct and confidentiality, impressing the importance of never discussing with a family other families where they have worked. Answers to the question regarding ethical conduct of the homemakers as answered by the caseworkers, shows a good understanding of this phase of their work by the homemakers. The eighty questionnaires showed sixty-two situations where the homemaker kept the confidentiality expected of her, and in only sixteen situations did a homemaker talk to a client of another client, and on two questionnaires this question was not answered.
One homemaker, in each of her four placements, talked about other homes where she had been as a homemaker. Each time this was thoroughly discussed with her, but she seemed to have no understanding of the reasons for observation of confidentiality, and since she seemed unable to correct her gossiping, she is no longer employed as a homemaker. Two of the sixteen infractions occurred consecutively in the same home, and with two of the tried and experienced homemakers.

What caused two homemakers of good professional standards to be guilty of this infraction? Let us consider the position of these homemakers: first, they are in a confining kind of work without contact during the day with anyone except families in difficulties who need homemaker help; second, the mother in a home may be alternately fault-finding and prodding for information until even the endurance of an experienced homemaker undergoes a momentary lapse. In conversation with both supervisors of the service, they agreed that this is what occurs in many instances, and is the principal answer to the above question. Considering this explanation, it is possible that sixteen infractions in eighty placements is a low percentage, especially when we know that the supervisor is cognizant of the importance of confidentiality, and is working continuously on the improvement of this condition.
Adaptability to cases

An attempt was made to assess the twenty-four homemakers in relation to the categorical analysis of the caseworkers on the eighty questionnaires. This was soon found to be more complicated than expected. A homemaker classified as a "mother person" who was controlling, kind and consistent on one questionnaire, was assessed by the same caseworker, but in another home, as a "friend person" who was relaxed, impersonal and professional. It is obvious that the kind of family, and the problems in that family, had a strong influence in producing the kind of care which the homemaker gave in that home. It can have no meaning as an isolated fact to state that in ten situations the homemaker was a mother person who was controlling, kind and consistent; in seventeen situations the homemaker was a mother person who was outgoing, and flexible but also consistent; and in four cases she was either permissive, overly kind and lacking in discipline, or over-identified with the client. Information of this kind is of no value without considering the family situations. Three homemakers will be described to illustrate the versatility with which the homemakers use their professional skills in working with families.

1) Mrs. A. This homemaker worked in four homes during the year 1950. The mother in the first home had been ill and out of the home for a long time. At first the mother was very
permissive with the two small children. Mrs. A. is shown as a mother person, who was outgoing and flexible but also consistent. At first the mother was irritated by the homemaker disciplining the children, but later the mother established better controls and became more secure with them. The homemaker was instrumental in bringing about the needed changes in the mother's attitudes and therefore an improvement in the care of the children. Evidently the homemaker sensed the necessity of consistency with the children in the home. The result was a successful placement according to the family, homemaker and caseworker, as shown on the questionnaire.

Mrs. A. is shown as a mother person who is permissive, overly kind and lacking in discipline in her second placement. The mother had tuberculosis, and was both over-protective and had a demanding attitude toward her children. The father was overly strict with the children so the result, as far as the children were concerned, was that of rejection. The homemaker showed her wisdom in tempering the parental attitudes by being permissive, which resulted in a successful placement from the point of view of the family, homemaker and agency, according to the questionnaire.

Mrs. A. is shown as a grandmother person who is permissive, overly kind and lacking in discipline, in the third family. The mother was ill but at home, and felt threatened as a mother at the mere suggestion from the homemaker of help
in discipling the children, so it was necessary that the homemaker exhibit a permissive attitude toward the children in order to help the mother recover her health. This is another case which is shown as successful from the three aspects of family, homemaker and caseworker.

The fourth family which Mrs. A. served as a homemaker was similar to the first case, and she was shown as a mother person, who was outgoing and flexible but also consistent, but no comment seems necessary as this too is shown as a successful placement.

2) Mrs. B. The second homemaker illustrated here has been a homemaker less than two years. She has made a remarkable adjustment to a lower standard of living than the one to which she was accustomed, but which has now become necessary due to an invalid husband. She is jolly and well-adjusted, has a strong sense of loyalty to the Family Welfare Bureau and the client, and is willing to work hard. She has an excellent work record, as she has good understanding of her role as a homemaker in the total picture of agency service, and works well with caseworkers.

The first placement of Mrs. B. during 1950 was very difficult. Regarding her first placement Mrs. B. has this to say, "This is the most difficult case to which I have been assigned. The chief problem was trying to kindle any spark
of maternal instinct in the mother towards her two children, also the lack of suitable food to feed the children was a problem, in one instance the only thing to feed the year old child was a can of peas." The caseworker said of the family regarding marital relationships, "There is a bond but both are narcissistic and, failing to find satisfaction in the other, each is unsatisfied and punishing." The father was uncouth, used much obscene language, and both he and the mother refused to do anything to help the homemaker. The homemaker felt sorry for the children and permitted the parents to impose on her. The caseworker's evaluation of Mrs. B. placed her in the category of a helper who was easy, kind, and herself be "put upon" by the parents. The caseworker's analysis regarding the success of the case is interesting as follows. The caseworker states definitely that this placement was not successful but adds that this placement would test the endurance of anyone. The placement was successful from the standpoint of the family as they were able to get much more work from Mrs. B. than they were entitled to. The placement was unsuccessful from the homemaker's point of view as she was "unable to cope with two immature, dependent parents", according to the caseworker. The caseworker considered the case unsuccessful since the homemaker was unable to get the mother to do her share of the work which had been planned with the caseworker.

The second placement of Mrs. B. in 1950 was in an East
Indian home where the mother had tuberculosis. The following
is again quoting from the homemaker's remarks about the family.
"The chief stumbling block here is the two families, Mr. ____
two sons by a former wife and the younger two children by his
present wife. Incidentally, when I first met the older sons,
they could not speak a word of English and had arrived that
day direct from India. Mrs. ____ is very jealous of Mr. ____'s
slightest attention to his own sons. I have endeavoured to
show complete impartiality and to lead Mrs. ____ to think of the
boys as she does her own sons. I have found more difficulty
dealing with the two younger children because the parents
exercise little or no discipline. However, in spite of these
drawbacks I feel that exceptional progress has been made. Mrs.
____ has almost completely recovered and the family is slowly
and surely approaching unity." There is no need to make further
remarks regarding the problems in the family as these have been
covered by the homemaker. The caseworker evaluates Mrs. B. in
this home as being a mother person who is outgoing and flexible
but also consistent. The caseworker considered the placement
was successful from the viewpoint of the family as they depend
on her like a mother. It is successful from the homemaker's
point of view as her role in the home is satisfying to her.
The case is successful from the caseworker's viewpoint as the
homemaker has proven very valuable to this family as she has
been with them since homemaker service was started in the home,
and is able to work with the caseworker. The homemaker has listened to their stories and helped them where she can, and yet has not over-identified with them. The homemaker, the caseworker, and the clients have all been working very closely.

The homemaker, Mrs. B., said of her third placement, "This was the most pitiful case I have ever been assigned." The mother was ill, there were three small children, marital relationship was poor, there was much sibling jealousy. The father takes no responsibility in the home or with his family, and the mother is compensating by over-indulgence of the children. There are no comforts of any kind in the home, and many necessities such as proper clothing are lacking. In spite of the fact that the homemaker pitied the family and gave them some used clothing which was not in the planning with the caseworker, the evaluation of the homemaker from the caseworker's viewpoint was a mother person who was outgoing and flexible but also consistent. The caseworker also considered the placement was successful from the point of view of the family, the homemaker and the caseworker, since the homemaker was able to remain on a professional level regarding this family in spite of her feelings of extreme sympathy for them.

3) Mrs. C. The third homemaker referred to in this study is one of the more experienced homemakers, as she has been on the Family Welfare Bureau staff in this capacity for ten years.
She has shown herself to be reliable, flexible, adaptable, able to work well with a family, and possesses a great deal of instinctive awareness of people's feelings. She works well in either a long-term or short-term placement, and is good with small children, babies, or the older child. There is no situation where she cannot be used as a homemaker.

Mrs. C. worked in five homes during 1950. She was placed in home number one following a long hospitalization of the mother, during which time the three children had been cared for by a succession of inept people both outside and in the home. The children needed to have a feeling of love and security from their parents. Mrs. C. sensed immediately her role in the home, and the caseworker classified her in this home as being in the fourth or "other" category, as a helper who is not aunt or friend, but is controlling and consistent to the children, kind as well to the parents. Mrs. C. helped the mother to resume her position in the home. There was need for very close working relationship between caseworker and homemaker, as the homemaker was very cautious in her conversations with the family, and frequently sought the help of the caseworker when she was not sure how much the physician had told the family regarding the progressive illness of the mother. Mrs. C. was critical regarding the handling of the children by both parents, but this did not interfere with her role as homemaker in the home, as she turned to the caseworker to express this disapproval instead of to the family.
The placement is shown as successful from the point of view of the family, the homemaker and the caseworker.

In the second home in 1950 where Mrs. C. served as a homemaker, the mother was awaiting a bed in the tuberculosis hospital. The father's behaviour was obnoxious and inconsiderate toward his wife, and he projected this attitude on to the homemaker. Both parents were very permissive and inconsistent with the children. Mrs. C. is shown as using much discretion in spite of real difficulties due to the father's behaviour toward her, and his inability to understand her role in the home. Mrs. C. is shown in this home as being a friend person who is relaxed, impersonal and professional. Homemaker service was withdrawn from the family after a great deal of work by the caseworker in trying to work with the family. In spite of the reason for withdrawing the homemaker, the caseworker evaluates the case as being successful from the family's point of view, partially successful from the homemaker's point of view, and successful from the caseworker's point of view since the family continued to use suggestions and methods of routine and child training instigated by the homemaker.

Mrs. C. was placed in the third home because the home needed a homemaker who could work on a good professional casework level, after the withdrawal of an unsuitable homemaker no longer with the agency, who over-identified with the mother and
conspired with the family to keep essential information from the caseworker. This was an extremely difficult situation in which to place Mrs. C., but she worked closely with the caseworker to correct the harm done by the previous homemaker. The caseworker classifies Mrs. C. in this home as a friend person who is analytical, objective and undemonstrative. In spite of the family's resistance to the placement of this second homemaker, the caseworker considers that this was a successful placement from the point of view of the family, homemaker and caseworker. Mrs. C. had a second placement in this home during the year which we will return to later for consideration.

The fourth placement of Mrs. C. during the year was a home in a wartime housing project where living standards were very low. Mrs. C. said this was the poorest equipped home in which she had ever worked. There were three children at home, the youngest a year old, and the mother was in hospital for confinement with a fourth child. Family relationships were strong but the father was a dependent and inadequate person regarding home facilities or guidance of the children. Mrs. C. was able to retain a professional attitude, and define her work to neighbours, in spite of a large amount of gossiping in the housing project about her, due to her attractiveness, and the mother being in hospital. Mrs. C. was able to induce the father and older children to put up shelves and hooks for
clothing, and a drier over the stove instead of continuing to dry the clothes on chairs placed in the room where the baby slept. Because of Mrs. C's consistently professional attitude, the mother felt she was no threat, upon her return from hospital, and Mrs. C. was able to assist the mother in management of the home. The caseworker places Mrs. C. in the category of a mother person who is outgoing and flexible but also consistent. The emphasis in the home was help on an environmental basis, but as both parents were dependent people who needed a mother substitute, it is not easy to determine the permanent value of the service in this home. The caseworker, however, evaluated the case as being successful from the point of view of the family, the homemaker and the caseworker, as there was a noticeable improvement in home conditions resulting from homemaker service.

The fifth placement for Mrs. C. during the year was a return to family number three. The members of the family already knew her and were delighted to have her back. The harm which had previously been done by another homemaker was a thing of the past. The father had died suddenly, and the mother was extremely critical of the "Welfare", but Mrs. C. retained her professional and analytical attitude, realizing it was healthy for the mother to show her confusion by expressing her hostilities, for Mrs. C. is definitely an agency person in her thinking.
The same caseworker now changed her evaluation of Mrs. C. in the same home, from a friend person who is analytical, objective, and undemonstrative, to a friend person who was relaxed, impersonal and professional. The placement was successful from the point of view of the family, homemaker and caseworker.

Mrs. C. did not show the variation in evaluation that some homemakers show, but there is enough variation to show that Mrs. C. fits her work in a home to the needs of a family at the time she is in the home. In the second placement in the same home, the amount of pressure which existed around the homemaker was lessened, therefore she could be more relaxed. The years of successful experience of Mrs. C. as a homemaker helps her to remain professional. Mrs. C. is not lacking in maternal feeling as can be seen when she is placed in a motherless home, with deprived children, it simply means that during the year 1950 she did not have a placement which emphasized this quality. A Family Welfare Bureau supervisor gave an illustration of Mrs. C's mother qualities in a home, when Mrs. C. said defensively to the district worker about a child in the home, "Who ever said Billy is a bad boy, all he needs is lots of loving!"

An analysis of the above cases in this study indicates that the true value to be gained from the information shown on these questionnaires is the measurement of the homemaker's
adaptability to circumstances rather than a conclusive judgment of her classification. A few general conclusions may be made by a study of these questionnaires: first, a homemaker may basically be a mother, grandmother, friend or helper person; but she may be so adaptable that, in a home needing a homemaker with characteristics different from her own, she will actually be the kind of person in that home which that family needs at that particular time. Second, the majority of the homemakers, according to the questionnaires of the caseworkers, and the records of the supervisor of homemakers, fall in the mother or grandmother categories, and although some of these homemakers are very flexible, there are limitations to the kind of situations where they may be used most effectively. Third, the homemakers who fall basically into the categories of friend or other person, although in a minority, seem to be the most skilled group, the members of which can be placed in any kind of home under any kind of circumstances. The latter group seem best able to work with the caseworker on a casework level, although some in the mother or grandmother categories can also work on a casework level. There seems to be no measurement scale which can be drawn from the material so far available from the present study.

Views of the Homemakers Themselves

The questionnaires answered by the homemakers indicate two facts: their spirit of co-operation with the supervisor of homemakers; and their understanding of what is expected of them by the agency. It also plainly shows their ability to analyze
their work in co-operation with the caseworker and family.

Nineteen of the twenty-four homemakers completed the questionnaire and returned it to the agency, and answered the questions without hesitation in a straightforward manner. All who knew about the questionnaire, except the supervisor of homemakers, were surprised at the facility and candor with which the questions were answered. The information from these questionnaires is given in narrative form, since tabulation is not appropriate to a small total (19): it is very revealing of general attitudes, however. One question, in personnel practices, appeared to have been misunderstood, and no use could be made of the replies.

Question number one asked that the four parts of the question be numbered in the order of their importance to the homemaker as follows: a, child training and understanding; b, preparation of low cost meals with emphasis on nutritional needs; c, household management and efficient work methods; d, helping to meet the emotional and personality needs of families. Four out of nineteen thought these were all of equal importance, and that all phases were important. One of the four wrote, "I found this rather difficult to decide. To me it is all so closely woven together. I feel that a well managed household takes care of the emotions and personalities of the inmates. It also embraces the understanding of children and nutritional meals follow. I do not consider that a spotless house is necessarily
a well-managed household, though I greatly admire efficient work methods". The other sixteen questionnaires showed a large percentage who gave preference to sections "a" and "d" as first and second choices in order of importance to them. By classifying these two sections together as being on a casework level, it is found that 75 per cent place these two sections in first place; and 69 per cent place these two sections in second place. Those who placed sections "b" and "c" as first and second choices were a minority, showing that the majority of the homemakers are aware of the importance of the emotional aspects of home life, and see their work in a wider sense than meeting only the environmental needs of families, although of course the material needs of a family are important.

Question number two elicited a wide variety of answers which it seems best to break down into as few categories as possible. The question read as follows: "Have you any suggestions which would make your work easier or more effective as regards your contact with the caseworker or family?" Section one immediately following the above read: "What information is most helpful to you regarding a family before you enter a home?" Ten homemakers wanted information regarding general home and family conditions; four wanted information regarding the emotional difficulties in the home; two wanted special information regarding the mother's physical and emotional condition; one wanted information regarding the children; and two misunderstood
the question. One homemaker would like to learn, "Any odd personality angles or habits that the family find difficult to discuss with a stranger". Another homemaker expresses herself as follows: "Information regarding the mother's health. If she is a tuberculosis patient, what extra care is needed. Do all the other adults in the house follow the rules about the disease? What difficulties are there between members of the family". A third homemaker makes the following suggestion under this heading: "Would like to meet the mother if possible before entering the home if she is not at home and available to visit". This homemaker is referring to mothers who may be in a local Vancouver hospital. Other answers could be quoted, but the above gives an indication of the thinking of the homemakers, some of them on a casework level instead of being bogged down only with thoughts of washing dishes.

Section two under question number two may be answered by either "yes" or "no". The question reads: "Is the method used to introduce you to the family satisfactory to you?"

There was not a single dissenting vote; all answered in the affirmative. However, one homemaker added a suggestion for use prior to entrance into the home of a homemaker: "I would suggest that the caseworker inform the mother that our system (home care) may differ from hers, but that what we do (in the home) is with the Welfare approval". A number of homemakers who remember the "old order" have expressed pleasure over the manner of their
present introduction to the family. The caseworker accompa-
nies the homemaker to the home, introduces the homemaker to
the family, sees that the family thoroughly understands the
duties of the homemaker, the caseworker also makes sure that
the necessary facilities are in the home for the homemaker
before she leaves. This method of introduction shows the
family that there is a united front of the caseworker and home-
maker, thereby introducing the homemaker as a staff member of
the Family Welfare Bureau.

Section three under question number two asks, "What
do you see as the part the caseworker plays in working with
you to help the family?" This question would probably have re-
ceived more revealing answers if it had been worded to ask
what part the homemaker thought she played in working with the
caseworker. The answers to this question have been broken down
into as few categories as possible. Five homemakers thought
the caseworkers helped them to a clearer understanding of the
goal toward which to work in a family; three considered that
the caseworker helped regarding the personality problems in
the home; seven saw the caseworker as giving co-operation and
support to the homemakers. One saw the caseworker as an avail-
able counsellor; one thought the caseworker made better work
possible due to a clearer understanding of the problems; one
would like more co-operation from the caseworkers; and one
did not reply to the question. One homemaker aptly summed up
her ideas on this question as follows: "In helping to untangle
the personality problems. Simply knowing that the caseworker is there to help with the difficulties that one is at a loss to know how to handle, is a wonderful morale booster". Another homemaker gave her definition simply but effectively as follows: "She must interpret the family's needs to me, help me understand why they act as they do".

Question number three showed a wide variation in answers. It concerns "Analysis of your attitude toward your work", of which the first part is: "What do you most enjoy?" Six homemakers enjoyed the satisfaction of accomplishment in a home. One homemaker replied, "Knowing we are helping to keep a family together, seeing improvement in health and family relationships". Four homemakers most enjoyed seeing a home with normal family relationships; three most enjoyed the children; two enjoyed everything in homemaker work; two enjoyed some phase of housework; one enjoyed most, satisfying the emotional needs in the home; and one said she most enjoyed a full-time homemaker placement. Another homemaker candidly and humourously replied that she most enjoyed "The variety that is introduced into what otherwise might be the drab existence of a middle-aged woman".

The second part of question number three, "What is most difficult for you?" was discussed fully during the homemaker meeting January 26th, 1951, but the influence of the discussion in the meeting is not reflected in the replies written on the questionnaire. During the meeting the majority of the
homemakers expressed difficulty in preparing meals in homes where there was insufficient money to buy food, a number of homemakers mentioned the unreasonable demands made by some of the tuberculosis patients. None of the complaints were made in a critical manner, or with any expectation that they could be corrected, these matters were simply mentioned as part of their work, and treated in an objective manner, and some were treated with humour. The replies to the question on the questionnaire are broken down as follows: five most disliked a particular phase of housework; four had no dislikes; two did not feel that a full accomplishment was possible on a part-time placement; two most disliked something of a personal nature, one of these took her food from her own home as she did not like eating the food from a sub-standard home; three most disliked "spoiled" children; one disliked having to do the useless things which some families expect to be done such as washing venetian blinds once a week; one homemaker most disliked short finances in a home; and one homemaker disliked the feeling she had when there was lack of accomplishment in a home. The way in which this question was answered would indicate that many of the homemakers found it difficult to find some phase of their work which they sufficiently disliked, to include it as an answer in this questionnaire.

The fourth question asks the opinion of the homemakers regarding the improvement in their families, and the question reads as follows: "Of the total number of families served by
you during 1950, mark the number below which in your opinion come under the following headings: exceptional improvement, good improvement, fair improvement, no improvement." The supervisor gave each homemaker a list with the dates of service in each home during the year 1950. Although the homemakers knew the questionnaires did not require their signature, the majority used the names of the clients under the category they selected to show improvement in the home, which indicates that the question was answered thoughtfully. They showed a good understanding of what was wanted in this question, and an ability to evaluate their work objectively. Twenty-seven families were placed under the category of "exceptional improvement", twenty-eight were placed under the category of "good improvement", thirteen were placed under the category of "fair improvement", and twelve were shown as having "no improvement". In other words the consensus of opinion among the homemakers shows 69 per cent under the top two categories combined as showing either exceptional or good improvement, and they are able to recognize that 31 per cent of the families showed either only fair improvement or none at all. There is also an indication from this evaluation, and the interest the homemakers demonstrated in answering the question, that there is a certain compensation for them in a feeling of accomplishment.

A fifth question, "In your work what would you say is the most recurring difficulty?" brought out a wide variety of
replies, which indicated that there is no single problem, but instead shows the multiplicity of problems which must be met by the supervisor of homemakers. This question was thoroughly discussed by the homemakers in their meeting January 26th, 1951, at which time no serious recurring problem was mentioned. The listing of the answers to this question will indicate the diversified character of the problems: two homemakers had no recurring difficulties; two named the high price of food in relation to the financial means of families; two named bed-wetting; one said the families expect too much from the homemaker; one named "spoiled" children as the most commonly recurring difficulty; one named emotional instability of mother; one said her principal difficulty was lack of sufficient time to give "deprived" children; one named lack of facilities in difficult homes; one named personal food in sub-standard homes as her principal difficulty; another homemaker said she found two part-time placements difficult when there was a long travelling distance between them; one felt it was difficult to get tuberculosis patients to follow the doctor's orders; one homemaker thought the most recurring difficulty was to understand the different dispositions and temperaments of patients; and one found that abnormal behaviour was the most recurring difficulty.

The discussion on this question in the homemakers' meeting indicated that the majority of homemakers were well aware of the emotional factors in illness, although some might not
accept a caseworker's interpretation of emotional factors. Because of this, the caseworker uses great care in making her interpretation clear to the homemaker. However, without understanding psychological reasons for disturbance, a homemaker often is able to accept a client with emotional difficulties, and is able to work with the caseworker toward the rehabilitation of this person, because the homemaker likes people and wishes to help them.
CHAPTER 7

PROGRESS REVIEWED

The success of a new venture depends on the effects of trial and error. The measure of good administration is the use made of these results. The Family Welfare Bureau has shown remarkable ability to prepare for anticipated problems, and alertness in taking early advantage of errors. The Vancouver homemaker service was initiated in 1938, at a time when most business concerns had curtailed their activities due to the precarious economic condition of the country and the world. Unemployment was a serious problem, and the majority of people had sub-standard incomes. The Family Welfare Bureau recognized the need for homemaker service in the community, and courageously experimented with this new service.

The service was established to help preserve motherless family units in the low income group, where the only alternative was foster home placement of the children. The experiment established the fact that it was a sound programme to preserve the unity of families having psychologically strong inter-family relationships; while, economically, the cost was less in homes with three or more children than foster home placement.

The loss of one parent is a traumatic experience for a child, and when both parents are lost by a child through placement in a foster home, the experience is doubly disturbing
emotionally; the child feels thoroughly rejected, and experiences guilt feelings in his belief that his own behaviour must have caused his parents to desert him. Care by a homemaker in the child's own home gives him a continued feeling of security because he is in familiar surroundings, and even though both parents are absent, he feels that a parent will be coming home. Unlike foster home placement, homemaker service more nearly provides a child with the opportunity for normal emotional growth; while these intangible values are more far-reaching than monetary considerations, the truth of this assertion is difficult to establish.

The first experimental homemaker cases established the fact that a private family agency could not afford the cost of maintaining homemaker service permanently in motherless homes, and that psychologically it was better planning to help the father rely on his own resources, using homemaker service if necessary as an emergency measure only. Too much long-term service defeats its purpose of filling an emergency role.

Often household planning, or care of the children, is left in the hands of the mother; but, through experience, the Family Welfare Bureau has learned that including the father in the plans is an essential component for a smooth operation when a homemaker in the home. In recent years the traditional social concept that mothers possess stronger affectional ties for their
children than fathers has been seriously questioned, and in some quarters denied. What has been learned is that fathers may need a little more help than mothers in expressing their feelings; and they may need reassurance in letting their children know of their fondness for them. The family bureau, therefore, is right in placing an emphasis on the father, not alone for his co-operation or to let him know that casework services are available to him. After all, he is a parent, each child has two parents, and for a child to live a well-balanced life and grow into an emotionally mature adult, it is important that he have both a father and a mother and that the father himself realizes that he is very important to his child.

The establishment of a three-month limit for homemaker service was found necessary by the heavy demands for long-term service; however, flexibility was maintained by the policy of the agency which permitted the Homemakers' Committee to extend service for any case considered on its merits. Flexibility is the keynote of the Vancouver homemaker service, as policy has been developed as a guidepost not as a barricade. The general policy of maintaining the service for those financially unable to make their own arrangements for care of their children on a short-time basis when the mother is ill cannot always be adhered to. Financial pressures are often only one of the pressures which a family feels, therefore the close tie
with casework service is of assistance to these families.

Qualifications and Remuneration

The qualifications recognized by other homemaker agencies, and the Vancouver Family Welfare Bureau, as necessary for homemakers, are so high that the compensation of good wages is essential. A homemaker who is sufficiently compulsive to be satisfied with receiving satisfaction in her job as a part of her wages, might not have the qualifications of flexibility and adaptability necessary to do the work. Homemakers are wanted - not missionaries. Comparatively, homemakers in Vancouver had a better salary scale in 1938 than they do today. In 1938 the wages varied from twenty-five cents an hour to ten dollars a week; the wages for charwomen were then twenty-five cents an hour. A resident homemaker has received a bonus of two dollars per week from 1944 to the present day, whereas the hourly wage has increased from twenty-five cents per hour to sixty cents per hour. The pro rata increase for a resident homemaker should give her a bonus of $2.75 per week today.

The minimum hourly wage today in Vancouver for charwomen, according to the National Employment Service, is sixty-five cents per hour, and the majority charge seventy-five cents per hour. A charwoman can be selective about the homes in which she chooses to work, she may be selective about the hours she works in a day as well; while the only qualifications she
needs for her work is ability to do housework. The homemaker, with all the qualifications she must have, in the way of poise, stability, reliability, liking for people, intelligence, ability to manage a home and care for children, adaptability and flexibility, resourcefulness, kindness, ability to work with the agency, good health, and a healthy attitude toward family problems—these and many more which are not mentioned—is today working for lower wages than the lowest paid charwoman. It would seem that she merits more consideration in salary; and it is surprising to find a homemaker organization composed of the fine calibre of women seen in the Vancouver homemaker service under the present salary arrangement.

A change in payment of wages to homemakers was effected in 1949 in fairness to the homemakers who had been with the agency for a number of years and were receiving a monthly salary. In some cases this monthly salary was less than the amount received by newer homemakers who were on a hourly rate of pay. All homemakers were then placed on a hourly basis, although the hourly rate varied, and was dependent on both length of service and skill in working on a casework level with a caseworker, for the highest hourly rate of sixty-five cents an hour. This voluntary "fair play" exhibited by the agency in the readjustment of wage scales is the kind of action which makes a marked contribution to the morale of the homemakers.
Much of the available literature on homemaker service in general, and the literature from other agencies who have homemaker service, places emphasis on the job security which homemakers have. This seems like a rationalization since enquiry elicits the information that most agencies have no retirement plan for their homemakers, and not all agencies carry liability insurance for protection of their homemakers. The job security actually depends on the availability of funds enabling the agency to continue the work, which is itself dependent on the success of the annual fund-raising campaign of the Community Chest. In the present instance in Vancouver, job security is largely dependent on the continuance or withdrawal of the government grant which provides homemaker service to tuberculosis homes, in which the Family Welfare Bureau is providing the casework and homemaker skills. A retirement plan is a difficult problem, as yet unsolved, since the majority of homemakers start their employment too late in life to build up an adequate pension through a contributory plan. While they are working in a home in Vancouver, the homemakers are protected by the agency through liability insurance. The personal liability insurance carried by some of the homemakers gives low-cost protection with an annual premium of five dollars. The provision has recently been made in Vancouver to place any homemaker who has given satisfactory service on a preferential
list subject to rehiring, if it is necessary to terminate her service due to curtailment or reorganization of the service. All of this does not add up to much security.

Some of the members of the homemaker committee are aware that homemaker wages have not kept pace with the rise in living costs. The committee is aware of the difficulty in securing capable homemakers, and keeping them satisfied on low wages. The supervisor of the service has recently made a proposal to give a bonus to homemakers who are worn out from work in difficult homes, to enable them to take a rest before working in another home. It is not yet known whether the budget can absorb these additional costs; but, if this plan is possible, it is hoped the agency will not hesitate to effect it.

Supervision and Case-Selection Policy.

Supervision of homemakers by a caseworker was an inevitable and foreseen result of the evolutionary process in the Vancouver homemaker service. The need was not only for a caseworker to act as supervisor, but for one who was particularly fitted by experience, and had the qualifications to recruit, train, and supervise homemakers, and do all the paper work necessary in the service. The supervisor is a symbol of the agency to the homemakers since she interprets the work, responsibilities, and policies of the agency. The homemakers have direct supervision in the home from the various caseworkers; if a homemaker is working in three homes at the same time in three different
districts, she will be supervised by three different caseworkers. District workers in the Family Welfare Bureau have given assurance that this plan of supervision works smoothly, and possibly since agency policy works on a basis of districts, and each worker works only within her own district, it might not be feasible to have separate caseworkers for the homemaker cases. The present supervisor of homemakers provides the continuity necessary for homemaker supervision, any complaint, even minor ones, being discussed immediately with the homemaker involved.

The supervisor also recognizes that the homemakers work under exceedingly difficult conditions, that sometimes it is necessary to place a homemaker in a series of discouraging homes, and that even one of the more skilled homemakers may need praise to boost her morale. Another question which arises is the importance of continuity for in-service training in the homes. The homemakers enjoy their contacts and supervision by the district workers, but there is much to be gained from the continuity of supervision by the same caseworker, as caseworkers vary in their methods of supervision. In the present instance, the supervisor of the service is a skilled person in co-ordinating the programme, and this may be more of the answer to the success of the division in supervision in Vancouver, than that it is solely an efficient plan of operation.
Emphasis on short-term temporary homemaker service continues to be the general policy of the Family Welfare Bureau. The greatest benefit is given more people at less expense than in other kinds of cases. This plan makes it possible to spread the service over a larger number of families, with the same budget required to serve a few families on a long-term basis. The Family Welfare Bureau demonstrates that policy is often easier to change than families; the families given homemaker service who fall outside the policies laid down, show that this agency believes that policies are made to serve families instead of families being made to fit policies.

The tuberculosis programme financed through a grant by the Federal Government is an important experiment in determining the value of homemaker service to tuberculosis families. The value to these families receiving homemaker service, and to the community, cannot be figured in dollars and cents. A mother with tuberculosis often means a broken home; or a mother may refuse to be hospitalized as there is no one to care for the family. This may mean the spread of infection and carelessness in the measures necessary to protect others from the infection. Many of the "tuberculosis homes" present very serious emotional conflicts as well, for which they may need casework help. In a general study such as this, it is not possible to do more than touch the outer edges of the homemaker service in this special
field, which includes co-operative work being done with the public health nurses. A separate study would be needed to evaluate the work being done in this area, which is especially important since monetary costs run high for service in these homes due to the long-term planning necessary for the cure of tuberculosis, and it is easy for government officials to assess the value of services only in dollar terms.

The Family Welfare Bureau is to be commended for the smoothness of operation with which the co-operative homemaker cases are handled. The writer has not found this type of co-operation elsewhere as a matter of policy, although some agencies will occasionally place a homemaker in the home of another agency. It would seem that one reason for the facility of the Vancouver service is because other health and welfare agencies have been a part of the Homemaker Committee almost since its inception.

Opportunities for Further Study

Comparing the tabulation of material obtained from the questionnaires regarding the classification of homemakers under four categories, and the same material arrived at independently by the supervisor of homemakers from her records, it is found that each summarizes approximately 60 per cent of the homemakers classified under the combined categories of "mother" and "grandmother" persons. While information from these two
sources varies for individual homemakers, there is reason to assume from the above showing, that, after a sufficient number of questionnaires have been accumulated on each homemaker for a valid study, a general classification may be obtained for each homemaker, as well as a measurement of her degree of adaptability. The development of such criteria and classifications might well be a further study.

The present thesis has made it clear that there are many other studies which might be made of the operations and implications of homemaker service. The most urgent need is no doubt a study of the tuberculosis programme, but other topics which suggest themselves are: Co-operative homemaker cases with other agencies; the kinds of homemaker cases which can most effectively use casework services; homemaker service in emotionally disturbed homes; homemakers for permanently motherless homes; and the need of homemaker service in the homes of the aged, the two latter topics being perhaps particularly relevant for a public welfare programme. Other methods might also be used to assess the performance of the present service in Vancouver. But the present study has been particularly concerned to compare the Vancouver homemaker service with its own past performance, because of progress made through developing flexibility in application, and in building a steadily greater co-ordination between casework and the simpler fact of the motherless home.
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APPENDIX A

SAMPLE MINUTES OF A HOMEMAKERS' MEETING

October 27th, 1950

The meeting was called to order at 8:00 P.M. by our President, Mrs. Large.

The roll call was taken and 13 members were present, also Mrs. Cowper and Mrs. Mabee.

The minutes of the previous meeting was read and adopted.

During Mrs. Cowper's remarks she said that the time sheets were sometimes late in reaching the office. Sometimes they were improperly filled out. So forms were handed to each member and we were required to fill in a sample form in the correct manner. These we were permitted to keep so that we may use them as a sample.

Two papers were then read on the Sessional Meetings of the Canadian Association of Social Work Conference. Mrs. Kines reported on a meeting which she and Mrs. Bailey attended on "Family Relations." Dr. Schmidl was the first speaker and he stressed the need for family counselors and social study groups, who could give individual help where it was needed.

Then Dr. Emanuel spoke of the change and stress of modern society and its effect on all institutions, including that of marriage. He also said there should be a family counselor to turn to when help is needed.

Miss Marchaud spoke briefly of Family Counselling work in Roman Catholic families in Quebec. Here the local priest and the worker co-operate. They have a good attendance and the results are gratifying.

Then Mrs. Sutton reported on the meeting she attended, where the speaker was Miss Lillian Johnson of the Rhyther (Child) Institute in Seattle. She said that children must be treated as individuals. A good foster home should be provided when necessary, where the children are treated exactly like the other members of the family, and so made to feel as if they really belong. Parents should not quarrel in the presence of children. Also parents should instruct teen-agers truthfully regarding sex. When they ask about these things, the parents should let them know that they understand the child's problem and are ready to help them.

Mrs. Cowper then read a very wonderful paper on "The Swedish Homemaker." There the homemaker is well-trained and fills very necessary role in society.

We all discussed and commented on the similarity and difference of their work and our own.

Meeting adjourned at 9:30 P.M.
For the past year Homemakers have been placed for the first time in homes where the mother is a T.B. patient. This service has been financed by the Dominion Government.

A homemaker can expect to remain for six months or more in the home on full or part-time, depending on the mother's condition. She may be asked to divide her time between two or more families. Some T.B. patients are unable to do any of their own work, though they may get up for meals; others are able to do part of their own work and some can do all but the heaviest tasks. It would seem that three types of workers are needed - practical nurses, homemakers and charwomen.

Last May 27th, when we had just begun our work, Mr. Blanche of the B. C. Tuberculosis Society, showed us two films, "Goodbye Mr. Germ," and "Behind the Shadows". These films explained and emphasized the need for the special precautions we must take when we work in T.B. homes. Dishes must be boiled and kept separate, separate tea towels and dish cloths used for the patient's dishes. Damp mops and dusters should be used in the patient's room, her laundry done separably and the bedding aired regularly. The hands should be washed after handling the patient's belongings. The dresses or aprons we wear are not to be worn on the street or in our own homes until they have been laundered. Some homemakers launder their aprons or dresses with the family laundry. The patient and family are expected to co-operate with the homemaker in carrying out these rules.

Sometimes we have to do these things under difficulties, such as the lack of a good fuel supply to provide hot water, and a place to dry clothes in wet weather, or even the lack of a dry mop or good broom, or cooking utensils, even though the home is equipped with an electric washer, mixing machine, refrigerator, vacuum cleaner or even an ironer. Sprinkling tea leaves on the floor or carpet is an old-fashioned trick that is useful in keeping down the dust if there is no vaccum, or is inconvenient to use one while the mother, the baby, or even the father is sleeping. Occasionally a woman will object to seeing these things done because it never allows her to forget that she is a T.B. patient, so we try to carry on as quietly and efficiently as possible.

When a homemaker goes into a home where she may stay for six months to a year or more, her role differs from that of one who is helping a family meet an emergency which may last only a few weeks. She could be expected to wash bedding, keep curtains and woodwork clean and other seasonal jobs which the mother is unable to do. One homemaker bakes Christmas cakes and puddings for a family, and that extra work is really appreciated.

Very often the T.B. patient has emotional problems as well as a physical problem. The relationships between the members of the family are often strained, with misunderstandings and lack of sympathy between the husband and wife and between them and the children. The mother and father and children have to become acquainted all over again after a long separation.
lasting one or two years. The children feel their mother may be taken away from them at any time and the mother feels she must make up for lost time with her family. Children are often noisy and since the mother must have rest, they can hardly lead a normal life. The lack of what the mother feels is a normal life for a young couple - and many of the T.B. patients are in their 20's - is one of the hardest conditions for them to accept. They haven't the strength - nor the money - to go out or to entertain at home, their circle of friends dwindle as they as they hesitate to make new friends for fear they will not be accepted because they have T.B. The long illness is usually a strain on the family finances far beyond what a young man earns. After a succession of hired housekeepers, friends and relatives who have tried to keep things going, the children are out of hand, household equipment is often in poor shape, the father has not settled in steady employment, nor have they acquired a suitable home. So the homemaker may be asked to help them stretch their food allowance so the home may be run efficiently and old debts paid off as their income allows. The family probably have been buying from day to day from the corner store without any planning and paying higher prices, and buying fanvier foods than necessary, and running big bills. (A T.B. patient hasn't the strength to shop at a cash-and-carry store unless her husband will - or someone else help her.)

In hospital a T.B. patient has to become accustomed to having everything done for her; at home the homemaker may have to encourage her to take her normal place in the family as her strength will permit. Sometimes the mother is too timid or unwilling to give up her role of invalid. Just as often she must be restrained from using her strength in needless activities, and in either case, taking unfair advantage of the service. Where there are children, the homemaker must not usurp the mother's place in their affection so the mother feels she is not needed. The essential thing is to keep things running smoothly, the house tidy, the children rested, and a hot meal for the mother to serve her family when the father comes home from work.

The mother begins to feel, after a while, as though she lives in a goldfish bowl, when so many people, including the social workers, the Metropolitan Health Nurse, the T.B. doctors and nurses and the homemaker, all have a say in their affairs. Even so, they are glad of your visits in an otherwise monotonous day. Some of them depend a great deal on the homemaker for sociability, someone to talk to or to share a morning cup of coffee or an afternoon cup of tea. Sometimes the homemaker has to take the brunt of it when the whole situation and the mother's feelings of ostracism and inadequacy, not the homemaker, is the cause of an outburst. At these times, we have to remember to leave the family's problems with them or to refer them to the social worker who can help, and not discuss them at home or among our friends.

One of the visitors the T.B. patient enjoys seeing is the Occupational Therapist. There are two of them - Miss Krag and Miss Ringham - who visit in 125 homes every two weeks. Their office is at Abbott and Cordova Streets and is part of the Metropolitan Health Unit. They work closely with the T.B. Clinic and provide materials at cost and instruction for craft projects which the patients can do without overtaxing their strength. We were amazed at the variety and beauty of the work which Miss Ringham showed us. There were samples of felt-work, bead work, clay modelling, painting on glass or cloth, raffia work as well as crocheting, knitting, weaving and fine needlework. The patients are not advised to make things to sell, as a complete return to health is the first consideration. When they
have been allowed two hours exercise each day, there is a class held at
the office to which they may go each Wednesday afternoon.

This year with the Family Welfare Bureau has given us a better
understanding of the work it does, and I, for one, have appreciated the
opportunity we have had to share in the agency work and to see the fruits
of our efforts.

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By Homemaker Mrs. ______

NUTRITION

In my little job of homemaker, the important business of eating,
also drinking, presents itself every few hours. We homemakers are indebted
to Miss Ross for an instructive talk last October here at our Homemakers' Meeting — and we have tried to rely on her inexpensive recipes.

Sometimes I don't think people eat as much as they did years ago
(or need to). I have never yet prepared a full three course meal and I can
count on my ten fingers the number of times I have come across dessert.
However, the family all around, usually gain in weight during the period
I'm there. So perhaps coaxing porridge and a lunch of soup with bread,
and dinner of bologna and potatoes and the occasional tin of vegetables
may be all right as a diet. There is also the adult breakfast of a
cigarette, coffee and piece of toast which was not on Miss Ross's menu.
Meat from the butcher shop has gotten to be a special treat and the small
tin of meat is what is generally used. This has a tendency to cause dissen-
tion, because there is never enough to go around. And then there is the
family that does all the fault-finding with the children during the meal
which ends up with the children not even eating what there is to eat.
Some families consider themselves economical by skimping on food, yet they
use their allowance cheque to buy little Johny fancy cowboy togs. Then
there is the mother who said they would have to stop eating for two weeks
because the car needed a repair — and she did very well. Always, there is
the complaint that food is high in cost, which we all know, yet three
cartons of coke at a time are cheerfully brought home. People do endeavor
to buy all the milk they think they can afford. The margarine has been a
blessing. Fish does not seem to be popular — the one Catholic family was
the only place that had it. For a part of the country where fruit is grown,
children seem to go very short of it and could eat twice as much I'm sure.

I don't want to give the impression that the mothers are not
making the best of what they have. Generally speaking they try to make
their low budget spread as far as it can. Father too, does his best to
hold down his job and dreams of the time when he can afford a good steak
every day.

---*****---
A HOMEMAKER TALKS OF THE CHILD IN THE HOME

Adults usually think of "security" in terms of money or sound financial rating, but in a child's world, a sense of security comes through belonging to a family unit whose parents give an overflowing sense of understanding and affection to their children.

This statement was made in a talk by a member of the Child Guidance Clinic at a recent monthly meeting of the homemakers. We also saw an excellent film showing incidents in a happy, well-balanced family. The speaker emphasized, giving numerous examples, the constant need for affection, approval, encouragement and trust in dealing with children and their behavior problems.

A child needs to be loved for himself, even when his behavior doesn't quite measure up to adult standards. A small child can't quite understand why his mother sometimes says, "Daddy and I don't love you when you're a naughty boy," but his childish reasoning makes him feel that his parents don't want him. This feeling of inferiority can develop until the child becomes an aggressive bully, or on the other hand, shows signs of being dreamy, shy and withdrawn. Behavior problems, such as disobedience, stealing, lying, jealousy, enuresis and babyishness, all stem from a child's feeling of insecurity and of not being wanted, and can only be remedied by love and understanding. Homemakers as "substitute parents" can do a great deal in this direction, and their experiences often make it possible to give genuine help in solving behavior difficulties.

In one family, a baby, not quite a year old, developed a rash and suffered from diarrhea shortly after his mother returned from hospital with a new infant. The homemaker sensed that the older baby might be feeling neglected and consequently jealous, so she advised the mother to give him a very special share of her time and affection each day, with the result that his physical complaints soon disappeared, and his personality developed in normal fashion.

One homemaker, in charge of a motherless family, was asked if she couldn't attend the monthly homemakers' meetings. Yes, she admitted, she'd like very much to be present, but, she continued, "By the time I've stories, loved and prayed my youngsters, it's just too late to get out to meetings."

Surely a true mother's, and homemaker's, reply.

Often children are puzzled and upset when someone else takes over in place of mother. Maybe they have been cared for by various neighbors and friends for a while, and eating and sleeping habits have become upset. Behavior or children, which has been described as "difficult" to us by the person referring the family, we have often noticed soon subsides when regular and adequate sleeping and eating habits are restored. As one father said, "When the homemaker arrived everything levelled off."

With this "levelling off" of the problems and strains in the family group, the sense of security begins to return to the child and the father, and it is then that a homemaker is truly fulfilling her role of substitute mother.
APPENDIX C

QUESTIONNAIRE FOR HOMEMAKERS

1. Please number the following in the order of their importance to you in your work.
   Child training and understanding. ...........................................
   Preparation of low cost meals with emphasis on nutritional needs. .........
   Household management and efficient work methods. ........................
   Helping to meet the emotional and personality needs of families. ...........

11. Have you any suggestions which would make your work easier or more effective as regards your contact with the case worker or the family?

   1. What information is most helpful to you regarding a family before you enter a home? ...........................................
   2. Is the method used to introduce you to the family satisfactory to you? ...........................................
   3. What do you see as the part the caseworker plays in working with you to help the family? ........................

111. Analysis of your attitude toward your work.
   1. What do you most enjoy? ...........................................
   2. What is most difficult for you? ....................................

IV. Of the total number of families served by you during 1950, mark the number below which in your opinion come under the following headings regarding reaching our goal of holding a family together during the mother's illness or absence from the home.

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<th>Exceptional Improvement</th>
<th>Good Improvement</th>
<th>Fair Improvement</th>
<th>No Improvement</th>
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V. Are the present personnel practices satisfactory to you and do they permit of the best service being given to the family? Have you any suggestions? ............

V1. In your work what would you say is the most recurring difficulty? ............
REPORT OF HOMEMAKER'S WORK

NAME ________________________________

FAMILY NAME AGE

Father ________________________________
Mother ________________________________
Children ________________________________

Homemaker Service from _______________ to _______________

Reason homemaker placed ________________________________

Reason homemaker withdrawn ________________________________

FAMILY RELATIONSHIPS: Your comments on or evaluation of -  
Marital
Sibling
Parent-Child
Other

HOMEMAKER'S COMMENTS TO YOU REGARDING THIS FAMILY:

ETHICAL CONDUCT AND BEHAVIOUR OF HOMEMAKER INCLUDING ABILITY TO OBSERVE CONFIDENTIALLY:

COULD YOU FIT IN THIS HOMEMAKER IN ONE OF THE FOLLOWING CATEGORIES:

(1) MOTHER PERSON
   (a) Controlling, kind and consistent __________________________
   (b) Outgoing and flexible but also consistent __________________________
   (c) Permissive, overly kind and lacking in discipline __________________________
   (d) Over-identified with client __________________________

(2) GRANDMOTHER PERSON
   (a) Controlling, kind and consistent __________________________
   (b) Outgoing and flexible but also consistent __________________________
   (c) Permissive, overly kind and lacking in discipline __________________________
   (d) Over-identified with client __________________________

(3) FRIEND PERSON
   (a) Relaxed, impersonal and professional __________________________
   (b) Analytical, objective and undemonstrative __________________________
   (c) Over-identified with client __________________________
   (d) Permissive, overly kind, and lacking in discipline __________________________

(4) OTHER __________________________

SUGGESTION AND COMMENTS:
Was placement successful, or not?
(a) from family's viewpoint __________________________
(b) from homemaker's viewpoint __________________________
(c) from caseworker's viewpoint __________________________