SOCIAL ASSISTANCE ADMINISTRATION
IN RELATION TO DEPENDENCY

A Review of Contemporary Concepts of Dependency
and Public Welfare Administration, with Reference to
the Administration of the Social Assistance Act by the
City of Vancouver Social Service Department.

by

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ABSTRACT

The problem of the cost of dependency in public welfare has recently motivated many areas to make special studies to determine ways in which it might be reduced. The studies of Bradley Buell and associates have brought to the fore that in any community there is a comparatively small group of families which make use of the majority of health and welfare services in that community. This study was designed to determine the size of the dependency problem in Vancouver and to evaluate the public welfare agency's attempts at combating any problem that might exist.

After reviewing the history of public welfare and the treatment of assistance recipients, attention was directed toward present-day concepts and ways of combating dependency in urban areas. The extent of the problem in Vancouver was examined by examining the numbers receiving private and public agency aid. Two public assistance caseloads were examined to determine how long the clients had been in receipt of assistance, why they were receiving it, and how old they were. The organization and facilities of the City Social Service Department were reviewed.

Two research methods were employed: (1) reviewing the literature to determine how best to deal with the dependent group, and (2) statistical classification of two sample public agency caseloads and services given by private agencies. Information for this study was obtained from the Vancouver City Social Service Department records of assistance recipients, a Community Chest survey of the unemployed group in Vancouver, current literature, and personal observations.

In recent years, between one and two per cent of the population of the City of Vancouver have had to rely on the Social Service Department for their economic livelihood. Most persons on assistance are medically unfit for work although some recipients get this aid as they have to look after dependent children or are unable to get an old person's allowance. Very good medical care is given clients, but the size of the caseloads is such that it is difficult for workers to spend much time with any one client to give continuing casework help. It has been found that to adequately combat dependency, the various social agencies in the community must work together. Individual diagnoses are needed to determine those who can be helped to become rehabilitated.
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SOCIAL ASSISTANCE ADMINISTRATION
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CHAPTER I

PUBLIC WELFARE CONCEPTS RELATING TO DEPENDENCY

One way of computing the degree of civilization of a geographical area or an historical period is to examine the extent to which its people are prepared to help those who are unable to look after themselves.

In the Middle Ages it was believed that the end of life was to serve God and that this could best be accomplished by the upper classes accepting responsibility for the welfare of the poor. Alms were given under the guidance of the various parishes so that the miseries of the poor might be relieved. Dependency was looked upon as an honorable state.

It was not until the fifteenth and sixteenth centuries that a definite stigma developed as a result of the large numbers who asked for doles and alms. The social problem resulting from widespread dependency was reflected in adverse attitudes to dependents. Within the dependent group was a number of "valiant rogues and sturdy beggars" who were subject to police measures as a result of their anti-social behaviour. Those asking for public aid were looked upon with suspicion in case they were not the worthy poor that they made themselves out to be.
The relatively good economic conditions of the seventeenth and eighteenth centuries led to a situation in which relief was made as distasteful as possible for the recipient. Feelings of contempt were displayed by the general public toward those who had to request governmental aid for their livelihood.

At the beginning of the twentieth century, the realization grew that scientific concern was needed to seek the causes for people becoming financially dependent on a state agency. Social work as a professional discipline grew up at this time, also; when they had a better acquaintance with dependent people, social workers could then attempt to cure dependency in the individual case. In this way a body of knowledge was evolved regarding the causes and cures of dependency. When a clearer picture of the extraneous causes of dependency was developed effective remedies could then be evolved and a beginning made in the fight against dependency.

The depression of the 1930's led to a critical analysis of the working of the economic system and showed its wastes and maladjustments. Social insurance was seen as a first line of defence with social assistance being available to fill the gaps made by people who for any reason are not covered by insurance programs.¹

Social insurance has been defined as the program which

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"insures people against and compensates them for, loss of income due to various causes, and thereby seeks to provide an economic security which will help to make direct assistance unnecessary". Social assistance, on the other hand, is composed of cash, goods or services provided to or on behalf of an individual on a means test basis because he and his family lack the necessities of life compatible with decency and health. The first has a contractual quality about it as it involves a system of regular contributions. Social assistance, however, is simply given at time of need and comes directly from taxes paid by the general public.

It was the depression experience which brought humanitarian principles into the country's legal framework of social welfare. Many statutes reflected the belief that there was a subsistence level below which no one should be asked to attempt to live without help from a public welfare agency. This base, or subsistence level, was established so that those who could not fare so well in the economy would be looked after by those who could. It gave meaning to the belief that in a democracy each is his brother's keeper and is responsible for his neighbor.

In the last twenty years certain groups of people have been singled out for categorical assistance. Children, war widows, blind persons, victims of industrial accidents, the aged and the handicapped now have individual programs for financial

assistance. General assistance is now thought of as aid to needy persons not eligible for one of the categorical programs. The latter usually have higher benefits than the residual assistance program.

Today, we are still in a transitional process in which many of the ideas and superstitions of the past remain. Old attitudes die hard and remain to haunt those who endeavour to effect change. The basic conflict in the public mind still appears to be in connection with the question "Are dependent persons really in need and worthy of tax-supported aid, or are they in that predicament due to a lack of desire to do any better?". This is the biggest block today to a more enlightened social policy in public welfare. It will continue to be a block until the public is made aware, through scientific studies that give verifiable conclusions, that dependency does not spring only from personal weakness.

Traditionally, need has been associated with personal inadequacy and moral weakness, as well as physical and mental incapacities. There is still a good deal of suspicion that a person asks for assistance because of wilful idleness, and could find a job and support his family if he really wanted to. The public is still afraid that assistance may be both too easy and too generous, so that those who receive it will not ever want to work again. The taxation issue is also ever-present in that tax-payers equate higher assistance rates with increased taxation.
Current Philosophy Regarding Public Welfare Standards and the Treatment of Dependency

Today it is a widely held belief that public assistance should be viewed as means to an end rather than as an end in itself. The purpose of public assistance is to help the person when he is down and set him back on his feet. Present day administrators, realizing this, must see their agency's role as helping the social assistance recipient to return to being a self-maintaining and self-reliant member of the community. They realize that they are doing the recipients an injustice in limiting their workers' function to merely determining if each client is eligible for assistance.

Any assistance program, if it is to serve the purpose of helping the recipient to be an inter-dependent person, must allow its workers enough time to recognize the individual or family's capacity for action and judgments. It is necessary to explore what factors led the person to become dependent.

Throughout much of its history public welfare has confined the majority of its efforts to the alleviation of distress. Little thought has been given to the causes of the distress. It is only in recent years that the "bread alone" concept has given way to the concept that dependency can only be reduced if the administrators and workers in the field keep their attention focussed on the causes and not merely the results. ¹

Only as recipients grow in the realization that the agency on which they have been forced to become economically dependent does not demand a complete surrender of their rights as individuals will they attain the incentive needed to overcome their situations in whatever way they can. To do this, the agency must believe in the concept of self-determination of the client and acknowledge that people come to an agency to seek help with a wide variety and range of individual problems. A policy of client self-determination is needed so that clients may make the choice which is best for them after all sides of the issue are explored.

The amount of the financial assistance grant must be adequate. The person or family who has to direct all energies toward the process of daily living cannot be expected to climb out of the dependent relationship. Basic needs of food, clothing and shelter are denied satisfaction or kept at a low level when marginal rates of economic assistance are in effect. The basic purpose of granting financial assistance is to rehabilitate the individual so that he can take care of himself. This goal cannot be achieved by adding the problem of inadequate funds to the problem that prompted the person to have to ask for financial aid. The purpose of public assistance — to help the person to help himself — is forgotten when inadequate assistance grants are made.

The means test by which the person is investigated is the public agency's method of protecting the society it represents against those who it is felt should not receive social assistance. Instances of persons not getting assistance after believing that they do qualify are lessened with the qualifications being made public. In this way any citizen may easily determine if he is eligible or not.

When a person is found to be eligible for public assistance his essential needs should be met promptly and adequately. This can best be done by money payments in the form of a cheque which the person may spend as he sees fit. In some instances, as with alcoholics, it may be necessary for the agency to administer the assistance so that the client might better live within the amount that is granted. The client, rather than the bookkeeping section of the agency, should get the primary consideration in such cases.

The agency structure may unwittingly help to foster continued dependency of assistance clients. The administration may overburden its workers with huge caseloads and low salaries which threaten the workers' own security.\(^1\)

Although it is a well-known and documented fact that many of those in receipt of social assistance need only financial aid, it is only when he has enough time to spend on each case that the worker can determine the ones to which he will devote

\(^1\) Cf. BERGER, op.cit., p.53.
his time and talents. If administration is considered as "a
means to an end, a facilitating kind of activity which finds
its only justification in the end product of the agency — ser­
vice to clients", it follows that the administration must begin
with an acceptance of the validity of the service being given
and be concerned with how that service may be most efficiently
provided.

The administrator, then, in a public welfare agency
must be concerned not only with the letter of the law but also
with the spirit behind the law. It is to the administrator and
his staff that the public looks for the implementation of the
goals of the statute laid down by the legislative branch of
government, and it is to him that his staff looks for guidance
in meeting that challenge.

There is a need to develop methods of administration
that will permit clients to maintain their personal status in a
manner consistent with the central purposes involved in provid­
ing social assistance as a right. The concept of right has both
ethical and legal aspects. Right is thought of in connection
with the "sense of a claim which some individual has upon the
community for assistance" rather than being concerned with mat­
ters of personal morals.

The state's care for its dependent persons is con-

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1. WHITE, R.C., Administration of Public Welfare, American
sidered by enlightened people the world over as a measure of its civilization and the care of its poor is recognized as one of the "unquestioned objects of public duty". Because he is a human being and a member of a community, the person in a democratic society may feel entitled to expect financial aid when his circumstances warrant it. The legal right to assistance has been clarified by the provision for special appeals and the fact that need and eligibility have been defined by statutes.

No matter what his rights may be or how legitimate his plea, the person applying for assistance will usually feel humiliated by having to ask for help. As in any human situation, the person who feels himself to be inadequate or senses that others have the same opinion will have a sense of humiliation. To preserve the individual's integrity, pride and self-respect is of prime importance. This must be forever remembered if the person is to be truly helped to become again self-sustaining.

Assistance must be so given as to strengthen the client's sense of duty to stand up to the ordinary burdens of life rather than to release him from that duty. The giving of financial aid must be seen as a strengthening function for the client rather than as a way of making him weak and further dependent. The way the social worker functions can either foster the client's

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emotional dependency and feeling of helplessness, or it can be used constructively to fan the flame of resourcefulness and help the individual to strive and seek for greater maturity.

The "emergency relief" aspects of social assistance are such that many persons asking for this type of welfare are seeking social agency aid for the first time. Previously, these people were able to manage by themselves. The public welfare agency administering financial aid should, more than others perhaps, have trained and experienced social workers. Professional social workers are essential for staffing the intake section above all others. It is here that the treatment process begins. Ideas and impressions obtained by the client in the first interview will remain with him and determine to a very large extent the way in which he is able to use constructively the agency's help.

Workers should be cognizant to a certain degree of their own personality make-up that they may foster the fight relationship with their clients. The worker must be aware of his own attitudes toward public assistance recipients if he is to help them to build new adaptive patterns to replace the old ones.

**Definition of Dependency**

The public welfare programs present in the North American community today place the individual making use of them
in a dependent relationship to the agency. The dictionary definition of dependency - the act of relying on, or subject to something else for support - is representative of most persons' feelings toward the person in receipt of a service supported by the government.

Many persons assume that economic and emotional dependency are always in juxtaposition to one another. These persons believe that all who must ask for financial aid also need services for emotional problems. In reality, however, service in public assistance agencies might be said to fall into one of the following three categories. Some persons asking for financial assistance need only help in securing this assistance, some need help with environmental problems, and some need help with emotional problems. There is often an overlapping between these categories.

Financial help at the time it is most needed may be all the service that an individual or family may require from a public welfare agency. Such individuals would be those who were able to use their own resources in solving any other problems that might exist. This group would require casework services only to enable its members to make application for assistance.

The provision of a monthly cheque is not, however, enough for many families. A continuation of financial aid only might lead to continued dependence which would be expensive in
both monetary value and feelings of frustration and unhappiness. Giving help with environmental problems involves "the location and use of those resources that are most appropriate to the needs of the particular family, whether they are to be found in the community at large or within the family".¹ Some families might need only the supportive help of a social caseworker to enable them to make fuller use of such resources.

The third group of families or individuals includes those who need help in dealing with attitudes that prevent them from using their own or outside resources effectively. In this group are found those persons known most often to social agencies in the community, as they must draw on outside help to function at even a rather low level. This group has been described as having "markedly passive, dependent attitudes and few ego strengths".² For this reason any help given must be a combination of skill, patience and objective steadiness of purpose. Owing to their history of deprivation, frustration and defeat in the life process, these persons are unable to make use of financial or other resources offered to them without this aid being accompanied by thorough casework services.

It can be seen that there are varying degrees of recipients' dependency on the public welfare agency in the community. Mechanical devices or forms designed to differentiate

². MINTON, op.cit., p.67.
between those needing only financial aid and those needing other social welfare services usually fail in the attempt. Experience has shown that individual case diagnosis is the only method for differentiation.

Social Casework in Public Welfare

Social casework cannot be considered a thing apart from the administration of an agency as it is a way of giving the agency's services to its clients. After analyzing many previous definitions, Swithun Bowers defined social casework as:

"An art in which knowledge of the science of human relations and skill in relationship are used to mobilize capacities in the individual and resources in the community appropriate for better adjustment between the client and all or any part of his total environment."\(^1\)

When applied to public assistance agencies, it is readily seen that the motive behind the use of social casework is the prevention of pauperization of those people who have to depend on these agencies for their livelihood. The objective is to prevent the person from becoming permanently dependent on public assistance and to help him to make use of his own resources so that he may return to a more normal way of living.

As in all other settings where he has a role to play, the social worker is a helping person, and the way he helps

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determines the use the individual client can make of the service being offered. The casework method is the tool used by trained workers with their clients to help them to help themselves.

The trained social worker in the public welfare agency is attempting to meet one of the great challenges in the field of public welfare when he attempts to help people receiving financial aid to once again become self-supporting. He does this through the aid of casework and by referring the client to other agencies in the community where his needs may be better met.

The basic philosophy on which social work is based is a belief in the worth of every individual, in his potential for growth and change, and in his right to find the most satisfying social adjustment for himself and the community. The worker uses a relationship between the client and himself to effect a change in the client. The relationship used in casework might be described as the professional meeting of two persons for the purpose of assisting one of them, the client, to make a better and a more acceptable adjustment to the problem which motivated him to ask for help. In many cases a relationship must be established before a client will feel free enough to speak of the underlying problem of which asking for financial assistance is no more than an attempt at reducing the symptoms.

The use of casework in the administration of a public welfare program, such as social assistance, is a task of selection.
Rather than assuming that all recipients of financial aid require close supervision and intensive service, if available or not, each case should be evaluated as soon as possible after intake that the correct degree of participation by the case workers may be given to be most beneficial to the client.

It must be remembered by those who administer a public welfare program that no matter how skillful the various members may be, casework is a poor substitute for an adequate income. Casework can never be a total solution for the problems of poverty. Professional social work in public welfare settings must include community organization as well as casework so that the needs of the clients may be better met. Stimulating the community to action on behalf of its clients should be a most important function of the administration of any public agency. If social workers are to use their professional knowledge in the formulation of the community as well as the individual agency, they must develop skill in organization as well as in personal contacts. 1

A Citizens' Committee in Public Welfare Administration

The value of a citizens' board in government is one of the major issues in public assistance today. Persons interested only in the efficiency of the welfare department decry the value

of such boards and prefer that direct responsibility be placed on a commissioner or director appointed by the head of the local government, municipal, provincial or federal, and removable by him at will although tenure usually determined by "good behavior". Those interested in community organization and in interpreting the department's work to the citizens recommend a representative board of public-spirited persons who stand before the community as responsible for appointing the commissioner and for interpreting the work of the department.

A compromise between these two positions would promote a plan for an advisory board of citizens with no power over the affairs of the welfare department but with an intimate understanding of its affairs and a mandate to interpret its work to the public. This type of board proves to be very useful where the agency executive is a man of vision and skill to lead and develop such a group as a means of interpretation. Unfortunately, however, very few official administrators possess the sufficient amount of skill or understanding of the art of community organization to make full use of such a board.¹

Professor Wayne McMillen believes that an appointed board of local citizens who do not have to depend upon holding the position for their livelihood is the best medium through which to interpret a public welfare program. The administrative body he envisions would be composed of persons feeling that they

had been "asked to serve" as a "call to duty" and who realized that public service needs representative control.¹

The function of an advisory committee to a public welfare agency, or services which such a committee might be properly asked to render would include some or all of the following:

1. Help to raise the standards of service of the agency. Some members might be experienced welfare board members and be familiar with good standards. Sub-committees might be established to gather information on such matters as qualifications of personnel, standards of relief, preferred number of persons on a case load that adequate service might be given. Findings would be presented to the agency executive for consideration. In this way help would be given in the formulation of policies for the department.

2. Establishing and improving relationships with other local welfare agencies. Misunderstandings among agencies are still prevalent in the majority of communities. Many misunderstandings may be said to arise because of lack of knowledge about each agency's function, the role it sees itself as playing in the larger community.

3. Assist in interpreting the agency's program to the community. The task of interpretation may not be stated in so many words but the responsible authority always hopes that the appointment of such a group will "help to allay criticism in

the community and... promote sympathetic understanding of the work".¹ From the community organization standpoint, the interpretation of social security programs in general and the plan for the local agency is the chief contribution of any advisory committee attached to a public welfare department.

4. In general, the advisory committee would be expected to endeavour to maintain an efficient service to people in need and to those who pay the bill - the tax-payers.

Section III of the Bill creating the State of Washington's Department of Social Security reads, in part, that "advisory committees shall make such studies of local conditions in the field of social security as will enable them to make recommendations relative to improvements in general living conditions and in the administration of public assistance to the end that there will be a lessening of the need of public assistance in that county".²

Were the Province of British Columbia to enact similar legislation some thought would have to be given to who would be asked to serve on the advisory committee either at the provincial government level or that of the municipality.

James Brunot in an address to the National Conference of Social Work some years ago stated that he believed the question

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¹ McMILLEN, op.cit., p.80.
with which to start the selection of advisory committee members should be "What persons in the community can be counted upon to serve as active, interested and intelligent board members?". He does not believe that selection should be based primarily on different groups, sections, or shades of opinion present in the community. ¹ From the group of persons selected after the former question is posed, it should be able to pick and appoint a group who will be in touch with a wide range of viewpoints and who will be respected members of the community. Persons with established prestige and known human impulses are the most effective arguments for an agency's work when they become associated as citizen participants.²

The citizen participant is a nucleus of a segment of public relations. The personal acquaintance of the committee member with officials, political leaders, labour leaders, newsmen, businessmen and other influential people results in a diffusion of information and attitudes about public welfare services. Public relations may be accomplished the best by subtle suggestions which emanate from lay and professional persons who are identified with the agency in the eyes of the community.

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² This is R. C. White's term for the man or woman who serves as a board member, member of a committee, or a volunteer worker; that is to say, it includes those not employed as staff members of an agency. For further discussion see Administration of Public Welfare, American Book Company, New York, 1950, pp.448ff.
Public Welfare Reporting

Public welfare is social work charged with the support of the public at large. It is a community function provided to meet community needs. It must, then, remain responsive to changing needs, resources, and attitudes as to public responsibility for using public resources.

Public welfare agencies need to be understood by as many of the local citizens as possible. The continued existence and gradual improvement of basic services depends to a very great extent upon public support and approval. No changes can be made, for example, in the amount of money that assistance recipients receive until the elected representatives in Victoria and Vancouver are aware that the persons who elected them are desirous of such a change being implemented. Improvements in any public service, welfare or other, must wait upon wide endorsement from the electorate.

The public agency interested in social action that better services might be given its clients must have interpreters as a bridge between it and the community. The agency personnel usually know where they are going in relation to services to the community; it is of little importance if only agency members have this asset if the citizens in the community have but the vaguest notion of the need and the work being accomplished.

The community needs a sense of participation and a basis of understanding. Indifference or open hostility on the part of
the citizenry is, in part at least, the result of faulty or insufficient interpretation of what exactly the agency is trying to do.

Those charged with the administration of public welfare programs are in a position of stewardship to the community and should feel a sense of responsibility to provide it with opportunities to evaluate the agency's performance. Annual reports are a potentially important medium for advancing the public relations objectives of an agency. These reports should not be of aid to only elected government officials under whom the department operates by stating statistically the events of the year, but should also be written with a view to enlisting public interest. Separate reports may be necessary for the varying needs of these two interested groups of people.

The main reasons for annual reports are: to show the agency's accomplishments; to describe the agency and its function; to suggest the relationship between the work of the agency and the well-being of the community; to analyze problems confronting both the agency and the surrounding community; to indicate plans for the forthcoming year; to account for funds spent; and to provide enough data that the community may be able to evaluate the work accomplished.¹

The executive of the agency should be responsible for the preparation of the annual report but that does not presuppose that

he will write it in its entirety. A report from each unit or department written by its director will afford a review and analysis by each sub-executive of his department's operations.

If any service is necessary, the tax-payer is entitled to reports of at least annual frequency as to how the service may be made more efficient and constructive. Traditionally, public welfare services have played a rather passive role in public relations; however, to continue in this way is to lack knowledge of modern thought with respect to the responsibilities of those selected to administer state-authorized programs.

By placing responsibility for decisions affecting social work programs with the community, individual social workers can escape the onus attached to "social reform". Resistance to change is manifested in any community asked to move in any direction before opportunity has been given to allow it to prepare itself. The community must be willing and want to work toward solving a problem before it will become mobilized for constructive action.

Recent Studies of Dependency

In the last decade, increasing attention has been placed on those families whose members have made use of community agencies as a way of meeting their needs.

Bradley Buell and associates made a study in 1948 of St. Paul, Minnesota, directed towards the major problems to which
community-supported services were directed: dependency, maladjustment, ill-health and recreational needs. This study revealed that 6.1 per cent of all families in the City of St. Paul had such serious problems to lead them to absorb over one-half of the services offered by the community's health and welfare agencies. These families accounted for 77 per cent of the relief load of the public welfare agency, 51 per cent of the health services and 56 per cent of the load carried by agencies in the mental health, correctional and casework fields.

In San Mateo County, California, the Community Research Associates in a contemporary study showed that 5.8 per cent of all families in that area are absorbing over 50 per cent of the social welfare resources available.

A Winona, Minnesota, study showed that the services of the 46 local and state agencies reached but 12 per cent of the families in the county. This small group of families was discovered to be requiring a greatly disproportionate share of the money, time and skill available through welfare services.¹

Berthold Marcuse in a recent Master of Social Work Thesis made a reconnaissance study of long-term dependency and maladjustment cases in the Family Service Agency of Vancouver in an attempt to find causal relationships in the families. He found multi-problem families and potentially-chronic cases to be susceptible to early identification. His study was a beginning to identify the etiology of malad-

justment and dependency. Health, pre-marital behaviour, and socioeconomic factors were examined by Mr. Marcuse in his evaluation of why some persons do become chronically dependent.

These studies point to the need for community-wide action on the part of every social agency within the community to combat the nucleus or "hard-core" group of persons who must use the services to such an extent. It has been suggested that there is a pressing need for experimental development of systematic procedures on a community-wide basis to ensure:

1. Early identification of the families and continuous systematic recording of data about them.
2. Integrated diagnosis of the total range of the problems which confront each family unit.
3. Classification of the rehabilitative potentialities of families as well as individuals.
4. Coordinated organization and direction of the specialized services needed to achieve these potentialities.
5. Periodic review and objective evaluation of the continuing agency programs which are related to this group of multi-problem families.

During the summer of 1951, Dr. Kermit T. Wiltse, of the University of California, made a study of the validity of social work techniques in the administration of a public welfare program in California. The following summary of his recommendations are meant as guides which apply to the relationship between the case-worker and the client of a public assistance agency.

(1) The family must be kept in perspective: the incapacitated father in the family should not be forgotten, he should be helped to hold onto or regain the father role as the North American culture defines it and with which reasonable harmony is necessary to one's personal adjustment.

(2) Agency policy insofar as it tends to promote considerable overdependence on home visiting should be adjusted to encourage discriminating use of home visiting and office interviewing. The client having to keep an appointment at the agency office has responsibility placed on his shoulders for his problem and he can better realize that it is up to him to do something about it.

(3) Workers and supervisors should make special attempts not to shelve clients either permanently or temporarily. "Very often only the worker's unswerving conviction that the person can recover his health or enough of his courage and strength to do something different communicates itself to him and is enough to make the difference between continued dependency and renewed effort."¹

(4) Public agency workers must realize their own feelings toward persons having to ask for financial aid. Workers should be helped to increase their abilities to value the people who come for help. A willingness to give resulting from genuine concern is demonstrated concretely to the applicant for assistance when he is able to get every bit of assistance to which he is entitled. This contributes significantly to the client's sense of value that he is

able to gain renewed strength to enable him to reach out for a more active and responsible relationship with his environment.

(5) If a worker senses in his relationship with a particular client that no progress is being made, he may well be trapped in a futile battle of the wills; the more energy he puts into trying to win his point, the more energy he mobilizes in his client to defeat him. Having made such a discovery, it is best if he makes a complete shift in his approach to the particular client.

The State Department of Public Welfare in Texas began what was called "Operation Diagnosis" in 1947 in an attempt to meet the problem of too-large caseloads and the need for casework services in many situations. This project was meant to be a five year one, but was extended to seven years.

Step one of Operation Diagnosis was to teach the diagnostic process to the existing staff of social workers as a primary focus of staff development. The workers were asked to make diagnostic summaries of all their cases; these were designed to show the workers' diagnostic thinking-through of facts and observations about the problems and their causes. It took more than the originally intended five years of practice on the part of the staff and supervisors to attain diagnostic skill in the summaries.
The second step was attained when the staff in the field became convinced that the casework relationship was the best means of helping the client in all situations. This brought, too, a realization of the validity of the fact that all clients do not need the same degree and amount of service.

Step three was the beginning of use of a no-narrative schedule for eligibility recording. Similar to the form in use in British Columbia this schedule examines the applicant's assets under the headings of: homestead, other real property, personal property (cash, stocks, bonds, livestock, etc.), insurance, present income of self and immediate family, debts owing. A set of instructions from the State office is available in each office in the field telling how to use the schedule. When recording must be done for clarification it is done on the right hand side of the eligibility schedule. No record other than the schedule is kept when a person applies for assistance.

Step four was attained when the item method of budgeting was discarded in favour of a flat figure in eight different living situations plus medical and shelter costs. The various figures for these areas in which the person is proved to be eligible and the amount of the grant is then computed.

Step five was the inauguration of the eligibility schedule.
If in the diagnostic process it is determined that the client needs only financial assistance (or that is the only service that the agency can make available for that person) the streamlined no-narrative eligibility schedule is used during the annual interview.¹ In this way there is no dictation to be recorded, no backlog of untranscribed recordings, no forgotten and uncleared eligibility factors.

If the diagnosis points to the need for casework services in addition to those given while eligibility is being determined, the administrative framework "provides the worker time for the patient, consistent, and slow-moving pace often required in that process".² Recording continues for this second group of clients but content of records is kept to approaches to the treatment goals, reactions of the client, evidences of the casework relationship, and movement of the individual towards solution of his problem.

A revalidation form is completed at the time of the interview for further assistance and no further recording is necessary in financial aid only cases. In other casework situations it is used for eligibility purposes at intervals when revalidation is required. This one-page form is used only for the review of active cases and not in the original

1. Once each year for Old Age Assistance and Aid to the Blind, twice each year for Aid to Dependent Children.
establishment of eligibility. This form is the current extension of material previously recorded. It is designed not to report again and again narrative material or facts on forms already in the record; only changes are recorded.\(^1\)

It was found that the base budget and the stream-lined eligibility schedule combined to save time in establishing an applicant's eligibility. British Columbia already has the former, but in the light of further work done to verify the benefits accruing from the change, Vancouver would do well to give the lead to the administration of Social Assistance in British Columbia.

A four month's project determined that after the changeover a case requiring continuing casework service help had 7 times the weight of a financial-service-only case. While 75 per cent of Aid to Dependent Children families were found to need continuing services, only 8 per cent of the Old Age Assistance category did.\(^2\)

It was found, also, that certain geographical areas required more workers due to the volume of casework service units. It is the usual administrative plan to divide an area by geographical size and number of clients but the Texas experiment found jobs should not be budgetted on the basis of number of

\(^1\) Each field worker divided his caseload logically into "other casework services" and "financial-need-only" cases. Uniformity was attempted in the meanings of the two terms. Supervisors checked their workers' classifications.

\(^2\) CURRIN, M., op.cit., p.136.
cases; rather, they should be budgetted by the characteristics of the individual caseloads.

Staff development benefits resulting from the Texas program include the freeing of the social workers from such routine drudgery. The staff found that they had time to take a closer look at the poverty of social resources in many areas. The new program, it was found, enabled workers to provide more focussed services to clients. Workers' treatment skills also grew.

Because it has been discovered that many of the people who make use of community agency resources are in receipt of financial aid, the public agency which gives that aid might be expected to have a deep interest in organizing the community for action to combat dependency. In Vancouver, the City Social Service Department is the largest welfare agency and it is to that agency that persons unable to support themselves financially must turn for aid.

British Columbia Legislation for Meeting Social Assistance Needs

The British North America Act, adopted in 1867, gave the provinces major responsibility for social security in Canada. Since that time, the only modification to the original distribution of responsibilities that has been made was the 1940 amendment to give the Dominion exclusive jurisdiction over legisla-
tion in the field of unemployment insurance.¹

The provinces were given jurisdiction over municipal affairs and they usually passed on welfare obligations to the local authorities. This was done either by enacting poor law statutes or by writing broad and general provisions into municipal acts. Responsibility for the care of the destitute was originally laid down in Municipal Act in British Columbia as belonging to the local area. In areas not organized as cities or municipalities the government accepted responsibility. The doctrine of primary local responsibility for the poor was thus established.

The growth of industrialization and urban life was such that by the end of the nineteenth century the local authorities proved unable administratively and financially to deal with the increasingly complex problems in the field of public welfare. The provinces, to ease the strain, began to operate mental hospitals, reformatories, tuberculosis sanatoria, homes for the aged and infirm and other specialized services. In some cases, the provinces allocated funds to municipalities and private organizations to operate such programs.²

When the depression of 1929 occurred, British Columbia, in common with other areas, was unprepared. In the first instance responsibility was passed down to the lower level of

². CASSIDY, op.cit., p.21.
municipal government. Refuge was sought in the appointment of business men's commissions to examine the situation and their recommendations for more "belt-tightening" and reduction of public services received little support. Public demand insisted upon higher levels of government taking action as the municipalities were threatened with bankruptcy. In 1933, the Unemployment Relief Branch in Ottawa was formed under the direction of the Labour Minister. Plans for grants-in-aid to municipalities were completed and the government embarked on a scheme to provide for those lacking local residence qualifications. In this way the provinces bore a large part of the financial burden of relief, although they were backed by the Dominion Government.

Dominion grants to assist the provinces and municipalities in meeting the cost of unemployment assistance were discontinued early in 1941. The system of provincial grants to the municipal level continued to assist the local areas in meeting the costs of assistance to either employable or unemployable persons dependent on the State for their existence.

In 1943, the British Columbia Department of Health and Welfare was formed with a deputy minister appointed for each branch. Included in the Social Welfare Branch were unemployment relief, Mothers' Allowances, aid to unemployables and Old Age Pensions. The last mentioned had been administered since its inception by the Workmen's Compensation Board. With
the formation of this new Department the provincial government became more generous to the local areas and assumed 80 per cent of the cost of direct assistance. It extended this to the cost of children in foster homes and for certain types of cases requiring special medical care in boarding and nursing homes. Precluded was the cost of unemployment relief which, as stated previously, was considered to be a Dominion responsibility.

The Social Assistance Act of 1946 made legal provision for the granting of aid to any "individual, whether adult or minor, or to families, who through mental or physical illness or other exigency are unable to provide in whole or in part by their own efforts, through other security measures, or from income and other resources, necessities essential to maintain or assist in maintaining a reasonable normal and healthy existence". This Act defines "social assistance" as:

(a) Financial assistance;
(b) Assistance in kind;
(c) Institutional, nursing, boarding or foster home care;
(d) Aid in money or in kind to municipalities, boards, commissions, organizations, or persons providing aid, care, or health services, and in reimbursing expenditures made by them;
(e) Counselling services;
(f) Health services;
(g) Occupational training, retraining, or therapy for indigent persons and mentally ill or physically handicapped persons;
(h) Generally any form of aid necessary to relieve destitution and suffering:

1. Revised Statutes of British Columbia, 1948, Chapter 310, Sec. 3.
2. Revised Statutes, op. cit., Sec. 2.
The Municipal Act of British Columbia states that it "shall be the duty of every city and district municipality (of over ten thousand persons) .... to make suitable provisions for its poor and destitute". Before any such municipality may be helped financially by the provincial government, it must "provide and maintain social assistance and relative social administrative services on a basis consistent with the standards established by the rules and regulations made pursuant to this Act". In this way the provincial government is able to insist on a certain level of competence in services offered to assistance clients.

A one year residence rule prevails in British Columbia. The Residence and Responsibility Act gives authorization for persons not living in the local area where their residence has been established, to apply for and receive assistance from another area in British Columbia where they are presently permanently or temporarily residing. The costs of these services, other than administrative costs, may be charged to the local area where the person's residence has been established.

All persons who become a resident of a local area in accordance with the provisions of the Residence and Responsibility Act are said to remain a resident of that area until they become residents of other local areas or until they have remained outside the province for a period of one year.

1. Revised Statutes, Chapter 232.
2. Ibid.
The Purpose and Focus of this Study

It is proposed that this study will examine the administrative policy by which the Social Service Department of the City of Vancouver is administering the British Columbia Social Assistance Act and to see how it relates to dependency in Vancouver.

Various concepts of dependency as may be found in current social work literature will be reviewed and their findings applied to the administration of the Social Service Department. An attempt will be made to evaluate the services offered by the Department to determine if they are geared to help those who are dependent on the City for their economic livelihood to regain their independent status in a constructive manner and in such a way as to respect individual dignity and worth.

Rather than studying individual cases as a research method, this study proposes to examine the administrative policy that permeates the whole department. Costs of assistance will also be explored.

In short, the research question that this study attempts to answer is "To what extent have Vancouver's policies in administering public assistance kept up with practical social work knowledge of the issue of dependency in relation to the
handling of Social Assistance recipients?".

Appreciating that the degree of readiness to accept social work and social workers in any community is related to that community's attitudes towards human values and democratic goals, and that the services offered in the community simply reflect what the public is willing to strive for, the leadership given by the City Social Service Department in Vancouver toward public education for social action must be examined.
CHAPTER II

THE PROBLEM OF DEPENDENCY IN VANCOUVER

Vancouver is a unique city in many ways. The great majority of the population of the province live in close proximity to this largest of its cities. Vancouver is a bustling seaport situated at the end of the transcontinental railway systems. It is to this city that many persons employed in seasonal occupations gravitate during the winter months. Persons in other types of trouble, too, seem to find their way to Vancouver where they hope to fare better.

There are an estimated 2000 drug addicts in the Vancouver area. Sixty-five per cent of all convictions under the Opium and Narcotics Act occur in British Columbia. Two thousand addicts in a city of less than 500,000 add up to more than one addict for every 250 citizens. This gives Vancouver the highest drug addiction rate in the Western Hemisphere.¹ Too, this estimate gives Vancouver more addicts than are found in the entire remainder of the Dominion with a population of 15,000,000.

Vancouver's suicide rate is three or four times the national figure. The divorce rate is three times the national average and juvenile and adult crime has the highest rate in

¹ PORTER, McKenzie, "The Dope Craze that's Terrorizing Vancouver", Macleans, February 1, 1955.
Canada. Although it has only 8 per cent of the total population, 18 per cent of the court convictions occur in British Columbia. Vancouver has one of the highest frequencies of venereal disease and illegitimacy.¹

There are an estimated 8000 alcoholics in Vancouver City. Although some of them live in the skid-row area by no means the majority of them do. The rate of alcoholism per 1000 adults in all Canada is 16; in British Columbia this rate is 26.²

Although Vancouver is a prosperous young city and is the Western Canadian export centre, many of its citizens are unable to support themselves by their own endeavour and must rely on social agencies for financial aid. Both public and private agencies in Vancouver give financial aid to those in need who meet eligibility requirements.

The City of Vancouver Social Service Department, the public welfare agency in the City, maintains monthly statistics to show the number of people who received assistance during that month, how many family-units were in receipt of this help, and the costs which the City and province share. No other statistics are kept at this time.

¹ These figures were quoted by Dr. G. H. Stevenson, Director of the University of British Columbia's narcotic research programme, to the Annual Meeting of the Victorian Order of Nurses, Vancouver, March 7, 1955.
Table 6 shows the number of family-units or cases and the numbers of individuals in receipt of assistance under the Social Assistance Act during the years 1951-1955.\(^1\) The figures include persons in Vancouver nursing homes who are in receipt of assistance.

Although in itself of limited value, a rate can be struck on the number of persons receiving assistance in the City. In 1951, 13.43 persons per 100,000 were in receipt of social assistance in Vancouver. This number dropped to 10.07 per 100,000 in 1953 but increased to 13.87 again by 1955.\(^2\)

During the first three months of 1951, there was a steady increase in the number of persons on assistance, but from April until September the number decreased slowly. Between October 1951 and February 1952, the number rose again. Throughout most of 1952 the number of individuals on assistance decreased. This pattern continued, except for increases in December 1952 and January 1953, until December 1953 when the number rose again.

The number of persons receiving social assistance grew quite steadily between January and April 1954, but remained comparatively steady from May to October before once more rising in November and December. In 1955, the number on assistance increased from February until May, and lessened from June until October; there was a small rise in numbers in November, Decem-

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1. See Appendix B, Table 6.
2. See Appendix B, Table 6.
ber's figure was slightly less than the previous month.

As Table 6 indicates, the number of persons receiving assistance from the Vancouver City Social Service Department is slowly decreasing. At the end of December, 1955, the number of persons on assistance was fewer than the number receiving this service in January 1951. 1953 appears to have been the best recent year insofar as it had the fewest average number of recipients on a twelve month basis. Although numbers have increased since 1953, the 1955 average was not so high as the 1951 average.

The Cost of Dependency to the City of Vancouver

The share of the cost of its dependent citizens assumed by the City of Vancouver may be found in the Financial Statements and Annual Reports of the City. As might be expected, there has been a steady rise in the Social Service Department expenditures for the years 1943 to 1955. The ratio of social service expenditures to the total expenditures for Vancouver, however, has remained constantly between two and three per cent during those years. It would appear that the expenditures of the Social Service Department have grown apace with the other expenditures of the City.¹

An examination of the almost $1,000,000 expended by the Social Service Department in 1955 shows that general administrative costs met by the City were slightly less than $300,000.

¹ See Appendix B, Table 7.
Actual social assistance (financial aid) costs amounted to over $658,000. This second number represents the City's proportion of assistance costs only.\(^1\)

The cost of administration for the year 1955 is computed from the following figures in Table 1:\(^2\)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$240,359.20</td>
</tr>
<tr>
<td>Workmen's Insurance</td>
<td>42,417.19</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>579.92</td>
</tr>
<tr>
<td>Superannuation Fund</td>
<td>15,256.23</td>
</tr>
<tr>
<td>Separation Trust Fund</td>
<td>3,521.79</td>
</tr>
<tr>
<td>Medical Services</td>
<td>1,388.52</td>
</tr>
<tr>
<td>Stationery, printing and office supplies</td>
<td>6,285.94</td>
</tr>
<tr>
<td>New Office equipment</td>
<td>811.41</td>
</tr>
<tr>
<td>Telephone service and telegrams</td>
<td>6,577.56</td>
</tr>
<tr>
<td>Bank charges</td>
<td>634.90</td>
</tr>
<tr>
<td>Travelling expenses</td>
<td>805.56</td>
</tr>
<tr>
<td>Auto maintenance</td>
<td>9,599.62</td>
</tr>
<tr>
<td>New automobiles</td>
<td>4,794.97</td>
</tr>
<tr>
<td>Moving to new building – East Unit</td>
<td>32.60</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>910.74</td>
</tr>
</tbody>
</table>

The item "salaries" on the above table represents salaries for the workers hired by the City only; it does not include the payment to workers hired by the Provincial Government placed with the City.

The fact that most contacts between clients and workers occur in the homes of the clients accounts, in part,

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1. The provincial government reimburses the City to the amount of 80 per cent of actual assistance costs; the figure given here is the remaining 20 per cent of the costs accepted by the City. In 1955 the social assistance costs of $2,300,589 were paid by the provincial government. The administrative costs are also shared by the province in that it has agreed to place a social worker in its employ within the City Social Service Department for every worker hired by the City to administer the Act.

for the travelling expenses incurred by the department of almost $11,000.

The social assistance figure of $658,118 is arrived at by computing the costs of the various services given by the Social Service Department. An itemized account of the money spent within the "social assistance" heading in Table 9 in 1955 shows the following expenditures.¹

Table 2. Analysis of "Social Assistance" Expenditures, 1955.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash support</td>
<td>$538,774.56</td>
</tr>
<tr>
<td>Medical services</td>
<td>89,468.56</td>
</tr>
<tr>
<td>Medical supplies</td>
<td>5,945.89</td>
</tr>
<tr>
<td>Drugs</td>
<td>52,949.10</td>
</tr>
<tr>
<td>Housekeeper services</td>
<td>2,579.46</td>
</tr>
<tr>
<td>Indigent burials</td>
<td>12,243.45</td>
</tr>
<tr>
<td>Transportation</td>
<td>4,618.96</td>
</tr>
<tr>
<td>Ambulance services</td>
<td>3,754.80</td>
</tr>
<tr>
<td>Moving</td>
<td>984.90</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>45.96</td>
</tr>
</tbody>
</table>

Less Old Age Pensions assigned (net)  

$711,365.64  $658,118.09

From this table it may be readily seen a large proportion of the funds of the Social Service Department goes to meet the medical needs of clients. When the amounts for medical services, medical supplies, drugs and ambulance services are totalled along with the housekeeper services, it is found that they form over 28 per cent of the social assistance costs.

¹. Ibid. Table 9 is in Appendix B.
The $3,280,600 cost of operating and giving services from one agency for one year is only a part of the total picture of dependency in Vancouver. This figure includes only the concrete and measurable components of dependency. Feelings and emotions cannot be measured so easily. Other independent studies have attempted to examine in a more detailed way the effects on the personality of continuing dependency on a social agency. 

The cost to Vancouver of its dependent citizens does not stop with the addition of the various amounts of money needed to run a social welfare department and the amount of financial aid given to those in need.

Characteristics of Two Social Service Department Caseloads

Centre Unit is divided into six geographical divisions with one social worker assigned to each area. In February 1957, the six areas had 126, 134, 133, 145 and 184 single persons or heads of families in them. The average caseload at that time was 145 persons. The caseload studied as being the most representative of the Unit had 126 clients: 106 men and 20 women. Twelve of these persons were living with a spouse and children (if any); the remaining 112 persons live alone.

1. 1955 figures show the costs to be divided as follows: $980,000 from the City and $2,300,589 from the Provincial Government.
3. Hereafter, this caseload is called "caseload 'A'", the West Unit caseload is called "caseload 'B'".
West Unit, too, is divided geographically for administrative purposes into several areas with one social worker responsible for each area. The caseload chosen to be examined is divided into two distinct parts, each having an equal number of clients. Sixty clients in this area live in nursing homes licensed by the Provincial Government and the City of Vancouver. The remaining 65 clients are able to look after themselves or have relatives in their own home to look after them. The 60 clients who need special care live in 13 nursing homes. There are 27 women and 33 men in these homes. With few exceptions, all the nursing home patients are over seventy years of age; only four were born after 1900. One of the four suffers from multiple sclerosis, one from disseminated sclerosis, one is schizophrenic with marked paranoidal tendencies and the fourth has an incapacitating form of arthritis. In general, the persons in the nursing home half of this caseload suffer from diseases and illnesses most common to older persons. Only the 65 persons in the other half of the caseload have been examined for this study. It is this second half that is compared with caseload "A" already mentioned.

(1) Reasons given by persons asking for assistance

Only two persons from each caseload studied were receiving assistance as being within the "unemployed employable" group. Three in each caseload were waiting the granting of their Old Age Assistance or Old Age Security pensions.
Within caseload "A", six women were classed as having dependent children and were unable to secure employment for this reason; some had applied for Mothers' Allowance and been refused. There were thirteen (25 per cent of the number of women) mothers with dependent children in caseload "B".

The greatest number of persons on assistance in Vancouver are unfit for employment. In caseload "A", arthritis, physical injuries and tuberculosis account for almost one half the persons receiving aid. Physical injuries includes persons obtaining help after they have been involved in an accident for which financial compensation is not immediately forthcoming. Victims of traffic accidents, for example, often do not appear in court until a stage in treatment is reached whereby the degree of lasting effect may be calculated. The City is usually recompensed for all monies given to accident victims if they are able to sue successfully the person responsible for their condition.

The factor responsible for the largest number of men asking for financial aid from caseload "B" is some type of mental condition. Eight women, 15 per cent of the total, suffered from a mental condition which made them directly or indirectly unable

1. See Appendix B, Table 10.
2. For the purpose of this classification, "mental condition" includes persons suffering from psychoses, psychoneuroses and those having a limited mental ability. Some have had institutional care and were referred to the City on being discharged.
to accept or keep employment. Like caseload "A", caseload "B" has a quite large group of persons recuperating from tuberculosis. Heart conditions of various kinds led about 10 percent of the persons in each caseload to apply for assistance.

(2) **Age of persons on assistance**

The most striking thing that is noticed when examining the year of birth of clients in caseload "A" is the preponderance of older men. Only 12 of the men were born after 1911. Twenty-three were born between 1902 and 1910, 30 between 1896 and 1901. Forty-one of a total of 106 were born before 1895.

In caseload "B" ten women were under 35 years old, 9 were born between 1911 and 1920, and 18 were born between 1902 and 1910. These proportions are to be expected when it is realized how many of the women in the caseload are in receipt of assistance because they have children to look after.

(3) **Length of time persons have received assistance**

In the two caseloads studied, 32 persons or families had been receiving assistance since before 1950; this is 12 percent of the combined total. Twenty persons received assistance

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1. See Appendix B, Table 11.
2. Ten of these men are over sixty-seven years of age and have either applied for an old person's allowance and are waiting to learn of their acceptance for it; or have applied and been refused it as being ineligible due to lack of evidence of correct age, lack of residence or some other qualification.
for the first time in January and February 1957. During 1956, thirty-one persons applied for and received social assistance for the first time.

Earlier figures have shown that the rate of dependency is declining in Vancouver. No figures are available to show the number of cases closed that remain closed for a year.

The Role of Private Welfare Agencies in Vancouver

The foregoing has described the extent of the problem of those unable to provide for themselves financially that is realized by the City of Vancouver public welfare agency.

A recent study by the Family and Child Welfare Division of the Vancouver Community Chest and Council sub-committee organized to study the problem of the unemployed employable group in Vancouver of six private agencies giving welfare services showed that many more persons are in need than are known to the public agency.

This research project, executed under the chairmanship of Professor James Weber Wilson, Faculty of Commerce and Business Administration at the University of British Columbia, examined the services given to applicants during the months of December 1956 and January 1957. It was originally hoped that it would be a three-month study, but the agencies concerned did not all give the same degree of cooperation for various reasons, not the
least of which was the time element involved in filling out the statistical cards.

The six agencies cooperating for this study were: Central City Mission, Holy Rosary Cathedral, John Howard Society, Salvation Army, Sisters of Atonement, and First United Church.

Persons assigned to intake in these agencies were asked to do the following:

(1) Give identifying information on each applicant. This includes name, age, address and occupation.

(2) Classify each person into one of the following categories:

1. Unemployed employables who are likely to be eligible for assistance through the Vancouver City Social Service Department;

2. Transients or out-of-the province cases who have been living in British Columbia for less than twelve months;

3. The older worker who is experiencing problems getting or holding employment. Persons over 60 years of age were eligible for this classification;

4. Miscellaneous. This includes all those not covered in the first three categories; the marginal and inadequate worker who appears to be a chronically dependent person and unable to maintain himself.

(3) Special comments concerning the person. This might include comments as to where the applicant was referred for help if it could not be provided by the agency.

(4) The number of beds or bed tickets, the number of meals or meal tickets, and the amount of cash given to the client during the research period. An estimate of the cost involved in
giving a man a free bed was computed; it was usually 40 or 50 cents per night. The cost of meals was also computed and discovered to be in the neighbourhood of 40 cents. Together with the cash given to the person, these other services were totalled so that the amount of money the agency gave the client in goods or services could be arrived at.

This survey was a basic one for Vancouver; no similar survey had ever been undertaken of the private agencies. It was not meant to be an all-inclusive study, but merely one to determine the extent of the problem in Vancouver of the unemployed employable group and those who could not receive public assistance due to their not meeting the eligibility requirements in British Columbia.

The total number of recipients of services by the six agencies during the two month period exceeded 2700. Nine hundred and thirty-eight men received a total of 3840 free beds. The average number of beds supplied to each man applying for a bed was 4.09.

Two thousand two hundred and thirty men received a total of 7916 free meals. The average number of meals supplied to those applying for a meal was 3.55.

The total cash value of all assistance granted to all recipients amounted to $5,630.33 for the two month period. The
average cash value of assistance granted to each recipient amounted to only $2.06. The following table shows how this last figure was computed:

<table>
<thead>
<tr>
<th>Agency</th>
<th>No. of beds</th>
<th>No. of meals</th>
<th>Cash Value of Assist</th>
<th>Average value to each recip.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Mission</td>
<td>1460</td>
<td>1229</td>
<td>$751.75</td>
<td>$3.50</td>
</tr>
<tr>
<td>Holy Rosary</td>
<td>309</td>
<td>420</td>
<td>821.85</td>
<td>1.84</td>
</tr>
<tr>
<td>John Howard Soc.</td>
<td>308</td>
<td>823</td>
<td>830.35</td>
<td>4.62</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>1280</td>
<td>3422</td>
<td>1989.23</td>
<td>2.08</td>
</tr>
<tr>
<td>Srs. of Atonement</td>
<td>-</td>
<td>-</td>
<td>84.00</td>
<td>-</td>
</tr>
<tr>
<td>First United Ch.</td>
<td>483</td>
<td>2022</td>
<td>1138.30</td>
<td>1.50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3840</strong></td>
<td><strong>7916</strong></td>
<td><strong>$5630.33</strong></td>
<td><strong>$2.06</strong></td>
</tr>
</tbody>
</table>

The study showed that a large number of men were known to more than one agency during the months the special records were kept. Assistance granted by these private agencies was meant to be for aid in emergency situations. The small amount of money and services given in most instances to persons in need made it such that a person not eligible for public assistance

1. This table and the numbers used in this section are from the unpublished findings of the Community Chest Survey of Vancouver's unemployed employable group for December 1956 and January 1957.

2. Every agency in this study but the Sisters of Atonement gives money, meals (by meal ticket or actual meal consumed on the premises) or beds (either by giving a ticket or bed to the client) to those who ask for such aid and who are in need of it. The Sisters of Atonement give sandwiches each day to those in need.
had to visit the different agencies to get continuing services.

It was found that 605 men were known to more than one agency of the six studied. Four hundred and thirteen men were known to two agencies; of these, 233 or 56 per cent were classified as "unemployed employables". Almost twenty per cent of the 413 had not established residence in British Columbia, having come from another province within the last twelve months.

One hundred and thirty-seven men were known to three agencies; 52 per cent of these men were "unemployed employables" according to the classification used. A further 20 per cent were from outside British Columbia.

Of the 49 men known to four agencies, 28 of them were said to have been able to work if employment could have been found for them.

Table 12 shows\(^1\) that the average number of persons classified as "unemployed employable" amounted to 51 per cent of those asking for some form of help from the agencies. Twenty per cent of all applicants were classified as transients. It would appear, then, that despite the fact that the eligibility requirements for Social Assistance have been widened to include unemployed employable persons in the community, there are still many who do not receive this aid.

There appears to be a distance between the philosophies of the private and public agencies in Vancouver. The public

\(^{1}\) Appendix B.
agency has its clearly and legally defined function and role to play. Those who do not meet the eligibility requirements for public assistance must try to eke out an existence with the help of the private agencies, their friends or strangers in the street. The private agencies were originally set up to do emergency work of short duration rather than to accept responsibility for continuing services to large numbers of persons who fall between the eligibility mesh of the public agency.
CHAPTER III

VANCOUVER'S APPROACH TO DEPENDENCY

In Vancouver the City Social Service Department accepts responsibility for its needy persons under Section 344 of the Bylaws Vancouver Incorporation Act 1921, and amending acts consolidated to 1936, which reads that "It shall be the duty of the City to make suitable provision for its indigent and destitute".¹

The Vancouver Board of Administration which is composed of two elected members (the Mayor and an Alderman) and two appointed members (the City Comptroller and City Engineer) consolidated much of the committee work that was formerly common to Vancouver's civic administration. The Board of Administration makes recommendations to the City Council regarding action it feels should be taken but, theoretically, the Council composed entirely of elected representatives of the citizens of Vancouver determines policy that any division will follow. The Administrator of the Social Service Department is responsible, through the Board of Administration, to the City Council and the people of Vancouver.

The Administrator has ultimate authority over his department but is responsible to the Board of Administration whose

¹. A new Vancouver Charter was adopted in the Spring of 1957. It is not known at time of writing if this wording was changed.
support he must get for any changes he wishes to make. Unless both the City Council as a whole and its Board of Administration agree on any change the Administrator sees as being necessary for the welfare of the people of Vancouver, that change will not be forthcoming.

The Assistant Administrator is second in line of authority in the Department. In his office is vested the personnel and business management of the Department. The sections and units of the social services report to the Assistant Administrator for administrative purposes.

The Welfare Director has mainly a staff function in the organization of the Department. She is responsible for staff development and occupies a consultative rather than a line position.

The Administrator, Assistant Administrator and Welfare Director form what is known as the Staff Committee. To this Committee social workers may present cases which need special help. This may be for an additional allowance for a special reason or it may be that the worker feels a more liberal amount of earned income should be exempted without the cheque being adjusted for the following month.

The organization of the Department is both geographical and functional. It is organized geographically insofar as the City is divided into four sections for administrative purposes.
with four district offices. Functional organization, stressing the specialization of labour, is also present in that there is a medical section, social work section, and office services section. Each of these major activities forms the basis of a separate department.

The social work and medical sections together form the seven social service divisions of the Department. The Medical Section is composed of nurses who are concerned mainly with obtaining medical histories and reports from physicians and hospitals as well as assisting clients directly in obtaining medical services and appliances. They also do placements in boarding and nursing homes as vacancies occur.

As mentioned above, the City is divided into four sections with an office of the Department in each of the South, East, West and Centre Unit areas. The latter two Units are located in the same office building which is in the West Unit area but only half a block from direct transportation to the heart of Centre Unit. Within each Unit each social worker has his or her own district and is responsible for all assistance cases in that district. For this reason, social workers on the Department's staff are often called 'district visitors'.

Intake Section is located at the main office building which houses West and Centre Units. It is to this quite separate section that persons apply for assistance. The Department's
medical and intake sections are on the same floor of the same building, thus facilitating the cooperation that must be achieved between these units in carrying out Vancouver's policy of giving assistance only to those medically unfit to work.

The seventh division of the Department's social services is Taylor Manor, a home for Vancouver's senior citizens. This residence offers boarding rather than nursing care for old persons who have resided for some time within the City of Vancouver.

Within each division (except medical and Taylor Manor) a Unit Director is responsible for administrative matters and heads the division. Directly under the Unit Director in authority is a Casework Supervisor who is responsible for the services offered the clients and who assists workers on specific cases through supervisory periods. Neither of these two officials do direct casework with clients and they do not make home visits.

There are approximately nine district workers in each Unit who work directly with clients. The whole Department has a total of 60 medical and social work employees.

The office services of the Department are divided into five sections. As the name implies, the Records Section maintains information on each recipient of assistance. As well as handling the detailed work of numbering and keeping the files in good order, this section is responsible for transporting
files to various units and to individual workers within those units. From the Control Section come all vouchers for the payment of allowances or reimbursements for services to the City's clients. This section is also the source of approval for boarding and nursing homes for special cases and of payments for various charges, e.g., burial expenses, inquests, coroners' inquiries.

Accounting "A", the third division of the office services, prepares the monthly affidavit and supporting documents necessary for the calculation of the Provincial Government's share of costs. Accounts are also prepared in this division to be sent to those other British Columbia municipalities whose former residents are in receipt of assistance in Vancouver. Accounting "A" receives and deposits cheques from these other centres when they arrive. Statements are prepared for the City's accounting and internal audit divisions. Miscellaneous clerical work associated with cheque preparation and bank account reconciliations is also done by the division.

Accounting "B" is responsible for writing emergency cheques and first payment cheques for those starting on assistance and verifies these cheques against the voucher file. A most important duty of this division is the role it plays in helping older clients to obtain their birth certificates from places outside Vancouver. This division also processes requests for stationery and supplies within the Department.
Staff Meetings

Combined Staff Meetings are held once a month at the main office building. These meetings are primarily concerned with staff development and all staff attend. The programme usually consists of a talk by a representative from another health or welfare agency. When staff members are sent as delegates to national or regional conferences they are asked to give an address to the other staff members when they return.

The individual units also hold staff meetings. These are under the direction of the Unit Director and are usually held once a month. After administrative business had been dealt with, the unit members may take over the meeting and have a general discussion on some aspect of the agency programme or the wider social work field. More discussion is likely to evolve in Unit meetings than those for total staff, as they are smaller and the members know each other more intimately.

Physical Facilities of the Social Service Department

The physical facilities of Vancouver's public welfare agency are good. Recently two new buildings were erected by the City for its East Unit and main offices. Only South Unit has not been changed. It remains as a vestige of the not so distant past when it was felt that assistance recipients did not "deserve" anything better than having to line up in back lanes while they waited for their cheques.
The recent building programme has taken public welfare out of "store fronts" to buildings designed exclusively for social welfare purposes. Both new buildings are as up to date as any modern office building being built in Vancouver. The belief that clients are people and deserve pleasant surroundings has definitely shown through in the planning of the new buildings.

The main office building, located one block from the intersection of two of Vancouver's most important traffic arteries, houses the Intake Section, Medical Section, West and Centre Units, as well as the Accounting and Control Sections and the administrative offices. Room is also available for large and small meetings in the Conference Room and sub-basement Auditorium.

Persons applying for assistance have the comfort of private offices in which they may be interviewed. Although conversation may be heard in the next room, more privacy is afforded than previously was the case.

When a social worker in either West or Centre Unit wishes to interview a client in the office he may use semi-private cubicles or an office meant for an unfilled Supervisory position. If it is not possible to use a private office, the client may be interviewed in the main office where all social workers in the Unit have their desks. This large room is adjacent to the Information Desk but doors cut off the sight of clients being interviewed from that quarter.
Intake and Medical Sections are located on the same floor in a wing at right angles to the main building. Centre and West Unit, the Records Section and Stenographic Pool are located on the second floor where the cheques are issued. Administrative offices and financial and bookkeeping personnel are all located on the top floor of the main office building.

Both East Unit and the main office building also house Metropolitan Health Units. Their administration is quite apart from that of the Social Service Department. East Unit is functionally designed and its most striking feature architecturally is the large amount of glass used and the interior courtyard in the middle of a square of offices. As previously mentioned, only South Unit located above an old Fire Hall remains as a vestige of the former days of social welfare in Vancouver.

Personnel Facilities of the Social Service Department

The success of any programme, social welfare or other, depends to a very great extent on those who are hired to give the service. The social workers staffing Vancouver's public welfare agency might be said to be its greatest asset. They appear to be actively interested in doing the best job possible on behalf of their clients.

The City would prefer to hire social workers as district visitors who have received professional training at recognized
Schools of Social Work, but the lack of social workers in the community has led to the need for hiring persons without this training. All supervisors in the various units have had some university training in post-graduate social work; two Unit Directors have also had the benefit of this form of training. New workers are given a short in-service training course as a means of orienting them to the work of the Department. This course is given by senior staff persons.

It is the policy of the Department to pay its workers for the position in the organization rather than for past training when they start to work. In this way, persons with a Bachelor of Social Work degree would receive the same starting salary as the person having a Bachelor of Arts degree. Persons with more social work training, however, might expect to ascend faster to supervisory positions.

City personnel are paid at higher rates than most social workers in Vancouver and district. The City has given leadership in this area believing that the best services are given by the best workers who should be attracted to public assistance work by adequate salary scales.

Vancouver's Eligibility Requirements to Receive Social Assistance

Except during the winter months of 1955 and 1956, Social Assistance has been available in recent years only to those
who, because of mental or physical illness, were unable to support themselves by their own endeavours. Also included have been those prevented from working due to "some other exigency". The latter category includes those mothers of dependent children who have applied for, but not yet received, Mothers' Allowances and older persons who have applied for but not yet been accepted as eligible for Old Age Assistance and Old Age Security. During the two winters mentioned, assistance was made available to persons in financial difficulty due to the seasonal unemployment characteristic of British Columbia. Dominion-Provincial conferences led to the agreement between the senior governments that they should share the costs of unemployment assistance. The main criteria for eligibility for this aid was if the person had been offered and had accepted work suitable to him during the summer previous to his asking for financial aid. Unless the person could demonstrate that he did work when he could get it, the problem leading to his asking help was not considered related to the unavailability of jobs. Because the federal government gives aid to this programme, the fact that a person did not have residence established in British Columbia did not prevent him from receiving aid if he had come to the province as a bona fide working man believing he could find employment.

Persons wishing to apply for assistance from the City must go in person to the Intake Unit at the main office building.

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1. Social workers are also "on duty" at South and East Units for receiving assistance applications for persons living in those areas. The majority of applications are taken at the main office building.
and present a certificate signed by a physician. If the person does not have his own family doctor, he may go to the Out-Patients' Department of the Vancouver General Hospital and be examined there.

Confirmation from the Unemployment Insurance Commission of non-eligibility for benefits must be produced. Cases that are the responsibility of the Workmen's Compensation Board are directed to that office. A person may, however, receive assistance from the City while his case is being reviewed by this or other such Board; this is another example of assistance being granted as a result of "some other exigency". If an applicant for assistance is in the process of having his case reviewed by the Workmen's Compensation Board he will be asked to sign a guarantee of reimbursement for any assistance received if his case is found to be appropriate by the Board.

Another group of questions that must be answered concern where the applicant has been living. The applicant must be able to prove that he has lived in Vancouver for the last twelve months. If he is unable to do this, he must state where he has resided in British Columbia in recent years until residence of twelve months or more is established in any one municipality or in Unorganized Territory in British Columbia if he has not stayed in a town or village. Since the late 1940's, the City Social Service Department has been less strict in its requiring applicants to produce confirmation of their having lived in Vancouver.
"Acceptance of responsibility by municipalities and the Provin­
cial Government had become so universal....that those otherwise
eligible for assistance were able to get it wherever they applied."¹

A person having residence in some other place in British
Columbia may be granted assistance in Vancouver without his being
sent back to the municipality or area where his residence has
been established. A complex set of agreements exists between
Canada's various provinces and it is possible that the person who
seeks financial aid from Vancouver may be repatriated to the pro­
vince in which his residence has been established. In some cases,
where social reasons loom high, the person may be permitted to
remain in British Columbia although his residence has not been
established in this province. In these latter cases, he is
treated as if he had residence in unorganized territory in British
Columbia.²

Information about assets the person owns must be given.
All that he owns must be listed as well as any anticipated income.
To be eligible for assistance applicants must have no more than
$150 cash reserve if they are single or more than $300 if married;
exceptions are made in special cases, however, so that these

¹ COLCLEUGH, M.C., Assistance to Single Unemployed Men, City
of Vancouver Social Service Department Publication, Vancouver, B.C.,
1955, p.33. This interesting, informative and vital piece of re­
search was undertaken by Mr. Colcleugh who supervised the programme
of unemployment assistance in Vancouver during the winters of 1954
and 1955.

² This is an administrative decision for the purpose of
determining how much of the assistance given will be the responsi­
bility of the government of the province. See Appendix D.
amounts of money are not, in themselves, bars to eligibility.

The nature of recent employment must be revealed. The applicant must state when he was last paid and how much he was paid. He must be able to account for any recent pay, say what he spent it on and, if possible, furnish receipts for amounts spent for rent, doctor's bills, clothes and so on.

When the social worker in Intake Unit is satisfied that adequate information has been provided to warrant assistance, the applicant is asked to sign the application form swearing to the veracity of his statements. He is also asked to sign a form giving the City of Vancouver permission to examine any bank account that he might have. He is then asked to return to his home to await a call from the social worker who is the district visitor in his area.

Usually within the next two days a social worker visits him. At this time the worker verifies all statements made at the Intake Section, checks on the amount of rent paid and its due date, and verifies any bank accounts that may have been declared.

During this first home visit, it is Departmental policy that the social worker find out more about the client to determine how the Department may best be of service to him. At this time the worker is able to tell the applicant if he is accepted as eligible for assistance and when he may pick up his first and succeeding cheques. It may be more propitious that cheques be
mailed if the person's illness is such that he cannot get around without much difficulty; this, too, will be decided during the first visit.

Cheques are issued at the end of each month for the month following. If the recipient is incapable of exercising proper control of his finances, his cheques may be issued weekly for one-quarter of the month's assistance.

At one time the City had a worker dealing exclusively with the problem of alcoholism and alcoholics in receipt of social assistance and he administered the cheques. With the advent of the Alcoholism Foundation of British Columbia in 1954, this practice was discontinued. Alcoholics must now get their cheques administered by a member of another social agency or a private citizen if they prove unable to handle their assistance wisely. Some alcoholics, then, get a cheque each week from the City and some get cash allotments from their personal administrators. It is the individual social worker who determines how the cheque should be administered.

At one time the workers in the Intake Section did all the necessary work involved in the establishment of an applicant's eligibility. Social Service Department clients now actively participate in establishing their own eligibility for assistance.

1. The Salvation Army officers in skid-row missions are most often asked to be of service in this way. Contact is maintained between the social worker and the volunteer administrator.
It is realized that persons applying for assistance do not want, and should not be expected to, surrender all their rights and privileges and are, therefore, expected to help and take an active part in this process. Applicants are expected, for example, to get their own medical certificates stating the nature of their disability and bring them to the Intake Section when they apply for assistance. It is the same with Unemployment Insurance clearance; applicants are expected to go to the local office of the Commission to register and determine if they are eligible for benefits.

Any applicant who feels that he is eligible for Social Assistance and who is refused it, has the right to appeal the intake worker's decision. This right to appeal continues for the period of time the person is in receipt of assistance and any recipient may ask for a hearing if he feels that he has received unfair treatment at the hands of a City worker. The person may apply in writing to the Director of Welfare in Victoria for a review of any decision he feels affects him adversely. The Director then refers the appeal for a hearing to a Board of Review appointed for the purpose. The person living in Vancouver asking for an appeal will have his case heard by a Board consisting of the Social Welfare Branch Regional Supervisor, a Public Health Director or Nurse and a person nominated by the City who is not in the City's employ. The Board of Review transmits its recommendation on the case to the Director of Welfare; if
this decision does not prove to be acceptable to the person all the facts are sent to the Provincial Secretary for a decision.

Although the Social Service Department expects relatives such as husbands, wives, sons and daughters to help when possible, it does not canvass relatives to determine their ability to help.

The intake process usually takes three days. The file originating in Intake Section is passed to Records after the initial information has been recorded. When it has been numbered and processed the file goes to the Unit in which the applicant is residing and a social worker makes the home visit. The first cheque may be available the following day. The whole process has been reduced to one afternoon for cases of extreme need and urgency.

Services Provided by the City Social Service Department

The Vancouver Social Service Department administers, above all, a programme of direct financial aid to needy individuals and families residing within the City limits either temporarily or permanently. The programme of the Department has several phases, the largest being direct financial aid now called Social Assistance rather than "relief". The amount of money paid each month to assistance recipients is determined by the Provincial Government, but the cities and municipalities in the province may give more than the maximums provide. The maximum
rates for Social Assistance recipients as increased in April 1956 are:

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<th>Table 4.</th>
<th>Group</th>
<th>Amount</th>
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<tr>
<td>1</td>
<td></td>
<td>$50.00</td>
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<tr>
<td>2</td>
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<td>76.50</td>
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<td>3</td>
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<td>92.50</td>
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<td>4</td>
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<td>108.50</td>
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<td>5</td>
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<td>6</td>
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<td>140.50</td>
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In this table "group" means the number of individuals in the family unit; a man, wife and two children would, then, expect to get a maximum allowance of $108.50 with which to meet all financial demands on them for one month with the exception of medical care costs. Assistance is paid by cheque and each recipient may spend his money in the way that best suits his needs as he sees them. Theoretically, however, the amounts of assistance granted are determined by adding the following allowances:

<table>
<thead>
<tr>
<th>Table 5.</th>
<th>Composition of Social Assistance Allowances.</th>
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<tr>
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<td>Group</td>
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<tr>
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</table>
The April 1956 increase in Assistance rates raised the Group One amount from $45 to $50 for all but those whose spouses were in receipt of Old Age Assistance, Old Age Security, Disabled Persons' Allowance or Blind Pension. In these cases, the Social Assistance rate was increased by only two dollars.

A person in receipt of assistance who does not have to pay rent would not receive the part of his allowance that is designated to be used for that purpose.

Dietetic research has been carried out and it has been determined that the food allowances as outlined are adequate for persons to live on. The theoretical allowances break down, however, in reality. The rent allowance, for example, is not adequate to allow an individual or family to reside in any but the poorest room or suite. For this reason, persons on assistance have to spend some of their food allowance in order to have a decent place to stay. Very few assistance recipients are able to find housing at rates approximating their rental allowance.

Medical Services

The City of Vancouver interprets "health services" as legislated for in the Social Assistance Act to include: physicians' services; hospitalization; drugs for which a prescription has been given; appliances such as eye-glasses, dentures, trusses and orthopedic appliances; extra pre-natal allowance of five
dollars per month for the last four months of pregnancy; trans-
portation such as an ambulance to hospital or taxi to a doctor’s
office; nursing and boarding home care.

The British Columbia Hospital Insurance programme came
into effect in 1949. From its inception until April 1954, the
Provincial Government paid the premiums for social assistance
recipients. In 1954 the eligibility requirement for receiving
benefits under this province-wide hospitalization scheme was
changed to one of residence only. Any person who has resided
for one year within the province of British Columbia is entitled
to the services of the BCHIS scheme.

The following benefits may be provided to those recom-
mended as needing them by their attending physician: 1

(a) Public-ward accommodation;
(b) Operating room facilities, including the use of all
equipment and material required in the proper care
of surgical cases;
(c) Case room facilities, including the use of all equip-
ment and material required in the proper care of
maternity cases;
(d) Surgical dressings and casts as required, as well as
other surgical materials and the use of any equip-
ment which may be required while in hospital;
(e) Anaesthetic supplies and the use of anaesthesia
equipment;
(f) Such drugs, prescriptions, and similar preparations
as may be designated by the Commissioner from time
to time;
(g) All other services rendered by individuals who receive
any remuneration from the hospital, provided that
the provision for such services in a particular
hospital is approved by the Commissioner. Services
which may be approved by the Commissioner for the
purpose of this clause may include:

(i) Radiological, diagnostic, and therapeutic services, including the services of the radiologist,

(ii) Clinical laboratory and other diagnostic procedures, including the services of a pathologist,

(iii) The services of an anaesthetist,

(iv) Physiotherapy services;

(h) Care of the acute stage of chronic disease where, in the opinion of the Commissioner, such care is necessary and desirable.

A one dollar per day charge for each day spent in hospital is levied on British Columbia residents, but each assistance recipient receives at the time his case is accepted a Medical Card which enables him and his dependents to any or all of these services. This card is also used as a means of identification and must be shown before any cheque is issued.

Dental services have also been made available to school children under eleven years of age whose parents are in receipt of assistance.

**Nutritionist**

A Metropolitan Health Committee Nutritionist serves as a consultant to the Department's social workers and medical staff. Her office is located in the Main Office building and she gives help in answering questions regarding budgeting, meal planning, and special diets. This service helps the workers to help their clients to stretch their allowances as far as possible.
Housekeeper Services

A housekeeper may be brought into a home where it is felt advisable for an ill person to remain at home, or where dependent children require temporary care due to the illness of a parent. The housekeeper may move into the home or spend part of the day at the home having only certain daily tasks to perform that are beyond the ability of the ill person and family.

This service may be offered only after the district social worker has had the recommendation approved by the Staff Committee of the Department. At the present time this service is rather sketchy as there are few housekeepers known to the Department and willing to work for it. Were there more housekeepers available it is felt that they could be utilized by the Department.

Burial Services

The City of Vancouver accepts the responsibility for funerals and burials of its assistance recipients. As far as possible this service is conducted by the religious denomination which the person was affiliated with. Interment is in Mountain View Cemetery which is operated by the Vancouver Health Department.
Casework Counselling Services

Social workers on the staff of the Social Service Department in addition to establishing and reviewing eligibility of persons in need of financial aid, are endeavouring to provide a continuing counselling service for them. They stand ready to help clients with personal and social difficulties as:

It is the goal of the City Social Service Department to assist needy citizens, by understanding and individualized service, to use resources within themselves and the community to achieve the greatest possible measure of self-independence.

At present there are certain conditions preventing the Department from realizing its stated goal. As previous figures indicate, the size of individual caseloads increases during the winter months. In recent years when the plight of the unemployed employable group was finally recognized and action taken to permit this group to participate in the social assistance programme, no additional workers were added to the staff to facilitate services at a time when caseloads were already larger. A result of this has been a marked reduction in the number of quarterly visits paid to assistance recipients during the winter months. Workers have been forced to deal with emergent situations as they arose and have had to spend the greater part of their time in processing new applications rather than being free to give casework services on a continuing basis to existing recipients.

1. This statement was taken from a brochure outlining the City of Vancouver Social Service Department services printed in April, 1956. (Soc S 130 M).
The determination of the size of caseload which a social caseworker should be responsible for that the best service at the least financial and social cost might be given, depends on the particular situation of the agency. No universal optimum caseload for any type of social work can be established insofar as the way the agency defines its function with respect to the client determines the caseload which any worker within the agency can carry efficiently.

A 1938 study by the Chicago Relief Administration which reduced caseloads to about 80 persons through the hiring of additional caseworkers showed a net estimated saving of over 17 per cent after all the expenses of relief and costs of administration were paid.\(^1\) This points to the false belief that economy in the number of workers in the department will help to save the tax-payers' money and help to keep the mill-rate down.

Good casework saves money for the community because it is constructive and returns more clients to self-maintenance in a shorter time than is possible with no casework, or casework spread so thinly over a large number of people as to be virtually ineffectual.

Caseload analysis has shown that few Social Assistance recipients in Vancouver are not receiving medical care for some reason. Some recipients do receive financial aid on compassionate

\(^1\) Adequate Staff Brings Economy, American Public Welfare Association, Chicago, 1939, p.17.
grounds, women with dependent children and older persons awaiting categorical assistance, for example. Illness, then, is a major cause of dependency today. Too, those who are poor appear to suffer a higher incidence of disease by the very nature of their poverty.

The two medical conditions found most commonly in assistance recipients have probably had more research into their etiology than many other illnesses. It is a well-documented fact that there are psychological and psychiatric factors present in the backgrounds of many arthritic and tuberculous patients. Some would argue that many physical injuries are more than accidental.¹ Arthritis, physical injuries and tuberculosis are conditions responsible for 35 per cent of the persons in the Vancouver caseloads studied being on assistance.

People, not bodies, get sick. Treatment must be geared to the individual person. In many cases the "greatest problem of all is the paradoxical nature of the illness that chooses for its most likely candidate the person who can emotionally least afford to be sick".² The arthritic person's personality contributes to a large extent to his being arthritic, for this reason treatment must be a matter of engaging the person in a total healing process that includes making a more healthy use of the forces that necessitated his becoming ill. It is in this area that the skills

1. See Man Against Himself,
of the social caseworker can make a significant contribution if
the time is made available for the job to be accomplished. The
social worker can help the person to deal with the problems of
the reality situation which interfere with his capacity to make
the best use of medical care. Recognition that the care and
treatment of arthritis should be carried out in hospitals or
out-patient clinics under medical supervision is needed, but
this is not enough. Social workers in community agencies must
"assume continued responsibility for enabling the patient to ac­
cept the demands of treatment and for facilitating environmental
measures that will lessen the pressures and strains arising from
the patients' inability to function normally".¹ Even if ade­
quate medical care was available in the community for all in
need the task of getting the person to make use of it would re­
main. Concurrent with treatment the patient needs understanding
of the problems and aims of treatment in his particular case.

Studies on the psychogenic make-up of the arthritic
patient have revealed certain rather characteristic neurotic
trends; heavily tinged with morbid anxiety, which existed as
often before as after the development of the disease. Cobb,
Whiting and Bauer after studying 50 patients with rheumatoid
arthritis found that in 66 per cent of them there was a demon­
strable chronologic correlation between emotional stress and

¹. MARGOLIS, H. M., "Care of the Patient with Rheumatoid
the attacks of arthritis. The emotional conflicts must be helped be resolved as well as the somatic factors so that the emotional security in the patient may be heightened.

In tuberculosis, also, the speed and chance of recovery of an individual depend to a great extent on his personality. Wittkower states that in some cases "it may be safer to assess a patient's prognosis on the basis of his personality and of his emotional conflicts than on the basis of the shadow on the film". Although the argument continues regarding the belief that tuberculous patients may or may not have certain features in common, it is agreed that emotional disturbances often precede - and may precipitate - the onset of tuberculosis. Some have suggested that the advent of this particular illness may be the outcome of intolerable intra-psychic conflicts with their attempted but unsatisfactory solution. Writers have stressed the function of the illness as a means of flight from frustrating experiences and the responsibilities of life in general. An unhealthy mode of life and mental upset often precede the onset of symptoms.


2. WITTKOWER, E., A Psychiatrist Looks at Tuberculosis, The National Association for the Prevention of Tuberculosis, London, 1949, p.138. This book gives the results of a research project in which Dr. Wittkower was engaged.

Requirements of the Assistance Recipient in Vancouver

While an individual or family is in receipt of Assistance from the City of Vancouver any and all changes in circumstances must be reported to the social worker in whose district the recipient is living.

The first of the three main changes that most interest the Department is that of any change in the client's address. If, for example, a person moved to a home where he paid no rent for his room, his cheque would have to be adjusted downward so that the rental allowance would not be included.

The second change is that the Department must be informed of any and all monies received by the client from any source. Each time a client goes to his district office to get an assistance cheque he must complete an "Income Form" on which are declared any earnings or other income received during the last 30 days. If some money has been earned, the person's cheque may be reduced. The amount of any unearned income, such as an annuity, is also likely to be deducted from the assistance cheque. The Department feels that its clients should be encouraged to seek employment and a single person is allowed to earn a total of $10 per month without his cheque being reduced. If the person is able to earn more than $10, however, 75 per cent of the excess is deducted from the cheque. A single person's earned

1. Clients of Chinese origin living in Vancouver's "Chinatown" pick up their assistance cheques at the YWCA in that area; they do not have to fill in Income Forms as, in the main, their knowledge of the English language is so limited as to invalidate this procedure.
income and social assistance cheque may not exceed a maximum of $70; if more, the person is no longer eligible for assistance. The basic exemption for heads of families is $20 instead of $10, but this includes the earnings of all the family members. The 75 per cent deduction on amounts exceeding $20 is the same as for single persons, except in special cases.

Each cheque is based on the declared earnings or income of the previous month. The recipient in Group 1 who earned $20 in July would, then, have his August cheque adjusted by subtracting $7.50. This would give him an assistance cheque for $42.50, plus the $20 he had already earned — a total of $62.50.

The third factor of importance to the Social Service Department is that it must be informed of any change in the number of dependent persons in the household. If a member of the family either leaves or returns home, for example, this must be reported so that the assistance may be altered. The Department must be informed, also, if a dependent child over 16 years of age stops attending school or terminates an educational correspondence course. Only if such a child is physically or mentally disabled can his parents continue to receive assistance for him after he reaches his sixteenth birthday.

The War Veterans' Allowance programme affords an interesting comparison with Social Assistance in regard to the
amount of allowable income each is permitted. Like Social Assistance recipients, those on War Veterans' Allowance receive aid subject to certain financial limitations. The combination of other income and a WVA allowance may not exceed the appropriate annual income ceiling. "Other income", however, does not include casual earnings from odd jobs, part-time employment to $50 per month, or temporary employment up to 12 weeks per year. A veteran or widow(er) of a veteran having single status may receive $60 maximum rate per month; the annual income ceiling for this category is $840. A veteran or widow(er) having married status may receive up to $108 per month with an annual income ceiling of $1,440.¹

The War Veterans' Allowances programme would appear to be more ready to recognize that some persons need considerable help to enable them to return to work. The Social Assistance programme, which has lower status in the public mind, although desirous of helping persons return to work in the way best suited to them, withdraws its support sooner; this may well cause some persons to prefer remaining dependent rather than risking job failure with a return of the humiliation surrounding the experience of reapplying for assistance.

¹. The $60 single person's allowance may be increased to $70 in special cases, and the $108 married person's allowance may be increased to $120 also on a means test basis. Canada Year Book, Dominion Bureau of Statistics, Ottawa, 1956.
CHAPTER IV
CONCLUSIONS AND RECOMMENDATIONS

Vancouver is a city with many social problems. The rapidly growing population combined with the cultural attitude of "living big" and the "boomer" psychology of the City leads to the belief that Vancouver's problems will increase. The problems of drug addiction, alcoholism and crime all stem from and contribute to the problem of dependency. A vicious circle operates to enmesh those unable to keep up with the pace set by those able to function in this milieu.

The political complexion of Vancouver does not augur well for the meeting of its social problems. There is an almost complete lack of ferment of ideas; issues in social welfare seldom appear. The whole subject has not had enough airing by the City. Vancouver citizens must be enabled to discuss their public welfare agency in a knowledgeable way if they are to feel that their Department is an integral part of the community. That this may be achieved, there should be more adequate communication between the Department and the public.

A citizens' committee attached to the Social Service Department would bring it closer to the people of Vancouver and
help them become more interested in what is being done for those unable to support themselves. The 1955 Public Administration Service Report on Vancouver noted that an advisory committee would be of service in two main ways.\(^1\) First, it could help the Department itself through the advice that committee members might give from their own previous experiences and unique points of view. Secondly, the Department could benefit through the understanding and support which the advisors could channel back to their agencies and to the community at large.

The Report supported the formation of an advisory committee from a group of individuals or representatives of agencies most immediately affected by the social service programme of the agency. The committee should not, however, be too parochial in its membership; more than the social work profession should be represented in it. For example, health, employment, and education should be represented as well as the public and child welfare fields. The collective opinion of such a body should be similar to a miniature poll of public opinion if the members are representative of the various interests in the community.\(^1\)

At this time, the Vancouver Community Chest and Council is reviewing the responsibilities of public and private

\(^1\) Report, op.cit., p.120.
agencies. This is an area that must precede any community action. Impediments to good working relationships between public and private agencies arise most commonly in relation to the division of the welfare field. In every community that supports more than one organized agency, a clear-cut division of the field should be arrived at. After arriving at a satisfactory division of the field, the private agencies should be prepared to make the major portion of the adjustments. The functions of public agencies are defined by law, hence they cannot usually make immediate changes in programme. Most agencies, public or private, are reluctant to modify too sharply a programme that has been carried for years and has won substantial respect in the community.

The City Social Service Department has a history of being a public assistance agency. It may well be that its functions should be broadened to include non-relief services. Some feel that in the future the City's role in welfare administration might be enlarged that Vancouver will have a Department of Public Welfare.¹ This envisioned Department would include a division of corrections having jurisdiction over the City Jail, Juvenile Detention Home and probation within the City; a division of public assistance having the functions of the present Social Service Department; a division of child welfare respons-

¹ Professor W. G. DIXON, Acting Director of the University of British Columbia School of Social Work, in a Public Administration Seminar, April 1957.
sible for placing children for adoption, foster care and other duties presently carried out by the Children's Aid Societies; a division of services to old people; a division for research into the community problems in Vancouver; a special-projects division to study, on a short term basis, the need for special services in certain areas. This last division, one would think, would work in very close cooperation with the Vancouver Community Chest and Council.

The materialization of the Department of Welfare in Vancouver would leave the private agencies free to use initiative and invention in carrying out imaginative programmes for special classes of persons needing help other than given by the public agency. This type of public agency development has been carried to fruition in other areas: Edmonton, Alberta, for example.

The City Social Service Department would appear to have a good organizational set-up. The decentralization of the Department in the 1940's paved the way and pioneered with this method of administration for other social agencies in Vancouver to follow. The Department appears to be administering its programme for those in need in an efficient manner for its citizens. The personnel of the Department are, however, its outstanding quality. Many workers have had the benefit of some university training in social work although some of its best workers are
the product of staff in-service training courses. It is a sad thing, however, that the social caseworkers hired by the Department are unable to do the job they feel necessary to help their clients due to large caseloads. A reduction in the number of assistance recipients in each caseload would give the workers more scope to work with and more persons might be helped to be again self-supporting.

Because it is an assistance agency, it is logical to think that more consideration would be given by the Department to the adequacy of the assistance given in relation to the rehabilitation of recipients, especially families. The present 80-20 basis of sharing assistance costs between the Provincial Government and City of Vancouver should be seen as a base to build on rather than as a summit of benefits. The provincial government in British Columbia supplements the Dominion's Old Age Assistance programme with a cost-of-living bonus. The local government, realizing the need for larger allowances in the urban areas over the rural, would do well to supplement the allowance rates thought to be suitable for the province as a whole. The rates agreed upon by Victoria should be seen as a base upon which to build rather than as an end in themselves.

The 1955 Public Administration Survey of Vancouver administration recommended that the Department assume a more
positive role of leadership in the community that the causes of dependency might be identified and attacked. The writers of the Report were of the opinion that the City Social Service Department should act "as a catalytic agent to bring together whatever resources, agencies, or forces in the community may be necessary to eradicate these causes". The studies mentioned in Chapter I by Bradley Buell and Associates may well have influenced the authors of the Report. Buell felt that the public welfare agency should take leadership in determining the causes of dependency and organize the other welfare agencies in the community to fight these causes.

Vancouver does not appear ready for such a change in its administrative thinking. It is difficult to envision this happening after the Department's long period of neutrality on the welfare scene in this community. It seems that Vancouver would prefer some other agency than its Social Service Department to accept the role of leader. Coordination is no less needed in Vancouver, but the City is not likely to accept this responsibility. It is to the Community Chest and Council that those seeking leadership on a community basis must look. Historically, the amount of leadership that public welfare agencies have given the community has been small; Canadians have placed the private agencies in this role. The philosophy of public

2. Ibid., p.114.
welfare in this country precludes those agencies organized to administer welfare legislation from branching out to develop new programmes.

A great lack exists in that almost no research is being carried out by the Department. Research in the past, with the exception of Mr. Murray C. Colcleugh's study of the single male unemployed group during the winters of 1954 and 1955, has been carried out mainly by students at the University of British Columbia School of Social Work to obtain data for theses. Research might be done into the extent of the problem the Department is organized to combat, the kinds of persons on its rolls, and the degree of success it has using the methods it now utilizes.

Despite very heavy caseloads that limit experimentation, many public welfare agencies have succeeded in obtaining appropriations for research and demonstration projects. It is recommended that the City of Vancouver undertake a pilot project into the problem of dependency in Vancouver.

Recently in Canada a new type of agency has arisen. These agencies might be called quasi-public agencies as they are neither wholly public nor wholly private in their type of administration. The Dominion Government, for example, gives money to local John Howard Societies who are responsible for
much of the after-care work being done with ex-inmates of correctional institutions. The Provincial Government in British Columbia gives money to the Alcoholism Foundation of the province. These agencies are largely supported with the aid of public funds although their board membership is almost entirely composed of private citizens.

The City might profitably contribute money for a special project of combined public and private agency personnel to demonstrate methods needed to help persons now dependent work toward rehabilitation. The first step would be to identify those persons having the best prognosis for rehabilitation. The various agencies' workers with these families in their caseloads would be given the opportunity to do more intensive work with them, or several of these families might be grouped together in a special caseload and be the responsibility of one experienced worker. In this latter way, special small caseloads would be established in various agencies and the clients within them would be given every chance to grow, with the workers' help, to independence. Rather than having a number of workers from different agencies visiting the same family, if the City made money available to pay some of the administrative and service costs, the agency appearing to best suit the needs of the individual family could be utilized.

Where it appeared that more adequate financial aid
was needed than provided for in the maximum Social Assistance grant, the City might supplement it; in this way the family members could devote their energies to solving the problems which lead them to become dependent. This type of rehabilitation project would very probably show, as others have shown, that adequate allowances are needed if persons are to be helped to grow from dependency to a more natural way of living.

The pilot project should not be confined to social agencies as such, but should include police and correctional services, health services and recreation facilities. Mental health services, too, should be included. Such concentration is needed to show that in this way only can the problem of dependency be fought in an urban centre like Vancouver. Vancouver has the resources; it should use them to the best advantage. It is only with a sharp focus using intensive casework and other services that the neurotic cycle of dependency can be broken. Study upon study has been carried out and all point to the need for adequate diagnosis of those who can be helped followed by an intensive treatment period if dependency is to be checked. Vancouver would do well to follow the example set by other cities and make a sincere attempt to help those who can be helped.

The foregoing has described the social conditions prevalent in Vancouver at this time. Long-range programmes aimed at combatting dependency in the future have been outlined. Im-
mediate goals that might be worked toward by the Department in its fight to decrease the incidence of dependent citizens follow. These specific recommendations, based on experience in other areas, are adapted to the Vancouver situation, and might well be utilized by the Department as aids in combatting dependency.

It has been shown that the roots of many of the traditionally accepted symptoms of social disorder lie deep in the same soil. The studies already mentioned in Chapter I and those of the Gluecks\(^1\) and Healy and Bronner\(^2\) show that the family can be a basic asset or liability in the cause or cure of social disorder. It is generally recognized that the "key to preventive planning lies in a family-focussed diagnosis and treatment plan".\(^3\) Research must be directed toward the total family as a functioning unit because the "residual dependency load results from constellations of disabilities, the net result of which is to destroy the family's ability to produce income".\(^4\) The family — that greatest of all social institutions — is once more being called upon to play a most important role. Again and again it has been found that much behaviour disorder is generated by unsatisfactory relationships. It is in the family that we learn how to live in the larger community of later life. The family's

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4. BUELL, Community Planning for Human Services, op. cit., p. 413.
characteristics have an important bearing on the course of chronic disease, handicaps and behaviour disorders.

The City of Vancouver Social Service Department appears to have made a beginning to work toward achieving similar goals as outlined in the Texas study. An outline for a social diagnosis of cases has been in the hands of casework supervisors since early 1956, but it is not known to what extent it is being used. This outline includes such things as:

1. The basic underlying problem;

2. Other problems which have a bearing on the basic difficulty;

3. A statement showing the worker's understanding of the persons involved in the case including their strengths and weaknesses;

4. The correlation between the agency structure and the client's problem;

5. A technical analysis of the worker's role in the particular case;

6. A general formulation pointing to diagnosis and needed treatment.

Too, a new outline for the guidance of workers making the first home visit to assistance applicants, produced by a special Recording Committee composed of agency social workers, has a section for the visitor's diagnostic assessment of the client.

Caseloads must be decreased in size, however, if
workers are to spend sufficient time to arrive at a meaningful diagnosis of each case. Until the size of caseloads are decreased in number, workers will be unable to give the necessary time to determining which clients need only financial aid and which need continued casework services also. Medical and financial aid is needed by all recipients but, alone, they are not enough to adequately meet the needs of all clients.

The City of Vancouver social workers have the responsibility to help many persons released from tuberculosis sanatoriums become again self-supporting. Due to the size of the caseloads, however, workers may find it impossible to give these persons the attention that they need if they are to become rehabilitated. One way in which caseloads might be reduced in number would result from the City showing the need for more adequate work being done by the Division of Tuberculosis Control of the provincial government.

It has been shown that the City Social Service Department makes available to needy persons a wide range of financial, medical and social services. This programme is based on the good legislative structure outlined in the first chapter of this study. The Department, the author feels, emphasizes the giving of services to meet the physical needs of its clients.

One of the characteristics of the Department is its emphasis on economy. Economy in programme, for example, is
evidenced by the fact that Vancouver does not permit the exemptions of allowable assets to the amount permitted by the Social Assistance Act.¹ The Act allows $250.00 value for personal property in addition to necessary household equipment and wearing apparel in the case of a single applicant without dependents and $500.00 for married persons with dependents. But the City usually permits only $150.00 for applicants without dependents and $300.00 cash reserve for persons with dependents. It should be stated that assistance is not refused on this basis alone, however, in Vancouver.

At the beginning of February 1957, a statement by the Vancouver Community Chest and Council was given much publicity in the press. This statement announced that the Chest was no longer willing to buy shoes for school children in need. Of the over one thousand school children provided with new shoes or shoe repair service in the year preceding the announcement of discontinuance, it was estimated that over 70 per cent were members of families in receipt of Social Assistance. Although at first glance it appeared that the discussions which followed this announcement centred around the question of who should pay for shoes for school children in need, this was not the basic problem. The City Social Service Department did not look favorably on the idea of a return to giving assistance in kind. The

¹ The Social Assistance Act is followed in all parts of British Columbia except Vancouver which accepts responsibility for its needy persons from the Vancouver Charter.
Department preferred to press for higher allowances for those families with dependent children rather than sponsor a programme to give out pairs of shoes through the schools to those in need. Rather than the division of responsibility being the focal point of discussions, it was the philosophy of giving assistance in kind on which the City administration could not agree with the Community Chest.

The Provincial Government has an important part to play in the determination of the amounts of money and degrees of service that will be made available to recipients of Social Assistance. The City administration is closer to those in need and so should be better able to press for an improved programme for its needy persons.

Any public agency programme must appreciate the existence of two overlapping duties: to the client and to the tax-payer who supports the programme. Trouble arises when one of these duties is permitted to overshadow the other in such a way as to be detrimental to it. The short-range view of saving the all-important tax-payers' dollars may lead to economy this year and the next with the person continuing to be a client for the third year.

Vancouver's accent on economy would appear to be a rather shortsighted policy. One way in which economy might better be achieved in the administration of the Department would
be by changing its approach from alleviation only to prevention plus alleviation. Action should be taken to strengthen the programme of the Department to lead it toward the objective of prevention at the same time as adequate services are given to those already dependent persons in receipt of assistance.

The fact that the majority of the members of any "hard-core" group existing in Vancouver will be recipients of social assistance, places the City Social Service Department in a unique position. As the provider for the indigent of the community, the public welfare agency has the ability to become the major source for data on family needs for the total community. Many of the problems present in public assistance families might have been solved earlier if the total community and its organized services had been more available at an earlier period. When other social agencies in the community fail to help all those who come asking for aid, the public welfare agency must bear the brunt of the result. Social assistance has become a residual programme for those unable to meet the requirements for other welfare programmes; it is the only means left to help those who must otherwise "go on the street".

To expect the City to take full responsibility for any such group of persons would be rather optimistic, but the City should take an active part in a drive to determine the roles the various agencies might play in combatting dependency in the com-
munity. For too long the Department has been concerned only with the problem of dependency after it has arisen.

Adequate help in solving the social problems in the community depends on the degree to which the various agencies assume responsibility and support one another. Community organization is one of the basic professional responsibilities of every social agency. The agency administration should not devote so much time to the actual operation of its programme that little or no time remains for community organization. The total obligation of any agency is not discharged unless this aspect of its work is recognized and cultivated for the good of the community.

Vested interests and pride of autonomy must take a position of minor importance for agency administrators if they are to accept an opportunity to embark on a reasonable plan to achieve a goal of prevention and reduction of serious community problems. Vancouver must achieve a position where its many agencies pull together to attain a common goal rather than "riding off in all directions" without overall leadership and guidance. Like many other cities, Vancouver has in the past given more thought to the development of new agencies, organizations, foundations and the like rather than assessing the various areas of competence of the existing resources within the community. This has led to an overlapping of services by
a combination of agencies under various auspices.

The first step in any plan for change is agreement by those who hold the purse strings. For this reason the general public must be made more aware of the demoralizing effect that results from having to live on an inadequate Social Assistance grant. Those who do not know the facts should not be blamed for their apathy toward the plight of these people. Facts, given in an objective, truthful way are needed to promote feelings in the public to induce them to wish for a change. More workers cannot be hired as a means of lessening the size of caseloads until the public is appreciative of the value of such a move as a means to combat continued dependency on the part of those already on assistance. Research cannot be requested into the causes and cures of dependency until the public is aware that such knowledge is needed. Community-wide organization will not be demanded until the public is shown the need for it.

In the humanitarian professions, no matter how high the quality of the therapy given, it cannot function in a community vacuum. For too long, the Vancouver public welfare agency has been isolated from the ordinary man and it is now suffering from lack of public support. The writer's observations lead him to believe that the ordinary man knows almost nothing about how the more than two dollars is spent for every man, woman and child in Vancouver by the Social Service Department. The people

1. Rough figures indicate that the Department has a budget of $1,000,000 and the City a population of 400,000.
of Vancouver have a right to know the nature of the task that its welfare department handles. All citizens have the right to know of the types of persons who must ask for financial aid and how they fare with it.

It is only with an educated populace that needed changes are brought about. Vancouver's apparent apathy regarding things not directly related to the individual citizen can be combatted only by a strengthened movement to educate.

The City administration has welcomed feature writers of the Vancouver newspapers to come in, examine and write about the work of the Department. In this way the citizens have learned of some of the conditions under which assistance recipients live. A public-service radio programme "The Bridge Between" also devoted one of its programmes to the work of the Department. More needs to be done, however, as the whole story has never been told. The Department, the author feels, is not only misunderstood by the private citizens of Vancouver, but also by the other social agencies. Part of this misunderstanding must remain as a result of the unhappy Depression experience and the hostility levelled at the Department at that time so that a public relations programme now must combat this negative public feeling toward the Department as well as the apathy of the citizens. The writer is of the opinion that it is a great pity that the people of Vancouver do not really know of the excellent work this Department does.
In conclusion, the following points should be repeated for emphasis:

(1) The problem of dependency can be fought most effectively on two fronts: (i) community-wide action is needed with all the health and welfare agencies pulling together for a common goal. This must be preceded by each agency realizing its own field of competence and fitting it into the total community picture; (ii) individual agencies must be prepared to give intensive treatment to those diagnosed as being most likely to benefit from it and grow from their dependent state. Small caseloads must be utilized to effect this.

(2) Public welfare programmes must have public support. An educated populace is needed for a programme to be modified in a way to enable it to keep abreast with modern concepts regarding the alleviation of dependency. Advisory committees have been found to be most useful devices to promote citizen interest in the public welfare department.

(3) Despite heavy caseloads, many public welfare agencies have made pilot projects to determine how best to help the assistance recipient become rehabilitated. A quasi-public agency sponsored by the City of Vancouver might carry out a similar project in Vancouver.
APPENDIX A

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Table 6. Numbers on Social Assistance by cases and individuals for the years 1951-1955

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Individual Average: 5179 4126 3965 4739 5546

Vancouver Population: 385,500 390,325 393,325 393,500 399,727

Per cent: 1.343 1.050 1.007 1.221 1.387

Source: City of Vancouver Social Service Department monthly statistics for January 1951 to December 1955. Population figures are from the Vancouver Municipal Year Book, compiled by the City Clerk 1956, page 64.
### Table 7. Social Service Expenditures in Relation to the Total Expenditures in Vancouver 1929-1955

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Social Service Expenditures</th>
<th>Percentage of Total Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1955</td>
<td>$979,829</td>
<td>2.67</td>
</tr>
<tr>
<td>1954</td>
<td>935,703</td>
<td>2.38</td>
</tr>
<tr>
<td>1953</td>
<td>914,668</td>
<td>2.60</td>
</tr>
<tr>
<td>1952</td>
<td>910,893</td>
<td>2.75</td>
</tr>
<tr>
<td>1951</td>
<td>921,821</td>
<td>2.94</td>
</tr>
<tr>
<td>1950</td>
<td>767,912</td>
<td>2.81</td>
</tr>
<tr>
<td>1949</td>
<td>664,948</td>
<td>2.61</td>
</tr>
<tr>
<td>1948</td>
<td>486,133</td>
<td>2.21</td>
</tr>
<tr>
<td>1947</td>
<td>365,052</td>
<td>1.86</td>
</tr>
<tr>
<td>1946</td>
<td>355,587</td>
<td>2.05</td>
</tr>
<tr>
<td>1945</td>
<td>311,427</td>
<td>1.97</td>
</tr>
<tr>
<td>1944</td>
<td>282,541</td>
<td>1.84</td>
</tr>
<tr>
<td>1943</td>
<td>277,977</td>
<td>1.88</td>
</tr>
<tr>
<td>1942</td>
<td>319,280</td>
<td>2.21</td>
</tr>
<tr>
<td>1941</td>
<td>487,323</td>
<td>3.42</td>
</tr>
<tr>
<td>1940</td>
<td>691,665</td>
<td>4.89</td>
</tr>
<tr>
<td>1939</td>
<td>843,813</td>
<td>5.93</td>
</tr>
<tr>
<td>1938</td>
<td>1,007,871</td>
<td>7.10</td>
</tr>
<tr>
<td>1937</td>
<td>814,308</td>
<td>5.84</td>
</tr>
<tr>
<td>1936</td>
<td>882,452</td>
<td>6.42</td>
</tr>
<tr>
<td>1935</td>
<td>1,182,044</td>
<td>8.31</td>
</tr>
<tr>
<td>1934</td>
<td>1,225,944</td>
<td>18.29</td>
</tr>
<tr>
<td>1933</td>
<td>1,431,130</td>
<td>19.00</td>
</tr>
<tr>
<td>1932</td>
<td>1,206,578</td>
<td>12.39</td>
</tr>
<tr>
<td>1931</td>
<td>736,283</td>
<td>7.14</td>
</tr>
<tr>
<td>1930</td>
<td>565,448</td>
<td>5.60</td>
</tr>
<tr>
<td>1929</td>
<td>375,321</td>
<td>3.76</td>
</tr>
</tbody>
</table>

Source: Corporation of the City of Vancouver Financial and Departmental Reports for the years ending December 31, 1929-1955.
Table 8. Composition of Social Service Department Expenditures 1929-1942

<table>
<thead>
<tr>
<th>Year</th>
<th>Administrative Costs</th>
<th>General Relief</th>
<th>Unemployment Relief</th>
<th>Old Peoples' Home</th>
<th>Kamloops Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1942</td>
<td>119,787</td>
<td>22,529</td>
<td>304,755</td>
<td>14,169</td>
<td>355</td>
</tr>
<tr>
<td>1941</td>
<td>163,244</td>
<td>51,750</td>
<td>257,755</td>
<td>14,452</td>
<td>119</td>
</tr>
<tr>
<td>1940</td>
<td>196,649</td>
<td>162,561</td>
<td>676,626</td>
<td>14,876</td>
<td>161</td>
</tr>
<tr>
<td>1939</td>
<td>197,987</td>
<td>201,034</td>
<td>430,787</td>
<td>13,701</td>
<td>304</td>
</tr>
<tr>
<td>1938</td>
<td>192,460</td>
<td>358,876</td>
<td>442,844</td>
<td>13,309</td>
<td>382</td>
</tr>
<tr>
<td>1937</td>
<td>165,822</td>
<td>211,025</td>
<td>423,201</td>
<td>13,629</td>
<td>631</td>
</tr>
<tr>
<td>1936</td>
<td>169,453</td>
<td>197,065</td>
<td>500,536</td>
<td>14,647</td>
<td>750</td>
</tr>
<tr>
<td>1935</td>
<td>171,648</td>
<td>132,639</td>
<td>863,167</td>
<td>13,431</td>
<td>1,160</td>
</tr>
<tr>
<td>1934</td>
<td>190,145</td>
<td>156,319</td>
<td>743,536</td>
<td>10,307</td>
<td>1,296</td>
</tr>
<tr>
<td>1933</td>
<td>203,430</td>
<td>189,893</td>
<td>672,777</td>
<td>10,954</td>
<td>1,364</td>
</tr>
<tr>
<td>1932</td>
<td>55,341</td>
<td>274,801</td>
<td>555,853</td>
<td>10,574</td>
<td>2,254</td>
</tr>
<tr>
<td>1931</td>
<td>91,596</td>
<td>311,240</td>
<td>300,293</td>
<td>12,895</td>
<td>2,641</td>
</tr>
<tr>
<td>1930</td>
<td>51,588</td>
<td>271,975</td>
<td>296,590</td>
<td>15,400</td>
<td>2,454</td>
</tr>
<tr>
<td>1929</td>
<td>58,278</td>
<td>185,799</td>
<td>87,008</td>
<td>17,841</td>
<td>1,449</td>
</tr>
</tbody>
</table>

Source: City of Vancouver Financial and Departmental Reports for the years ending December 31, 1929-1942.

The "Administrative Costs" column does not include the staff supplied by the Provincial Government. "General Relief" represents the City of Vancouver proportion only; the Provincial Government adds to this.

The "Unemployment Relief" figure for 1932, includes 75 per cent of the administration costs of the entire Relief Committee. The 1930 and 1931 figure in this column includes 40 per cent of the administrative costs of the Relief Committee.

The City of Vancouver operated a creche from January until June in 1932, and subsidized the Vancouver Day Nursery at a total cost of $6,069. Creche costs for 1929, 1930 and 1931 were $12,476, $13,470 and $8,809 respectively.
Table 9. **Composition of Social Service Expenditures 1943-1955**

<table>
<thead>
<tr>
<th>Year</th>
<th>Administrative Costs</th>
<th>Social Assistance</th>
<th>Taylor Manor</th>
<th>Kamloops Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1955</td>
<td>293,976</td>
<td>658,118</td>
<td>27,735</td>
<td>-</td>
</tr>
<tr>
<td>1954</td>
<td>325,632</td>
<td>602,082</td>
<td>28,565</td>
<td>-</td>
</tr>
<tr>
<td>1953</td>
<td>301,811</td>
<td>585,206</td>
<td>27,650</td>
<td>-</td>
</tr>
<tr>
<td>1952</td>
<td>289,242</td>
<td>592,870</td>
<td>27,917</td>
<td>864</td>
</tr>
<tr>
<td>1951</td>
<td>270,137</td>
<td>615,109</td>
<td>25,388</td>
<td>678</td>
</tr>
<tr>
<td>1950</td>
<td>246,089</td>
<td>493,744</td>
<td>24,155</td>
<td>426</td>
</tr>
<tr>
<td>1949</td>
<td>240,110</td>
<td>399,435</td>
<td>25,234</td>
<td>169</td>
</tr>
<tr>
<td>1948</td>
<td>176,993</td>
<td>286,907</td>
<td>21,747</td>
<td>485</td>
</tr>
<tr>
<td>1947</td>
<td>138,254</td>
<td>208,853</td>
<td>16,309</td>
<td>1,636</td>
</tr>
<tr>
<td>1946</td>
<td>125,975</td>
<td>211,215</td>
<td>17,492</td>
<td>904</td>
</tr>
<tr>
<td>1945</td>
<td>107,343</td>
<td>189,627</td>
<td>14,060</td>
<td>397</td>
</tr>
<tr>
<td>1944</td>
<td>98,178</td>
<td>168,597</td>
<td>15,392</td>
<td>374</td>
</tr>
<tr>
<td>1943</td>
<td>99,223</td>
<td>163,165</td>
<td>15,203</td>
<td>387</td>
</tr>
</tbody>
</table>

Source: Corporation of the City of Vancouver Financial and Departmental Reports for the years ending December 31, 1943 to 1955.

Administrative costs do not include the staff supplied by the Provincial Government. Social Assistance costs represent the City of Vancouver proportion only; the Provincial Government adds to this.
Table 10. Reasons given by persons applying for assistance in two caseloads

<table>
<thead>
<tr>
<th>Reason</th>
<th>Caseload &quot;A&quot;</th>
<th></th>
<th>Caseload &quot;B&quot;</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>men</td>
<td>women</td>
<td>men</td>
<td>women</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>3</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Arthritis</td>
<td>16</td>
<td>4</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Asthma and eczema</td>
<td>6</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Blindness</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cancer</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cerebral thrombosis</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Diabetes</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Gastro-intestinal</td>
<td>3</td>
<td>-</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Genito-urinary</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Goitre and thyroid</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Heart condition</td>
<td>8</td>
<td>3</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Hypertension</td>
<td>5</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Mental condition</td>
<td>7</td>
<td>-</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Paralysis</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Physical injury</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Respiratory</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Post-polio</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>18</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Varicose veins</td>
<td>6</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Women with dependent</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>13</td>
</tr>
<tr>
<td>children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awaiting OAA or OAS</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unemployed employable</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Totals</td>
<td>106</td>
<td>20</td>
<td>13</td>
<td>52</td>
</tr>
</tbody>
</table>
Table 11. Statistics concerning two caseloads during February 1957

(a) Year of opening cases

<table>
<thead>
<tr>
<th>Year</th>
<th>Caseload &quot;A&quot;</th>
<th></th>
<th>Caseload &quot;B&quot;</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>men</td>
<td>women</td>
<td>men</td>
<td>women</td>
</tr>
<tr>
<td>1957</td>
<td>11</td>
<td>-</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>1956</td>
<td>16</td>
<td>2</td>
<td>-</td>
<td>13</td>
</tr>
<tr>
<td>1953-55</td>
<td>41</td>
<td>7</td>
<td>7</td>
<td>25</td>
</tr>
<tr>
<td>1951-52</td>
<td>18</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1945-50</td>
<td>18</td>
<td>6</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>1940-44</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1930-39</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Totals</td>
<td>106</td>
<td>20</td>
<td>13</td>
<td>52</td>
</tr>
</tbody>
</table>

(b) Year of birth of clients

<table>
<thead>
<tr>
<th>Year</th>
<th>Caseload &quot;A&quot;</th>
<th></th>
<th>Caseload &quot;B&quot;</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>men</td>
<td>women</td>
<td>men</td>
<td>women</td>
</tr>
<tr>
<td>1936 to date</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1921-1936</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>1911-1920</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>1902-1910</td>
<td>23</td>
<td>5</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>1896-1901</td>
<td>30</td>
<td>5</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>1891-1895</td>
<td>31</td>
<td>4</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Before 1890</td>
<td>10</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>106</td>
<td>20</td>
<td>13</td>
<td>52</td>
</tr>
</tbody>
</table>
Table 12. Age and classification of persons asking aid from private agencies in Vancouver during December 1956 and January 1957

<table>
<thead>
<tr>
<th>Agency</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central City Mission</td>
<td>39(18)</td>
<td>47(22)</td>
<td>44(20)</td>
<td>22(10)</td>
<td></td>
</tr>
<tr>
<td>First United Church</td>
<td>107(14)</td>
<td>189(25)</td>
<td>193(25)</td>
<td>170(22)</td>
<td></td>
</tr>
<tr>
<td>Holy Rosary Cathedral</td>
<td>110(24)</td>
<td>142(32)</td>
<td>109(24)</td>
<td>47(10)</td>
<td></td>
</tr>
<tr>
<td>John Howard Society</td>
<td>65(35)</td>
<td>59(32)</td>
<td>28(15)</td>
<td>11(6)</td>
<td></td>
</tr>
<tr>
<td>Salvation Army</td>
<td>215(22)</td>
<td>298(31)</td>
<td>217(23)</td>
<td>136(14)</td>
<td></td>
</tr>
<tr>
<td>Sisters of Atonement</td>
<td>18(11)</td>
<td>22(13)</td>
<td>38(23)</td>
<td>47(28)</td>
<td></td>
</tr>
<tr>
<td>Averages</td>
<td>(21)</td>
<td>(26)</td>
<td>(21)</td>
<td>(15)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency</th>
<th>1'</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Uncl.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central City Mission</td>
<td>76(35)</td>
<td>35(15)</td>
<td>2(1)</td>
<td>3(1)</td>
<td>101(47)</td>
</tr>
<tr>
<td>First United Church</td>
<td>434(57)</td>
<td>76(10)</td>
<td>96(13)</td>
<td>147(19)</td>
<td>- -</td>
</tr>
<tr>
<td>Holy Rosary Cathedral</td>
<td>114(25)</td>
<td>130(29)</td>
<td>15(3)</td>
<td>126(28)</td>
<td>62(14)</td>
</tr>
<tr>
<td>John Howard Society</td>
<td>120(65)</td>
<td>49(27)</td>
<td>8(4)</td>
<td>6(3)</td>
<td>- -</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>678(71)</td>
<td>170(18)</td>
<td>8(1)</td>
<td>2(2)</td>
<td>100(10)</td>
</tr>
<tr>
<td>Averages</td>
<td>(51)</td>
<td>(20)</td>
<td>(4)</td>
<td>(10)</td>
<td>(15)</td>
</tr>
</tbody>
</table>

Note. All numbers in parentheses are percentages. The Sisters of Atonement did not classify 77 per cent of those going to them for aid.

Source. Both tables were composed from unpublished findings of the Community Chest and Council survey of the extent of the problem of the unemployed employable group in Vancouver during December 1956 and January 1957.
APPENDIX C

SETTING IN WHICH THE PERSONS LIVE IN THE TWO CASELOADS STUDIED.

(i) Caseload "A"

Persons in Caseload "A" all live on the fringe of Vancouver's main skid-row area. These people live in very poor physical surroundings and as a rule dwell in single rooms which are small, dark, and dirty. Rooms are generally rented for between $20. and $30. per month, including light and heat.

Chinese persons in this area appear to manage better than Occidentals. They usually live in clan houses or "Tongs" where their rents are low; the fraternal atmosphere allows for a more natural way of life. Many of the older Chinese citizens still follow the 'old way' and eat simple, cheap meals cooked in a communal kitchen.

The area this caseload covers is a compact section of the city; it is 4 blocks long and 3 blocks wide. It contains what is probably the greatest number, on a per capita basis, of persons receiving assistance than any other section of the City of Vancouver.
(ii) Caseload "B"

Similarly to Caseload "A", all persons included in this group live in the same geographical area. Because the incidence of social assistance recipients is lower in this part of the City, the area covered is larger.

There are many large old wooden houses but new apartment buildings interspersed among them give a brighter note to the streets. The majority of the large old homes have been re-conditioned to make accommodation for "roomers" of single and married persons. This area is at present slowly undergoing transition from one family to multiple family dwellings. Although many of them have been changed to accommodate other persons, some of the old homes are still maintained by one family. The latter are usually kept in better repair than those which have been renovated.

Rents may range from $15. for a single basement room in quite good repair to $60. for an apartment or older home suitable for a family. Some small manufacturers and wholesalers have buildings in this area and there are many corner stores to serve the district.
APPENDIX D

Distribution of Vancouver's Social Welfare Costs.

The financing arrangements for meeting Vancouver's social welfare needs fall into three categories: some services are financed entirely by the City, some by the Province, and some are shared on an 80-20 percent basis by the Province and City.

(i) Entire costs accepted by the City of Vancouver:

In this category are included costs above the scale laid down by the Province for social assistance, boarding and nursing home cases. Any money requested for extra rent is the responsibility of the City as are burial charges and coroners' enquiries. Taxis and ambulances for assistance recipients having residence in Vancouver and children's clothing are met entirely by the City.

(ii) Entire costs accepted by the Province:

Costs incurred by present residents in Vancouver who have their previous residence established as in unorganized territory in British Columbia are exclusively the responsibility of the Province. Included in this are transportation and burial charges as well as coroners' enquiries. In Vancouver, Mothers' Allowance recipients are visited by the City's social workers although all money for their support comes from the Department
of Health and Welfare. The City administers Mothers' Allowances and reports all findings to Victoria of changes in circumstances.

(iii) Costs shared by the Province and City:

(a) Expenses incurred by persons who are in receipt of Social Assistance and who have established residence in the City. Financial help is shared on an 80-20 per cent basis to the maximum amount as laid down by the Province. If the City were to pay more than these amounts to its clients, it would be entirely responsible for the additional expense with no further help from the Province.

(b) Boarding home care to the maximum of $65.00 per month and nursing home care up to $5.00 per day.

(c) Extra comforts allowances for special cases up to $7.00 per month and supplementary allowances to $5.00 less than the boarding home rate of $65.00 per month.

(d) Extra allowances for post-tubercular cases as referred from the Social Service Department of the Tuberculosis Division of the Provincial Health Department; this does not include transportation, however, to and from clinics.

(e) Medical extras for those people having certain types of illnesses and who may need special diets as a part of treatment.
(f) Dentures.\(^1\)

(g) Housekeeper and homemaker services.

(h) Expenses incurred in operating Taylor Manor.

(i) Intermunicipal accounts dealing with persons in receipt of Assistance in other municipalities but who have established residence in Vancouver.

(j) Courses for the rehabilitation of Assistance recipients.

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1. Other medical services and drugs and glasses are shared by the Province and City on a per capita basis rather than the usual 80–20 per cent sharing.