PROVINCE OF BRITISH COLUMBIA

Annual Report of

The Social Welfare Branch

of the Department of

Health and Welfare

For the Year Ended March 31st

1955

VICTORIA, B.C.
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1955

VICTORIA, B.C., November 30th, 1955.

To His Honour FRANK MACKENZIE ROSS, C.M.G., M.C.,
Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The Annual Report of the Social Welfare Branch of the Department of Health and Welfare for the year ended March 31st, 1955, is herewith respectfully submitted.

E. C. MARTIN,
Minister of Health and Welfare.

Office of the Minister of Health and Welfare,
Parliament Buildings, Victoria, B.C.

SOCIAL WELFARE BRANCH,
VICTORIA, B.C., November 30th, 1955.

The Honourable E. C. Martin,
Minister of Health and Welfare, Victoria, B.C.

SIR,—I have the honour to submit the Annual Report of the Social Welfare Branch for the year ended March 31st, 1955.

I have the honour to be,
Sir,
Your obedient servant,
C. W. LUNDY,
Deputy Minister of Welfare.

SOCIAL WELFARE BRANCH,
VICTORIA, B.C., November 30th, 1955.

C. W. Lundy, Esq.,
Deputy Minister of Welfare.

SIR,—I am pleased to submit herewith the Report of the Social Welfare Branch for the year ended March 31st, 1955.

J. A. SADLER,
Director of Welfare.

DEPARTMENT OF HEALTH AND WELFARE
(SOCIAL WELFARE BRANCH)

HON. ERIC MARTIN ..... *Minister of Health and Welfare.*

SENIOR ADMINISTRATIVE STAFF

C. W. LUNDY ..... *Deputy Minister.*

J. A. SADLER ..... *Director of Welfare.*

Miss AMY LEIGH ..... *Assistant Director.*

Miss MARIE RIDDELL ..... *Provincial Supervisor, Family Division.*

Miss RUBY MCKAY ..... *Superintendent of Child Welfare.*

J. H. CREIGHTON ..... *Chairman, Old-age Assistance and Blind Persons' Allowance Boards.*

Dr. J. C. MOSCOVICH ..... *Director of Medical Services.*

Mrs. E. L. PAGE ..... *Chief Inspector of Welfare Institutions.*

Miss E. S. WYNESS ..... *Provincial Supervisor, Social Service Department, Division of Tuberculosis Control and Venereal Disease Control.*

Miss A. K. CARROLL ..... *Provincial Supervisor, Psychiatric Social Work.*

F. G. HASSARD ..... *Superintendent, Brannen Lake School for Boys.*

Miss W. M. URQUHART ..... *Superintendent, Girls' Industrial School.*

J. M. SHILLAND ..... *Superintendent, Provincial Home.*

A. H. ROSE ..... *Hospital Consultant and Inspector.*

E. L. RIMMER ..... *Administrator, Region I.*

R. TALBOT ..... *Administrator, Region II.*

R. I. STRINGER ..... *Administrator, Region III.*

J. W. SMITH ..... *Administrator, Region IV.*

V. H. DALLAMORE ..... *Administrator, Region V.*

A. O. MORRISON ..... *Acting Administrator, Region VI.*

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Report of the Social Welfare Branch

PART I.—GENERAL AND REGIONAL ADMINISTRATION

GENERAL

The estimated population of British Columbia in 1954–55 was 1,305,000. This was an increase of 75,000 over 1953–54. The rate of increase, however, varied considerably among regions. The whole of Region VI (lower part of Fraser Valley), the Saanich Peninsula in Region I, and the Municipality of Richmond in Region II show the greatest increase and density in population. For example, Richmond and Surrey, where there are still large unoccupied areas of land, are reported to have a density of 700 persons per square mile of occupied land. These two municipalities, together with the other municipal and unorganized areas in the Lower Fraser Valley, have an average density of 100 to 125 persons per square mile. The Saanich Municipality has about twice this density.

In contrast, Regions III (south central) and Region IV (south-eastern) have only a density of two to ten persons per square mile. Region V (largely that portion north of the Thompson River) has about one person per 2 square miles, except Prince George and Prince Rupert with one person per square mile. Of these two northern cities, Prince George is the most rapidly growing community in the north because of its "cross-roads" position. This spilling over of people from the metropolitan areas of Vancouver and Victoria into the neighbouring rural municipalities will likely continue for some time.

Case loads have reflected this increase in population. The following Table I shows that the total number of family units and shared services at the end of the fiscal year was 61,506:—

Table I.—Breakdown of Case Load[1] by Categories of Service as at March 31st, 1955

Category of Service		Number	Per Cent
Total		61,506	100.000
Family Service (no financial assistance)		1,728	2.809
Social Assistance—			
Mothers' Allowance	404		
Social Allowance	11,288		
		11,692	19.009
Blind Persons' Allowance		440	0.715
Old-age Assistance—			
Old-age Assistance	9,240		
Old Age Security bonus and health services	31,797		
		41,037	66.720
Disabled Persons' Allowance		147	0.239
Child Welfare Division		5,337	8.677
Medical and institutional—			
Tuberculosis Division	305		
Psychiatric Division	264		
Collection of institutional revenue	157		
Hospital clearance	26		
Provincial Home	6		
Provincial Infirmary	6		
Welfare institutions	361		
		1,125	1.829

[1] Case load is the total family units and shared services.

This represents, as at March 31st, 1955, an increase of 1,038. But more significantly, as Table II indicates, this fiscal year there were 13,260 new cases, which were 1,417 more than last fiscal year, and 15,262 closed cases, which were 1,517 more than last fiscal year. Like last year, the number of reopened cases, ninety-five more than last year, was high.

Table II.—Number of Cases[1] Opened and Closed in the District Offices[2] from April 1st, 1954, to March 31st, 1955

Month	Cases Opened during Month				Cases Closed during Month			Increase or Decrease in Case Load
	New	Re-opened	Trans-ferred In	Total Opened	Closed	Trans-ferred Out	Total Closed	
April, 1954	1,305	267	410	1,982	1,270	381	1,651	+331
May, 1954	1,058	246	471	1,775	2,334	443	2,777	−1,002
June, 1954	1,513	242	402	2,157	1,424	399	1,823	+334
July, 1954	984	234	540	1,758	1,068	435	1,503	+255
August, 1954	827	198	380	1,405	1,134	389	1,523	−118
September, 1954	984	208	403	1,595	1,066	345	1,411	+184
October, 1954	974	226	421	1,621	1,142	409	1,551	+70
November, 1954	1,093	307	519	1,919	1,127	445	1,572	+347
December, 1954	944	257	394	1,595	1,030	368	1,398	+197
January, 1955	1,288	286	460	2,034	1,219	173	1,392	+642
February, 1955	1,079	259	321	1,659	1,121	335	1,456	+203
March, 1955	1,211	262	514	1,987	1,327	447	1,774	+213
Totals	13,260	2,992	5,235	21,487	15,262	4,569	19,831	+1,656

[1] Cases are family units.
[2] District offices do not include Vancouver City Social Service Department.

Table III.—Categorical Breakdown of Case Load[1] by Region as at March 31st, 1954, and March 31st, 1955

Category of Service	Region I		Region II		Region III		Region IV		Region V		Region VI		Total for Province	
	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955
Family Service	274	275	294	317	271	305	188	175	242	323	276	333	1,545	1,728
Mothers' Allowance	36	31	251	227	34	27	19	14	7	7	83	98	430	404
Social Allowance	1,670	1,678	4,721	4,995	1,010	1,161	1,020	1,067	788	1,015	1,140	1,372	10,349	11,288
Blind Persons' Allowance	79	84	99	90	74	70	54	52	62	67	71	77	439	440
Old-age Assistance	1,504	1,478	5,074	4,315	1,015	982	790	679	478	532	1,201	1,254	10,062	9,240
Old Age Security bonus and health services	6,454	6,582	14,728	14,643	3,114	3,067	2,418	2,419	1,358	1,407	3,566	3,679	31,638	31,797
Disabled Persons' Allowance	.....	19	.....	20	.....	21	.....	49	.....	1	.....	37	.....	147
Child Welfare Division	796	756	1,067	1,185	968	1,075	602	580	718	820	794	921	4,945	5,337
Tuberculosis Division	99	81	87	74	27	36	42	27	38	50	33	37	326	305
Psychiatric Division	89	75	22	25	41	57	55	32	27	29	53	46	287	264
Collections	28	32	21	14	16	22	11	13	17	27	14	49	107	157
Hospital clearance	6	15	8	1	4	1	11	4	2	5	.....	.....	31	26
Provincial Home	.....	.....	.....	.....	2	.....	.....	.....	5	6	.....	.....	7	6
Provincial Infirmary	1	.....	34	1	1	.....	.....	1	4	4	.....	.....	40	6
Welfare institutions	55	92	86	131	18	28	32	33	16	15	55	62	262	361
Total Case Load	11,091	11,198	26,492	26,038	6,595	6,852	5,242	5,145	3,762	4,308	7,286	7,965	60,468	61,506

[1] Case load is the total of family units and shared services.

The difficulty in securing adequate estimates of population in unorganized areas to which reference was made last year still exists. Notwithstanding, a categorical breakdown of case load by regions as a crude gauge of the social distress existent in this Province is given for the end of the fiscal years 1954 and 1955 in Table III. On analysis the greatest increase in case load (+679) occurred in Region VI; that is, the Valley, where the greatest influx of people is taking place. The second largest increase (+546) was in Region V. The other four regions' case loads show either a slight decrease or increase. Further research would be necessary to determine more positively what correlation there

is between case load and population. Certainly many other factors as availability of trained staff, transportation facilities, utilization of resources, climate and weather, and other socio-economic conditions affect case loads. The regional reports testify to this.

Several changes in social legislation were effected at the 1955 session of the Legislature. The " Disabled Persons' Allowance Act," mentioned in the 1954 Annual Report, was proclaimed January 20th, 1955. The " Provincial Infirmaries Act " and " Provincial Home Act " were amended to bring them under the administration of the Minister of Health and Welfare. The base of eligibility for admission to the Provincial Home was broadened considerably. The " Elderly Citizens' Housing Aid Act " (new) passed legislation governing the Government's assistance to municipalities and non-profit organizations in the construction or reconstruction of cottage-type or boarding-home-type homes for elderly persons of low income.

There were, too, certain significant amendments in regulations and several developments in administration. Dental services for children of families on social assistance were extended to children under 10 years of age. Payment of a cost-of-living bonus and health services to Disabled Persons' Allowance recipients on a similar basis to old-age recipients was provided. The new, modern cottage type of training-school for boys, Brannen Lake School, was opened in February, 1955.

Other happenings as these are worthy of note. At the fall Pacific National Exhibition, Vancouver, the Social Welfare Branch display, together with the other Governmental exhibits, was a special attraction. As a result of the several months' intensive work on the part of the Committee of Planning Council and of the Social Workers' Salaries Committee, Civil Service positions for social workers were reclassified and salaries revised upward. Two United Nations Fellows, Mlle Elisabeth Ploix, Chief Social Worker, Ministry of Finance Overseas, and Mr. Aly Abdel Rahman Fahmy, Head of Financial Inspecting Section, Division of Social Services, Ministry of Social Affairs, Egypt, spent some time studying Branch operations. From the Social Science Department, University of Nottingham, England, came also Miss Sheelah Forster.

The remaining pages of this Report are an assessment of the year's work in field and division by the various senior administrative heads. Despite staff shortages which continue to cause serious concern to Administration, nearly all report some progress. Unfortunately this has been accomplished largely by many hours of overtime. On the other hand, some improvement has been effected by a realignment of services within and a greater effort toward utilization of community resources outside the Branch. The following quotations from the reports of Regional Administrators and divisional heads illustrate the special emphasis attributed to community participation:—

" Vancouver Island Private Hospital and Welfare Institutions' Association, recently formed, has been trying to find ways and means of improving patient care." . . . " The Kelowna area has been the only area in the region which has built up an organized housekeeping service." . . . " During the year the Vancouver Committee on the Aged sponsored a series of lectures which were given by doctors and psychologists on chronic diseases of old people and how these ailments can be treated at home."

In other places throughout this Report additional areas of social welfare requiring further understanding and support of the local community are mentioned. For example, on page 74, the Medical Director points out that the very lack of recreational facilities for old people increases the demand on the medical profession. The Provincial supervisor of the social services in the Division of Venereal Disease Control, on page 102, states that " the experiences of the caseworker at the Vancouver Clinic has pointed up the need for community resources to give a casework service to young people in the 15–34-year age-group." On page 107, the inadequacy of family casework services for mentally ill patients on discharge is stated thusly: " From a study in the Social Service Department, approximately 750 patients on discharge are in need of continuing family services. The service capacity of existing health, welfare, and employment agencies in the Greater Vancouver

area is already seriously overtaxed. Therefore, the Crease Clinic and its Social Service Department must provide a follow-up service for these patients whom existing community agencies cannot serve." The Superintendent of Child Welfare, in reference to some of the reasons why certain children are not adopted, on page 53, appeals for " the sympathetic understanding of all adults in every community of the Province, or otherwise the children concerned can never know the desirable security of adoption."

J. A. SADLER,
Director of Welfare.

ASSISTANT DIRECTOR OF WELFARE

I beg to submit this report of my activities as Assistant Director during the fiscal year 1954–55.

As will be seen in the separate chapters of this Annual Report, the purpose of the Social Welfare Branch is to administer British Columbia's social legislation. The task is not an easy one, for it is not merely a matter of rendering first aid. It is a matter of attempting to discover and cure the individual causes of social suffering. The problems faced by the Branch to-day resolve themselves into four areas of grave social need—destitution, family breakdown, personality disorder, and the problems of the aged. To maintain the standard of curative service, a sufficient number of adequately trained professional staff is essential. The decline in enrolment in schools of social work across Canada, however, has seriously limited the supply of university-trained social workers, and in order to meet the demands of normal staff turnover the Branch must continue its programme of in-service training.

This report reveals, in particular, the number and the qualifications of the social-work staff employed in the year under review and briefly outlines the efforts made to develop their competence. In addition to the social workers who bring professional services to those in need, the Branch employs stenographic and clerical staff in each district and divisional office as well as maintenance-workers for the Provincial Home, Girls' Industrial School, and the new Brannen Lake School for Boys. The total staff was 547 at the end of this fiscal year. It should be mentioned that the processing of appointments, resignations, leaves of absence, and transfers is a continuing function of the Assistant Director's office.

The Professional-staff Situation

The following table gives the total staff employed and comparative figures of university- and in-service-trained men and women at the end of the fiscal year 1954-55.

	Men		Women		Total
	University Trained	In-service Trained	University Trained	In-service Trained	
Total staff, March 31st, 1954	48	42	109	44	243
Staff appointed April 1st, 1954, to March 31st, 1955	11	11	25	18	65
Resignations, April 1st, 1954, to March 31st, 1955	8	9	29	7	53
Total staff, March 31st, 1955	51	44	105	55	255

In this fiscal year no actual increase in the establishment of new positions was approved. The apparent increase was due to the fact that non-Civil Service appointments were made to replace workers on educational leave.

Two years ago the percentage of university trained was 70 per cent as against in-service trained of 30 per cent. Last year the former decreased to 64.61 per cent, and this year, despite a 5.19-per-cent decline in resignations from university-trained workers, it decreased to 61.17 per cent. Add to this the fact that, on a percentage basis, the number of graduates of schools of social work employed this year is the same as in former years. The seriousness of diminishing enrolments in the schools is readily seen. This agency, as others, must therefore be prepared to do everything possible to hold staff presently employed to so align its work as to make the best use of its trained people. The in-service-trained staff meanwhile give a commendable service which, as plans for their professional education are fulfilled, makes for ultimate stability and strength in holding and improving standards.

The following table gives a breakdown of total professional staff according to their training:—

	Men	Women	Total
Masters of Social Work	16	22	38
Second year of training but M.S.W. thesis not completed	7	2	9
Bachelor of Social Work	17	43	60
Social Service diploma	4	27	31
One year at School but no diploma or degree	7	2	9
Two years at School but no diploma or degree	0	9	9
In-service trainees now at School	4	3	7
In-service trained	40	52	92
Totals	95	160	255

STAFF DEVELOPMENT

Staff development is the term used to denote the efforts made by the Branch to develop the competence of the staff employed. Its purpose is to enable the Branch to function more effectively through the development of the individual worker's abilities. This programme is a major aspect of the personnel practices of the Branch, and it is carried out by the Training Division under the guidance of the Assistant Director.

During the year twenty-nine new appointees received instruction under the revised in-service training programme. Four three-week introductory sessions were conducted for these new appointees and, after four to five months of learning the job by doing it under the supervision provided in district offices, three of these groups to date have received the final part of the programme—four weeks of further discussion and teaching in which the knowledge gained thus far is consolidated.

All elements of the staff-development programme are immediately and closely related to the services the Branch gives. A most important part of staff development is the day-to-day supervision given the social workers in the district offices. The supervisors, who have both professional training and experience in the Branch, act as teachers and consultants while at the same time carrying out heavy administrative duties. Situations frequently arise which are so complex that the workers who have training and experience need to test their judgment against that of another whose knowledge is greater. The social workers beginning their careers depend upon the supervisor to relate theory to practice, hence effecting an integration of knowledge and experience which is the agency's responsibility in education for social work.

As one means of helping these supervisors to improve the special skills required in supervision, the Branch annually arranges a week-long institute or short training course. This year the institute was conducted by Mr. Arthur Abrahamson, Associate Professor of the School of Social Work at the University of British Columbia, supervisors from both the field and divisional staffs benefiting from his able teaching. To make possible a continuation of the studies initiated by Mr. Abrahamson, the supervisors this year constituted themselves as an organized group. Intercommunication on matters having to do solely with their own development as supervisors is maintained through executive members, a nucleus located in Vancouver being responsible for planning and circulating material and ideas for study. The Training Supervisor acts as secretary to this group and as liaison between it and the Planning Council of the Branch.

Educational leaves of absence have been maintained during this year, fourteen members of staff being granted such leave. Seven of these were in-service trained, three receiving a Branch bursary. Five of the remainder were social workers or supervisors holding the Bachelor of Social Work degree on leave to obtain the Master of Social Work degree, and two were administrators receiving advanced courses at American schools. One of the supervisors obtaining the Master of Social Work degree was awarded one of

the Federal Mental Health bursaries available to the Provincial Mental Health Services. This supervisor will return to the field on completion of his study. The Branch appreciates this co-operation on the part of the administrators of the Province's Mental Health Services, which underlines the importance they attach to the field service as a means of strengthening community agencies.

To facilitate a better use of the Branch library, a new catalogue was prepared by the Training Supervisor, containing indexed lists of reading from professional journals. The library has been well used this year, and with the new catalogue in each office it should be of greater value in the coming year.

A pamphlet on staff meetings was prepared by the Training Supervisor, later published by the Canadian Welfare Council. This material has given new impetus to staff meetings, which are considered an essential means of interpreting and testing policies and for inducing participation by the whole staff in the shaping of new policies. This is one of the subjects the supervisors will continue to analyse in the next year, with special emphasis on the value of such meetings in staff development.

CONCLUSION

This year has seen many major changes in senior positions in the Branch. The natural regret in losing, by his well-earned retirement, the wisdom and steady direction of the Deputy Minister, Mr. E. W. Griffith, was offset by the appointment of Mr. C. W. Lundy, the former Director of Welfare to that responsible post. Throughout the Branch, these changes, and others they made necessary, occasioned no interruption in the loyalties which make the day-to-day work of this Branch that of a dedicated team.

Respectfully submitted.

(Miss) Amy Leigh,
Assistant Director of Welfare.

REGIONAL ADMINISTRATION

REGION I

I beg to submit the annual report for the fiscal year 1954–55, which outlines statistical information and gives a résumé of the activities of the Social Welfare Branch in Region I.

As previously, Vancouver Island, near-by islands, and a northern strip of mainland coast comprise the region. Although the land area — that is, 13,000 square miles roughly — is the same, the population has increased proportionately with that of the Province. It has reached in round figures 244,000 persons. About half of these people live in the very southerly part—the Victoria-Saanich area. The remainder are strung mostly along the east coast as far north as Campbell River, with two large central settlements at Nanaimo and at the head of the Alberni Canal. The mountainous interior is nearly unoccupied. The northern and western coasts have a few sparse communities, chiefly concerned with logging and fishing.

Lumber, pulp, paper, and coal are the major products, with fish, dairy, and poultry produce secondary. The tourist trade continues to flourish. However, as some of the industries are more or less seasonal, social welfare is directly affected.

The staff consisted of thirty-one social workers and four supervisors. The case load as at March 31st, 1955, was 11,198, a slight increase over 1954. As last year, there were seven administrative offices (five Provincial and two municipal). Table I shows the distribution of the case load by major category of services among the seven offices.

Table I.—Analysis of Case Load[1] by Major Categories of Services in the District Administrative Offices of Region I as at March 31st, 1955

Category	Alberni	Courtenay	Duncan	Nanaimo	Saanich	Victoria City	Victoria District	Total
Family Service	50	64	37	71	.....	2	51	275
Mothers' Allowance	2	1	5	5	3	15	.....	31
Social Allowance	124	186	121	322	140	547	238	1,678
Blind Persons' Allowance	4	6	7	17	7	29	14	84
Old-age Assistance	100	147	142	289	165	431	204	1,478
Old Age Security	328	515	473	1,051	976	2,195	1,044	6,582
Disabled Persons' Allowance	4	1	3	.....	2	3	6	19
Child Welfare	90	193	120	222	.....	.....	131	756
Institutions and other	24	39	34	34	32	79	53	295
Totals	726	1,152	942	2,011	1,325	3,301	1,741	11,198

[1] Case load is the total of family units and shared services.

A comparison with the case load as at March 31st, 1954, showed there was an increase of 107 cases. However, during the year under review there were 2,118 new reopened or transferred in cases. This sizeable figure of 2,118 additional cases with only a net increase of 107 cases for the year indicated the volume of work involved in dealing with new cases, cases for suspension, transferring out, and for closing.

As in previous years, the processing of applications for Old-age Assistance and Old Age Security cases predominated, with applications from persons for financial aid the second largest number. Requests for services under child welfare legislation and for family services were relatively high. Five hundred and twenty-seven new cases were attended to under child welfare—unmarried mothers, children placed in foster homes, children placed for adoption, approval of adoption, and foster homes.

The increase in Mothers' Allowance and Social Allowance rates, which went into effect April 1st, 1954, certainly proved most helpful to the persons receiving social aid. The increases were $5 per month for single individuals, $7 per month for two persons,

and $2 per month for each additional dependent. The expenditure for Social Allowance cases for the year for the region amounted to $1,063,628.29. Included in this figure was an amount of $11,865.53 paid out to unemployed employables—202 families and forty-two single individuals.

It is pleasing to report that the bed accommodation in nursing homes was increased by the opening of the Victoria Nursing Home and the private hospital at Cobble Hill, Duncan. However, the ever-pressing need of sheltered accommodation for elderly persons who, due to physical infirmities, cannot look after their own requirements continued as in past years. Records show that 383 new placements were made, and of this number, eighty-two individuals of necessity had to leave their own locality and go into other areas where accommodation suitable to their needs could be found. At the close of the year the resources for accommodation were thirteen private hospitals with a bed capacity of 380 and forty-one licensed boarding homes with accommodation for 520 individuals. The Social Welfare Branch, as at March 31st, 1955, was contributing to the care of 456 individuals in boarding homes and nursing homes. Worthy of special comment was the fact that the Vancouver Island Private Hospital and Welfare Institutions Association, recently formed, has been trying to find ways and means of improving patient-care to the individuals who were more or less confined to bed or confined to the home. Their plan was to include, with improved patient-care, recreational activity and entertainment. The municipal welfare administrator for Saanich has been very active in promoting, with organized groups in the municipality, picnics and sightseeing trips by bus and private car for those patients who are able to take part. The problem of old age encompasses many fields; many situations present individual problems and needs, particularly in regard to proper accommodation. On many occasions during the year, situations were faced where an elderly pensioner, or a person on social assistance, needed sheltered care, but at the time no accommodation was available. These situations were met, if no other resources were available, by arranging for care in the home of the client through the services of housekeepers. Twenty-four housekeepers were used in this way. The rate paid by the Branch for maintenance of the aged in boarding and nursing homes appeared to be in keeping with the service given. However, the staff has been constantly faced with the problem of the person who needed more than ordinary care yet did not require full nursing care. For example, Mrs. X. was 86 years old, mentally alert but memory was defective; she was a bit unsteady on her feet and needed supervision against falls and possible fractures as she did go out walking frequently. She could dress and feed herself, and was always neat. There were many others who were either incontinent or noisy at nights, or confused and inclined to wander away during the night, requiring considerable supervision. For these cases, nursing care was not required, but boarding-home operators did not want them at prevailing rates; therefore, placements had to be made in selective boarding homes at a rate commensurate with the degree of care required.

The twenty-three municipalities (eight cities, five district municipalities, and ten villages) had an estimated population of 159,000. As stated previously, only the larger municipalities of Victoria and Saanich have amalgamated social welfare offices. The remaining twenty-one paid the Branch the *per capita* charge of 15 cents. Seven villages were still exempt from payment for welfare services due to small land-tax revenue.

Table II shows the status of the areas in the region (under the " Social Assistance Act ") regarding social welfare administration, and also figures on population (1951 census) and welfare case loads in the area.

Table II.—Analysis of Case Loads[1] in the Municipalities of Region I as Related to the Administrative Plan (Section 6 of the Regulations under the "Social Assistance Act"), as at March 31st, 1955.

Area	Population, 1951 Census	Welfare Services		Welfare Case Load
		Per Capita Plan	Amalgamated Plan	
Village of Campbell River	1,986	×	----	63
City of Cumberland	971	×	----	61
City of Courtenay	2,553	×	----	113
City of Port Alberni	7,845	×	----	272
City of Alberni	3,323	×	----	143
City of Nanaimo	10,601	×	----	829
City of Ladysmith	2,094	×	----	113
Municipality of North Cowichan	6,665	×	----	303
City of Duncan	2,784	×	----	159
Village of Lake Cowichan	1,628	×	----	37
Village of Qualicum Beach	771	×	----	18
Municipality of Esquimalt	10,153	×	----	243
Municipality of Central Saanich	2,069	×	----	94
Municipality of Oak Bay	11,960	×	----	271
Municipality of Saanich	28,481	----	×	1,325
City of Victoria	51,331	----	×	3,301
Village of Alert Bay	638	----	----	-------
Village of Comox	714	----	----	-------
Village of Parksville	882	----	----	-------
Village of Sidney	1,035	----	----	-------
Village of Tofino	302	----	----	-------
Village ofUcluelet	444	----	----	-------
Village of Zeballos	283	----	----	-------
Case load in organized territory	-------	----	----	7,345
Case load in unorganized territory	-------	----	----	3,853
Total case load for region	-------	----	----	11,198

[1] Case loads are the total of family units and shared services.

As last year, the skipper and social worker on board the Branch launch M.V. "Shiely" sailed some 6,000 nautical miles. Their services were much appreciated by the scattered communities on the Gulf Islands and northern mainland coast.

Employment in the region compared favourably with the previous year, there being shut-downs in industry of only short duration due to weather conditions. Snow at its higher levels in the winter months curtailed logging operations, and the adverse summer weather affected the tourist trade generally. The general outlook for increased employment is favourable with the announcement made by McMillan & Bloedel of their intentions to expand their operations by enlarging the pulp-mill, and also the announcement of the extension of the paper-mill at Duncan Bay, north of Campbell River.

On November 24th, 25th, and 26th, 1954, the social workers, district supervisors, and welfare administrators of this region gathered together in the City of Victoria for a regional staff meeting. They were very pleased to have present for the official opening the Minister of Health and Welfare, the Honourable Eric C. F. Martin and his deputy, Mr. C. W. Lundy. Mr. Martin spoke briefly on instances of welfare to the group and wished them well in their deliberations for the three-day conference. Very active participation was taken by the thirty-five persons present. The theme of the conference was "Child Welfare—Implications of Protection." Miss Ruby McKay, Superintendent of Child Welfare, was the discussion leader. All felt this meeting was of great value, not only in ironing out day-to-day problems, but in further co-ordinating work of field, divisions, and general administration.

In conclusion, may I say once again the Branch members, together with the municipal employees, have tried to the best of their ability to serve their communities. I sincerely acknowledge on their behalf the assistance received from other agencies.

Respectfully submitted.

E. L. RIMMER,
Regional Administrator.

REGION II

I beg to submit the following report of the activities of the Social Welfare Branch in Region II for the fiscal year 1954–55:—

The general geographic boundaries of this region remained the same as last year, with a minor change within the boundaries. The area covered included the west coast of the Province (except the districts around Margaret Bay and Rivers Inlet) up to and including Ocean Falls, as well as the Lower Mainland to the Pitt River on the north side of the Fraser River and the Municipality of Delta on the south side of the Fraser River. Margaret Bay and Rivers Inlet were inaccessible from the Vancouver district office and were transferred to Region I in June, 1954, because they could be covered by the worker in that region with the use of the Social Welfare Branch launch M.V. "Shiely."

The movement of population within the boundaries of the municipalities surrounding Vancouver City has been extensive during the present fiscal year. Many new subdivisions have been developed in these municipalities which has encouraged this movement of population. The resultant steady increase in some categories of the case loads has been quite noticeable, and this increase is expected to continue with further suburban developments.

Following is a comparison of total case loads for the region by categories as at March 31st, 1954, and March 31st, 1955:—

Comparison of Case Load[1] by Categories as at March 31st for the Years 1954 and 1955

Category of Service	Mar. 31, 1954		Mar. 31, 1955	
Family Division—				
Family Service	287		303	
Mothers' Allowance	250		225	
Social Allowance	4,639		5,956	
Divisional total		5,176		6,484
Old-age Division—				
Old-age Assistance and Blind Persons' Allowance	4,797		4,063	
Old Age Security bonus	13,808		13,724	
Disability Allowance			20	
Divisional total		18,605		17,807
Child Welfare Division—				
Adoption homes pending	167		130	
Adoption homes approved	59		68	
Children in adoption homes	160		190	
Children in care	177		229	
Foster homes pending	72		62	
Foster homes approved	99		158	
Protection of children	61		51	
Unmarried parents, children of	232		254	
Special services	8		8	
Divisional total		1,035		1,150
Other divisions—Tuberculosis, Child Guidance Clinic, Crease Clinic, Provincial Mental Hospital, etc.		162		166
Regional totals		24,978		25,607

[1] Case load is the number of family units.

It is readily recognized from the above figures that the increase in case loads is in the divisions administering service to families and children. If the Branch is to continue to provide the help needed in these categories, further increases in staff will have to be provided.

Many staff changes took place during the year. A change in the position of Regional Administrator took place in December, 1954. Two supervisors were moved to temporary positions, one outside the region and one to the Girls' Industrial School. One of the above positions was filled by a worker within the region, and the other position remained vacant until the end of the year. Burnaby municipal staff was increased by one worker. Three Provincial staff members were transferred from the Vancouver City Social Service Department to the Old-age Assistance office to handle the intake work in connection with new applications for Old-age Assistance, Old Age Security and bonus, and Disability Allowances in Vancouver City.

Casework services continued to emphasize rehabilitation of people, and extra funds were provided to enable individuals to take special training. Each individual who has benefitted this way means a saving in public funds and, more important, an asset to his own community.

There has been some improvement in the nursing-home situation during the past year. Nursing-home beds, however, are still urgently needed, and steps will have to be taken to encourage more private hospitals to offer their services within the region. Some plans are already under way in this connection.

The unemployment situation was most serious during the past winter. The burden of this responsibility fell on the Vancouver City Social Service Department, whose normal programme and work had to be seriously curtailed in order to meet the demands of screening applications of the unemployed employables. Unemployed from other areas came to Vancouver in the hopes of finding work, and when this was not available, sought assistance through city agencies. Heavy demands were also made on private-agency funds to meet emergency situations to prevent actual suffering and want. The situation could again be serious in the winter months of 1955–56 unless adequate early provisions are made to meet the situation.

Respectfully submitted.

R. TALBOT,
Regional Administrator.

REGION III

I beg to submit the following report on the activities of the Social Welfare Branch in Region III for the fiscal year 1954–55.

There was a continued gradual increase in population in this region, which included the Okanagan area, Merritt, Princeton, Kamloops, Clinton, Bralorne, and surrounding districts. There were no changes in the regional boundaries during the year, but a sub-office was opened in Oliver when a social worker moved from Penticton in order to give better service to the community of Oliver and surrounding district.

Following is a comparison of total case loads for the region by categories as at March 31st, 1954, and March 31st, 1955:—

Comparison of Case Load[1] by Categories of Region III, as at March 31st, for the Years 1954 and 1955

Category of Service	Mar. 31, 1954		Mar. 31, 1955	
Family Service		271		305
Mothers' Allowance	34		27	
Social Allowance	1,010		1,161	
		1,044		1,188
Blind Persons' Allowance	74		70	
Old-age Assistance	1,015		982	
Old Age Security bonus	3,114		3,067	
Disabled Persons' Allowance			21	
		4,203		4,140
Adoption homes pending	84		101	
Adoption homes approved	90		97	
Children in adoption homes	128		129	
Children in care	301		324	
Foster homes pending	51		71	
Foster homes approved	205		217	
Protection of children	23		33	
Unmarried parents, children of	85		100	
Special services	1		3	
		968		1,075
Tuberculosis Division	27		36	
Child Guidance Clinic	5		11	
Crease Clinic	14		16	
Provincial Mental Hospital	19		30	
Collections	16		22	
Hospital clearance	4		1	
Provincial Home	2			
Provincial Infirmary	1			
Welfare institutions	18		28	
The Woodlands School	3			
		109		144
Totals		6,595		6,852

[1] Case load is the total of family units and shared services.

As can be seen from the above, there was a total increase of 257 cases at March 31st, 1955, over March 31st, 1954. This represents a 3.9-per-cent increase. There were actually 3,041 new, reopened, and transferred-in cases, and 2,784 cases were closed or transferred out. The Child Welfare case load showed a percentage increase of 10.8. Blind Pension, Old-age Assistance, and Old Age Security bonus cases were down 1.9 per cent; however, at the end of the year there were twenty-one new applications pending for the new Disabled Persons' Allowance. Social Allowance cases showed a total increase of 14.3 per cent; the number of cases increased from 1,010 cases to 1,161. It has been interesting to note that there was an increase of 16.9 per cent in the four municipally administered cities and 14 per cent in the districts. This was believed to be accounted for by the fact that the cities were growing faster than the rural areas. The Family Service case load increased 12.2 per cent. This was partly accounted for by increased population and greater awareness of the availability of family counselling service.

Economic conditions throughout the region have been fairly stable during the year. There was the usual seasonal increase in employment in the late summer and early fall during fruit-harvesting time, and a drop in employment during the winter. However,

neither was very great. Assistance was granted to needy unemployed persons as required from social assistance funds. It should be noted, however, that the Cities of Kamloops, Vernon, Kelowna, and Penticton for some years have each had schemes whereby meal tickets and beds were issued to single unemployed and transients. In each city the plan was administered differently, but was financed entirely by voluntary and municipal funds.

There was a lack of social resources to assist and support the Social Welfare Branch programme in Region III. There were no private hospitals (nursing homes) in Region III. The nursing-home cases that were cared for within the region were cared for in private homes taking only one person, for which they did not require a private-hospital licence.

In the Kamloops district the staff has been working toward building up more community resources. At the present time there has been great difficulty in securing boarding homes or housekeepers, although adopting parents and foster-parents have been helpful in the latter. Service clubs also, when called upon, have been most helpful.

The community resources in the Vernon area have not been as fully used as they might be, although service clubs have helped in particular cases. There continued to be a lack of suitable boarding homes for the non-senile aged, and also of boarding homes and foster homes especially for the teen-age group, although the ministerial association has been most helpful in finding foster homes. The Unemployment Insurance Commission has been of assistance in many cases, but there was considerable difficulty in finding suitable housekeepers. The Salvation Army and the Canadian Legion have proved most helpful, and there was a good liaison with the Department of Veterans' Affairs.

In the Penticton area the staff has worked more closely with the community welfare organizations, to the eventual benefit of their clients. The local community services have been very helpful in cases where temporary assistance has been needed to provide help where eligibility for public assistance was not established. With regard to the care of old people, an excellent resource has been developed in the Valley View Lodge, a boarding home for old people in Penticton. The lodge has been in operation since January, 1955, and there have been about thirty-eight elderly people in residence. The lodge contains forty-six single and seventeen double rooms. It was operated by a group of private citizens under the " Societies Act," and the funds for its purchase and equipping were raised locally. There was a start of a co-operative community move toward something similar in Oliver, where there was already a number of licensed boarding homes for older people. There has been a need for a private hospital in this area. Of course, the more boarding homes that are opened up, the more need there will eventually be for an institution giving bed care.

The Kelowna area has been the only area in the region which has built up an organized housekeeping service. This excellent resource was made use of both in the care of children when the mothers were ill and the care of old people.

With the belief that statistics and general descriptions have not properly described the types of services given by the Social Welfare Branch, the following summaries of three cases have been submitted.

The first case shows where community interest and financial assistance has enabled a ward to attend university. Jack was taken into care by a Children's Aid Society and moved to this region when an infant. He experienced several placements until he was 11 years of age, and then was placed in a home which encouraged and stimulated him greatly in his academic work. He had always shown good ability in his school work and had expressed a desire to enter a profession. When half-way through high school, he became discouraged over finances. With the interest and help of his foster-mother, minister, and social worker, he was encouraged to apply for a service club scholarship. Jack won the scholarship. During the summer he worked and saved enough to care for all his incidental expenditures. The Branch assumed responsibility for his clothing and

maintenance. The result of this combined effort and especially the industry of Jack was that he successfully completed his first year at university.

The second case is an example of where the use of Social Allowance plus retraining has assisted a young girl with marked physical disabilities toward becoming self-supporting. Miss B. applied for financial assistance some years ago. While she was applying for financial assistance, it also appeared that she was requesting help with personal problems.

Miss B. was extremely shy and completely lacking in confidence. She had been sheltered all her life and, because of her feelings toward her family, her sense of independence had been crushed, and she became quite apathetic. Through the constant interest and understanding help of the social worker, she began to understand and accept her problems, and thereby gained some assurance of herself. As her physical condition improved, Miss B. gained in self-confidence.

In order to assist Miss B. to become independent of her family, employment was found for her elsewhere. After several months she returned home in order to test her progress in solving her personal and family problems. Finally she had achieved sufficient adjustment in her personal problems to commence the initial vocational course she had desired. Without help, undoubtedly Miss B. would likely have been dependent for life.

Alice was an erratic, unstable, and unrealistic girl when she applied for foster-home care for her child born to her out of wedlock. She was on Social Allowance from another district and had just moved to this area. There was only one point on which Alice was clear and decisive, and that was on her determination to keep her child.

A foster home was found for the infant, who was fretful, highly nervous, and excitable, with calm, experienced foster-parents. Alice was encouraged to visit her child frequently. Gradually, with the help and guidance of the social worker and the foster-mother who kept in constant touch with one another, she learned to handle her baby intelligently and competently. In addition, with encouragement and support she finally reached the point, after losing several jobs, where she was able to take and hold a position which required perseverence and reliability. After a period of eighteen months she was able to assume the full responsibility for the care of her baby.

Respectfully submitted.

R. I. STRINGER,
Regional Administrator.

REGION IV

I beg to submit herewith the annual report of the activities of the Social Welfare Branch in Region IV for the fiscal year 1954–55.

There have been no changes in the geographical boundaries of the region during the year, nor were there any new offices opened. The population increased in most areas, resulting in a greater volume of work for the staff. All municipalities responsible for administration of their local areas remained on the *per capita* basis. As at January 1st, 1955, Slocan City assumed administration for its cases, with the Branch providing the social-work services. Prior to this, Slocan City paid the *per capita* rate and was exempt its shareable costs and the administration of its cases. It now is the same as the other responsible areas in the region. There was every indication that one or two villages will reach the point where they will be required to administer and share in welfare costs in the near future, and a start has been made with them in preparation of this happening.

The economic picture throughout the year was not too bright, but toward the end conditions improved and appeared fairly hopeful for the coming year. During the period covered, unemployment increased in all areas, resulting in many more requests to the

Branch, both financial and otherwise. The granting of assistance to this group—namely, the unemployed employables—was both time-consuming and costly. Many transients passed through the region in search of employment, and as some were not covered by unemployment insurance, it was necessary to grant assistance, especially to those with families.

As at March 31st, 1955, the case load, including shared services, totalled 5,145, which represented a decrease of approximately 100 cases over March 31st, 1954. However, due to an increase in basic rates of allowances, and the unemployed employable grants, costs for the year increased.

Co-operation with officials in rural communities has been quite good. Doctors, church organizations, and others have helped in many ways, yet throughout the region, both rural and urban, an even fuller understanding of the aims and also of the limitations in the field of social work is needed. During the year seven organizations invited members of the staff to speak to their groups, and it was hoped that in the coming year even more friendly relationships and understanding will be achieved.

In scattered areas local resources were few, but local residents often helped in various ways. For example, local residents in one area hauled and cut the winter's supply of fuel for a couple receiving Old Age Security whose activities, for health reasons, were greatly curtailed. It was this sort of thing in more or less isolated areas that meant much to the recipient, and also the neighbours doing these things derived a great deal of satisfaction from doing it.

As a further illustration of community co-operation and real worth-while effort, the following was a good example.

This spring the Strathcona Hotel in Nelson burned to the ground. It is most regrettable that six people lost their lives in this fire, and the others, forty-five in number, lost all their personal possessions. The fire started shortly after midnight, when all the tenants had retired for the night. In a very short time the building was a mass of flames, and rescue of residents was a very difficult undertaking. The fire department, police, and others did a splendid job under harrowing circumstances. Immediate accommodation for the rescued was provided by the Canadian Legion and other organizations and individuals. The next morning Mayor Kary of Nelson called a meeting of citizens and organizations, at which the Branch was represented. The Honourable Wesley Black, Provincial Secretary, was in Nelson at the time and attended the meeting. He arranged for the Civil Defence Co-ordinator for British Columbia, Major-General Stein, to come to Nelson. This he did, and on arrival stated that everything was very well organized and functioning well. The Honourable Mr. Black arranged a donation from the Provincial Government and, during his time here after the disaster, was not only active in connection with the problem, but was also available at any time for discussions. As well as the General Committee, separate ones covering housing, clothing, finance, etc., were set up. The banks and the Nelson Daily News volunteered to accept donations at their offices. A total of $11,000 was realized, the Provincial Government donating $1,000 and the City of Nelson $500. Donations came in from many areas, for example, Calgary, Vancouver, and the Kootenays, etc. It was noted that former Nelson residents contributed generously. Temporary shelter was found the night of the fire, and all Nelson organizations and private citizens helped greatly in providing the necessary permanent shelter and care. A few of the victims left the area, but the others were soon settled in permanent quarters. The Clothing Committee appealed for clothing, and the response was amazing. The widow of one of the fire victims and her large young family were of special concern to all, and out of the money raised, a trust fund of $2,000 for the children's education was set up and administered by local representatives. The committees worked very well together, and their efforts, aided by many officials and volunteers, resulted in an outstanding job being done.

Mount St. Francis Nursing Home, located just outside the boundaries of Nelson, continues to function efficiently and meet the needs of its residents in many ways. At present there are 102 patients, of whom eighty-three are Social Welfare Branch clients. Service clubs such as the Kiwanis, Lions, and other groups have been active in providing added comforts and equipment. There is a possibility that another story may be added to the building, and as the provision in construction was made to do this if the need were proved, there is hope that some day this may be done.

The Nelson City hostel for men continued to function well, and here, also, organizations such as the I.O.D.E., Soroptomists, and others have taken interest in its people, providing extras, visits, etc. The Jaycettes recently provided a television set, which gives much pleasure to the residents.

There was need for more boarding homes throughout the region, but these were difficult to locate, especially in outlying areas. Many cases, both nursing and boarding home, preferred to be in or near the area where they have lived for so many years. Their friends of long standing and relatives were close by, and the thought of leaving them was something they considered very anxiously. If it were possible to establish small boarding homes in certain strategic areas where this difficulty could be overcome, it was felt that more would accept this type of care that so often is necessary for their comfort and well-being.

Requests for housekeeping services fluctuated, and the period of time for which such service was necessary varied constantly. At times it has been difficult to find suitable housekeepers, but in most cases the workers have been successful.

There were twelve hospitals throughout the area, with the occasional Red Cross outpost. Throughout the whole region the public health units of the Health Branch gave an excellent service. Nelson City has been negotiating for a new hospital. A site has been chosen and plans have been drawn. When completed, this hospital will give more modern and up-to-date care than at present is possible. Castlegar has been considering building its first hospital, and with the Celgar Corporation planning extensive operations up the Arrow Lakes region from there, it could prove to be a real necessity. Trail's new modern hospital was opened during the year, and as it was in the heart of the largest concentration of population and industry, it filled a great need.

It can be reported that the Sons of Freedom group of the Doukhobor faith by the end of the year had more children in school on a voluntary basis than previously. It was hoped that this trend would continue and the long-range programme now in effect might lead to better understanding on the part of all of the whole Doukhobor problem.

This year re-emphasized the fact that adequate well-trained staff could make real progress in all matters pertaining to welfare, and while they were not always successful in achieving their goal, the possibility of doing so would be increased if more staff were available. Staff shortages as a rule nullified or greatly delayed the work previously done, but continuity of adequate trained staff would result in not only better service, but would produce better results.

Throughout the year the Branch has had the fullest co-operation from municipal, Provincial, and Federal bodies. Local organizations in all areas have been of real help in many ways. Through this co-operation and support the whole region has benefited, and their assistance is hereby sincerely acknowledged.

Respectfully submitted.

J. W. SMITH,
Regional Administrator.

REGION V

I beg to submit the following report on the activities of the Social Welfare Branch in Region V for the fiscal year 1954–55.

Population and economic activity in this northern region continue to increase rapidly. Although no new municipalities had sufficient tax-revenue increases to the point where they would become responsible for welfare costs, the three municipalities of Burns Lake, Fort St. John, and Williams Lake are expected to achieve that status next year.

Following is a comparison of total case loads for the region by categories, as of March, 1954, and March 1955:—

Comparison of Case Load[1] by Categories of Region V, as at March 31st, for the Years 1954 and 1955

Category of Service	Mar. 31, 1954		Mar. 31, 1955	
Family Service		242		323
Mothers' Allowance	7		7	
Social Allowance	788		1,015	
		795		1,022
Blind Persons' Allowance	62		67	
Old-age Assistance	478		532	
Old Age Security bonus	1,358		1,407	
		1,898		2,006
Disabled Persons				1
Adoption homes pending	90		106	
Adoption homes approved	36		38	
Children in adoption homes	113		115	
Children in care	176		224	
Foster homes pending	51		58	
Foster homes approved	101		141	
Protection of children	60		50	
Unmarried parents, children of	88		86	
Special services	3		2	
		718		820
Tuberculosis Division	38		50	
Child Guidance Clinic	2		4	
Crease Clinic	10		9	
Provincial Mental Hospital	15		13	
The Woodlands School			3	
Collections	17		27	
Hospital clearance	2		5	
Provincial Home	5		6	
Provincial Infirmary	4		4	
Welfare institutions	16		15	
		109		136
Totals		3,762		4,308

[1] Case load is the total of family units and services.

Commensurate with the increase in population has been the increased demand for services. Case loads at the end of the fiscal year showed an increase of 546 cases, or 14.5 per cent. This was most noticeable in Family Services, which increased 33.5 per cent, and in Mothers' Allowances and Social Allowances, which increased 28.6 per cent. The sundry services to clients with physical and mental-health problems increased 25.7 per cent, child welfare 14.2 per cent, and financial assistance to the disabled (inclusive of blind) and aged, 5.7 per cent.

During the year there were 3,497 new services to clients initiated and 2,951 services completed. The maintenance of services on this scale was made particularly difficult by a high turnover of staff. Of a social-work staff of fourteen workers and three supervisors as of April, 1954, seven workers and one supervisor left through transfer or resignation and required replacement. Changes of staff on this scale, coupled with the vast areas each worker must serve and the difficulties of transportation in many areas, have made the problem of maintaining services particularly acute.

The appointment of an additional social worker to the Prince George office and one to the Terrace office was a great help. This and the industry of all staff have enabled the maintenance of a reasonable standard of service to clients in need.

The clerical and stenographic staff, which has been equally hard hit by turnover of personnel, has responded equally as well as the social-work staff, and the Regional Administrator wishes to take this opportunity to commend them, one and all.

A significant factor with staff in this region arises from the lack of contact with the other social workers. This results in lack of opportunity for improvement in the skills and techniques of their profession. The annual staff meeting is the most important means of countering it. This year the meeting was held in Prince George on September 8th, 9th, and 10th, and dealt with " Psychiatric Factors in Case Work in Public Welfare." Papers were presented by individual workers and received full discussion with the help of the Provincial Supervisor of Psychiatric Division, who also presented a paper on the value and use of social histories and follow-up reports in mental hospitals and child guidance clinics.

The value of this type of meeting was attested to by all. The more complete knowledge of mental health the social worker has, the better he or she is equipped to handle all types of problems coming to his or her attention.

Respectfully submitted.

V. H. DALLAMORE,
Regional Administrator.

REGION VI

I beg to submit the following annual report of the activities of the Social Welfare Branch in Region VI for the fiscal year 1954–55.

This has been another year in which the population growth and development of the Fraser Valley was readily observed. This population increase has been partially balanced by a suitable increase in the social services and public utilities.

The rapid changes in the Fraser Valley are substantiating the vision of the Lower Mainland Regional Planning Board that foresaw it as a suburb of the coastal cities. The population increase is altering the character of the Valley as farm lands are subdivided to provide for housing developments. The small rural communities surrounding a general store and gas-station that have existed for years have become organized settlements and older settlements are now considering incorporation as cities.

This development has brought its economic and social changes to Region VI. Farming has become intensified as the farm land is reduced in acreage. Where social change was formerly retarded due to an agriculturally geared community, now the influences of urban life are more readily felt in the Valley communities.

Manufacturing has been increasing, thus affording a stable resource to family incomes, changing the basis of the family economy from seasonal employment to a more permanent type of employment.

" Commuters' specials " are advertised by the bus lines from Surrey and Maple Ridge districts to New Westminster and Vancouver. It is reported that 350 private cars travel each day from White Rock alone, carrying workers to employment in the Vancouver and metropolitan areas. Calculations have been made that the Maple Ridge popula-

tion is growing at the rate of 1,000 individuals a year, which is principally accounted for by it becoming the home of commuters.

Families suffering with social problems would appear to believe that semi-rural living was the panacea for social ills. As a result, the case load for the region as at March 31st, 1955, had increased 679 cases over the case load as at March 31st, 1954. This represented an increase of 221 over the increase of the previous fiscal year. The total regional case load as at March 31st, 1955, was 7,965 cases.

The social services have been increased partially to meet this growth of the case load. Forty additional boarding-home beds were licensed by the Welfare Institutions Licensing Board. This gave some assistance to elderly and convalescent people. However, there were only nine nursing-home beds added in the past year to relieve the growing request for removal of chronic patients from acute hospitals.

Welfare institution licences were granted for the care of seventy children in private homes and kindergartens. This has only relieved partially the problem of substitute care of children. The need for foster homes has continued to press the social workers.

The population growth in the Township of Chilliwhack resulted in the opening of an amalgamated Social Welfare office in that municipality. An additional social worker was appointed as a co-worker with the Administrator-social worker.

In the Municipality of Surrey the position of Administrator-Supervisor was separated, and a full-time Social Welfare Administrator was appointed. The case-load growth has necessitated the making of definite plans to establish two sub-offices in order to improve the service to the clients.

Additional social workers were needed in the Social Welfare Branch offices at Abbotsford and Haney. The incorporation of Langley City created a social case load that was serviced from Abbotsford by staff members who were already pressured by growing case loads. With the growth of the Maple Ridge population, mentioned above, the point had long since been passed when another social worker was needed if the present high quality of service was to be maintained.

The growth in population of the Fraser Valley and the proportionate increase in the social case load has been met in part by additional social service resources.

The three-day annual staff meeting for Region VI, held in March, was highlighted by a full one-day casework institute led by Mr. Arthur Abrahamson of the School of Social Work, with the practical topic of " Social Casework in a Public Agency." The teaching content and discussion were likewise practical and afforded the staff members an opportunity to know the value of a sound social diagnostic skill. Such a quick and sharp perception of social problems was seen to be not only good economy of time and tax money, but also a better service to clients.

A feature of the meeting suggested a focus for future staff meetings. The local Probation Officer and the National Film Board representative joined in planned discussions and brought a realization to the group that other community agencies have a part to play in a family's social rehabilitation. One of the functions of a professional social worker, therefore, appeared to be community organization but has been frequently the one that has been least emphasized. A period of an annual staff meeting devoted to discussion of a family situation by representatives of the church, school, judiciary, and public health would serve to help workers realize their forgotten function of community organization and would be a practical demonstation of that aspect of social work.

Without the ready and sincere co-operation of the municipal officials, the public health personnel, the Probation Officers, and the policemen, the work of the Social Welfare Branch in Region VI in this fiscal year would have been most difficult. Good relationships with these officials have been enjoyed. The loyalty and energy of the social workers and district supervisors has made the past year's service to the clients both efficient and effective.

Respectfully submitted.

A. O. MORRISON,
Acting Regional Administrator.

PART II.—DIVISIONAL ADMINISTRATION

FAMILY DIVISION

I wish to present the report of the Family Division, which is concerned with the services rendered to families and individuals by the Social Welfare Branch within the provisions of the "Social Assistance Act," the "Mothers' Allowances Act," and the Family Service programme, for the fiscal year April 1st, 1954, to March 31st, 1955.

SOCIAL ALLOWANCES SECTION

Again the significant factor has been the sharp rise in the number of recipients during the winter months and up to the end of the fiscal year and the fact that the increase commenced one month earlier than in the previous fiscal year. This was partly due to the fact that this year it became necessary to institute a temporary programme of assistance to unemployed employable persons, granted under specific and restricted provisions, to heads of families and to single men. This experience would suggest the need for some general programme of unemployment assistance for those who are ineligible for or have exhausted their unemployment insurance benefits, or who do not ordinarily qualify for other assistance programmes, because even in a period of relatively high employment seasonal decline will apparently continue to occur.

One other factor should be noted. The Disabled Persons' Allowances did not become effective in this Province until April 1st, 1955; consequently any effect this will have on the general unemployable Social Allowance case load will not be evident until the next fiscal year.

Based on the comparative figures given below, it is noted that the number of recipients has risen by 5,259 individuals as between March, 1953, and March, 1955, and by 3,048 individuals as between March, 1954, and March, 1955.

Such a rise in case load has been reflected in a rise in the total costs of Social Allowance in addition to the rise resulting from the increase of Social Allowance rates effective April 1st, 1954.

CASE LOAD

A comparative statement for the month of March in the past three years is as follows:—

Table I.—Case Load

	March, 1953		March, 1954		March, 1955	
Heads of families	2,855		3,327		3,688	
Dependents		6,886		8,252		9,475
Single recipients	5,535		5,908		7,372	
Case load	8,390		9,235		11,060	
Dependents	6,886		8,252		9,475	
Total number of recipients	15,276		17,487		20,535	

Table II.—Case Load and Total Number of Recipients on a Monthly Basis

	Heads of Families	Dependents	Single Recipients	Total
April, 1954	3,402	8,483	6,303	18,188
May, 1954	3,342	8,373	5,875	17,590
June, 1954	3,355	8,391	6,027	17,773
July, 1954	3,284	8,086	5,961	17,331
August, 1954	3,192	7,817	5,922	16,931
September, 1954	3,175	7,744	5,934	16,853
October, 1954	3,132	7,704	5,984	16,820
November, 1954	3,227	7,934	6,246	17,407
December, 1954	3,443	8,734	6,766	18,943
January, 1955	3,634	9,206	7,248	20,088
February, 1955	3,659	9,286	7,332	20,277
March, 1955	3,688	9,475	7,372	20,535

Of the 20,535 individuals in receipt of assistance in March, 1955, the regional totals are as follows:—

Table III.—Regional Totals of Individuals in Receipt of Assistance in March, 1955

Provincial District Office		*Organized Territory (Municipal)*		
Region I—				
Alberni	72	Alberni City	50	
Courtenay	313	Campbell River	24	
Duncan	75	Courtenay	35	
Nanaimo	320	Central Saanich	12	
Victoria	238	Cumberland	27	
		Duncan	33	
		Esquimalt	51	
		Ladysmith	23	
		Lake Cowichan	6	
		Nanaimo	217	
		North Cowichan	94	
		Oak Bay	23	
		Port Alberni	88	
		Qualicum Beach	3	
		Saanich	143	
		Victoria	631	
	1,018		1,460	2,478
Region II—				
New Westminster	41	Burnaby	645	
Vancouver	155	Coquitlam	260	
Westview	59	Delta	103	
		New Westminster	540	
		North Vancouver City	180	
		North Vancouver District	130	
		Port Coquitlam	67	
		Port Moody	36	
		Richmond	270	
		Vancouver	5,973	
		West Vancouver	64	
		Westview Village	17	
	255		8,285	8,540
Region III—				
Kamloops	446	Armstrong	27	
Kelowna	311	Coldstream	23	
Penticton	238	Enderby	23	
Salmon Arm	86	Glenmore	8	
Vernon	338	Kamloops	175	
		Kelowna	141	
		Merritt	39	
		North Kamloops	57	
		Oliver	28	
		Peachland	8	
		Penticton	198	
		Princeton	36	
		Revelstoke	27	
		Salmon Arm City	25	
		Salmon Arm District	66	
		Spallumcheen	38	
		Summerland	45	
		Vernon	92	
	1,419		1,056	2,475

Table III.—Regional Totals of Individuals in Receipt of Assistance in March, 1955—Continued

	Provincial District Office	*Organized Territory (Municipal)*	
Region IV—			
Cranbrook	323	Cranbrook	63
Creston	186	Creston Village	53
Fernie	75	Fernie	52
Grand Forks	96	Grand Forks	36
Nelson	590	Greenwood	30
New Denver	146	Kaslo	10
Trail	155	Kimberley	46
		Nelson	107
		Rossland	59
		Slocan	19
		Trail	87
		Warfield	21
	1,571		583
			2,154
Region V—			
Pouce Coupe	473	Dawson Creek Village	117
Prince George	361	Fort St. John	42
Prince Rupert	99	Prince George	212
Quesnel	180	Prince Rupert	165
Smithers	228	Quesnel	24
Terrace	156	Smithers	22
Williams Lake	92		
	1,589		582
			2,171
Region VI—			
Abbotsford	56	Chilliwack City	108
Chilliwack	168	Chilliwhack Township	303
Haney		Hope	36
		Kent	8
		Langley	265
		Maple Ridge	227
		Matsqui	263
		Mission District	151
		Mission Village	43
		Pitt Meadows	25
		Sumas	77
		Surrey	987
	224		2,493
			2,717
Totals	6,076	14,459	20,535

By region the total is divided into the following approximate percentages: Region I, 12 per cent; Region II, 41 per cent; Region III, 12 per cent; Region IV, 11 per cent; Region V, 11 per cent; and Region VI, 13 per cent.

The distribution of recipient case load living in organized or unorganized areas shows a slight variation this year, with 70.4 per cent living in municipal territory and 29.6 per cent living in Provincial territory.

If, however, legal residence as determined by the "Residence and Responsibility Act" is taken into account, the distribution is as follows:—

Table IV.—Legal Residence of Social Allowance Recipients

	March, 1953	March, 1954	March, 1955
Municipal responsibilities	9,081	10,131	11,790
Provincial responsibilities	6,195	7,356	8,745
Totals	15,276	17,487	20,535

Table V.—Comparative Table (Percentages) Based on Legal Residence

	March, 1953	March, 1954	March, 1955
	Per Cent	Per Cent	Per Cent
Municipal responsibilities	59.45	57.93	57.41
Provincial responsibilities	40.55	42.07	42.59

From Table IV it will be noted that the number of recipients who have municipal residence have increased by 28 per cent, approximately, in two years, whereas Provincial responsibilities have increased by 41 per cent, approximately, in the same period.

In Table V it will be seen that the proportion of the total recipient case load who are Provincial responsibilities and for whom the Province pays 100 per cent of the costs of Social Allowance has also risen by 2 per cent in two years, with a corresponding decrease in the percentage proportion of municipal responsibilities.

Following is a statement of expenditures made by the Social Welfare Branch during the fiscal year under review for Social Allowances, medical services, and other charges:—

Table IV.—Expenditures by the Province for Social Allowances, Medical Services, etc.

	Fiscal Year 1952–53	Fiscal Year 1953–54	Fiscal Year 1954–55
1. Cases who are the responsibility of a municipality (80 and 50 per cent paid by the Province)[1]	$1,744,098.77	$1,959,600.06	$2,588,455.80
2. Cases who are the sole responsibility of the Province (100 per cent paid by the Province)	1,457,025.51	1,615,348.10	2,241,850.58
3. Repatriation, transportation within the Province, nursing- and boarding-home care (other than tuberculosis), special allowances and grants	1,005,371.49	1,102,455.93	1,262,185.21
4. Emergency payments, such as where a family may lose its home by fire or similar circumstances	31,564.08	39,009.41	39,048.25
5. Municipal and Provincial cases—			
(*a*) Tuberculosis, boarding-, nursing-, and private-home cases	346,035.85	376,412.30	444,882.01
(*b*) Transportation of tuberculosis cases	4,825.54	3,464.24	4,341.91
(*c*) Comforts allowances for tuberculosis cases	19,256.50	19,729.00	16,025.30
Net Social Allowances	$4,608,177.74	$5,116,019.04	$6,596,789.06
6. Administration and operation of project and pavilion for Japanese at New Denver	55,233.60	44,556.58	53,816.85
7. Hospitalization of social assistance cases[2]	3,560,296.40	3,883,070.37	20,597.31
8. Medical services and drugs	1,648,966.07	1,707,339.76	1,947,832.23
Totals	$9,872,673.81	$10,750,985.75	$8,619,035.45

[1] Effective April 1st, 1953, basis of sharing Social Allowance reverted to 80–20 per cent for maximum allowance in effect as at April 1st, 1952.

[2] Effective April 1st, 1954, hospitalization costs (including co-insurance) for Social Allowance cases paid by British Columbia Hospital Insurance Service. Expenditures under above heading include only short-stay costs for Social Allowance cases, Provincial Government share of hospitalization costs for immigrants, and Children's Hospital pilot plan.

Some of the significant developments in the Social Allowance programme for the year have been as follows:—

(1) The total reciprocal agreement between the Province of Saskatchewan and this Province was reviewed and found satisfactory by each Province, and it was therefore mutually agreed to continue the policy for another year at least. This agreement provides that each Province will accept financial responsibility for the costs of assistance granted to persons in need living in that Province but who have residence in the other Province. Residence is confirmed in each case, although reimbursement is not requested. Repatriation may still be considered, however, in extraordinary circumstances.

(2) Effective April 1st, 1954, an increase of $2 per month up to a maximum of $7 per month was granted in comforts allowances paid to persons in a general hospital if they were in receipt of Social Allowance prior to their admission to hospital, or to persons in receipt of Social Allowance in boarding homes or private hospitals. The comforts allowances for persons receiving care in any institution operated by the Provincial Government remains at $5 per month.

(3) Effective April 1st, 1954, the dental-care programme for children, as described in the last Annual Report, was extended to include children under 10 years of age.

(4) The annual Christmas bonus was paid to persons in receipt of Social Allowance in the amount of $5 for each head of a family and $2 for each single person.

(5) Effective April 1st, 1954, Social Allowances and Mothers' Allowances were increased by $5 per month for single individuals, $7 per month for two persons, and $2 per month for each additional dependent.

(6) As a result of an extended study by a committee composed of Provincial and municipal representatives, recommendations were made for a new uniform policy relating to exemptions and deductions based on earnings and other income to individuals or families in receipt of Social Allowance or Mothers' Allowance. It was also recommended that the new policy become effective April 1st, 1955, subject to review at a later date for any necessary revisions.

Rehabilitation

During the fiscal year 1954–55 the number of resident trainees in the Western Rehabilitation Centre for whom the Province assumed the total cost of remedial training or shared on the usual 80–20 basis with the responsible municipalities totalled fifty. Of the fifty, twenty-four were arthritic patients and the balance of twenty-six were paraplegic or otherwise orthopædically disabled.

In addition, there were sixteen out-patient trainees and an equal number (sixteen) of former resident trainees who received out-patient care and for whom cost of their care was also met by social assistance.

For some of these persons, training in the Western Rehabilitation Centre meant primarily a lessening of pain or discomfort or degree of handicap and an increase in their ability to care for themselves and enter into other activities even though they might never become financially independent. For others, training in the Western Rehabilitation Centre was also the stepping-stone to vocational training if required, and return to former employment or a new type of employment, which would not otherwise have been possible for them.

It is gratifying to note the number of such cases and to estimate the satisfaction it must bring to the patient himself.

Examples of successful retraining have been described in previous Annual Reports, and there have been others this year equally encouraging and equally outstanding in terms of restoration of the person and his family, if he has one, to independence and security.

"Social Assistance Act"

During the fiscal year under review, one city and one district municipality were incorporated, making a Provincial total of 116 municipalities, thirty-six cities, thirty-one districts, and forty-nine villages. Of these, eighty-three participate in the administration of social assistance under the provisions of the "Social Assistance Act." The balance are those village municipalities whose current annual tax revenue for general purposes is

under $12,500, and they are therefore not required to be responsible for social assistance costs.

The number who have established their own social welfare departments remains at seventeen, and the balance of sixty-six purchase the service from the Province.

There have been ten Boards of Review requested and established in accordance with section 13 of the regulations to the Act, to review decisions concerning the granting of Social Allowance which the applicants or recipients considered affected them adversely.

There was no amendment to the Act or regulations thereto during the year.

General Comments

The basic purpose of Social Allowance to prevent destitution by the granting of general maintenance is well known, but there may be other problems for which Social Allowance can be used and are probably not so well known. Two examples of these special provisions are the payment of Social Allowance in special cases on behalf of children in the home of relatives or the payment for housekeeper services to meet family emergencies.

In the first instance it may be the teen-aged girl who was living with her grandmother. Her mother was unable to care for her because of chronic illness, and the father had deserted his wife and family many years ago. The grandmother could offer the girl a home but was not able to support her. Social Allowance was paid to the grandmother on behalf of the girl until she had completed her education and obtained employment.

Another situation may be that of the widowed mother who died leaving four children to be cared for by an aunt who, although she is more than willing to care for them, is not financially able to maintain them. Social Allowance paid to her on their behalf prevents the children being removed from the family circle or separated by placement in different homes. It strengthens family unity and feelings of security so necessary to children who have suffered bereavement in the loss of both parents.

Social Allowance may be used in other situations to provide housekeeping service, to strengthen a home disrupted or broken by the illness of the mother.

In one such case a widowed mother with five children became ill and required lengthy hospitalization. The illness of the mother and her absence from the home was naturally disturbing to the children, but to have removed them from the familiar surroundings of their own home would have only added to their insecurity.

A housekeeper was found and her services paid for, as well as maintenance for the children. She gave the children excellent care and successfully managed the home in the mother's absence. The mother, who had been at first most concerned for the welfare of her children, was able to enter hospital and remain there, assured by the knowledge that her children would be well cared for in her absence from the home. This aided in her recovery, and she was later able to return home in improved health and better able to resume her duties as a mother and a home-maker.

In the words of the social worker, " Housekeeper services played a large part in the plan to help this mother regain her health so that she could once again assume the role she so sincerely wanted to fulfil."

Housekeeping service may also be a happy plan in the case of an elderly couple who, because of ill health or infirmity, are unable to care for themselves or one another.

Boarding- or nursing-home care might be a solution, but in some areas of the Province this is difficult to arrange. It is equally difficult to arrange for them to be together in the same nursing or boarding home in any part of the Province. It is infinitely preferable for them to be together in their own home as long as this is physically possible. In this plan they do not face the breaking-up of their home and the possibility of separation from each other. In one such case the wife was an invalid,

confined to a wheelchair when she returned from hospital; the husband, aged 80, was unable to give her the care she needed. Placement of a housekeeper paid from Social Allowance funds enabled them to remain in their home together. Some months later the wife died, but the housekeeper remains to care for the husband, whose own health is failing and requires someone to care for him.

From a practical point of view this plan of housekeeper service is less costly than nursing-home care. What is equally important, however, is that it takes into account emotional and personal needs, too, when the Branch is able to use this provision as an alternative to removal from the home and possible separation of the two old persons.

In conclusion, it should be said that assistance-giving cannot be a mechanical administration of money. It is an area of social welfare that involves the greatest skills of the social worker if the assistance is to be given in a constructive rather than a destructive way. It must be flexible and even imaginative to meet extraordinary problems and meet the needs of people above and beyond the basic needs to maintain life. The goal of social work is to make that life a satisfying and happy one.

MOTHERS' ALLOWANCES SECTION

The case load for the year under review has again decreased at about the same rate as in the previous year.

Table I.—Comparative Statement of Case Load

As at March, 1953	470
As at March, 1954	426
As at March, 1955	393

On a monthly basis the case load figures for this fiscal year are as follows:—

Table II.—Monthly Case Load, April 1st, 1954, to March 31st, 1955

Month	Number of Allowances in Pay	Number of Persons		Incapacitated Husbands
		Mothers	Children	
April, 1954	430	430	965	92
May, 1954	431	431	969	91
June, 1954	427	427	960	91
July, 1954	419	419	949	89
August, 1954	414	414	943	87
September, 1954	404	404	911	84
October, 1954	397	397	895	79
November, 1954	389	389	869	77
December, 1954	388	388	869	76
January, 1955	391	391	877	75
February, 1955	392	392	887	72
March, 1955	393	393	900	69

The gradual decrease as shown above is indicative of a trend that has been apparent for several years; namely, that categorical forms of general assistance are no longer needed. Where the generalized provision of assistance exists and duplicates the specific provision, the specific provision tends to fall into disuse.

The volume of applications and reapplications for Mothers' Allowances have shown a marked reduction from 114 last fiscal year to ninety-four in this fiscal year. The number of grants, refusals, and withdrawn applications show a corresponding decrease.

The following tables give a breakdown concerning applications, grants, refusals, and cancellations:—

Table III.—Statement of Applications Considered and Decisions Made

Applications pending as at April 1st, 1954	19
New applications received during year	71
Reapplications received during year	23
Total	113
Decisions—	
Grants	77
Refusals	22
Withdrawn	1
	100
Applications pending as at March 31st, 1955	13
Total	113
Reasons for refusals—	
Mother's earnings in excess	1
Husband not totally disabled one year	3
Disability of husband did not arise in British Columbia	1
Desertion eligibility requirements not met	2
Assets in excess	4
Property in excess	3
Property not used as home	1
Free board and lodging	1
Divorced less than two years	2
Not legally separated	3
Only child not dependent	1
Total	22
Reasons for applications pending—	
Documents and medical report required	3
Awaiting information *re* assets	5
Decision pending	1
First investigation report not received	2
Awaiting information *re* citizenship	1
Awaiting further information	1
Total	13

Table IV.—Reasons for Cancellation of the Allowances

Mother remarried	10
Left British Columbia	1
Whereabouts unknown	1
Mother in hospital indefinitely	1
Mother earning in excess	30
Only child's earnings in excess	2
Mother ineligible under section 7 of the "Mothers' Allowances Act"	2
Husband not totally disabled	17
Husband released from Penitentiary	1
Children no longer in mother's care	1
Only child 18 years of age	16
Only child under 16 left school	2
Only child under 18 left school	10
Older children maintaining	3
Assets in excess	8
Unearned income in excess	2
Withdrawn	2
Property not being used as home	1
Total	110

Of the cancelled cases, the length of time each family had been in receipt of Mothers' Allowance is as follows:—

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Cases	26	16	12	5	13	10	2	2	3	3	1	5	3	3	3	2	—	—	1

Total cases, 110. Average length of time on allowance, 5.22 years.

The average length of time on allowance has also decreased this year. Approximately 65 per cent of the allowances cancelled had been in effect for less than six years, and approximately 81 per cent for less than ten years. In the second consecutive year, the most frequent single reason for cancellation of the allowance is because of the mother's employment and earnings. One possible reason for this was noted last year and probably remains true. This is that current opinion does not now regard this categorical form of assistance as a permanent pension, but rather in the same light as other forms of general assistance which are used to help the family meet temporary financial need until such time as they can achieve economic independence by their own efforts. This represents a swing between the old concept that the mother must remain in the home at all times to ensure the welfare of her children and the new one that independence for the family can be equally important to their well-being, and often more than compensate for the very minimum financial security which public assistance offers.

There is, of course, the added factor of the higher level of average wages, which makes it possible for the mother to earn a reasonably adequate salary in excess of public assistance rates without neglecting her home or her family.

In the following table the term "status" refers to the specific sections of the "Mothers' Allowances Act" or regulations under which the mother qualifies for the allowance.

Table V.—Status and Number of Mothers and Dependents in Receipt of Allowance as at March, 1955

Status of Mother in Accordance with Eligibility Qualifications Set by the Act	Number of Children							
	1	2	3	4	5	6	7	Total
Widows	78	88	44	28	5	3	1	247
Penitentiary	3	4	2	2	1	.....	.....	12
Husband in mental hospital	3	3	2	.....	3	.....	.....	11
Incapacitated husbands home	13	12	5	6	2	1	1	40
Incapacitated husbands away (hospital or institution, etc.)	2	4	5	.....	.....	.....	.....	11
Incapacitated husbands O.A.S., O.A.A., and B.P.	9	5	2	.....	1	.....	1	18
Judicial separation	.....	1	1	1	.....	1	.....	4
Divorced	3	8	7	1	.....	.....	.....	19
Deserted	8	11	6	6	.....	.....	.....	31
Totals	119	136	74	44	12	5	3	393

From the above table the following figures are derived:—

Table VI.—Number of Individuals for Whom Allowance Granted

Mothers	393
Husbands	40[1]
Children	900
	1,333

[1] This figure applies to those incapacitated husbands who reside in the home and who are included in the Mothers' Allowance grant. In addition, it will be noted there are eleven husbands in hospital or an institution or cared for elsewhere, and eighteen husbands in receipt of Old Age Security, Old-age Assistance, or Blind Pension, or a total of twenty-nine who are not included in the Mothers' Allowance grant.

The percentage of one-child cases is approximately 30 per cent and of two-children cases approximately 35 per cent of the case load.

Costs of Mothers' Allowances

With the decrease in the case load the statutory Mothers' Allowance expenditures have decreased accordingly. The supplementary Social Allowance expenditures have increased, however, because of the increase granted effective April 1st, 1954. As has been pointed out previously, the maximum Mothers' Allowance which may be paid in any one case is set by legislation. In order, therefore, to bring the rates paid to the level of the Social Allowance scale, a supplementary grant is made from Social Allowance. Any increase in the scale, as long as the present procedure prevails, will be reflected in the Social Allowance expenditures.

In view of this, it is therefore necessary to provide two financial statements to indicate total costs.

Table VII.—Mothers' Allowance Financial Statement for the Fiscal Year April 1st, 1954, to March 31st, 1955

Amount of allowances paid as follows:—

Month	Amount of Allowance	
April, 1954	$20,218.77	
May, 1954	20,221.22	
June, 1954	19,907.67	
July, 1954	19,449.87	
August, 1954	19,158.82	
September, 1954	18,744.47	
October, 1954	18,181.02	
November, 1954	17,881.77	
December, 1954	18,028.52	
January, 1955	17,861.82	
February, 1955	18,108.73	
March, 1955	17,683.28	
		$225,445.96

Reconciliation with Ledger Account in Controlling and Audit Branch: Amount advanced by Minister of Finance $225,445.96

The books and records of the Director of Welfare, respecting Mothers' Allowances for the fiscal year ended March 31st, 1955, have been examined under my direction.

C. J. FERBER,
Comptroller-General.

Table VIII.—Financial Statement of Supplementary Social Allowances Paid to Recipients of Mothers' Allowance (Vote 175) for the Fiscal Year April 1st, 1954, to March 31st, 1955.

Amount of allowances paid as follows:—

Month	Amount of Allowance	
April, 1954	$15,503.55	
May, 1954	15,540.00	
June, 1954	15,289.20	
July, 1954	14,933.90	
August, 1954	14,751.00	
September, 1954	14,492.30	
October, 1954	14,096.90	
November, 1954	13,844.90	
December, 1954	14,015.35	
Christmas bonus	1,945.00	
January, 1955	13,935.65	
February, 1955	14,049.40	
March, 1955	13,599.65	
		$175,996.80

Reconciliation with Ledger Account in Controlling and Audit Branch: Amount advanced by Minister of Finance $175,996.80

The books and records of the Director of Welfare respecting supplementary Social Allowances paid to recipients of Mothers' Allowance for the fiscal year ended March 31st, 1955, have been examined under my direction.

C. J. FERBER,
Comptroller-General.

Table IX.—Statement Showing per Capita Cost to the Province

Fiscal Year	Total Expenditures	Population at June of Each Year	*Per Capita* Cost to the Province
1952–53	$411,453.11	1,165,000	$0.35
1953–54	387,919.17	1,230,000	.32
1954–55	401,442.76	1,266,000	.32

General Comments

No amendments were made to the "Mothers' Allowances Act" during the year under review. The regulations were amended, however, by Order in Council on March 22nd, 1955, at which time subsections (*a*) and (*b*) of section 10 were repealed, in conformity with the recommendation of the special committee established to study revision of Branch policy relating to exemption and deductions on other income, as reported in the Social Allowances Section. This amendment eliminated the necessity of reducing the allowance by $5 per month in those cases where the mother owns her home free of encumbrance, and was to be effective April 1st, 1955.

It becomes increasingly a matter of question whether there continues to be a need for this categorical form of assistance. Some of the provisions and restrictions in the Act and regulations do not reflect modern principles in assistance-giving. When compared with the "Social Assistance Act," it is prohibitive in application and difficult to administer. It offers no special benefit to mothers who qualify because the rate of Mothers' Allowance is the same as that for Social Allowance.

It is a resource used almost entirely by municipal areas for the understandable and acceptable reason that Mothers' Allowance is a total charge on the Province while Social Allowance is a shareable charge on the municipalities. This is borne out by the following table:—

Table X.—Proportion of Applications and Grants in Organized Territory

Total applications and reapplications received		94
Applicants residing in organized territory	86	
Applicants having legal residence in organized territory	88	
Total grants made during year		77
Recipients residing in organized territory	71	
Recipients having legal residence in organized territory	72	
Allowances in pay as at March 31st, 1955		393
Recipients having legal residence in unorganized territory	35	
Recipients having legal residence in organized territory	358	

There is practically no variation in the percentage of the case load or applicants who live or have legal residence in organized (municipal) territory. It will be noted that approximately 94.6 per cent of all applicants had legal residence in organized territory, and approximately 91 per cent of all recipients of Mothers' Allowance as at March 31st, 1955, had similar legal residence.

One further comment would be that if it is considered necessary that this categorical form of assistance be continued, the hope is expressed that further consideration might be given to a general revision of the provisions and requirements of the Act and regulations to bring them into line with current thinking on assistance-giving and to facilitate administration of the Act and regulations.

Apart from the difficulties inherent in the terms of the Act itself, two major problems remain. The first is the matter of the degree of responsibility which should be expected

of earning children living in the home. So much feeling revolves around this problem both on the part of the parent or parents and the children that it is extremely difficult to establish a uniform pattern which may be equitable in all cases. Parents are reluctant to be dependent on their children, and the children often resent claims on their new-found financial independence. Whether parental training or the casework service inherent in assistance-giving has failed is often difficult to determine, but the question presents a perplexing challenge to all concerned.

The other problem is that of the family who has not been able or is unable to provide any supplementation to the allowance granted. This is particularly evident in the families where, by reason of age or ill health of the parents or the children, even part-time work is out of the question. Budgeting on a minimum income calls for the highest skill, and even then on occasion not all the needs of the family can be met on a fixed rate of allowance.

Some modified form of a budget deficiency method of computing rates of allowance might help to solve this problem, and perhaps some time it may be possible to give consideration to this.

These last two problems which have been described are not confined to Mothers' Allowance recipients alone, but would apply in equal measure to Social Allowance recipients.

FAMILY SERVICE SECTION

This is always a difficult aspect of the Social Welfare Branch programme on which to report. Apart from tables of figures which show only rise or fall in numbers of cases in a few specified areas of service, there remains definition and description of the service, but that definition does not change from year to year.

As explained in previous years, Family Service is not only a category for statistical purposes of the Branch, but a term for family casework, which is the process of helping families and individuals with their problems of relationship to one another and the community, of behaviour and personality, which are emotional in nature, although they may arise from physical or mental causes, and do not necessarily result from financial need. It is not a service given in one case and not in another; it is one of the foundations of social work. Hopefully it may be preventive in nature if case loads and other pressures on the social worker allow adequate time and full use of skills, but it is also remedial where social remedy is possible. It is based on a person-to-person relationship between client and social worker, but to be effective must take into account others in the family group, and, what is also important, it must have the help of the community and the resources which that community provides.

Its effect cannot be proved in dollars and cents because monetary value alone cannot be placed on it or the individuals or families who are helped by it.

From the point of view of statistics, the case load in the Family Service category has continued to rise during the year, as will be seen by the following table:—

Table I.—Total of Family Service Cases from April 1st, 1954, to March 31st, 1955

April, 1954	1,573
May, 1954	1,601
June, 1954	1,593
July, 1954	1,626
August, 1954	1,645
September, 1954	1,646
October, 1954	1,624
November, 1954	1,635
December, 1954	1,645
January, 1955	1,666
February, 1955	1,695
March, 1955	1,728

Other Services

Family Allowances

The Family Division continues to act as the channel for requests from the Family Allowances Division of the Department of National Health and Welfare for inquiries regarding the use of or eligibility for Family Allowance in some cases or recommendations concerning a suitable payee.

Table II.—Requests Received from Family Allowances Division, April 1st, 1954, to March 31st, 1955

Pending as at April 1st, 1954		5
Received during fiscal year April 1st, 1954, to March 31st, 1955, by months—		
April, 1954	12	
May, 1954	6	
June, 1954	17	
July, 1954	5	
August, 1954	7	
September, 1954	4	
October, 1954	11	
November, 1954	7	
December, 1954	5	
January, 1955	14	
February, 1955	9	
March, 1955	14	
	—	111
Total requests received		116
Requests completed within fiscal year		113
Requests pending as at April 1st, 1955		3

These requests for reports were directed as follows:—

Table III.—Referrals to District Offices and Other Agencies

Reports pending as at April 1st, 1954		28
Requests forwarded during fiscal year April 1st, 1953, to March 31st, 1955, by regions—		
Region I[1]	29	
Region II[1]	30	
Region III	11	
Region IV	10	
Region V	15	
Region VI	19	
	—	114
Total number of requests referred		142[2]

[1] Includes referrals to private agencies in Victoria and Vancouver.

[2] The difference in this total as compared with requests is accounted for by the fact that one request from the Family Allowances Division may require two or more separate reports from different offices or agencies.

Table IV.—Referrals Completed within Fiscal Year, by Regions

Region I	25
Region II	27
Region III	12
Region IV	9
Region V	16
Region VI	25
Total	114
Total number of requests referred	142
Referrals pending as at April 1st, 1955	28

Third-party Administration of Family Allowances

As at March 31st, 1955, two cases of third-party administration were in effect.

Old Age Security

The Family Division also acts as the channel for requests from the Old Age Security Division of the Department of National Health and Welfare for assistance to applicants for Old Age Security. This usually involves help with correspondence, securing documents, or, on occasion, the granting of social assistance pending the granting of the Old Age Security.

Table V.—Requests Received from Old Age Security Division from April 1st, 1954, to March 31st, 1955

Pending as at April 1st, 1954		3
Received during fiscal year April 1st, 1954, to March 31st, 1955, by months—		
April, 1954	1	
May, 1954	1	
June, 1954	1	
July, 1954	1	
August, 1954	---	
September, 1954	1	
October, 1954	2	
November, 1954	---	
December, 1954	2	
January, 1955	1	
February, 1955	2	
March, 1955	6	
	—	18
Total case load		21
Cases completed within fiscal year		13
Cases pending as at April 1st, 1955		8

Table VI.—Requests to District Offices

Pending as at April 1st, 1954		3
Requests forwarded during fiscal year April 1st, 1954, to March 31st, 1955, by regions—		
Region I	3	
Region II	5	
Region III	—	
Region IV	3	
Region V	3	
Region VI	4	
	—	18
Total number of requests		21

Table VII.—Reports Completed by Regions

Region I	3
Region II	2
Region III	1
Region IV	3
Region V	3
Region VI	1
Total	13
Total number of requests	21
Requests pending as at April 1st, 1955	8

Tribunals

The volume of requests for tribunals has shown a marked decrease for the year under review as many of these are now arranged by the Department of National Health and Welfare.

Table VIII.—Requests Received from Old Age Security Division for Tribunals from April 1st, 1954, to March 31st, 1955, by Months

April, 1954	8
May, 1954	5
January, 1955	1
Total requests	14

Table IX.—Tribunals Completed by Regions

Region I	8
Region II	4
Region III	—
Region IV	4
Region V	2
Region VI	1
Tribunals completed	19
Tribunals pending as at April 1st, 1954	5
Total requests	14
	19
Tribunals pending as at April 1st, 1955	*Nil*

Conclusion

The Family Division again wishes to express its appreciation and thanks to the social workers, district supervisors, regional administrators, and field consultants for their help and support. The Division also wishes to express appreciation to the municipal welfare departments, other departments of government, and the private agencies for their advice and co-operation throughout the year.

(Miss) Marie Riddell,
Provincial Supervisor, Family Division.

CHILD WELFARE DIVISION

I beg to present herewith the annual report of the Child Welfare Division for the fiscal Year ended March 31st, 1955.

At the beginning of the fiscal year the Superintendent of Child Welfare had in care 1,562 children. Seven hundred and forty-six were admitted and 617 discharged throughout the year, bringing the total cared for in the twelve-month period to 2,308 (Table I), and at March 31st, 1955, to 1,691 (Table II). Exclusive of the seventy-five Doukhobor children of the Sons of Freedom sect who are in the care of the Superintendent under the " Protection of Children Act " for non-attendance at school, the legal status of all children in care of the Superintendent of Child Welfare as at March 31st, 1955, is as follows:—

Legal Status	Children in Care as at Mar. 31, 1955
Wards of the Superintendent of Child Welfare under the " Protection of Children Act "	1,026
Before Court under the " Protection of Children Act "	125
Committed to Superintendent of Child Welfare under the " Juvenile Delinquents Act "	49
Wards of a Children's Aid Society	133
Wards of other Provinces	35
In care by parental request (non-wards)	323
Total	1,691
Doukhobor children of the Sons of Freedom sect under " Protection of Children Act "	75

During the same period, April 1st, 1954, to March 31st, 1955, the three Children's Aid Societies had in care a total of 2,810 children (Table I) and as at March 31st, 1955, 2,040 (Table II). One hundred and sixty-five of these are wards of the Superintendent, and reciprocally the Superintendent is extending care to 133 wards of a Children's Aid Society.

Tables I and II are a comparison of the numbers of children cared for by the Superintendent of Child Welfare and the three Children's Aid Societies throughout the fiscal year 1953–54 and the fiscal year now ending.

Table I.—Children in Care under the " Protection of Children Act " during Past Two Fiscal Years

(NOTE.—Figures include reciprocal wards (*see* above).)

Year	Agency				Child Welfare Division	Total for Province
	Vancouver C.A.S.	C.A.A.S.	Victoria C.A.S.	Total		
1953–54	1,644	801	359	2,804	2,071	4,875
1954–55	1,678	776	356	2,810	2,308	5,118

Table II.—Children in Care under the "Protection of Children Act" as at the End of Past Two Fiscal Years

(NOTE.—Figures include reciprocal wards (*see* above).)

Year	Agency				Child Welfare Division	Total for Province
	Vancouver C.A.S.	C.A.A.S.	Victoria C.A.S.	Total		
March 31st, 1954	1,258	586	232	2,076	1,562	3,638[1]
March 31st, 1955	1,223	591	226	2,040	1,691	3,731[2]

[1] Number of reciprocal wards is 337; therefore, actual total is 3,301.
[2] Number of reciprocal wards is 298; therefore, actual total is 3,433.

COST OF MAINTAINING CHILDREN

The cost to the Provincial Government of maintaining children for the fiscal year was as follows:—

Gross cost of maintenance of children in Child Welfare Division foster homes (including physically handicapped children)	$548,469.95
Gross cost of maintenance of children with Provincial residence in care of Children's Aid Societies and paid by the Provincial Government	480,460.62
Gross cost to Provincial Government of maintenance of children with municipal residence in care of Children's Aid Societies (80 per cent share of cost paid by the Provincial Government)	429,945.04
Gross cost of transportation of children in care of Superintendent	7,237.62
Gross cost of hospitalization of new-born infants being permanently planned for by Superintendent	21,895.00
Grants to sundry homes	1,300.00
Gross expenditure	$1,489,308.23
Less collections and refunds	183,849.61
Net cost to Provincial Government	$1,305,458.62

PERCENTAGE OF TOTAL CHILD POPULATION IN CARE

Current statistics of the total number of children and young people in British Columbia under the age of 21 years are not available, but the Regional Director of Family Allowances for British Columbia reports there are 386,865 children from birth to 16 years in receipt of Family Allowance as at March 31st, 1955. Since some 2,100 of the total 3,433 children in the care of the Superintendent of Child Welfare and a Children's Aid Society at the beginning of the new fiscal year are in this same age range, it might be roughly estimated that something less than 0.54 per cent of the total number of children throughout the Province are in agency care. This figure seems not disproportionate and, indeed, could be termed indicative of a reasonably healthy family life in the Province.

Low as this percentage of children in agency care is and for purposes of planning for the new fiscal year, this report will, in the main, be devoted to an examination of the reasons why even they are apart from their own parents. By so doing, answers may be found also to the healthy and pertinent questions being raised in many quarters to-day

as to why children in foster homes and(or) institutions and adopting parents seeking children are not more readily brought together.

INSTITUTIONS FOR CHILDREN IN BRITISH COLUMBIA

Apart from private boarding schools, two dormitory-type hostels operated in conjunction with the public schools' programme in the more remote part of the Province, and those institutions operated by the Provincial Government, as the Boys' and Girls' Industrial Schools and the School for the Deaf and the Blind, there are but six in British Columbia which care for children, and in these six there is an aggregate population of only about 172 children.

One, with a population of thirty-five, is used exclusively by the Catholic Children's Aid Society as a receiving home for babies pending permanent placement. As in other Provinces and most countries, British Columbia legislation directs that children be placed with adopting parents of like faith. There continues to be a shortage of Roman Catholic adoption homes throughout the Province, and because of this and despite the increased number of placements Child Welfare Division and the Catholic Children's Aid Society are able to make each year, it is still not possible to plan as well for Roman Catholic children as it is for children of other faiths. To offset some of the well-known ill effects of institutional care for infants, Child Welfare Division for some time has been accepting on an average of two babies a month from the Catholic Children's Aid Society for temporary foster-home care until adopting parents can be found for them. This has served to keep the population of the institution within the maximum number permitted by licence and at the same time ensures for the baby the mothering and fathering essential to his well-being. However, until there is a quickening sense of community responsibility throughout the Province, some children of this faith will continue to be deprived of the parents they need, and the disuse of institutional care for infants, long since established as detrimental to healthy personality development, will be delayed.

The second institution, which has a maximum population of twenty, is a residential school for mentally retarded boys, and the age range is from 5 to 14 years. Here the children enter on the recommendation of the Child Guidance Clinic, and only when it is believed they can benefit from the specially geared academic and vocational programme of the school.

Two other institutions, each with an average population of ten to fourteen, accept disturbed and pre-delinquent girls from 10 to 16 years old. One of these is presently reorganizing, has already engaged one social worker, and in time plans to develop a residential treatment programme.

The remaining two institutions are the only ones in the Province which offer long-term care for children. The age range in these is 3 to 16 years. One has a population of sixty and the other thirty-five children, who stay for varying lengths of time. Rarely are the children true orphans but, in the main, are families of several children whose parents are divorced or the mother or father has deserted or died. Our working relationship with these institutions is such that should the parent placing the children fail to fulfil his obligations to them, they will be referred to the Superintendent of Child Welfare or a Children's Aid Society for appropriate planning. It is quite possible, by refocusing the purpose of both these institutions, that the boards of each would find some of the ninety-five children involved could be either re-established with their families or alternatively better planned for by adoption placement. Some positive steps in this direction have been made. Through the consistent help being given the boards by the Chief Inspector of the Welfare Institutions Licensing Board, progress in the future can be expected.

CHILDREN IN AGENCY CARE

Apart from these 172 children and an equally small number placed by their parents each year in licensed private boarding homes, all children living apart from their own

families in this Province are in the care of the Superintendent of Child Welfare or a Children's Aid Society. As reported previously in Table II, as at March 31st, 1955, together these agencies had in care 3,433 children, representing some 2,500 family units and ranging in age from birth to 21 years. This is a relatively small increase of 132 children over the preceding year but " Why cannot more be placed for adoption? "

INCREASED AGENCY ADOPTION PLACEMENTS

The record of the number of children who are planned for through adoption by social agencies in this Province each year is one in which they can take justifiable pride. During the past twelve months 357 children were placed with adopting parents by Child Welfare Division and 300 by the three Children's Aid Societies. A high percentage of these went directly from hospital to their adoptive homes. In addition, forty-five children originally placed as foster-children by Child Welfare Division changed their status in the same foster home to that of " child on adoption probation." This is a total of 702 children, eighty-one more than last year, who would otherwise have been reared without parents of their own. These children in due course and by order of the Supreme Court will have the legal status and prestige bestowed by adoption. Three thousand three hundred and seventy children, ranging in age from 10 days to 14 years, have achieved this status during the past seven years solely by the efforts of social agencies in this Province.

Seven hundred and two adoption placements in one year is a gratifyingly high number. Reassuring, also, is the fact that the total number of children in agency care and the number of family groups represented is low in relation to the total known child population of British Columbia and low also when compared with the number of children reported in foster homes and institutions in other Provinces and countries. Children without parents, however, need parents—and what of the children in foster homes throughout the Province?

Adoption Not Indicated for Some Children

There is always a certain number of children in any agency's care for whose problems adoption placement is not a valid solution. Among these would be boys and girls between 12 and 18 years who have been in trouble with the law, adjudged delinquent by a Court and committed to a Children's Aid Society or the Superintendent of Child Welfare. Their brief lives have usually been filled with troubles, and they are often too upset to participate positively in any such plan as adoption, involving, as it must, a close parent-child relationship. Of the total 1,432 children in Child Welfare Division foster homes as at March 1st, 1955, forty-six had been committed to the Superintendent under the " Juvenile Delinquents Act."

Two other groups for whom continuing foster-home care is necessary are the children who are permanently physically handicapped and those mentally retarded, but not committable to an institution, whose own families cannot or will not care for them. Some suffer from a terminal condition, and our goal can only be to provide them foster-parents capable of meeting their many physical and emotional demands. Others will respond to some degree to medical treatment and later may even gain from rehabilitation training, but if their condition continues to impose serious physical and mental limitations, State guardianship seems the best protection that can be extended to them. About fifty such children are to-day in Child Welfare Division foster homes.

Children in Care at Parental Request

Excluding these three groups of children, there are among the remaining 1,336 in Child Welfare Division foster homes, at the end of the fiscal year, 323 in care at parental request. Some of these are in the group of physically or mentally handicapped children. In some instances the child needs treatment not available in the home community.

In others, a family crisis, as an acute mental or physical illness of the mother, has developed. When the important resource of housekeeping service, as outlined on pages 34 and 35 of the Family Division's report, is unavailable, foster-home care is the only alternative plan open to the father, who in this situation has no relative or friend to whom he can turn.

Special Needs of Children of Unwed Mothers

About one-third of the children in care at parental request are children born to unwed mothers, although a high percentage of such children are now placed from hospital with their adopting parents. Sometimes the mother needs opportunity to explore her own or family resources further or to recover her physical and emotional strength more completely before reaching the very final and difficult decision of relinquishing her child for adoption. A few of the children, as in any group of children, need special medical or surgical care before adoption placement can be finalized, but the length of stay in foster-home care for these is a vastly different picture from what it was a few years ago. Social agencies, allied professions, and the public generally understand better to-day not only the needs of the child born with a physical handicap, but the deep satisfaction and happiness he, too, can bring to adoptive parents who have in their hearts a true love for children. The placement of Bill demonstrates well this change in attitudes and thinking. Bill was born with a club-foot and a badly disfiguring facial birthmark, both of which required him to be in or near a hospital for the first few months of his life. By the time major surgery was completed, however, the worker knew who Bill's adoptive parents were to be, and although they lived in a far distant community, they had been kept closely informed of his progress and development, and throughout had received encouragement and reassurance from their family physician. When the surgeon advised that periodic treatments and check-ups only were necessary, Bill's adoptive parents came for him, but he had already in fact become part of their lives. Should all Bill's disfigurement not be corrected, their acceptance and understanding of him will be his bulwark against the difficulties or embarrassment it may cause him in later life.

Final Plans for Children in Care at Parental Request

Of the 351 children who had been in Child Welfare Division foster homes at parental request and were discharged last year, 236 were reunited with their families, 110 were placed in adoption homes, two were subsequently committed to the Boys' Industrial School, one to The Woodlands School for the mentally retarded child, and one, a 14-year-old boy, who had been in care a number of years, throughout which he had suffered a grave physical ailment, died.

Bars to Adoption Placement

Excluding the children who will be returning to their own homes or for other reasons are not to be placed for adoption, other agency wards, children before a Court under the " Protection of Children Act," and those, as Bill, who need interim care pending adoption placement, there are about 800 children in Child Welfare Division foster homes who in the main are healthy and normal. What then are the bars to their being placed for adoption?

These children have been found in need of protection and made wards of the Superintendent by Court order under the " Protection of Children Act." A few only are true orphans, and the majority were born to married parents, although the number born of a so-called common-law union is also worthy of note. Whatever their status, many were old enough when they came into care to know that their parents had not provided properly for them, and the memory of abuses and neglect remains too often a bar to their becoming in any real sense a member of an adoptive family.

The age and stage of development at which a child lives through this most damaging of all experiences—the failure of his own parents—will have a vital bearing on his later capacity to form new family ties. If the experience has not been entirely crushing to him, and if the agency has well-established placement resources, he can still be helped by the skills of a social worker to want and accept the giving but binding ties of adoption. This hope of happiness will be a reality for some of the wards in care, but for others the hurt has gone too deep.

Some Wards in Foster Homes Many Years

Unquestionably some of the children who came into agency care out of neglect situations twelve to twenty years ago should have been found adoptive parents. But there was not staff throughout this Province to launch such a programme, community interest and support was not as widespread, nor was there available the fund of knowledge about adoption and mental health that there is to-day. As a consequence, as will be seen from Table III of ages of children in the Superintendent of Child Welfare's care, and the same would be true of children in Children's Aid Societies' care, a high number is over the age of 12 years and many have been in care for almost as many years.

Table III.—Age-group of Children in Care of the Superintendent of Child Welfare as at March 31st, 1955

	0–5 Months	6–11 Months	1–2 Years	3–5 Years	6–11 Years	12–13 Years	14–17 Years	18–21 Years	Total
Wards under "Protection of Children Act"	6	13	65	141	306	123	257	115	1,026
Before the Court under the "Protection of Children Act"	5	9	19	26	34	9	20	3	125
Wards of Children's Aid Societies under "Protection of Children Act" in Superintendent's care	6	12	21	12	26	17	24	15	133
Children in care at parent's or parents' request	19	20	33	40	68	28	76	39	323
Wards of other Provinces	-----	-----	-----	1	8	7	11	8	35
Committed under "Juvenile Delinquents Act"	-----	-----	-----	-----	9	10	21	9	49
Totals	36	54	138	220	451	194	409	189	1,691

Achievements of Older Boys and Girls

Many of the boys and girls in the upper age range, in Table III, have put down roots in communities. They are fast reaching the point where they will be independent, and many have a record of excellent achievement. Each year for the past five years at least two girls have completed nurses' training. Several have taken commercial and hairdressing courses, and these vocations continue to be popular in planning careers with the older girls. This year we have three boys in university. They have qualified for scholarships each term, and with their summer earnings have required little in the way of financial help from the Department. Technical training in diesel engines, mechanics, radar, and radio have attracted a number of boys, too, and their ability and diligence have in more than one instance won them special recognition in the various vocational schools attended. A ward of the Superintendent was chosen this year by a national insurance company to be specially trained by them in an eastern city. Each year throughout the Province between sixty and seventy of our boys and girls now write Junior or Senior Matriculation examinations, and five or six enlist in the armed forces to pursue their particular vocational bent. One of these won a national award, together with a promotion, this year. Both seemed not only appropriate recognition, but to his worker one with special compensatory significance, because Jimmie had been one of the small children rejected for adoption placement seventeen years ago for no better reason than that he was a child of mixed racial background.

Age and Life Experience a Bar to Adoption

Although the majority of the wards shown in Table III between 18 and 21 years are wholly self-supporting, the Superintendent's guardianship extends to the age of 21 years. Many in the 14- to 17-year age-group are also employed and wholly or partially self-maintaining. In any event, because of their age and life experiences, these boys and girls, as well as most of those aged 12 to 13 years and many in the 6- to 11-year group, adoption placement is not practical. Lacking a home and parents of their own, our goal for them must continue to be the provision of kind, understanding foster mothers and fathers and opportunities to learn and develop according to their various abilities and interests. Among those who have graduated from our care is a lawyer, a veterinary surgeon, and a travelling evangelist. There are several nurses and nurses' aides, office receptionists, stenographers, officers and men in the armed services, captains and deck-hands on tug-boats, etc. Children in agency foster homes come from all walks of life, and they go into all lines of endeavour. Some meet with difficulty. There are twenty-two presently in a correctional institution and eleven in The Woodlands School for the mentally retarded. But each year, as a number of boys and girls in care reach their majority, it is deeply satisfying to note how many appear to have been helped toward responsible citizenship through either the Superintendent's or a Children's Aid Society's guardianship.

Few Small Children in Care

The Division is particularly pleased to draw attention in Table III to the fact that there are only six wards under the age of 6 months and thirteen under 1 year in foster-home care. Never have there been so few under 3 or even under 6 years, and it is believed this record compares most favourably with the numbers of children in care in other Provinces and countries.

Many of the children shown in Table III in these age-groups as "before Court" or "in care at parental request" will be reunited with their own families, but it is evident from the small numbers of babies and little children now in care that staff everywhere is conscientiously striving to gain permanency and security for them at the earliest possible time. Many children needing parents to-day are brought together with their adopting parents from hospital within ten days or two weeks after birth and no period of foster-home care is required. Those who for a number of reasons must be placed temporarily in foster homes are a special concern to workers, and the majority go to their adoptive homes within one to two months, or just as soon as is reasonably practical.

Some of the children shown in Table III as under 3 years of age have not fared as well and have waited overlong for their permanent homes. Some are part Oriental, for instance, and in present-day society may still be equally unwelcome to both Oriental and Occidental prospective adoptive parents. Others are full or part native Indian, and toward these, too, must come an increased sense of community awareness of the needs and rights of children. Without this, no social agency can plan successfully through adoption for the children entrusted to them.

Legislative Requirements No Major Limitations

A few of the children under 3 years have a parent or parents who, though unwilling to give consent to adoption, still do not re-establish a home for their family. Each year there are fewer in this unsatisfactory situation, however. Generous consultation privileges over the past few years have been extended to the Division by Supreme Court Judges, and this, together with the guidance received from many members of the legal profession, has resulted in improved agency pre-placement planning and procedure in connection with the provisions of the British Columbia "Adoption Act" relative to the waiving of parents' consents. A revision of the "Adoption Act" is presently under study,

but in the meantime little delay in either placement of a child or finalization of an adoption need occur when these recommended procedures are carefully followed.

Special Problems of the 6- to 11-year-old Child

Among 349 wards shown in Table III in the 6- to 11-year age range are several of the seriously physically and mentally handicapped children and children who have been too badly hurt in their own homes to be readily placed with adopting parents even if there were any large numbers of adopting parents ready to take the strains and risks involved. There are also a number in this age-group who are one of several children of a family in care. They should not be separated from their brothers and sisters, and yet there are few adopting parents ready to assume full responsibility for a family of three, four, or more at one time.

All these factors have a bearing upon what permanent plans can be made for a child. The two main deterrents to the successful and early adoption placement of children in all age-groups who need and can relate to adopting parents continue to be (1) that many are children of a mixed racial origin and (2) shortage of adoption homes for children of the Roman Catholic faith. Neither of these limitations can be removed wholly by social agencies. They call for the sympathetic understanding of all adults in every community of the Province, or otherwise the children concerned can never know the desirable security of adoption.

Progress in Adoption Placement

That we are moving more rapidly and successfully into adoption for children coming into care to-day is well shown in the following tables:—

Table IV.—Ages of Children Placed for Adoption throughout the Social Welfare Branch Regions during the Fiscal Year

Region	Under 1 Month	1–2 Months	3–5 Months	6–11 Months	1–2 Years	3–4 Years	5 Years	6 Years	9 Years	Total
Region I	23	12	10	6	2	—	3	—	—	56
Region II	56	21	7	6	1	1	—	—	—	92
Region III	34	30	10	6	3	—	—	1	—	84
Region IV	16	14	7	8	1	—	—	—	—	46
Region V	9	13	6	3	4	3	—	—	—	38
Region VI	20	8	8	2	1	1	—	—	1	41
Totals	158	98	48	31	12	5	3	1	1	357

Table V.—Religion of Children Placed for Adoption throughout the Social Welfare Branch Regions during the Fiscal Year

Region	Roman Catholic	Protestant	Total
Region I	7	49	56
Region II	3	89	92
Region III	13	71	84
Region IV	8	38	46
Region V	6	33	39
Region VI	3	37	40
Totals	40	317	357

The foster-children whose status changed to "adoption probation" were 45, thus making a total of 402 adoption placements. Last year the number of children placed in adoption homes by the Division was 256 and of foster-children whose status changed to "adoption probation" 15, thus making a total of 271. The increase has been 131.

Ingenuity Used in Adoption Placement

During this fiscal year seventeen of the 357 children placed with adopting parents were of mixed racial origin, three were wholly North American Indian, and one full Chinese, but only two of these could be placed from hospital because no home was immediately available. Most had remained in foster homes for months and some even years, and great ingenuity and resourcefulness had to be used to ultimately find their adoptive parents. One, a little girl aged 4 years, was part Indian, and her racial heritage was apparent in her colour and features. A written background history could not tell of Ann's charm and potential, but the crayon sketches a worker made and the numerous coloured pictures he took of her at play and around her foster home did. Adoptive parents were found who saw in this child the promise of the daughter they longed for. After a period of careful preparation Ann went to them, but because of her heritage she had been a hard-to-place child and the four years of growing up in the foster home had been lost to the parents now hers.

Younger and Older Children Placed

As will be seen from Table IV, an increased number of adoption placements were made in all parts of the Province this year. It is to be noted, too, that the largest group of children placed were under the age of 1 month, and the average age at placement was generally considerably lowered. The number of placements of children over 3 years of age, however, also shows an upward swing, and the Division is pleased to report that this year the top age range was successfully raised by two years. It can be reported, too, that among these older children were a few with a congenital physical handicap or a handicapping social history, as mental illness of a parent or relative.

Majority of Children Adopted Placed by Agencies

The number of adoptions finalized by order of the Supreme Court this year was 1,102, thirty-nine more than last year. Six hundred of these were made in Social Welfare Branch areas and 502 within the communities served by a Children's Aid Society. Again this year, social agencies placed a high percentage of the children involved. Three hundred and nineteen of the 1,102 children legally adopted were adopted by relatives. Only 132 had been placed through private channels with non-relatives. The Superintendent or a Children's Aid Society had placed the remaining 651. One hundred and sixty-four of the 1,102 adoption orders granted this year pertained to wards either of the Superintendent or a Children's Aid Society.

Future Goals in Adoption

From this brief review of reasons why children are in the care of the Superintendent, it becomes clear why many quite validly require temporary or permanent foster-home care. The progress made in adoption placements since the additional worker was assigned to the Child Welfare Division Adoption Placement Section last year is evident in the figures quoted. With the co-operation of field staff and responsive adopting parents from all parts of the Province, more children each year should be able to go directly from hospital to their adoptive homes. Such a practice protects the child from the damaging experience of a second placement and at the same time results in a considerable saving to the Branch.

A point of decision has been reached, however, and, as is the case with other child-placing agencies everywhere, the goals and standards set for the future are dependent upon the availability and the ability of staff to build an ever-growing pool of prospective adopting parents from which can be drawn a family to meet the needs of every child needing parents.

As at March 31st, 1955, there were fifty Roman Catholic, one Buddhist, and 289 Protestant prospective adopting parents throughout Social Welfare Branch regions

awaiting placement of a child. But plans are already under way for placement in almost all the Roman Catholic homes, in the home of the Buddhist faith, and by early in the new fiscal year a large number of the Protestant homes will have been used. With the steadily increasing number of adoption placements, the period prospective adopting parents wait for their child has been reduced during the past five years from three to four years to one year and less. This is in one way a satisfactory state of affairs, but it also points to a time in the not too distant future when the numbers of adopting parents available may not be sufficient to ensure that a careful selection of a home will be made in each instance with the needs of the child as the central focus. On exploring this situation with field staff, it becomes evident that while interest in adoption placement could be increased to advantage in certain ethnic and religious groups throughout the Province, there is an inability of field staff to process new applications on account of the daily pressures being experienced by them in other categories of service. Easement of this situation is essential if the present standard of adoption placement is to be continued. The alternative can only be an ever-increasing number of children in foster homes who need and have a right to a life with a family of their own. From a standpoint of human values such a course is wasteful, and since one child in a foster home for eighteen years costs a government a minimum of $15,000, it is plainly an uneconomical one financially to follow.

Finding of Foster Homes Hampered by Rates

From the preceding pages of this Report it becomes clear that the Branch is giving adoption the preferred position it warrants in planning for the child needing a permanent home apart from his own parents. For those children who cannot be planned for by adoption, however, the Superintendent and Children's Aid Societies have a rather special responsibility in that they must stand in lieu of parents for varying lengths of time, depending upon the practicability of the parents re-establishing the family as a unit. The Division's ability to fulfil the obligations implied has been greatly hampered for some time now by the current prevailing foster-home rates, and it is imperative that these be revised at the earliest possible date. The Division is making excellent use of the money designated in last year's estimates for vocational and education fees, but in the urban areas, as well as in most throughout the Province, it is becoming next to impossible to house teen-age boys and girls. The rates being asked, and being paid, for ordinary board are far in excess of what the Branch can offer. In addition, foster-families are being asked to assume a major responsibility for supervision and training of foster children. Adequate board rates are not the whole answer in maintaining good standards in a foster-home programme, but without them staff are seriously handicapped in their work with both foster-parents and foster-children. Old-established homes become too often overused, and new applicants are discouraged early when they learn that a considerable gap exists between the actual costs and services rendered and the rates paid.

Use of Family Allowances for Children in Care

When a child is placed with his adopting parents, they, on his behalf, receive Family Allowance as an own child. A child in a foster home receives Family Allowance also, but unless he has been in a home for one year or more, a trust account is maintained by the Superintendent, out of which she purchases items chargeable under Family Allowance policies.

Throughout the calendar year, $39,522.74 was received in Family Allowance, $37,128.79 disbursed, and as at January 1st, 1954, the trust account had a balance of $31,290.33, involving 1,059 children.

Doukhobor Children of the Sons of Freedom Sect

In accordance with Government policy, there are now seventy-five children of this sect in a group-living arrangement at New Denver. The quarters were formerly a sana-

torium for adults, and in many ways are unsuited to the healthy, active life of growing boys and girls. However, the setting is pleasant, and the Division has been fortunate in the staff it has managed to attract, although the number available continues to be inadequate. The children, for the most part, are not presenting immediate major problems. Each is attending the local school regularly, and some have shown remarkable ability to learn. So far, however, no amount of encouragement has resulted in any continuing at school after the age of 15 years. When the children first came into care in September, 1953, they seemed singularly unaware of ordinary child play and fun. An almost disproportionate amount of staff time and effort were devoted to introducing and instructing in such simple play-time activities as skipping, ball games, skating, and even story-telling. All such activity was only looked upon with suspicion and seemed foreign to the children's muscles and sense of humour. Gradually an interest was aroused, and some now take part in many of the local sports events. One boy won a junior golf tournament trophy this year, and several are keen baseball players, but they still remain a close-knit watchful group, subject to their parents' direction in all matters. There are few signs that the teachings of their leaders with respect to citizen responsibility and participation have been modified in any way.

The children's life in the institution is not without interest. Their physical well-being has been meticulously safeguarded by the local Public Health Officer, and in only in one or two instances have there been any symptoms of disturbance, as a result of separation from parents, noted in a child. However, as long as the children's parents and relatives in the various Doukhobor communities continue their extraordinary methods of protestation against law enforcement, which most aptly has been likened to a mass paranoia, it is not possible to estimate what the mental health of the children will be when they reach adulthood, since they are out of their homes by order of a Court. Some of the parents who have left their home community during the past two years to become established elsewhere have applied to Court and had their children returned to them, and are sending them to school. A few have recently been exploring the possibility of moving from a Doukhobor community and making use of correspondence courses for their children. Branch policy is to encourage such plans, but until the very real fear of retaliation by the group through burnings, which a large number of the sect feel, has been lessened, only a few are ready to take so courageous a step. In the meantime and for so long as the Sons of Freedom children are in care, the goal will be to show them by word and deed that the laws of the land are fair and the methods used in their administration are humane and considerate.

Jewish Overseas Children

Only two Jewish overseas children remain in care as at March 31st, 1955. One of these, a brilliant boy who will be 21 next month, supports himself by summer employment and teaching Hebrew after school-hours, and at the same time has won scholarships in each of his three years at university. The other is an equally bright girl, aged 16 years, who also has plans to continue her education. Her foster-parents are in the process of legally adopting her, and it is interesting to note that this is the only instance in this group of children where this plan seemed feasible. The Superintendent has commented in previous Annual Reports about the success of the Jewish overseas children placement project and of the outstanding contribution made to it by the Jewish people of this Province. As the last child leaves agency care, it is appropriate that the Superintendent re-emphasizes her admiration of this group of citizens and at the same time expresses her sincere thanks to the Vancouver Children's Aid Society for its able leadership and the untiring interest it has at all times given the project on her behalf.

Fairbridge Farm School Children

Two of the Fairbridge Farm School children reached the age of 21 years during the year, one girl married, and a boy returned to England. Of the fifty-three still in

care, twenty-four are in Social Welfare Branch foster homes, nineteen in a Children's Aid Society's home, five are in the Royal Canadian Air Force, one in another Province with her foster-parents from British Columbia, three in a correctional institution, and one, aged 18 years, has been absent without leave for many months.

Most of the Fairbridge Farm School children had known long periods of institutional life before coming into the care of the Superintendent in 1948–49, and learning to live in a family was difficult and for some well nigh impossible. However, the majority of the fifty-three boys and girls remaining are settled, and many have shown real achievement. One is attending the University of British Columbia, and the boy who returned to England this year plans to finish his education at a university there. One boy had the highest marks in his class at a vocational training school, and another, who has a serious physical ailment to contend with, completed a book-keeping course. Several completed Grade XII this year and have found clerical positions to their liking, and one specially gifted boy is taking an advanced course in draughting.

A somewhat high percentage of the total group of Fairbridge Farm School children seem to have difficulty with personal relationships in their adolescence and young adult years. Two this year were released from correctional institutions, and the Division was pleased to note that they were at last able to take help from their social worker. For several months now both have been steadily employed, and their changed attitude toward their foster-parents and the agency holds high promise of a better, richer life in the years ahead.

OTHER PHASES OF CHILD WELFARE DIVISION WORK

Forty-seven requests from Supreme Court Judges for reports on plans offered by parents in disputes regarding the custody of children were handled in the Division this year, which was thirty less than last year. Since this service to the Court was started some fourteen years ago, the Court has many times expressed appreciation of the helpfulness of the reports. However, there have been questions raised periodically in the Division, in the Bar Association, and by the Court itself as to the status of the reports in the Court. As a result and at the instigation of the Chief Justice, certain Court procedures were established and in the main have been put into effect to ensure not only that the reports will continue to be available to the Court, but that full protection against possible misuse or misinterpretation of information contained in the reports will be extended the Superintendent. As at the end of the fiscal year, thirteen custody reports are pending completion.

Six legitimation applications were accepted for verification during the year, and two are in the process of finalization. Twenty-four referrals from the Canadian Department of Immigration with regard to the proposed emigration of children from the United Kingdom and Europe were received, and seven remain incomplete. Negotiations to repatriate thirty-two transient children, two of whom are still in British Columbia, were also undertaken this year. These interdepartmental and interprovincial phases of the work of the Division are not only important with regard to the individuals concerned, but they afford a valuable opportunity to the Branch to participate in the formation of Provincial and National policies and legislation which affect the lives of children and their families. Through these kinds of services, for instance, Judges of the Supreme Court and members of the Bar Association are more keenly aware of the child welfare services in the Province than they otherwise would be. The Branch through the years has participated in changed legislation with respect to legitimation of children and the protection of the child born out of wedlock or adopted by the enactment of legislation providing that such personal information be omitted from birth certificates issued. In a small way because of these past undertakings, the Branch can feel a part of the interprovincial and international negotiations presently in process between departments of vital statistics in many countries as a result of which similar legislation may become universal.

Administration of the "Children of Unmarried Parents Act"

The administration of this Act has undergone an interesting change during the past few years, which in the main is the result of expanded and improved services throughout the Province to both unmarried mothers and unmarried fathers. There is much room for research in this area of work, but it seems evident that fewer unwed mothers are to-day keeping their children. If they do and later marry, the trend seems more toward adoption of the child by the mother and her husband rather than a continuation of collecting from the child's father for his maintenance. Socially in this country's culture these developments seem better for all concerned. As a result, an increasing number of settlements are accepted each year, and also a gradual increase is noted in the number of agreements and orders enforced over a long period of time.

Nineteen new agreements and forty-eight orders were obtained this year, bringing the total of both to 264. A total of $58,859.65 was collected during the year, an increase of $6,773.80 over last year.

CONCLUSION

In ending this report, the Superintendent would like to pay special tribute to all staff for what progress she has been able to report in this fiscal year. Many times, because of the distances involved, geographic factors and the sheer weight of other duties, some of the services reported have been possible only because of a worker's dedication to children and his willingness to make personal sacrifices to ensure a child's well-being. Other agencies, departments, and many individuals throughout all communities have made contributions, too. As always throughout this year, the foster-families who care for foster-children have been thought of as the very core of child welfare services. It is hoped that the Branch's appreciation of them will shortly be expressed tangibly and practically by an implementation of the recommendation made earlier in this report with respect to a needed revision in foster-home rates.

(Miss) Ruby McKay,
Superintendent of Child Welfare.

OLD-AGE ASSISTANCE AND BLIND PERSONS' ALLOWANCES BOARDS

GENERAL

The year under review, like the year 1953–54, was a fairly quiet one, though the work was rather heavy. There were no changes in either of the Acts administered by the Board, but some changes were made in the regulations under both Acts and also in the cost-of-living bonus regulations. These changes are dealt with further on in the report.

The trend in rate of receipt of new applications for old-age assistance was slightly downward. Only 2,728 were received, compared with 2,858 the year before. The total number on the payroll on March 31st, 1955, was only 7,869, compared with 8,144 on March 31st of the preceding year. These include transfers from other Provinces. On the other hand, the number of applications for blind allowances was up from forty-eight in 1953–54 to sixty this year. However, the number of blind persons, including those from other Provinces, on the payroll was down from 488 on March 31st, 1954, to 474 on March 31st, 1955. This drop was due largely to the transfer of a number of persons to Old Age Security on their reaching the age of 70 years.

Reference to the last page of the financial statement at the end of this report will show that there was a marked increase in expenditure on cost-of-living bonuses paid to recipients of Old-age Assistance, recipients of Blind Persons' Allowances, and Old Age Security pensioners. The net cost to the Province of this form of supplementary assistance in 1954–55 was $5,610,657.29, compared with $3,707,714.17 in 1953–54. This increase was due almost entirely to the increase from $10 a month to $15 in the rate paid to recipients commencing April 1st, 1954.

THE LENGTHENING LIFE-SPAN

It is common knowledge that life expectancy is lengthening out rapidly. Two thousand years ago, when the Roman Empire was at the height of its glory, the life expectancy of a child at birth was twenty-three years. One hundred years ago in the States along the Atlantic seaboard it was forty; fifty years ago in the United States and Canada it was still only forty-eight; to-day it is between sixty-eight and seventy. This phenomenal increase in the last half-century was due largely to the fact that fewer people died in childhood because children's diseases have largely been conquered.

However, older people are now living longer, too. As Julietta K. Arthur says in her book " How to Help Older People ": " Till recently the lengthening life span meant only that men and women were reaching the evening of their lives in larger numbers. Now it is evident that the evening itself is lengthening." An illustration of this is to be found in the fact that a women who was granted an old-age pension in British Columbia in September, 1927—the first month in which such pensions were paid in any part of Canada—is still living. Though she is now on Old Age Security, she continues to receive the Provincial cost-of-living bonus. In September of this year she will be 99 years of age and will have been on our payroll for twenty-eight years. It is hoped that the assistance she has received has not only added years to her life, but life to her years.

CHANGES IN THE REGULATIONS

The regulations made pursuant to both " The Old Age Assistance Act " and " The Blind Persons Act " were amended during the year under review, and the amendments came into effect as from January 1st, 1955. The most significant of these are as follows:—

(1) The age at which an application for Old-age Assistance may be accepted was reduced from 64 years and 8 months to 64 years and 6 months if the applicant is resident in a part of Canada that is accessible only at a certain time or times of the year.

(2) In the case of a person resident in such a part of Canada, the period during which an investigation report must be completed before the date of the proposed commencement of assistance or allowance was extended from four to six months.

(3) Where an applicant was temporarily absent from Canada and was unable to return due to the dislocation of transportation facilities during or immediately following the Second World War, he may now be deemed to have been present in Canada for the period of absence between the date he made application to the proper authority for transportation to Canada and the date of his actual return.

(4) A deduction of $500 may now be allowed from the cash surrender value of life insurance available to a recipient or his spouse before determining the income value of personal property.

(5) The date at which the assets of an applicant for assistance or allowance are to be considered was changed from the date of application to the proposed date of commencement.

(6) The provision for retroactive payment of assistance or allowance was extended from a maximum of three months prior to the date of approval to a maximum of four months prior to that date.

(7) In the case of a person sentenced to a period of imprisonment in excess of thirty days, assistance or allowance may now be reinstated from a date not more than one month prior to the date of release. The regulation covering this point was previously not specific.

(8) The list of types of income that could be exempted from consideration for income purposes was extended to include any cost-of-living bonus or supplemental allowance paid by a Province to a person in receipt of an allowance under " The Disabled Persons Act."

There were important changes in the amount of cost-of-living bonus paid during the year. As from April 1st, 1954, the Government decided to pay an additional bonus of $5 a month to all British Columbia recipients or pensioners on the payroll. The immediate effect of this was to increase the income ceiling of a single person by $60 a year and of a married person by $120 a year.

New bonus regulations confirming this change were made effective as from June 1st, 1954. The maximum income for a single person was increased to $780 a year, including bonus, and to $1,320 a year, including bonus, for married persons. The maximum bonus was increased from $10 a month to $15.

In February, 1955, the bonus regulations were further amended, making it possible for persons to receive a bonus who were 70 years of age and were originally granted a pension under " The Old Age Pensions Act," assistance under " The Old Age Assistance Act," or an allowance under " The Blind Persons Act " or " The Disabled Persons Act " as the responsibility of British Columbia on the basis of residence. This change meant that a number of persons who were originally the financial responsibility of British Columbia for assistance or allowance purposes, but who were not eligible for the bonus because they did not have the required three years' residence, were now able to qualify.

GRAPHIC PRESENTATION COVERING THE PERIOD FROM JANUARY 1ST, 1952, TO MARCH 31ST, 1955

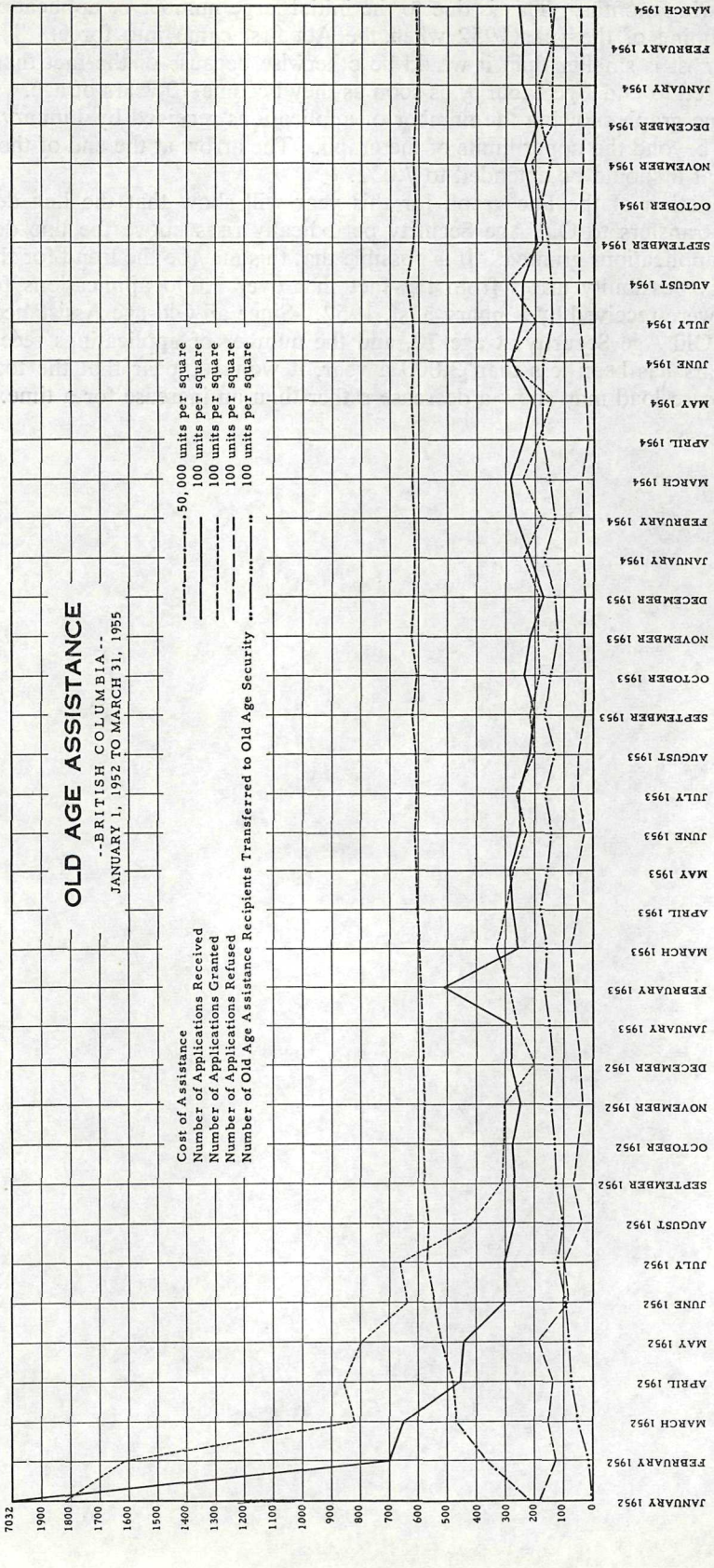
Following will be found a graphic presentation of the various aspects of Old-age Assistance since the coming into force of " The Old Age Assistance Act " in January, 1952.

The broken dotted line indicates the cost of Old-age Assistance in units of 50,000 per square. This line shows a rapid rise in the first few months and a more gradual one

in the following months. This is due to the initial large number of applications granted at the beginning of the year 1952 when the Act first came into force. The monthly increase in cost is smaller than it would be otherwise because of the fact that recipients are transferred to Old Age Security as soon as they become 70 years of age.

The line graph showing the number of applications received by January 1st, 1952, is extended beyond the upper limits of the graph. The arrow at the end of the line graph indicates that it should be extended to 7,032.

Examination of the line graph for this year will show that the line denoting the number of transfers to Old Age Security periodically rises above the line denoting the number of applications granted. It is possible that this may be the trend for the next two years. This possibility arises from the fact that over 7,000 applications for Old-age Assistance were received by January 31st, 1952. Since all Old-age Assistance recipients transfer to Old Age Security at age 70, and the number of applications received in the last two years has been less than 3,000 a year, it would appear that the total Old-age Assistance case load may show a decrease rather than an increase for a time.


OLD AGE ASSISTANCE
--BRITISH COLUMBIA--
JANUARY 1, 1952 TO MARCH 31, 1955
Cost of Assistance .-.-.-.

STATISTICS FOR THE YEAR ENDED MARCH 31ST, 1955

OLD-AGE ASSISTANCE

Table I.—Disposition of Applications

Number of new applications received	2,728
Number of applications granted	2,303[1]
Number of applications not granted (refused, withdrawn, etc.)	504

[1] Includes some left over from previous year.

Table II.—Miscellaneous

(*a*) *British Columbia*—	
Number of recipients returned to British Columbia	32
Number of B.C. reinstatements granted	156
Number of B.C. recipients who have died	332
Number of B.C. recipients suspended	406
Number of B.C. recipients transferred to other Provinces	61
Number of B.C. recipients transferred to Old Age Security	1,985
Total number of B.C. recipients on payroll at end of fiscal year	7,552
(*b*) Other Province—	
Number of " other Province " recipients transferred to British Columbia	137
Number of " other Province " recipients reinstated	3
Number of " other Province " recipients suspended	13
Number of " other Province " recipients who have died	2
Number of " other Province " recipients transferred out of British Columbia	70
Number of " other Province " recipients transferred to Old Age Security	56
(*c*) Total number of recipients (B.C. and " other Province ") on payroll at end of fiscal year	7,869

Table III.—Reasons Why Applications Not Granted

	Number	Per Cent
Not of age	108	21.42
Unable to prove age	21	4.17
Not sufficient residence	1	0.20
Income in excess	174	34.52
Unable to prove residence	5	0.99
Transfer of property		
Receiving War Veterans' Allowance	3	0.60
Information refused	32	6.35
Applications withdrawn	98	19.44
Applicants died before grant	25	4.96
Whereabouts unknown	11	2.18
Eligible for Old Age Security	24	4.77
Miscellaneous	2	0.40
Total	504	100.00

Table IV.—Sex of New Recipients

	Number	Per Cent
Male	1,134	49.24
Female	1,169	50.76
Total	2,303	100.00

Table V.—Marital Status of New Recipients

	Number	Per Cent
Married	923	40.08
Single	323	14.03
Widows	460	19.97
Widowers	159	6.90
Separated	385	16.72
Divorced	53	2.30
Total	2,303	100.00

Table VI.—Birthplace of New Recipients

	Number	Per Cent
British Columbia	146	6.34
Other parts of Canada	510	22.14
British Isles	672	29.18
Other parts of British Empire	18	0.78
United States of America	216	9.38
Other foreign countries	741	32.18
Total	2,303	100.00

Table VII.—Ages at Granting of Assistance

	Number	Per Cent
Age 65	1,159	50.33
Age 66	390	16.93
Age 67	287	12.46
Age 68	265	11.51
Age 69	202	8.77
Total	2,303	100.00

Table VIII.—Ages of Recipients at Death

	Number	Per Cent
Age 65	33	9.94
Age 66	59	17.77
Age 67	52	15.66
Age 68	93	28.01
Age 69	95	28.62
Total	332	100.00

Table IX.—With Whom New Recipients Live

	Number	Per Cent
Living alone	836	36.30
Living with spouse	748	32.48
Living with spouse and children	166	7.21
Living with children	286	12.42
Living with other relatives	119	4.65
Living with others	107	5.17
Living in public institutions	23	0.99
Living in private institutions	18	0.78
Total	2,303	100.00

Table X.—Where New Recipients Are Living

	Number	Per Cent
In own house	967	41.98
In rented house	247	10.73
In children's home	288	12.51
In home of other relatives	70	3.04
Boarding	15	0.65
In boarding home	368	15.98
In housekeeping room	75	3.26
In single room (eating out)	165	7.16
In rented suite	67	2.91
In institutions	41	1.78
Total	2,303	100.00

Table XI.—Economic Status of New Recipients

	Number	Per Cent
(*a*) Holding real property of value—		
$0	1,399	60.75
$1 to $250	30	1.30
$251 to $500	124	5.38
$501 to $750	176	7.64
$751 to $1,000	159	6.90
$1,001 to $1,500	197	8.55
$1,501 to $2,000	120	5.22
$2,001 and up	98	4.26
Total	2,303	100.00
(*b*) Holding personal property of value—		
$0	1,106	48.02
$1 to $250	680	29.53
$251 to $500	211	9.16
$501 to $750	123	5.34
$751 to $1,000	79	3.43
$1,001 to $1,500	75	3.26
$1,501 to $2,000	19	0.83
$2,001 and up	10	0.43
Total	2,303	100.00

Table XII.—Number of Recipients Living in Other Provinces Whose Assistance Is Paid by British Columbia

	Granted by British Columbia	Granted by Other Provinces
Alberta	25	11
Saskatchewan	13	18
Manitoba	11	8
Ontario	13	20
Quebec	2	4
New Brunswick	----	----
Nova Scotia	2	2
Prince Edward Island	1	----
Newfoundland	----	----
Northwest Territories	----	----
Yukon Territory	----	----
Total	67	63

Table XIII.—Distribution of B.C. Recipients according to the Amount of Assistance Received (Basic Assistance, $40)

Amount of Assistance	Per Cent
$40	83.82
$35 to $39.99	3.84
$30 to $34.99	3.81
$25 to $29.99	2.65
$20 to $24.99	1.81
Less than $19.99	4.07
Total	100.00

Blind Persons' Allowances

Table I.—Disposition of Applications

Number of new applications received	60
Number of applications granted	51
Number of applications not granted (refused, withdrawn, etc.)	9

Table II.—Miscellaneous

Number of B.C. recipients suspended		22
Number of B.C. recipients reinstated		24
Number of B.C. recipients transferred to other Provinces		10
Number of B.C. recipients returned to British Columbia		7
Number of B.C. recipients transferred to Old Age Security		31
Number of deaths of B.C. recipients		22
Number of deaths of "other Province" recipients		2
Number of "other Province" recipients transferred to British Columbia		11
Number of "other Province" recipients transferred out of British Columbia or suspended		9
Number of "other Province" recipients reinstated		3
Total on payroll at end of fiscal year—		
British Columbia	451	
Other Province	23	
		474

Table III.—Reasons Why Applications Not Granted

	Number	Per Cent
Not blind within the meaning of the Act	5	56.00
Income in excess	2	22.00
Applications withdrawn	2	22.00
Eligible for Old Age Security		
Died before grant		
Receiving War Veterans' Allowance		
Information refused		
Total	9	100.00

Table IV.—Sex of New Recipients

	Number	Per Cent
Male	27	52.94
Female	24	47.06
Total	51	100.00

Table V.—Marital Status of New Recipients

	Number	Per Cent
Married	19	37.26
Single	12	23.53
Widows	7	13.73
Widowers	6	11.76
Separated	6	11.76
Divorced	1	1.96
Total	51	100.00

Table VI.—Birthplace of New Recipients

	Number	Per Cent
British Columbia	21	41.18
Other parts of Canada	10	19.60
British Isles	8	15.69
Other parts of British Empire	1	1.96
United States of America	3	5.88
Other foreign countries	8	15.69
Total	51	100.00

Table VII.—Ages at Granting of Allowance

	Number	Per Cent
Age 21	2	3.92
Ages 22 to 30	6	11.76
Ages 31 to 40	6	11.76
Ages 41 to 50	9	17.65
Ages 51 to 60	12	23.53
Ages 61 to 69	16	31.38
Total	51	100.00

Table VIII.—Ages of Recipients at Death

	Number	Per Cent
Age 21	---	---
Ages 22 to 30	1	4.55
Ages 31 to 40	2	9.09
Ages 41 to 50	3	13.64
Ages 51 to 60	4	18.18
Ages 61 to 69	12	54.54
Total	22	100.00

Table IX.—With Whom New Recipients Live

	Number	Per Cent
Living with parents	5	9.80
Living alone	13	25.50
Living with spouse	8	15.69
Living with spouse and children	11	21.57
Living with children	4	7.84
Living with other relatives	4	7.84
Living with others	3	5.88
Living in public institutions	2	3.92
Living in private institutions	1	1.96
Total	51	100.00

Table X.—Where New Recipients Are Living

	Number	Per Cent
In parents' home	6	11.77
In own house	22	43.14
In rented house	2	3.92
In rented suite	2	3.92
In children's home	5	9.80
In other relatives' homes	1	1.96
Boarding	2	3.92
In housekeeping room	6	11.77
In boarding home	1	1.96
In institutions	3	5.88
In single room (eating out)	1	1.96
Total	51	100.00

Table XI.—Economic Status of New Recipients

	Number	Per Cent
(*a*) Holding real property of value—		
$0	36	70.60
$1 to $250	---	---
$251 to $500	2	3.92
$501 to $750	2	3.92
$751 to $1,000	3	5.88
$1,001 to $1,500	2	3.92
$1,501 to $2,000	4	7.84
$2,001 and up	2	3.92
Total	51	100.00
(*b*) Holding personal property of value—		
$0	31	60.79
$1 to $250	9	17.65
$251 to $500	3	5.88
$501 to $750	3	5.88
$751 to $1,000	2	3.92
$1,001 to $1,500	1	1.96
$1,501 to $2,000	1	1.96
$2,001 and up	1	1.96
Total	51	100.00

Table XII.—Number of Recipients Living in Other Provinces Whose Allowances Are Paid by This Province

	Granted by British Columbia	Granted by Other Provinces
Alberta	----	2
Saskatchewan	----	1
Manitoba	----	----
Ontario	1	2
Quebec	----	----
New Brunswick	1	----
Nova Scotia	1	----
Prince Edward Island	----	----
Newfoundland	----	----
Northwest Territories	----	----
Yukon Territory	----	----
Total	3	5

Table XIII.—Distribution of B.C. Recipients according to the Amount of Allowance Received (Basic Allowance, $40)

	Per Cent
$40	91.77
$35 to $39.99	2.74
$30 to $34.99	1.27
$25 to $29.99	2.11
$20 to $24.99	0.63
$19.99 and less	1.48
Total	100.00

Cost-of-living Bonus and Health Services

New Applications

Number received	1,764
Number granted bonus and health services	907
Number granted bonus only	45
Number granted health services only	115
Number who died before application was granted	27
Number of applications withdrawn	85
Number of applicants ineligible	255
Number of applications pending	330
Total	1,764

General Information

Former old-age pensioners still receiving cost-of-living bonus on March 31st, 1955	17,616
Old-age Assistance recipients transferred to Old Age Security receiving cost-of-living bonus on March 31st, 1955	4,124
New Old Age Security pensioners receiving cost-of-living bonus on March 31st, 1955	3,659
Blind persons in receipt of Old Age Security receiving cost-of-living bonus on March 31st, 1955	221

FINANCIAL STATEMENTS

"The Old Age Assistance Act," Year Ended March 31st, 1955

	Assistance	Cost-of-living Bonus	Total
Total amount paid recipients in British Columbia	$3,766,652.69	$1,168,572.00	$4,935,224.69
Less amount of refunds from recipients—			
Overpayments refunded	$17,202.96	$2,454.12	$19,657.08
Miscellaneous refunds	302.62	102.50	405.12
Totals	$17,505.58	$2,556.62	$20,062.20
Net amount paid to recipients in British Columbia	$3,749,147.11	$1,166,015.38	$4,915,162.49
Add amount paid other Provinces on account of recipients for whom British Columbia is responsible	29,385.47	4,495.00	33,880.47
Less amount received by British Columbia on account of recipients for whom other Provinces are responsible	69,248.26	13,144.33	82,392.59
Less amount refunded by the Federal Government	1,875,777.24		1,875,777.24
Total amount paid by British Columbia	$1,833,507.08	$1,157,366.05	$2,990,873.13

"The Blind Persons Act," Year Ended March 31st, 1955

	Allowances	Cost-of-living Bonus	Total
Total amount paid recipients in British Columbia	$228,413.33	$76,677.56	$305,090.89
Less amount of refunds from recipients—Overpayments refunded	693.57	15.00	708.57
Net amount paid to recipients in British Columbia	$227,719.76	$76,662.56	$304,382.32
Add amount paid other Provinces on account of recipients for whom British Columbia is responsible	968.87	255.00	1,223.87
Less amount received by British Columbia on account of recipients for whom other Provinces are responsible	2,981.09	2,142.50	5,123.59
Less amount refunded by the Federal Government	170,831.84		170,831.84
Total amount paid by British Columbia	$54,875.70	$74,775.06	$129,650.76

Old Age Security Pensioners—Cost-of-living Bonus, Year Ended March 31st, 1955

Total amount paid recipients in British Columbia	$4,541,386.59
Less amount of refunds from recipients—	
Overpayments refunded	$15,401.56
Miscellaneous refunds	207.36
Total	$15,608.92
Net amount paid to recipients in British Columbia	$4,525,777.67
Add amount paid other Provinces on account of recipients for whom British Columbia is responsible	40,972.74
Less amount received by British Columbia on account of recipients for whom other Provinces are responsible	188,078.08
Total amount paid by British Columbia	$4,378,672.33

"The Old Age Pensions Act," Year Ended March 31st, 1955

	Pensions	Cost-of-living Bonus	Total
Amount of refunds from pensioners and estates—			
From estates	$17,879.57	$156.15	$18,035.72
Overpayments refunded	560.00	.....	560.00
Totals	$18,439.57[1]	$156.15[1]	$18,595.72[1]
Less amount paid other Provinces on account of pensioners for whom British Columbia was responsible	209.05	.....	209.05
Less amount refunded to the Federal Government	13,814.95	.....	13,814.95
Total net refunds received by British Columbia	$4,415.57[1]	$156.15[1]	$4,571.72[1]

[1] Credit.

Administration Expense

Salaries and special services	$150,408.89
Office expense	47,696.76
Travelling expense	349.23
Incidentals and contingencies	607.03
Equipment and furniture	633.22
Total	$199,695.13

SUMMARY

Cost-of-living Bonus

" Old-age Pension Act "	(Credit)	*$156.15*
" Old-age Assistance Act "		1,157,366.05
" Blind Persons' Allowances Act "		74,775.06
Universal Old Age Security		4,378,672.33
As per Public Accounts		$5,610,657.29

Administration and Assistance

Administration		$199,695.13
" Old-age Pension Act "	(Credit)	*4,415.57*
" Old-age Assistance Act "		1,833,507.08
" Blind Persons' Allowances Act "		54,875.70
As per Public Accounts		$2,083,662.34

CONCLUSION

In closing this report the Board would like to express its sincere appreciation to the office and field staffs for the willing spirit in which they carried a very heavy load and to other departments of the Government and the many outside agencies that assisted so freely throughout the year.

J. H. CREIGHTON,
Chairman.

MEDICAL SERVICES DIVISION

The Division, in reporting the activities for the past year, takes pleasure in informing you of continued progress in rendering service to all its responsibilities in the medical field.

Men ponder through the night,

Originally the foundation was laid in 1949 to provide medical services in a uniform manner, Province-wide. It was at this time that the principle was accepted by both municipal and Provincial bodies as the experiences of the previous years had shown the rationale for this step. From the hodgepodge handling of this vital service came into being a method of approach which could not but be successful. It received the silent acclaim of all concerned—the blessing of the giver and the receiver. It established the proper stature of the Government. It re-established the respect of the welfare recipient; no longer was he a mendicant, nor need he suffer in silence.

But understanding waits the dawn

The scheme was far from perfect; the basis was sound. As there were no established arrangements to act as a guide, it was to take the future years to bring to light the weaknesses. The Branch has, with the understanding of the governing bodies and co-operation of all concerned, weathered the storms. The Government, with the support of its citizens, its vision set high and faith in God, set out to do justice to its responsibilities and has never wavered.

As the years rolled by, certain facts became quite apparent:—

(1) The larger proportion of the welfare cases being elderly individuals, the medical requirements are greater than those of the average population because, in addition to the ordinary prevailing illnesses, they have the added medical condition of growing old.

(2) The elderly are slower physically and mentally, and take more time in handling in comparison to the younger, thus increasing the over-all cost.

(2*a*) The *per capita* payment to the medical profession at the start was $14.50, which provided an approximate percentage payment to the doctor of 65 per cent. This sum has gradually been increased, and during the past year it reached $20, which netted the medical men approximately 52 per cent. As the payments to the doctors are only made for carefully scrutinized and rigidly adjusted accounts, it is obvious that the service is being utilized more and more.

(3) The lack of recreational facilities for this group increases the demand on the medical profession. This statement has been repeated so often it has become a hackneyed expression, but there is no doubt that the sudden inactivity necessitated by chronological age is prone to lead to emotional ailments which, at this stage of life, are most difficult to alleviate.

(4) The increased knowledge of the availability of these services, added to the improvements in medical science, plus the acceptance by the Government of the principle to assist in certain specialized services such as cancer, arthritis, and rehabilitation, has created a great number of requests for consultations and treatments. This has involved your Division in increased expense for transportation to medical centres where these specialized services exist. The provision of care during investigation and treatment and also incidental costs resulting from this have added further to the cost.

The Director takes pleasure in reporting that the coverage under the prophylactic dental plan has been extended. During the past year, arrangements were made to provide this service for all socially assisted children under the age of 10 years.

The Division has dealt with all submitted drug accounts promptly and expeditiously. There were no complaints as to delay in payments.

The costs to the taxpayer for these services through the Division are illustrated by Tables I and II at the end of this report.

And wisdom the break of day.

What does the Branch learn from these experiences? How can the Branch give the maximum service with the utmost economy?

The service is needed. It is being used with increasing frequency. One would find it difficult to obtain a better arrangement for the provision of care by the physician than that existing today; that is, financially speaking, for the governments.

The provision of drugs requires further study and experimentation.

The advances in science and treatment will increase the need for expansion in the field of rehabilitation.

Steps should be taken to educate youth in the schools, the labourer during his working years, to prepare for retirement. Decompression should be gradual. Improvements must be made in housing for the ageing; boarding-home and nursing-home facilities improved and increased to care for those requiring custodial care. Recreational facilities should always be included in the planning for these people.

The prophylactic dental scheme should be extended in proportion to the availability of dentists until all children are cared for.

There is the immediate need to simplify the administration in the provision of all services other than medical drugs and optical to lessen the demand on the social workers' time.

Men ponder through the night,
But understanding waits the dawn
And wisdom the break of day.

Table I.—Categorical Breakdown of Medical Coverage, 1953–54 and 1954–55

Category	1953–54				1954–55			
	Number Covered Monthly, Apr. 1, 1953, to June 30, 1953	Number Covered Monthly, July 1, 1953, to Sept. 30, 1953	Number Covered Monthly, Oct. 1, 1953, to Dec. 31, 1953	Number Covered Monthly, Jan. 1, 1954, to Mar. 31, 1954	Number Covered Monthly, Apr. 1, 1954, to June 30, 1954	Number Covered Monthly, July 1, 1954, to Sept. 30, 1954	Number Covered Monthly, Oct. 1, 1954, to Dec. 31, 1954	Number Covered Monthly, Jan. 1, 1955, to Mar. 31, 1955
Mothers' Allowances	1,563	1,499	1,444	1,447	1,466	1,431	1,371	1,371
Social Allowances	15,537	15,084	15,473	16,587	17,332	17,416	17,910	18,704
Child Welfare Division	3,018	3,007	3,068	3,060	3,135	3,190	3,267	3,276
Old Age Security bonus and Blind Persons' Allowances	36,401	35,822	37,677	37,504	37,446	37,266	37,308	37,209
Old-age Assistance	9,937	10,634	8,808	8,877	8,860	8,936	8,853	8,720
Average monthly coverage on quarterly basis	66,456	66,046	66,470	67,475	68,239	68,239	68,709	69,280

Average monthly coverage on yearly basis: 1953–54, 66,556; 1954–55, 68,513.

Table II.—Comparative Breakdown of Expenditures for Fiscal Years 1953–54 and 1954–55

	1953–54			1954–55		
	Expenditure	Municipalities and Other Sources	Provincial Government	Expenditure	Municipalities and Other Sources	Provincial Government
Suspense	$2,447.50	$2,394.30	$53.20	$3,623.59	$3,282.34	$341.25
Medical—						
Agreement	1,217,431.12	217,056.65	1,000,374.47	1,359,212.98	230,753.60	1,128,459.38
Immigrants	2,047.75	1,300.35	747.40	1,257.63	614.36	643.27
Other	489.84	.....	489.84	2,457.60	.....	2,457.60
Drugs	632,297.94	106,873.72	569,774.72	702,090.43	128,568.19	621,596.58
Optometric examinations	8,797.23			9,090.55		
Glasses	35,533.27			38,983.79		
Dental—						
Prophylaxis	3,621.59	.....	3,621.59	14,017.99	.....	14,017.99
Extractions	6,851.64	.....	6,851.64	7,845.05	31.40	7,813.65
Dentures	76,243.94	1,610.00	74,633.94	90,855.99	2,082.20	88,773.79
Transportation—						
Cancer	3,601.96	80.50	3,521.46	4,492.46	199.09	4,293.37
Crease Clinic	377.96	.....	377.96	114.07	.....	114.07
Other	13,400.11	423.36	12,976.75	19,285.22	498.41	18,786.81
Sundry	8,416.16	278.81	8,137.35	9,561.52	154.82	9,406.70
Physiotherapy	236.70	.....	236.70	269.70	.....	269.70
Dispensary	26,301.69	758.95	25,542.74	51,741.07	883.00	50,858.07
Totals	$2,038,116.40	$330,776.64	$1,707,339.76	$2,314,899.64	$367,067.41	$1,947,832.23

Respectfully submitted.

J. C. MOSCOVICH, M.D.,
Director.

PART III.—INSTITUTIONS

INDUSTRIAL SCHOOL FOR BOYS

I beg to submit the annual report of the Provincial Industrial School for Boys for the period ending March 31st, 1955.

During the first half of this fiscal year, programme-planning and policy-making were practically at a standstill pending the report of the committee inquiring into the operations of the Schools. Whilst the greater portion of the committee's report submitted in October, 1954, dealt with personnel, the committee found the rehabilitation programme needed and basically sound. They strongly urged further study, particularly, relating to planning for the child prior to commitment. They were of the opinion that the new School and new administrative staff would aid in the implementation of the rehabilitation programme. Accordingly, the last half of 1954–55 has been taken up pretty much with the occupancy of the Brannen Lake School under the direction of new personnel.

	Fiscal Year									
	1945–46	1946–47	1947–48	1948–49	1949–50	1950–51	1951–52	1952–53	1953–54	1954–55
Number in School, April 1st	83	76	56	95	89	79	104	104	101	96
Number A.W.O.L., April 1st	14	10	2	7	14	13	15	19	4	15
Number in Crease Clinic, April 1st	-----	-----	-----	-----	-----	-----	-----	-----	2	-----
Number in Oakalla, April 1st	-----	4	1	3	1	-----	1	3	1	2
Number on extended leave, April 1st	2	2	-----	3	3	-----	-----	-----	4	2
Number of new admissions	-----	-----	129	102	86	130	121	118	105	171
Number of recidivists	-----	-----	29	23	25	26	31	23	17	32
Total number of admissions	111[1]	69[1]	158	125	111	156	152	141	122	203
Percentage of recidivism	-----	-----	18.4	18.4	22.5	16.7	20.4	16.3	13.9	15.8
Number of releases	81	88	119	126	126	128	146	155	119	126
Number A.W.O.L., March 31st	10	2	7	14	13	15	19	4	15	9
Number in Crease Clinic, March 31st	-----	-----	-----	-----	-----	-----	-----	2	-----	-----
Number in Oakalla, March 31st	4	1	3	1	-----	1	3	1	2	19
Number on extended leave, March 31st	2	-----	3	3	-----	-----	-----	4	2	33
Number in School, March 31st	76	56	95	89	79	104	104	101	96	131
Average daily population	74	53.3	74.6	86	81.7	82	84.3	100.6	102.4	101.9
Total inmate-days	27,144	19,456	27,295	31,408	29,808	30,011	30,865	36,721	37,383	37,198
Average length of stay in months	(2)	(2)	5.5	8	10	(2)	(2)	9	9.5	(2)

[1] Recidivists included. A parole system was used whereby boys were returned to the School without affecting admissions.

[2] Not recorded.

It will be noted from the ten-year tabulation above that there were 171 new admissions and thirty-two readmissions during the year, which is an all-time high for the School. Due to increased population and lack of security facilities, a larger number of boys were transferred to Oakalla than had been the case during previous years.

Since the administration of the School firmly believes in the principle of extended leave, there has been an increase in the number of boys granted this form of discharge. It is thought that this policy assists the boy in his transition period from institution back to the community life. This form of discharge means that there is authoritative control during this period, which may be an unsettled one for the boy. This control of the School is a positive influence.

During the late months in the old School, there was instituted an admission unit wherein new boys were segregated during the period of orientation into the School programme. Realizing that these facilities were available in the new School, this was started

as an experiment and preparatory to the move to Brannen Lake. This, in the staff's opinion, was one of the major factors in the reduction of A.W.O.L.'s. With the facilities of the new School it has been possible to step up both the work and recreational programmes.

After a considerable amount of preparation and with the co-operation of the transportation companies and local resources both on the Mainland area and Nanaimo district, the physical move of the School was carried out on the 16th day of March. The buses were at the Coquitlam School at 6 a.m., and the School staff, consisting of twenty-four staff and 114 boys, boarded the buses and made the trip by bus and ferry to Brannen Lake, arriving at 10.30 a.m. Much credit is due the transportation companies and all persons who assisted in this transfer. While this was the most important point, it was not the full problem of the move. The thirty-five members of the staff who moved with the School had to locate new quarters, move their families, and re-establish themselves, and here again the services of all local resources were much appreciated. Twenty-three new persons had to be engaged and oriented into the programme.

FINANCIAL STATEMENT, 1954–55

Salaries		$151,010.98
Office expense		2,489.25
Travelling expense		2,489.25
Maintenance of buildings and grounds		2,543.93
Heat, light, power, and water		7,511.09
Medical services		8,828.80
Medical supplies		1,861.16
Provisions and catering		39,739.77
Clothing and uniforms		11,553.83
Laundry and dry-goods		5,188.31
Maintenance and operation of equipment		1,933.43
Transportation		1,411.81
Equipment and machinery		457.54
Incidentals and contingencies		6,850.43
Repairs to furnishings and equipment		768.22
Training programme expense		3,792.83
		$251,037.25
Less—		
Rent collected	$150.00	
Unemployment insurance deductions	209.07	
Workmen's Compensation Board	680.88	
Meal tickets	1,710.00	
Miscellaneous	77.37	
Increase in inventory	298.30	
		3,125.62
		$247,911.63
Public Works expenditure		5,382.79
		$253,294.42
Less maintenance receipts		2,127.46
		$251,166.96

Per capita cost, $6.81.

CONCLUSION

This report is brief, and this, in part, is due to the fact that there was a change of administration late in the year. In addition, much time had to be spent in preparation to the moving of the School from Port Coquitlam to Brannen Lake, which took place during the last two weeks of the fiscal year. Many hours of overtime was put in by the staff of the old School preparing for the move, planning the programme, and compiling a handbook for staff, which has been issued to all staff members, both old and new. This necessitated much work on the part of the staff members of the Coquitlam School, and their suggestions were most helpful and greatly appreciated. When the move took place, fullest co-operation was given by the new School staff and Public Works employees located at the School, who gave unstintingly of their time and effort to assist in the transfer of the institution from one location to the other.

In conclusion, I would like to take this opportunity of expressing the School's appreciation to those individuals and organizations who assisted in its work during the past year.

F. G. HASSARD,
Superintendent.

INDUSTRIAL SCHOOL FOR GIRLS

The report of the Provincial Industrial School for Girls, covering the fiscal year ended March 31st, 1955, is herewith submitted.

This year continued in much the same vein as the previous year, with considerable unrest among the girls and many changes in staff. No major changes were made in the programme or policy during the early months of the year, pending the outcome of the committee investigating conditions in the Schools. This report was made public in October, and while it made no major recommendation for staff changes, it did strongly recommend a new School and suggested changes in the present quarters to facilitate and improve the operation of the institution until such time as a new School could be built.

During the year the Elizabeth Fry Society extended its services to include active interest in the School and the individual girls. This society works with women prisoners and gives assistance in rehabilitation on discharge. They have been instrumental in arranging for a number of groups to bring first-class entertainment into the School. Some of their members held a regular square-dancing class once a month. They obtained tickets for a variety of programmes being presented in the city and the regular weekly hockey games so that groups of twelve to fifteen girls who had earned privileges were able to attend free of charge. Some of its members have taken a personal interest in girls without families or with no relatives in the city, have written to them, sent them small gifts, and, when they were ready for a week-end privilege, have taken them as guests to their homes. This has been a great asset and most valuable in working with some of the more upset and lonely girls.

Several religious groups who have maintained an interest in the School over a long period of time continued to conduct services in the building once a month. The need for a more consistent religious programme is recognized and should be provided, not only for formal services in the School, but to include simple religious instruction and counselling. The girls have shown a desire for this. A School padre would be an asset.

To increase the meagre training facilities, a hairdressing-parlour was opened, with a trained hairdresser in charge. As space for this was small, it was only possible to train two girls at a time. Both girls completed the six months' course and passed the Board examinations. Unfortunately the hairdresser became ill and was off from January till the end of the fiscal year.

Formal education continued in the schoolroom for girls under school-leaving age and those over who wished to attend. While correspondence courses were used almost exclusively, the school was carried on under the supervision of a qualified and experienced teacher. The number attending dwindled through the year, and it was even difficult to keep girls under 15 years in regular attendance. Correspondence courses require pupils with a high degree of intelligence and ability to concentrate. Many of our girls are too disturbed by their circumstances to work up to their ability.

The recreational programme, including sports and handicrafts, has been spotty, partly due to the difficulty in getting trained staff for physical education and lack of proper space and equipment for other activities.

Following two periods of leave of absence due to ill health, the Superintendent requested a transfer, and this was granted at the end of February while she was off ill. At the same time the Treatment Director resigned to take another position in the East. This threw a tremendous responsibility on the whole staff, and those occupying the more senior positions are to be commended for the marvellous way in which they carried on and kept things going. At the first of March an Acting Superintendent and Acting Treatment Director were appointed temporarily from the field staff, where they held positions of district supervisors. Both being new to this type of institutional work, they had to lean heavily on the existing staff.

The Treatment Director, during the year and before leaving the School, completed a report on the girls who have been committed to the institution over a period of years which could very well form the basis for further and continued research in this field. This report was submitted to the Deputy Minister early in March.

The total population in the School has not varied greatly from the previous fiscal year. There has been an increase of only one more in admissions and the same in releases. The number of A.W.O.L.'s has continued high, and it is unlikely this will improve as long as the School remains in its present setting. During this year 25 per cent of the girls committed to the Girls' Industrial School have been transferred to other institutions—Oakalla or mental institutions; 21.74 per cent of the committals were recidivists; and Indian girls represented 24.64 per cent of the total committals. The high percentage of recidivists might indicate two factors: (1) The need for greater training facilities and segregation within the institution, and (2) a stepping-up of casework services to the family while the girl is in the institution and continuing services when she is released. Successful rehablitation and the value of care given by the institution is difficult to assess without considerable research, which has not been possible in the past due to other pressures on staff in both areas.

EXPENSES AND REVENUE STATEMENT OF SCHOOL, MARCH 31st, 1955

Total inmate-days from April 1st, 1954, to March 31st, 1955		11,136
Per capita cost, one year		$4,848.92
Per capita cost, one day		$13.28
Operating expenditure by voucher—		
Salaries		$84,876.99
Office expense		1,536.64
Travelling expense		54.71
Maintenance of buildings and grounds		3,685.89
Light, power, water, and fuel		6,323.78
Medical services		4,250.03
Medical supplies		1,167.83
Provisions and catering		13,150.23
Clothing and dry-goods		3,515.77
Maintenance and operation of equipment		978.90
Office furniture and equipment		230.46
Equipment and machinery		2,419.85
Incidentals and contingencies		90.26
Good Conduct Fund		249.04
Vocational and recreational supplies		3,712.26
Transportation of girls		1,044.93
Motor-vehicles and accessories		2,275.35
Total expenditure for year by voucher		$129,562.92
Maintenance and repairs (expended through Public Works Department)—		
Salaries	$7,701.42	
Maintenance of buildings and grounds	11,335.41	
		19,036.83
Inventory, March 31st, 1954		4,377.79
		$152,977.54
Less—		
Proceeds from meal tickets	$798.50	
Rent	66.93	
Sale of garden produce	365.10	
Refund of transportation	79.00	
Miscellaneous	249.98	
	$1,559.51	
Inventory, March 31st, 1955	3,479.17	
		5,038.68
		$147,938.86
Less maintenance		930.90
		$147,007.96

RECONCILIATION

Total expenditure as per Public Accounts	$127,072.51
Add Public Works expenditure	19,036.83
	$146,109.34
Add inventory as at March 31st, 1954	4,377.79
	$150,487.13
Less inventory as at March 31st, 1955	3,479.17
Expenditure (as above)	$147,007.96

Respectfully submitted.

(MISS) WINIFRED M. URQUHART,
Acting Superintendent.

PROVINCIAL HOME, KAMLOOPS

I herewith submit the annual report of the Provincial Home for the Aged and Infirm, Kamloops, for the fiscal year 1954–55.

BUILDINGS

The matter of maintenance of the Provincial Home buildings proper, despite recommendations and need, has been neglected during the past fiscal year. With the exception of minor repairs, chiefly performed by the staff, there has been nothing done. The painting job started in May, 1954, and discontinued to allow for annual vacation of painters, was never resumed or completed.

The Public Works Department installed a complete new steam plant adjacent to the Provincial Home, from which the Home obtains the necessary steam for heating, etc.

CEMETERY

The staff continued to improve the appearance of the Provincial Home cemetery, which has proved to be quite an undertaking. The nature of the soil, which is just plain fine sand, tends to blow away, grass seed along with it, resulting in rather unsatisfactory results to date.

HEALTH SERVICES

As indicated in last year's report, the downward trend of the general physical and mental condition of new admissions continues, resulting in continued pressure on the sick-ward facilities and sick-ward staff. The daily bed patient average is thirty-four or approximately 35 per cent of the inmate total. The average weekly number of patients examined and treatment prescribed for, by the attending physician, is twenty. The hospitalized cases are in addition.

EQUIPMENT

The equipment of the Home, which has gradually been improved, was greatly enhanced by the installation of new spring-filled mattresses for every inmate. The mattresses were protected by plastic envelope covers. This combination had previously proved successful in the sick ward.

The acquisition of several Hollywood convertible wheelchairs, together with several Hollywood toilet commode chairs, has proved of great benefit to patients and staff of the sick ward in particular.

Two Vornado 12-inch bracket-type fans were installed in the sick ward, and two portable types of similar size were placed in the dining-room.

Equipment obtained for cemetery use consists of 4-foot-high commercial wire fencing with necessary metal posts and double gate and a suitable sprinkler system, with a power-mower capable of servicing approximately a 5-acre plot.

A new Kodascope Pageant sound projector was placed in operation for the weekly picture-show entertainment.

ENTERTAINMENT

With respect to entertainment, the Home continues to receive the kind co-operation of many organizations such as the Elks Band, the Kamloops High School Band, St. Ann's Academy Girls' Choir, the Royal Inland Hospital Nurses' Christian Association, the Lions Club, and the Elks Concert Party. During the past year the ladies' auxiliary to the Kiwanis Club has adopted the Provincial Home as a project, visiting individually and collectively. Once a month a birthday party is held; all the men are invited. Those whose birthday occurs during that month are especially honoured. The weekly picture show has continued. The Christmas decorations, both internal and external, are an outstanding feature.

RELIGIOUS SERVICES

Religious services are regularly conducted weekly by various denominations, who are accorded every facility for their needs.

"PROVINCIAL HOME ACT AMENDMENT ACT, 1955"

The Act was amended at the last session. The base of eligibility was broadened to include men, although not destitute, unable by their own efforts to find suitable accommodation. The residence qualification was altered to one year, in conformity with the "Residence and Responsibility Act" and also with the interprovincial agreement in respect to welfare services. The section with reference to transfer of property was reworded to provide repayment to the inmate and his heirs of moneys not used for his maintenance and funeral expenses. The administration of the Act now comes under the Minister of Health and Welfare.

REMARKS

The many divers problems of the aged, especially with respect to chronically ill persons, is ever present, and apparently increasing, relatively and actually, with the increase of population in the Province. As suggested in last year's report, it would seem wise to give consideration to the establishment of suitable accommodation for chronic bed cases.

FINANCIAL REPORT FOR THE YEAR APRIL 1ST, 1954, TO MARCH 31ST, 1955

EXPENDITURES FOR THE FISCAL YEAR ENDED MARCH 31ST, 1955

Salaries		$89,109.17
Expenses—		
Office expense		673.40
Maintenance of buildings and grounds		2,105.26
Heat, light, power, and water		11,419.47
Medical services		2,934.06
Medical supplies		2,574.02
Provisions and catering		31,768.63
Clothing and uniforms		2,759.65
Laundry and dry-goods		10,142.39
Transportation		660.76
Maintenance and operation of equipment		296.39
Equipment and machinery		7,816.05
Incidentals and contingencies		1,372.40
Burials		1,600.00
		$165,231.65
Less—		
Board	$2,016.00	
Rent	661.25	
Special purchases charged to Provincial Home Trust Reserve Account	9,161.44	
		11,838.69
		$153,392.96

Inmate-days

Inmates in the Home, April 1st, 1954	123	
Inmates admitted during the year	58	
		181
Inmates discharged	30	
Inmates deceased	27	
		57
Total number of inmates, March 31st, 1955		124
Total number of inmate-days		43,823

Summary

Provincial Home expenditure	$153,392.96
Public Works expenditure	5,799.98
Total expenditure	$159,192.94

Cost *per capita:* $159,192.92÷43,823=3.63

Pensions

Pensions paid to Government Agent, Kamloops	$54,439.40

Reconciliation

Net expenditure as per Public Accounts		$100,546.72
Add maintenance receipts—		
Pensions	$54,439.40	
Municipalities	5,521.81	
		59,961.21
		$160,507.93
Add Public Works expenditure		5,799.98
		$166,307.91
Less pensioners' comforts		7,114.97
Total expenditure (as above)		$159,192.94

Respectfully submitted.

J. M. Shilland,
Superintendent.

WELFARE INSTITUTIONS BOARD

I herewith submit the annual report of the administration of the "Welfare Institutions Licensing Act" for the year 1954. As licences are issued on the basis of the calendar year, this report covers the period from January 1st, 1954, to December 31st, 1954.

LICENCES

The total case load for the year was 957. Included in this number were 523 licensed institutions and 434 pending applications. Of the licensed institutions, sixty-five closed within the year and 309 pending applications were closed or withdrawn. The total number of cases at December 31st was 583, made up of 458 licensed institutions and 125 pending applications (Table II, p. 95). In 1954 licensed welfare institutions served 27,720 persons.

Welfare institutions' licences are issued to cover the following types of care:—

(1) Full-time boarding care of children under 15 years of age. This includes the small private boarding home with two children, children's institutions, and summer camps.
(2) Day-time care of children in kindergartens, nursery schools, and foster day-care boarding homes.
(3) Homes for older people.
(4) Maternity homes.
(5) Hostels for fifteen or more unemployed employables.

A home and personnel must meet the requirements as set out in the Act and regulations before a licence is issued.

BOARD MEETINGS

There was a change in the personnel of the Welfare Institutions Board. The Chairman, Mr. C. W. Lundy, relinquished this office upon his appointment as Deputy Minister of Welfare in October. Mr. J. A. Sadler, who succeeded Mr. Lundy as Director of Welfare, was appointed Chairman. Mr. A. A. Shipp, of the Social Welfare Branch, was also appointed a Board member. Ten meetings were held by the Welfare Institutions Board during the year.

WELFARE INSTITUTIONS FOR CHILDREN

A. Full-time Care of Children

Institutions for Child-care

There are ten licensed institutions for the full-time care of children. No institutions were licensed in 1954. With the exception of two of these institutions, the others have been established to give special care to children. Rosary Hall at Williams Lake was started as a boarding home for children who came to Williams Lake to attend school, and Notre Dame was opened in Dawson Creek for the same reason. Children boarding in these homes attend the local public schools and return to their own homes for week-ends and vacations. These two institutions made it possible for children living in outlying areas to attend school rather than receive their education by means of correspondence courses.

St. Christopher's School, for retarded boys aged from 5 to 14 years, is giving a much-needed special service. As the capacity of this school is limited to twenty boys, individual attention can be given to each pupil. This school has had great success in the training of these boys, many of whom are self-supporting. The school has an active and energetic board of directors, and plans for a new school is one of the first items on the agenda. Admission to the school is upon the recommendation of the Child Guidance Clinic.

The Loyal Protestant Association Home in New Westminster and the British Columbia Protestant Orphans' Home in Victoria have greatly improved in programme, admission policy, and staff. Admissions to these homes are now considered in terms of whether the institution can meet the child's needs rather than having their quota of children. Children in these institutions attend the local public and high schools and participate in community activities. Both these institutions have active boards of directors and women's auxiliaries. The British Columbia Protestant Orphans' Home has a junior women's auxiliary as well, whose members are young married women with children of comparable age to those in the institution. The work of this group has been most effective.

The children are from broken homes, and the placement is a private arrangement between a parent and the institution. There are no orphans in these homes, as orphans in this Province are usually made wards of the Superintendent of Child Welfare.

One institution, the Convent of the Good Shepherd, with the help of an advisory committee, has under review the total programme of the institution. The new programme which is being formulated is one which will meet the needs of emotionally upset adolescent girls.

Number of institutions licensed in 1954	10
Number of children cared for	657
Total days' care	129,976

Private Boarding Homes

There were fifty licensed boarding homes for children at the end of 1954. All homes used for this purpose are required to meet the standards as set out in the regulations to the "Welfare Institutions Licensing Act." The number of children for whom a home is licensed depends upon the available accommodation, but no home can be licensed for more than five children. In Vancouver these homes are supervised by the two Children's Aid Societies, in Victoria by the Family and Children's Service, and in other parts of the Province by the Provincial field service staff. The reasons for placement of children in boarding homes are broken homes, illness, or death of a parent, and both parents working.

Approximately 200 newspaper advertisements of homes offering to board children were checked during the year and referred to the agency concerned for attention. The daily papers, especially in Vancouver, have been most co-operative in referring these advertisements to the Welfare Institutions office, and also by giving the necessary information needed to check the homes. These newspapers also advise the persons advertising about licensing, and that a visit may be expected from a social worker. Only a small percentage of homes which advertise can be licensed, as these homes are not up to and cannot be brought up to the required standard. Often there are social, economic, or marital problems existing in these homes which require the services of a welfare agency.

Municipal and Provincial inspectors, especially those of health and fire, are most helpful in clearing up difficult situations which arise from time to time in these homes.

The Advisory Committee on Private Placements, under the chairmanship of Dr. Stewart Murray, Senior Medical Health Officer, Vancouver, with representatives from the two Children's Aid Societies, Foster Day Care Association, Metropolitan Health Committee, and the Welfare Institutions Office, meets bi-monthly to review the private boarding-home situation in Vancouver. This Committee works continuously to improve the quality of care given to the children and the physical standards of the homes.

While it is necessary to have private boarding homes for children, in many cases these homes are referred to child-placing agencies as possible foster homes.

Number of children's boarding homes licensed in 1954	50
Number of children cared for	174
Total days' care	35,053

B. Day Care of Children

Foster Homes for Day Care

Homes for the day care of children are used mainly for children whose mothers must work to support the family or to supplement the family income. Recently, however, many mothers who wish to work from choice have been asking for this service for their children. The policy of the Foster Day Care Association, Vancouver, a Red Feather agency, has been to limit this service to mothers who must work. Day-care homes used by this agency are located in all parts of Vancouver, and a mother is referred to the one nearest her own home or her place of work. It is the mother's responsibility to take her child to and from the foster home. There is a moderate charge made for this service, and if the mother cannot meet the full cost, the agency will help out financially.

Foster day-care homes outside the City of Vancouver are supervised by municipal and Provincial social workers. Homes licensed for this service are limited to the care of five children.

A good day-care programme for the care of young children whose mothers must work in order to support the family is essential in all communities. It is a means of keeping homes together and prevents the permanent placement of children away from their parents.

Number of foster day-care homes licensed	28
Number of children cared for	254
Total days' care	18,201

Kindergartens, Play-schools, etc.

This year the Extension Department of the University of British Columbia offered for the first time a correspondence course in pre-school methods. This course is divided into two parts—(*a*) pre-school education, which is taken by correspondence, and (*b*) a demonstration course in pre-school methods, to be attended in person by the students. The minimum educational requirement to register for this course is high-school graduation. The course is to be completed in two years, and upon successful completion the student will be given a certificate by the Extension Department. The Extension Department is careful to point out that this certificate, however, does not carry credit toward a university degree. The certificate will be recognized by the Welfare Institutions Board as evidence that the student has the minimum qualifications required by supervisors of pre-school centres.

Courses in pre-school education are also given by the Adult Education Department night-school classes of the Vancouver School Board and by Victoria College Evening Division, Victoria. The following ten courses are given:—

(1) Methods in Pre-school Education.
(2) Demonstration of Pre-school Methods.
(3) Child Growth and Development (Psychology I).
(4) Personality Development (Psychology II).
(5) Play and Play Techniques for Pre-school Children.
(6) Music and Rhythms for Pre-school Children.
(7) Arts and Crafts for Pre-school Children.
(8) Language and Literature for Pre-school Children.
(9) Social Studies and Science for Pre-school Children.
(10) Parent-Teacher Relationship in the Pre-school Setting.

It has been so arranged that the ten courses may be completed at night-school in two years. A demonstration course in pre-school methods is given each summer in Vancouver either by the Adult Education Department of the Vancouver School Board or by the Extension Department of the University of British Columbia. This is a full-day three-week course and is usually given the first three weeks in July. Registration is limited to

twenty-five persons because of limited space. At the present time the minimum of training is being offered, but all pre-school groups are working toward a higher standard of training.

In November the British Columbia Pre-school Education Association, in co-operation with the Extension Department of the University of British Columbia, held a two-day conference on pre-school education followed by a full-day workshop. The conference was planned to educate the general public as to the value and importance of pre-school education. This first venture proved so successful that plans for another institute for the fall of 1955 are nearing completion.

With the exception of a very few kindergartens for 5-year-olds which are part of the public-school system, pre-school education is entirely a private enterprise. Many groups of parents throughout the Province have established co-operative pre-schools for their young children. Fully trained supervisors are employed, and mothers take their turn at assisting the supervisor. Neighbourhood houses, community centres, many churches and private persons have established pre-school centres, all of which are giving a good service to their communities.

Another milestone in pre-school education was reached toward the end of the year with the announcement that the Nursery Training School of Boston, Mass., was offering a scholarship of one year's training at this famous nursery school for Canadians only. This scholarship is called the Queen Elizabeth Scholarship and was given to commemorate the coronation of Her Majesty Queen Elizabeth II. The Government of Canada has been asked to see that arrangements are made to select suitable candidates, and the Minister of the Federal Department of Health and Welfare has agreed that his Department will be responsible for organizing a committee which will receive applications and recommend candidates. The Chief Inspector of Welfare Institutions is the representative on this committee for British Columbia. Information about this scholarship and application forms can be obtained from the Welfare Institutions Office.

As the figures below will show, the number of licensed pre-school centres increased and a larger number of children attended than in the previous year.

Number of pre-school centres licensed in 1954	194
Number of children registered	8,924
Total days' care	712,808

MATERNITY HOMES

The accommodation provided by the three licensed homes—namely, Maywood Home (Salvation Army), United Church Home, and Our Lady of Mercy Home (Roman Catholic)—are adequate for the needs of this service. All three homes work closely with the Children's Aid Societies and other welfare agencies. The services of the social-work staffs of these agencies are available to the unmarried mothers. Working together, the mother and social worker make plans for the baby's care and the mother's rehabilitation. Some mothers wish adoption for their babies; others who want to keep their children are helped to find suitable boarding homes. Many requests are for homes where mother and baby may stay together. At the present time, plans for mother and baby are completed fairly quickly, and this means that more mothers can be accommodated in the homes.

This year the United Church Home was completely renovated, and an addition was added which provided more spacious accommodation and modern facilities. The kitchen and dining-room were enlarged. The addition has provided a large, bright sitting-room, recreation-room, and study for girls who are continuing with their school work while in the Home. Two more bedrooms for the girls have been added, and also the latest in powder-rooms. Furnishings and drapes are colourful and modern. The Home now has accommodation for twenty-three mothers and six babies.

The matrons of two of these homes are graduate nurses, and a trained social worker is in charge of the other home.

Number of homes licensed in 1954	3
Number of mothers cared for	219
Number of infants cared for	225
Total days' care	26,240

AGED-CARE

Each year brings an ever-increasing demand for homes for older people, and 1954 was no exception to this rule. During the year twenty-four private rooms were added to Normanna, the Norwegian Home located in Burnaby. Menno Home, under the auspices of the Mennonite Benevolent Society, with accommodation for thirty persons (twenty private and five semi-private rooms), was opened at North Clearbrook in the Fraser Valley. Westminster Pioneer House, with private-room accommodation for thirty persons, was completed and opened by the City of New Westminster. An addition was added to the King's Daughters' Restholm in Vancouver, making room for sixteen more guests. Other municipalities and organizations are planning homes for our older people.

While there are many good homes operated by private individuals, it has been the experience of this Division that these homes are usually not as well administered nor is the standard of care as good as in homes sponsored by municipalities and organizations. In a privately operated home the individual's interest centres around the financial return, while in the homes of municipalities and organizations the chief concern is to give a service to the community. However, both types of homes are necessary, as some older people will not go to municipal or organization homes as they seem to have the idea that these are " charity homes."

Homes which have been recently constructed and those in the process of building are providing more private rooms, as this is the type of accommodation most older people prefer; also most of the homes are of one-story construction. This is the most satisfactory type of building for older people, as there are few steps. All homes are required to have a sitting-room for the guests. Radios, television, games, and books are provided. Many church and other groups have " adopted " various homes and arrange for concerts, entertainments, and birthday parties. These groups also see that transportation is provided when needed.

During the year the Vancouver Committee on the Aged sponsored a series of lectures which were given by doctors and psychologists on chronic diseases of older people and how these ailments can be treated at home. These lectures were attended by most of our boarding-home personnel, who reported them as practical and instructive.

There are now 150 licensed boarding homes in all parts of the Province, which means that older people, when they need this service, do not have to leave their own community. These homes are under the supervision of the district social workers.

During the year Mr. Clark Tibbitts, Chairman, Committee on Aging, Department of Health, Education and Welfare, Washington, D.C., visited some of our homes in the Vancouver area and was well pleased with what has been done for the older people in this Province.

Through the kindness and generosity of Mr. Tibbitts, the new film " Such a Busy Day Tomorrow " was loaned to the Board. This film, which was shown to several groups, organizations, and agencies which are interested in older people, revealed the great need of a recreation programme for senior citizens.

During the year there have been many requests from other Provinces and places in the United States for information about homes for elderly persons and legislation.

The Branch continues to work toward improved care and accommodation for our older people.

Number of homes licensed during 1954	150
Number of persons cared for	3,299
Total days' care	664,429

UNEMPLOYED ADULTS

There were no new homes licensed for unemployed adults during the year. The number still remains at four, all of which are for young women.

These homes have been established by church or national groups, and their purpose is to provide a home for girls who are looking for work and are living away from their families. All four homes are located in good residential districts. The atmosphere is always homey and comfortable. Here the girls share bedrooms or sleep in dormitories, enjoy the comfortable living and dining rooms, and are free to entertain their friends. A capable, understanding matron is in charge of each home, who is able and willing to help and advise the girls with their problems or difficulties.

These homes have proven most successful for the older adolescent and young woman and are always filled to capacity. In the larger centres more homes of this kind are needed.

Number of homes licensed during 1954	4
Number of persons cared for	390
Total days' care	16,825

SUMMER CAMPS

Do you know or remember me?

I am the fields and trees
Beside the shining river.
I am camp fires when the sun has set,
Songs loved and hummed over and over again.
I am the fellowship renewed each day
At morning and evening prayers.
I am excitement born of pleasure,
Something looked forward to and long remembered.

I am camp.

There were fifty licensed camps in 1954, at which 13,578 campers enjoyed a healthful and happy holiday. All camps reported a booming and successful year.

The improvement in camping standards and in educating the public to the value of camping experience is due in a large part to the work of the British Columbia Camping Association. Under the sponsorship of this association, Camping Week was held this year early in May. City and municipal authorities supported this effort, as did some of the larger stores with camping display windows. Radio stations also co-operated by announcements or personal interviews. Camp literature was distributed in the public schools in the larger centres. Some 50,000 copies of these pamphlets were printed free of charge by one of the department stores.

A most successful Camp Counsellor Institute was held early in May, at which more than 100 persons were registered. In co-operation with the Extension Department of the University of British Columbia, an Institute for Camp Administrators was arranged and declared the best of its kind ever given in British Columbia. Forty persons, representing twenty-four camps, registered for the course.

In Vancouver, through the Camp Referral Programme, some 300 boys and girls who otherwise could not have afforded it had a camp holiday. In order to ascertain the value of this experience, a questionnaire was sent to the parents of these children. The number of questionnaires returned was encouraging and showed clearly the benefits to the children.

A camp directory was again published this year through the joint efforts of the British Columbia Camping Association, the Vancouver Community Chest and Council, and the Welfare Institutions Office.

Reports received from the Health Branch and the district social workers indicate that physical and programme standards of camps continue to improve.

The Medical Health Report Form No. P.H. 26 was used for the first time this year by many of the camps. As this form proved so successful, it is hoped that all camps will be using it by the next camping season.

This year the Chief Inspector had the privilege of attending the Pacific Camping Federation Conference which was held at Harrison Hot Springs. The theme of the conference was "And So the Camper Grows." Sitting in on many of these sessions, it was learned that British Columbians were keeping up with their American neighbours in the camping field; also our problems were the same, particularly those of staff. Everyone at the conference, especially those present from across the border, agreed that British Columbia, with its snow-capped mountains, its blue rivers, and its green forests, has the ideal camp setting. Their advice was that camp-sites should be secured while there is still time and choice.

It is important to keep in mind the objects of camping, which have been well defined by the American Camping Association. " Camping should be an out-of-doors experience where emphasis is placed on the enjoyment of simple living and where campers have an opportunity to take responsibility for the basic problems of their day-by-day life. Camping includes at least five elements—out-of-doors, recreation, group living, education, and social adjustment, for camping is a recreational experience in the out-of-doors which provides special opportunity for education and for social adjustment through group living."

In looking back it can be said that 1954 was the best camping year yet.

Number of summer camps licensed in 1954	50
Number of children cared for	13,578
Total days' care	122,693

CONCLUSION

Sincere thanks and appreciation is extended to all who helped with the administration of this Act.

STATISTICAL INFORMATION

Table I.—Showing a Comparative Summary of Information Regarding Premises Licensed under the "Welfare Institutions Licensing Act" for Calendar Years 1951 to 1954

	1951	1952	1953	1954
Children—Total Care (Excluding Summer Camps)				
Number licensed—				
Institutions	11	10	10	10
Boarding homes	49	37	48	50
Capacity—				
Institutions	497	562	549	549
Boarding homes	126	105	126	146
Number of children under care—				
Institutions	648	613	643	657
Boarding homes	166	149	166	174
Number of days' care—				
Institutions	121,140	122,139	140,269	129,976
Boarding homes	30,025	27,581	30,553	35,053
Women—Maternity				
Number licensed	3	3	3	3
Capacity	116	116	116	115
Number of persons under care—				
Mothers	204	214	229	219
Babies	256	221	218	225
Number of days' care	29,758	26,941	25,852	26,240
Adults—Infirm and Unemployable				
Number licensed	120	110	133	150
Capacity	1,809	1,740	1,955	2,222
Number of persons under care	2,723	2,630	2,874	3,299
Number of days' care	513,114	533,660	601,941	664,429
Adults—Employable				
Number licensed	4	4	4	4
Capacity	58	58	58	58
Number of persons under care	352	455	406	390
Number of days' care	14,174	15,464	15,642	16,825
Children—Day Care				
Number licensed—				
Kindergartens	127	146	136	194
Foster day care	17	28	29	28
Capacity—				
Kindergartens	3,614	3,993	4,839	5,120
Foster day care	83	126	183	137
Number of children enrolled—				
Kindergartens	6,841	7,401	8,046	8,924
Foster day care	277	293	324	254
Number of attendance days—				
Kindergartens	481,058	554,173	663,378	712,808
Foster day care	15,997	22,502	26,428	18,201
Summer Camps				
Number licensed	32	33	42	50
Capacity	2,258	2,463	2,642	3,369
Number of persons attending	8,957	9,572	12,626	13,578
Number of attendance days	152,230	203,234	118,713	122,693

Table II.—Case Load Showing the Total Number of Licensed Institutions and Pending Applications for Calendar Year 1954

	Licensed Dec. 31, 1953	Licensed in 1954	Licensed Institution Closed in 1954	Total Cases Licensed at Dec. 31, 1954
Licensed				
Children—total care—				
1. Boarding homes	42	17	14	45
2. Institutions	10	-----	-----	10
3. Camps	42	9	1	50
Children—day care—				
1. Kindergartens	169	38	28	179
2. Foster day care	27	3	4	26
Aged—				
1. Boarding homes	99	30	18	111
2. Institutions	27	3	-----	30
Adults—employable	4	-----	-----	4
Women—maternity homes	3	-----	-----	3
Totals	423	100	65	458

Licensed December 31st, 1953	423
Number licensed in 1954	100
	523
Closed in 1953	65
	458

	Pending Dec. 31, 1953	New Cases in 1954	Closed in 1954	Total Pending Cases at Dec. 31, 1954
Pending Licences				
Children—total care—				
1. Boarding homes	17	121	119	19
2. Institutions	-----	1	1	-----
3. Camps	16	16	22	10
Children—day care—				
1. Kindergartens	36	88	72	52
2. Foster day care	9	20	16	13
Aged—				
1. Boarding homes	25	77	73	29
2. Institutions	1	7	6	2
Adults—employable	-----	-----	-----	-----
Women—maternity homes	-----	-----	-----	-----
Totals	104	330	309	125

Pending December 31st, 1953	104
Pending in 1954	330
	434
Closed in 1954	309
	125

Total Case Load

Licensed	458
Pending	125
	583

MEMBERS OF BOARD

The following are the members of the Welfare Institutions Board for 1954:—

Chairman: Mr. J. A. Sadler, Director of Welfare.

Members: Dr. G. Elliot, Assistant Provincial Health Officer, Department of Health; Miss Ruby McKay, Superintendent, Child Welfare Division; Mrs. Edith Pringle, R.N., Inspector of Hospitals; Mr. A. A. Shipp, Assistant Administrator, Region II, Social Welfare Branch.

Chief Inspector: Mrs. Edna L. Page.

Respectfully submitted.

(MRS.) EDNA L. PAGE,
Chief Inspector of Welfare Institutions.

PART IV.—MEDICAL SOCIAL WORK AND PSYCHIATRIC SOCIAL WORK SERVICES

SOCIAL SERVICE DEPARTMENT, DIVISION OF TUBERCULOSIS CONTROL

I beg to submit the following report on the activities of the Social Service Department, Division of Tuberculosis Control, for the fiscal year 1954–55. The statistics relate to the calendar year ended December 31st, 1954.

The downward trend in tuberculosis noted in the annual report for 1953–54 continued during the current year. In spite of increased case-finding methods, fewer new cases of active pulmonary tuberculosis are being discovered in the Province, and the disease is being detected in its earlier stages, where treatment is more effective. Of the 719 new cases (excluding Indians) of pulmonary tuberculosis diagnosed at the clinics of the Division in 1954, only fifty-six were far advanced. Tuberculosis as a cause of death reached a new low in 1954 of 9.7 per 100,000 population, and there are indications that this will place tuberculosis even lower on the list of causes of death in this Province than the tenth place it occupied in 1953.

There was a decrease of about 10 per cent over 1953 in the total number of patient-days' care given in the various units of the Division. Empty beds in the main hospital units made it possible in October, 1954, to close the Jericho Beach unit of ninety-one beds, which had been taken over by the Division of Tuberculosis Control from the Department of National Defence shortly after the war. Those chronic patients who could be cared for in the community were discharged, and the remainder were transferred to the other units.

In the current year there was a slight increase in the number of hospital admissions and a greater increase in the number of discharges. Over 70 per cent of the patients were discharged after less than one year of treatment, and, of the total number of patients discharged, 80 per cent were considered to have their disease under control. Only 10 per cent left hospital with their disease unimproved. Death accounted for 6 per cent of the discharges, and the remainder were discharged with a diagnosis of other than tuberculosis.

The average age of patients in our tuberculosis hospitals is on the increase, with almost 40 per cent of the total patient population as of October 1st, 1954, over 50 years of age. The ratio of males to females in this older age-group was seven to one, and this is of significance in rehabilitation planning for the tuberculous. The problem of retraining or re-establishing in gainful employment of the older man who has had tuberculosis is a very real one.

Improved medical and surgical procedures for tuberculosis have made it possible to extend the age-group for whom surgery is possible, and in 1954 there were 203 major surgical procedures performed in the institutions of the Division. This represents a 20-per-cent increase over 1953.

The problem of the patient who leaves hospital against medical advice continued, with 195 or almost 18 per cent of the total discharges being in this category in the current year. This showed an improvement over 1953, however, when the proportion was almost 25 per cent. Of the patients discharged without medical approval in 1954, about one-third left the hospital with their disease unimproved. From the standpoint of controlling tuberculosis in the community, this represents the hard core of infection. During the current year legal action to have patients forcibly admitted to hospital was taken against four patients. However, for compulsory treatment for tuberculosis to be effective, it must be possible for the patient to be controlled on the ward, and this is the major problem facing the Division of Tuberculosis Control in relation to this hard core of infectious patients. Except for four locked rooms at Tranquille, there are no security

measures in our hospitals for the recalcitrant patient. In addition to patients who have been committed for treatment, there are patients in our hospital units transferred for treatment from penal institutions in the Province. These patients pose a special management problem, since there is no provision for their segregation, and they must be accommodated on the open wards and dealt with by ward staff who are not trained to supervise this kind of problem person who is in revolt against authority. The patients who are prisoners tend to group themselves together, and thus they become a subversive element on the ward, which makes discipline almost impossible. This has an unfavourable effect on the other patients, particularly the young and more impressionable ones who derive excitement from associating with the criminal group.

The Social Service Department of the Division of Tuberculosis Control enjoyed a stable staff situation during the current year, and from January, 1955, when the position of casework supervisor for the Vancouver area was filled, the staff has been complete. When the Jericho Beach unit was closed, the caseworker who had served that unit on a part-time basis moved full time to the Pearson Hospital, where many of her patients had been transferred.

In March, 1955, arrangements were made to provide part-time Social Service staff to the Polio Pavilion that had been built adjoining to and under the administration of the Pearson Tuberculosis Hospital. With medical and nursing staff being delegated from the tuberculosis unit to the Polio Pavilion, it was appropriate that Social Service staff should also be made available to the new polio wing. The first patients were transferred from the Vancouver General Hospital toward the end of March, 1955. Prior to this there was consultation between the Social Service Department of the Vancouver General Hospital and the Pearson Social Service staff to expedite the transfer to the social worker in the Polio Pavilion of patients who had had contact with the Social Service Department of the Vancouver General Hospital. Most of the patients being transferred to the Pearson Pavilion were severely disabled, whose hospitalization was going to be on a long-term basis, and with these patients it had been the experience of the Social Service Department at the Vancouver General Hospital that their defences were well established to deal with the negative aspects of their future, and that except around practical problems the services of the social worker had been limited to supporting the patients' defences. Until the Pearson Polio Pavilion has been operating for some time, it will not be known how much time of the Social Service Department of the tuberculosis unit will be required to be devoted to the patients in the Polio Pavilion.

Ward responsibility for the caseworkers in this Division averaged about 125 patients per month in 1954. This is a slight decrease from the previous year and reflects the drop in the number of patient-days' care given in the various hospitals of the Division. Active cases have averaged seventy per worker per month, and these cases have involved monthly for each worker approximately eighty-six interviews with patients and relatives, fifty-one discussions with medical, nursing, and other hospital staff, and seventeen interviews with communitiy agencies. At Tranquille, because of its geographical isolation, most contact with community agencies is by correspondence rather than by interview or conference. At the Willow Chest Centre the service to out-patients has continued to be a separate case load, averaging eighty-six patients a month. Of this number, fifty-two have been active cases, involving an average of thirty-one interviews with patients, sixty-four with medical and other Division personnel, and forty-two with community agencies per month.

Because of the stability of the staff and the growing competence of the individual workers, it has been possible this year, on a selective basis, to do more intensive casework with patients needing this kind of service to enable them to utilize the many positive factors for the treatment of tuberculosis in this Province. The following case illustrates the effectiveness of skilled casework at the point of diagnosis of tuberculosis.

An intellectually superior young woman was referred to the caseworker in the out-patient clinic after signing an application for admission to hospital. The patient was

restless, angry that she had become ill, and feeling that the decision to sign an application was not her own decision at all but had been forced on her. Because the social worker was removed from medical authority, the patient was able to talk through her reactions to her illness and to authority, and during the interview she reached the point of making a firm decision as to when she would come into hospital. She was then able to move into lining up concrete plans for arranging her affairs, which she was well able to handle on her own. She was also able to face the realistic difficulties that she, as an intellectually and physically active person, might have in accepting the restrictions of hospital. She was prepared by the out-patient worker for a contact with the social worker on the ward. Diagnostic impressions of this patient's probable reaction to hospital and of the possible areas in which casework services might be helpful to her were recorded for the use of the ward social worker.

After admission to hospital the patient's focus of need may change and casework service is directed toward a different goal. The following case became active with the ward social worker when a 27-year-old single girl was admitted to hospital for the second time. She was an attractive girl who had been earning her own living and making her home with relatives. At the time of the initial interview it was clear to the social worker that the patient had been emotionally dependent in a childish way on her relatives. She appeared to be immature, with strong tendencies toward passivity and marked dependency needs. Although she was very frightened by the implications of her second breakdown and the need for readmission to hospital, she accepted hospital routine fairly easily, appearing to transfer her dependency from her family to the hospital. During the first few months she seemed not to require supportive measures other than those provided by her doctor and the ward routine, and accordingly the social worker maintained only enough contact to allow the patient to feel comfortable in asking to see the worker if the patient's emotional needs became greater. Initiated by the patient, contact with the social worker became more intensive when the patient's physical condition improved to the point where she was expected to begin thinking about picking up the threads of her life outside the hospital. At this point the social worker moved into a more actively sustaining position and at the same time began to help the patient clarify her own feelings concerning her dependency upon the hospital and upon the family. During this period there were regular interviews. The patient now appears to have gained enough strength from her relationship with the caseworker to be able to think about planning to live apart from her relatives. Since apparently these relatives have received enough satisfaction from the patient's dependency upon them to encourage this independence, the caseworker, in co-operation with the public health nurse, plans on helping the relatives to relinquish the patient so that she can establish herself on her own in the community.

As in the previous case, it is often necessary for the hospital social worker to extend her services to include the patient's relatives. One of the male patients and his wife had acute marital problems at the time he entered hospital. Since it appeared that there were strengths in the marriage for both the partners and that neither wanted to separate, the social worker maintained regular contact with the patient in order to assist him to clarify his own feelings about the marriage and to come to terms with those aspects of it that were difficult for him. At the same time, although the contact with the wife was less intensive, she also was given help to sort out some of her emotional reactions to her husband and to the marriage. Both marital partners were prepared for referral regarding this conflict to the community agency which would be assisting them financially. The hospital caseworker sent a full summary of her contact to the community agency to assist in continuing the casework plan. While it seems clear that this marriage will never be entirely stable, many of the immediate pressures have been relieved, and through this the patient has been helped to make more effective use of medical treatment.

The TB. Social Service Department has continued to give service to the Vancouver Preventorium, and it has been possible to improve the working relations between that

institution and the health and welfare agencies throughout the Province. The home report form revised during the previous year to bring the local public health nurse into planning for patients coming into the Preventorium and being discharged to their homes is working well. A much more effective service could be given to the children in the Preventorium if that agency had its own social worker on the staff. However, this development may have to be delayed until there is some clarification of the future role of the Vancouver Preventorium in relation to the total child health facilities in the Province. This has been under review, and during the year TB. Social Service staff served on a committee set up by the Community Chest and Council of Vancouver to review the request of the Preventorium for increased financing when the new Preventorium building is constructed.

Again this year the School of Social Work at the University of British Columbia used the Social Service Department of this Division for field work, and two first-year students were placed at the Pearson Hospital. In addition, this department has continued to take part in the training programme carried out by the Division for affiliated student-nurses. During the year the lecture material and the method of presentation by the Social Service Department was revised. The teaching department of the Division has expressed great satisfaction with the results of this revision, which requires the student to complete a questionnaire. This active participation by the student has increased interest in the lecture material, and it has also indicated the areas that need to be amplified for the student by the ward social workers in their discussions with the students on the wards.

This year an achievement of real interest to all social workers in public welfare agencies in British Columbia was the inclusion of this group of workers in the compensation coverage for tuberculosis in the Province. Formerly this protection had applied only to health workers in hospitals, clinics, public health units, and branches of the Victorian Order of Nurses whose work brought them in contact with tuberculosis infection. In 1955 social workers "in a place of employment where the work performed by a social welfare worker employed by the Province of British Columbia or by any municipality is of a nature and kind usually performed by any such public health unit" were specifically covered in the event that they acquired tuberculosis as a result of and in the course of their employment.

Respectfully submitted.

(Miss) Enid S. Wyness,
Provincial Supervisor, TB. Social Service.

SOCIAL SERVICE DEPARTMENT, DIVISION OF VENEREAL DISEASE CONTROL

I wish to submit the following report on the activities of the Social Service section of the Division of Venereal Disease Control for the fiscal year 1954–55. The statistics relate to the calendar year ended December 31st, 1954.

From a review of the activities of this Division over the past ten years it is evident that the venereal-disease problem in the Province of British Columbia has undergone radical changes. This is reflected in the decreasing number of venereal-disease infections diagnosed in British Columbia each year. The downward trend in the total number of reported cases of venereal disease since the peak year of 1946 has continued throughout 1954 as compared to 1953. The rate per 100,000 population has declined, and at 228.4 per 100,000 population it is well below the pre-war (1939) rate of 329.9 per 100,000 population. Gonorrhœa has continued to be the main venereal-disease problem, accounting for 92 per cent of all cases reported during the year. The most striking conquest in the control of venereal disease in this Province has been with syphilis, with a 91-per-cent reduction in the number of reported cases between 1946 and 1954. In 1946 there were 2,126 cases of syphilis reported, whereas in 1954 there were only 188 cases reported, of which only seventeen could be classified as early or infectious syphilis.

The favourable trend in the total number of reported venereal-disease cases is felt to be due largely to two main factors—the introduction of new medical therapeutic agents and the use of a speed-zone concept in the epidemiological control of venereal infection. With regard to the new medical treatment, the following statement made by Drs. B. Kanee and A. J. Nelson in an article in the American Journal of Syphilis, "Gonorrhœa and Venereal Diseases," in 1954, clearly illustrates the importance of the new treatment in the over-all control of venereal disease:—

"The past decade may, truly, be said to have been the beginning of a new era in the over-all problem of control of venereal disease, particularly in regard to syphilis: 1943 will always be remembered as the turning point in syphilotherapy, as the result of the introduction of penicillin. . . .

"To the private physician, concerned with the care of his patient, and to the venereologist, charged with the public health control of venereal disease, penicillin has proved a real boon. Its known efficacy in treatment, ease of administration, safety, lack of toxicity, inexpensiveness, and, in particular, its ability to clear lesions rapidly of virulent treponemas, have established its place in the control of venereal disease. These manifold advantages, applicable to the treatment of both syphilis and gonorrhœa, have made treatment effective and of short duration. Thus, uncomplicated cases of gonorrhœa can be cured, in approximately 90 to 95 per cent of patients, with a single intramuscular injection of 300,000 units of depotpenicillin. Treatment of syphilis has changed to such an extent that the prolonged courses of therapy, which characterized the arsenical era, have now been compressed, with penicillin, into a period of approximately ten days, with even better rates of cure."*

Complementing the dramatic effect of the new antibiotic drugs has been the new concept of epidemiology. "Speed-zone" is the term used to describe the epidemiologic process which is geared to locate and bring to treatment within twenty-four to seventy-two hours the female contacts of males infected with gonorrhœa. The goal of this process is to break the chain of infection before a third party becomes involved in it. Experimentally it has been demonstrated that the incubation period of gonorrhœa in males ranges from one to thirty-one days, with 85 per cent of the infections producing clinical symptoms within six days. Accordingly, the infected male patient is interviewed by an epidemiologist for the purpose of discovering the names of all his contacts during the seven days prior to the onset of his symptoms. The key to speed-zone epidemiology then is a high

* *American Journal of Syphilis,* Gonorrhœa and Venereal Diseases, Vol. 38, 1954, p. 354.

calibre of interviewing to elicit sufficient information to enable the health-workers to locate the female contact and to bring her to treatment within the shortest time period. The evidence to date indicates that the speed-zone concept of epidemiology has made a significant contribution toward reducing the number of venereal infections in the Province of British Columbia.

Now with both medical treatment and the epidemiologic control of venereal disease contributing positively toward a reduction in the number of venereal infections by ensuring rapid and effective treatment, the role of the social caseworker at the Vancouver clinic has undergone certain changes. These changes are directly related to the new epidemiological focus and to the brief treatment period. The caseworker's concern is the patient as a person, and the contribution to the treatment process is to be helpful to the patient in dealing with his feelings in relation to his infection, to treatment, and to the entire clinic experience. There are some patients who experience a strong emotional reaction to the acquisition of a venereal disease, and casework skills have been particularly effective in helping these patients. The object of casework treatment on this short contact basis is essentially supportive and educational; that is, to support the patient through this experience to ensure that no crippling effects will remain, and to make sure that the patient has adequate and accurate knowledge regarding the venereal diseases.

The following illustrates how the clinic experience provided a patient with an opportunity to sort out his problems and to make a start at seeking some solution to them.

Mr. B. was a 19-year-old English boy who had just completed his Bachelor of Arts degree at a Canadian university. He had acquired his infection as the result of a sexual exposure to another university student. It was apparent that during this last year of academic work, his first year in Canada, he had been leading an increasingly promiscuous life, with the clinic experience coming as both a climax and a crisis. He was gifted intellectually, and physically attractive, with a sophistication which concealed his emotional immaturity and underlying concern for his own behaviour. The behaviour which had led him to the clinic was seen to be a direct result of his reaction to the freedom of a Canadian university campus, which was a contrast to his previous schooling in the comparatively sheltered life of an English boarding school. In addition, he had never known the emotional security of a happy family life, and his new freedom found him ill equipped to deal with either the attractions and stimulations of this university campus or with his own internal confusion.

The casework relationship at the Vancouver clinic enabled this patient to reorganize his defences, to gain some insight into his behaviour, and to respond to the clinic experience with some real psychological growth. His dramatic response indicated both his own inner strength and the value of having a casework service available at the clinic. For the first time in his life he was able to relate to an accepting adult in a professional relationship. This relationship, which continued for a longer period than usual because of his remarkable response to treatment, resulted in his achieving direction in life, stability in his social relationships, and satisfaction in a job. All of this he attained through his own efforts in response to the casework relationship at the Vancouver clinic.

Casework treatment at the Vancouver clinic is set up to give a direct short-term service to the patient and to make referral of the patient to a community agency for continued help with whatever problems have been presented. As venereal disease is seldom the major problem but is merely symptomatic of other difficulties, it is not appropriate for a lengthy casework treatment service to be maintained at the venereal-disease clinic. The experience of the caseworker at the Vancouver clinic has pointed up the need for community resources to give a casework service to young people in the 15- to 34-year age-group. In venereal-disease control in British Columbia single men between 20 and 34 years of age and single women from 15 to 24 constitute the greatest problem. To be helpful to these patients, such a community agency would

have to have evening hours, since most of the patients in this age-group are working. In referring patients to existing agencies, the caseworker has sometimes experienced difficulty because of a prejudice against the patient when the referral comes from the venereal-disease clinic. This prejudice is inappropriate and calls for continued interpretation about the venereal diseases to social workers and others in the community.

During the fiscal year there was a social caseworker at the Vancouver clinic for a six-month period, with service during the remainder of the year provided on an emergency basis by Social Service staff from the Division of Tuberculosis Control. Accordingly, statistical information on the work of the Social Service Department of this Division is available only for the period during which there was social-work staff at the Vancouver clinic. In this six-month period 422 patients were interviewed and given counselling service on a casework basis. The clinic caseworker continued to evaluate the patients being routinely interviewed as part of their treatment, in accordance with the rating scale which was described in the annual report for the year 1953. The evaluating process revealed much the same pattern as in previous years, with the exception that nearly three-quarters of the patients interviewed were considered to be in the three groups who could benefit most from a counselling interview. This is an increase over the figures of the previous years, but it must be borne in mind that the rating is a subjective process that is affected by changes in the rater.

In addition to direct service to patients, the clinic caseworker has continued to participate in the education programme of the Division for student-nurses, public health workers, and professional staff in allied fields.

With the increase in effectiveness of both medical treatment and epidemiologic control of the venereal-disease problem, it has become increasingly evident that the social and psychological aspects of venereal disease are of primary importance in any control programme. Venereal disease is a social problem with a medical aspect whose real roots lie in social lacks and personal maladjustments. Whatever can be done toward alleviating conditions which predispose individuals toward promiscuity in sex relations and to personal maladjustment will affect positively the total venereal-disease control programme.

Respectfully submitted.

(MISS) ENID S. WYNESS,
Provincial Supervisor, V.D. Social Service.

PSYCHIATRIC DIVISION

I beg to present the annual report of the social workers of the Psychiatric Division, Social Welfare Branch, working in the Mental Health Services of the Province of British Columbia for the fiscal year 1954–55.

A. SOCIAL SERVICE DEPARTMENTS, PROVINCIAL MENTAL HOSPITAL, HOMES FOR THE AGED, AND CREASE CLINIC OF PSYCHOLOGICAL MEDICINE.

I. Provincial Mental Hospital and Homes for the Aged

The Social Service Departments of the Provincial Mental Hospital and Homes for the Aged during the years 1954 and 1955 have moved toward greater consolidation, both in organization and administration. Social service functions have been critically studied and defined, and a statement of policy relevant to these changes has been formulated. Withal social services in general to patients have continued to expand through the increasing use of diagnostic and brief services, as well as in the area of group-work services.

(a) Staff Changes

During the year 1954–1955, the Social Service Department of the Provincial Mental Hospital, with a basic establishment of eight social workers, has undergone several changes. Three resignations necessitated replacement by one experienced social worker and two who were newly graduated from the School of Social Work. In addition, two members of the staff were granted educational leave, and in the interim were replaced by one trained social worker, employed, however, on a part-time basis only. Another staff member was promoted to a supervisory position which had become vacant on the transfer of the encumbent to the Social Service staff of the Crease Clinic. In all, the Department carried on its responsibilities throughout the year with the assistance of five and one-half social workers on staff.

Despite these changes in personnel, with their ensuing decrease and dislocation of services, over-all gains have accrued in the quality of services, in improvements in Departmental organization, and in an expansion of those services provided on a short-term basis. This has been due primarily to the skill of the casework supervisor, and to the interest and sense of responsibility on the part of the entire staff.

(b) Changes in the Locale of Social Services in the Provincial Mental Hospital

The Departmental structure instituted three years ago continues to prove adequate as a base for the effective use of a less than minimal staff in rendering service to the percentage of patients selected for coverage. This structure comprises two sections—Admission and Brief Services and Continuing Casework Services. Social services in the Admission and Brief Services Section are located in the Centre Lawn Building and are now concerned almost entirely with direct service to the patient-group there in residence, whereas formerly this service was extended to all units of the Hospital, with the result that a percentage of the patients in Centre Lawn were selected for brief social services. Because of the demands from other units of the Hospital, it was not possible to concentrate on the total group of patients in the Centre Lawn Building, the admission unit to the Provincial Mental Hospital.

During the year 1,163 patients were admitted to Centre Lawn; of this patient-group, 1,109 were referred to the Admission and Brief Services Section. For the past three years this Section has been staffed by one social worker. Increasing demands from Centre Lawn for service this year necessitated assistance from two social workers from the Continuing Casework Services Section and from three student social workers.

This assistance was given at the expense of the programme in the latter Section. The benefits to the Centre Lawn programme were encouraging. The social worker, with assistance, was able to assess the social situation and social service needs of the 1,109 patients referred for social diagnostic study, and to screen out from these referrals 429 patients (38.68 per cent) for social services. These, of necessity, had to be of a very brief nature, which is understandable when the numbers needing this help and the staff available to give it are taken into consideration. It was not possible to extend help to the patients in Centre Lawn during the pre-convalescent and convalescent period. This is a very regrettable situation, since the percentage of patients being discharged from Centre Lawn admission unit has increased over the past two years from 44 to 65 per cent of all patients admitted.

A preliminary review of staff needs in the establishment of a social service department in Centre Lawn admission unit would indicate the appointment of four workers on Admissions and Brief Services to cover the needs of newly admitted patients and four on Continuing Casework Services to cover the needs of patients during treatment, pre-convalescence, and convalescence. The intake workers would greatly facilitate the diagnostic study by the team at the time of the patient's first staffing. The appointment of four workers to Continuing Casework Services would make a marked contribution to the rehabilitation of the patient, and, on his return to community, help him to hold his gains in treatment and to adjust to community life. Patients at this time need the security that lies in the concrete help, support, and understanding of a social worker from the Hospital. It is this service which often prevents a readmission.

The Continuing Casework Services Section is located in East Lawn Building; although having an establishment for seven workers, the work-time of only four and one-half workers was available this year. The workers in this Section have tended to focus their efforts on the patients in the long-term treatment units in East Lawn, West Lawn, Homes for the Aged, and the Colony Farm. These units have increased their referrals of patients to such an extent that the Section had to close intake from time to time. However, 118 patients were referred for help from Centre Lawn while in treatment, and 217 were referred from East Lawn, West Lawn, and the Colony Farm. In addition, 413 patients were referred from the same sources for assessment of readiness for rehabilitation and for planning rehabilitation. The Section's greatest social-work activity has centred on East Lawn, with its patient population of 1,433 women.

(*c*) *Case-load Details in the Social Service Department, Provincial Mental Hospital*

Tables I and II show the continued increase in the numbers of patients given direct service (42.24 per cent) over the previous fiscal year. The quality of service on interview count has improved some 60.27 per cent over that of the previous fiscal year. The activity of the Admissions and Brief Services Section may be further estimated by the increased number of case summaries (713) prepared for the diagnositc study and the formulation of the initial treatment plan during the patient's first staffing. This Section covered 90.77 per cent of all patients admitted to Centre Lawn; 38.68 per cent were given brief casework services, ranging from three to six interviews. The remainder were studied for diagnostic purposes. In the previous year 31.15 per cent of all patients admitted to Centre Lawn were screened for brief casework services, and no diagnostic study service was given.

Tables III and IV indicate a slight decrease in the number of patients given service in the Continuing Casework Services Section of the Social Service Department of the Provincial Mental Hospital. This is undoubtedly due to staff shortages and the fact that resignations were replaced mostly by beginning workers, who must be oriented at first to the specifics of the psychiatric-hospital setting. Some 809 patients were given service in this Section, and some 5,577 helping interviews were undertaken in the integrated approach to patient treatment shared by social work with medicine, nursing, psychology, and other services in the Hospital.

Table I.—Summary of Cases Given Services in the Admission and Brief Services Section, Social Service Department, Provincial Mental Hospital, April 1st, 1954, to March 31st, 1955.

	1954–55[1]	1953–54[2]
Cases brought forward from previous fiscal year	28	27
New cases	999	422
Cases reopened during fiscal year	110	58
Cases transferred in from other services	------	2
Total intake into Admission and Brief Services Section case load	1,109	482
Total cases given service in Admission and Brief Services Section case load	1,137	509
Cases closed or referred	1,101	471
Cases carried over to next fiscal year in Admission and Brief Services Section	36	28
Number of cases given brief service casework services	429	509

[1] Work of one worker stationed on admission unit assisted by two workers and three students from time to time.
[2] Work of one worker only.

Table II.—Summary of Casework Activity on All Cases Referred to Admission and Brief Services Section, Social Service Department, Provincial Mental Hospital, April 1st, 1954, to March 31st, 1955.

	1954–55
Total casework interviews with and regarding patients	593
Total casework interviews with patients	443
Total casework interviews with relatives	150
Total number of conferences and consultations concerning patients	482
Team conferences	88
Consultations with other disciplines	296
Consultations with other welfare agencies	98
Periods of casework supervision (hours)	480
Case summaries and case preparation	823

Table III.—Summary of Cases Given Services in the Continuing Casework Services Section of the Social Service Department, Provincial Mental Hospital, April 1st, 1954, to March 31st, 1955.

	During Period of Hospitalization	During Period of Preconvalescence and Convalescence
Cases brought forward from previous fiscal year	72	117
New cases	207	413
Total intake into case load	279	530
Cases closed or referred	233	390
Cases carried over	46	140
Total cases given service (treatment and convalescence)	809	------

Table IV.—Summary of Casework Activity on All Cases Referred to Continuing Casework Services Section, Social Service Department, Provincial Mental Hospital, April 1st, 1954, to March 31st, 1955.

	During Period of Hospitalization (Treatment)	During Preconvalescence and Convalescence
Total casework interviews with and regarding patients	1,088	1,801
Total casework interviews with patients	832	1,407
Total casework interviews with relatives	256	394
Total number of conferences and consultations concerning patients	971	1,717
Team conferences, social workers attending	19	66
Consultations with other disciplines	760	1,202
Consultations with other welfare agencies and employment resources	192	401
Contacts with patients in Vista Rehabilitation Centre	2	48

II. Crease Clinic of Psychological Medicine

The year 1954–55 has been a year of consolidation and expansion of the work in the Social Service Department of the Crease Clinic of Psychological Medicine. Demands for in-patient services have increased, as well as those for continuing family casework services for patients discharged in full. This latter service is very necessary if patients are to retain whatever gains in treatment they make in the Crease Clinic with its accelerated period of treatment, ranging from eight weeks to four months. Emotional illnesses are long in the making; treatment to rehabilitation is only possible through intensive and extensive services over a long period. These must extend into the patient's home, his family, often his relatives, friends, and the community. The patient's increasing need for family services on discharge are thus seen as a real necessity if an adjustment is to be made and maintained. Of the 1,385 patients entering the Crease Clinic during the fiscal year, it is estimated that approximately 1,108 come from their homes in the Greater Vancouver area. From a study in the Social Service Department, approximately 750 patients on discharge are in need of continuing family services. The service capacity of existing health, welfare, and employment agencies in the Greater Vancouver area is already seriously overtaxed. Therefore, the Crease Clinic and its Social Service Department must provide a follow-up family service for those patients whom existing community agencies cannot serve. The development of the day-hospital and out-patient unit is eagerly looked forward to in an effort to meet these patients' needs. Meanwhile, a very large responsibility for this service rests with the Crease Clinic Social Service Department. It has received the help and support of the medical and nursing departments in this work, and grateful acknowledgment is hereby extended to them.

(*a*) *Staff Changes*

During the fiscal year there have been three changes in senior staff. One casework supervisor transferred to another division of the Social Welfare Branch. This position was filled from senior casework staff in Crease Clinic. Another senior caseworker transferred to a casework supervisory position in the Child Guidance Clinic. These vacancies in the caseworker ranks have remained unfilled to date. The present establishment for caseworkers in the Crease Clinic is set at seven. For much of the fiscal year the Social Service Department has operated with five social workers. Their in-patient social service responsibility covers 1,385 patients admitted during the fiscal year and 750 patients needing continuing family services on discharge.

(*b*) *Department Structure*

This remains as instituted three years ago. The reasons for the structure were to attain better coverage of patients' social service needs through a functional utilization and structuring of a less than minimal staff. It still proves relatively adequate to these ends. This structure embodies the sectionalization of staff into Admission and Brief Services and Continuing Casework Services.

In the Admissions and Brief Services Section, 1,385 patients were reviewed and screened for referral to social services. Of these, 410 patients were referred to the Continuing Casework Services Section, and 734 patients were carried in the Admissions and Brief Services Section on a brief service level. The number of patients to whom no in-patient service could be given was 241.

Despite the fact that 52.9 per cent of patients were carried in Admissions and Brief Services Section reflects in no way any kind of adequate service to the patients concerned. Intake studies of the patient's situation, single interviews with relatives, single interviews with patients, and single interviews with psychiatrists account for a large proportion of the 52.9-per-cent coverage. In many of these instances the Admissions and Brief Services workers' assessment revealed that a further service, either of a brief or continuing nature, would have been most helpful to the patient or his family. It was not possible to give such a service, even during that portion of the year when there were three social workers in this Section (April 1st, 1954, to August 31st, 1954).

In reviewing the records of the patients' first staffing, an over-all average of fifteen women patients and twelve men patients were presented weekly at each staffing (ward rounds). Each patient to be presented was reviewed by the social workers and casework supervisor in this Section prior to ward rounds and a tentative decision made regarding referral. It has been concluded from this review that where fifteen women patients have been presented at the staffing in any one week, an average of three have been assigned to Continuing Services and two to Brief Services, involving more than the very brief contact as indicated above. Despite the fact that 33⅓ per cent of the patients presented were assigned on any specific basis, the Section supervisor has always been aware that an additional 33⅓ per cent of the patients had problems, indicated in the initial social service review, as requiring casework services.

The Continuing Casework Services Section started the fiscal year with four case-workers on staff. In December, 1954, this was reduced to three workers. During the fiscal year 410 patients were referred to this Section. In such instances intensive casework services were provided to these patients and to their families for periods of time varying from two months to one year and involving interviews ranging from three or four a week to once every two weeks or a month. The latter applies to patients who have been discharged, whereas in some instances in-patients have been seen on a daily basis for several weeks of their hospitalization. Follow-up services to discharged patients have had to be provided at a minimal level.

(*c*) *Case-load Details in the Sections Concerned with Admissions and Brief Services and Continuing Casework Services, Crease Clinic*

Tables V and VI show a continued increase in the numbers of patients given direct services at the time of admission (80 per cent increase over the previous fiscal year). On interview count the quality and activity in direct help has improved some 72.46 per cent over that of the previous fiscal year. This Section's activity in the diagnostic and treatment formulation staffings may be ascertained from the fact that 231 summaries were prepared by this Section for the patients' first staffings. Some 734 patients (52.9 per cent of all patients) were carried at a very brief service level.

Tables VII and VIII indicate that 33⅓ per cent of all patients entering Crease Clinic were carried on an intensive continued-casework services level. Due to depletion in

staff, this Section was able to carry only one-third of the patients it carried in the previous fiscal year in a sustained and continued casework-helping relationship.

These tables also indicate progress made in integrative therapy. There has been over 100 per cent increase in interconferencing of cases with other disciplines, that of nursing being most significant.

Table V.—Summary of Cases Given Services by the Admission and Brief Services Section, Social Service Department, Crease Clinic, April 1st, 1954, to March 31st, 1955

	1954–55	1953–54
Cases brought forward from previous fiscal year	19	25
New cases	731	610
Cases reopened during fiscal year	149	116
Cases reopened from previous fiscal year	8	7
Total intake into Admission and Brief Services Section case load	888	733
Total cases given service in Admission and Brief Services Section	907	758
Cases closed or referred	891	739
Cases carried over in Admission and Brief Services Section	16	19

Table VI.—Summary of Casework Activity on Cases Carried by Admission and Brief Services Section, Social Service Department, Crease Clinic, April 1st, 1954, to March 31st, 1955.

	1954–55	1953–54
Total casework interviews with and regarding patients	1,093	792
Total casework interviews with patients	635	331
Total casework interviews with relatives	458	461
Total number of conferences and consultations concerning patients	2,617	1,469
Consultations with other disciplines	1,616	914
Team conferences (ward rounds)	113	102
Consultations with other welfare and employment agencies	888	453

Table VII.—Summary of Cases Given Service by the Continuing Casework Services Section, Social Service Department, Crease Clinic, April 1st, 1954, to March 31st, 1955.

	During Period of Hospitalization	During Period of Pre-convalescence and Convalescence
Cases brought forward from previous fiscal year	60	101
New cases	80	169
Total intake into case load	140	270
Cases closed or referred	124	222
Cases carried over	16	48

Total cases given service (treatment and convalescence), 410.

Table VIII.—Summary of Casework Activity, Continuing Casework Services Section, Social Service Department, Crease Clinic, April 1st, 1954, to March 31st, 1955

	During Period of Hospitalization	During Period of Pre-convalescence and Convalescence
Total casework interviews with and regarding patients	2,262	1,581
Total casework interviews with patient	1,659	1,100
Total casework interviews with family	603	481
Total number of conferences and consultations concerning patients	2,574	1,680
Team conferences	113	------
Consultations with other disciplines	2,147	1,097
Consultations with Supervisor, Vista, Rehabilitation Centre	9	114
Consultations with other welfare agencies	295	429
Consultations with employment agencies	10	40

III. Social Group Work Services, Provincial Mental Hospital and Crease Clinic

During the fiscal year the social group work service to patients (inaugurated in February, 1954) has expanded into three major areas of collaboration with medicine and nursing. These include development of social group activities for adolescent patients, an experimental " open ward " programme, and participation in nursing education. While development of the total service is still in its early stages, with only one worker, the social group work method appears to have stimulated widespread interest and gained considerable acceptance as a therapeutic medium. The following is a brief summary of services given:—

(*a*) *Adolescent Treatment Group*

Demonstration programme in collaborative use of social group work method and group psychotherapy in treatment of teen-age patients who form a small but clear-cut minority within Hospital and Clinic.

This is a mixed group of approximately ten adolescents referred by their own doctors for a socializing experience and especially for help in working through dependency needs and channelling awakening heterosexual drives. The group meets three times weekly (two social and one psychotherapy session—one session taken by social group worker, one by doctor, and one jointly led). It is composed of teen-agers from all parts of the Hospital and Clinic living on adult wards. They have widely varying diagnoses (from schizophrenic to behaviour problems) and diverge markedly in previous socialization and background. A balance is kept between boys and girls and aggressive and passive reaction patterns, as well as between Clinic and Hospital patients. It is a small, constantly changing group (turnover is 60 to 70 per cent in nine months) but with relatively stable nucleus.

During the year this group has met ninety-six times (exclusive of psychotherapy sessions), extending group membership to a total of thirty-five patients with an average treatment period of six weeks each. Two-thirds of the total of twenty-four discharges have been Clinic patients, while five patients have been suspended or transferred to other treatment services. While attendance at meetings is voluntary, group attendance for the years has been 86 per cent, while a further 12 per cent is accountable to conflicting appointments, physical sickness, etc., leaving only 2 per cent as voluntary absence. This high attendance record in itself gives some indication of the need being filled.

1. *Group Goals.*—(*a*) To promote warmer, more meaningful interpersonal relationships and feeling of belonging to society.

(*b*) To provide both outlets and controls for the aggressive and greater security and freedom of expression to the withdrawn.

(*c*) To assist the total group acquire greater ability to make and carry out its own plans in an increasingly mature fashion.

(*d*) To help all members gain increasing independence of parental patterns while developing social standards and values in keeping with those of the wider community.

Through this service the group worker provides a different treatment focus in which, through the worker's concentration on the needs of the whole group and of the individual only as seen in and through the group, all members gain ability to adjust their own needs to those of their contemporaries and of society.

The social programme, aimed toward improvement in relationships and behaviour, is basically that of a teen-age club, in which members are encouraged to develop ability in planning their own programme, making decisions, and assuming responsibility for follow through. It has been extremely permissive but within definite limits of hospital setting with additional controls as necessary in the light of individual and group needs.

The group itself has become well established during the past year, slowly developing through the usual testing phases until it now has quite well-defined group mores and codes, many of which are now internalized by members. Despite slip-backs, there is marked general improvement in members' behaviour both in the group and on their wards. Group unity has also permitted increasing freedom in choice and setting of programme, enabling leaders to take members out-of-doors and occasionally off the grounds.

Programme media used as tools in channelling hostility, increasing independence, and assisting in development of hetero-sexual interests have included simple active games, hikes and picnics, sing-songs, square and ballroom dancing, and listening to records. Painting and plasticine work (chosen by members in preference to clay) were important in freeing the group in initial stages. Food and its preparation has been a major interest (as might be expected), as have periodic group parties and informal discussion of social experience. In good weather the group has also made extensive use of a log cabin on the grounds, which has permitted a further range of programme activities.

2. *Group Movement.*—During the year significant changes in group behaviour have occurred. These include broadening of programme and interests, development of group codes of behaviour enforced by the members' increased ability to make and carry through appropriate decisions and plans, along with a greater sense of freedom, unity, and belonging both for the individual members and for the group as a whole.

While individual treatment goals vary widely, within the general goals according to the nature of each member's particular problems, it is safe to estimate that 50 per cent have made significant improvement in behaviour and general adaptation, while a further 25 per cent have benefited considerably in specific areas (these are, by and large, the youngsters with the more deep-rooted forms of disturbance). Of the remaining 25 per cent who have benefited only slightly or not at all, approximately half were new members beginning treatment at the year-end, while the remainder were those whose personalities were too damaged to gain anything from this form of treatment (and who were therefore suspended from membership) or those whose escape terminated treatment in its initial stages (one member).

Major achievements, in addition to improved behaviour already noted, have come in several areas. Most important is the impetus which group progress has given to medical plans for separate living facilities for these patients in an adolescent treatment centre.

While many refinements in selection and screening criteria, group methods and programmes, casework group work integration, and research techniques are still required, it is safe to state that the social group work method as demonstrated in and through this

group has gained high acceptance in this setting as a valuable therapeutic tool in the treatment of adolescents. As a further step in sharpening group work skills, a major evaluation of all aspects of the programme is to be undertaken during the summer of 1955 as a guide to future planning.

(*b*) *"Open Ward" Project*

As a second demonstration of use of social group work method, an on-ward programme has been initiated in relation to a hospital ward of 156 patients which was " opened " in February. This is basically a long-term treatment ward for patients working in various parts of the Hospital who have proved themselves capable of using parole privileges effectively. The social group work programme has been designed to assist the nursing staff in organizing and conducting an extensive social-recreation programme for the patients, developing interest and discussion groups to improve ward life. In this the worker has given direct leadership in initiating and planning activities, functioned as resource person to the charge nurse and her staff in carrying continuing programme and as liaison person between the various disciplines involved in the team, participating in a total of eighty major conferences. One of the major aims has been to institute group controls to replace the staff controls automatically relaxed with the opening of the ward, and to make a transition toward more socialized " community " living. Toward this end, small groups of patients have been planned around verbalized and inferred interests, such as charm and personal appearance, cooking, talents (music, dancing, choral singing, drama), active games, etc., in addition to discussion groups around ward life and management. Patients are already showing marked response to the suggestion of more autonomous club-type activity, and repercussions begin to show in administrative circles toward efforts to provide necessary equipment and facilities, and to strengthen and solidify the staff team conducting the experiment. With the project yet in its initial phase, many difficulties remain to be overcome, but the approach is generally most positive and forward looking. Already much has been accomplished toward clearance of interdepartmental communication channels, provision of equipment, and stabilization of nursing personnel (who normally move from ward to ward as well as from shift to shift.)

To date two new social activity groups have been formed on the basis of patient interest involving roughly one-third of the total ward population.

1. *Entertainment Committee.*—This group began in December, 1954, around planning of ward Christmas activities, including a concert party (with talent drawn from the ward) which was organized and conducted mainly by the patients themselves. As of March 31st, it had held a total of ten meetings and grown in both size (from six to twenty) and in scope of activities, planning and carrying out entertainment, decorating, refreshment and serving responsibilities for monthly ward parties, and initiating the request for joint parties with patients in the equivalent male open ward. This group has chosen its own mistress of ceremonies for each event, produced two short skits (written and acted by patients), and proposed formation of its own " kitchen " orchestra (subsequently organized). Initially led by the social group worker with a nurse as observer, this group has " graduated " to regular leadership by a member of the nursing staff. Volunteers now being oriented to the project are expected to be able to contribute their skills to this development at a later date.

2. *Beauty Counselling.*—Started on March 14th, this group had met only three times to March 31st, but already thirty-eight patients were attending and a new interest in personal appearance had begun to show as patients discussed posture and figure, skin care, make-up, clothing, etc. Increased patient self-respect and mutual awareness continued between meetings and carried over to the ward as a whole. In addition to its direct value to the patients involved, this programme immediately focused attention on general ward needs for basic toilet articles, clothing, and cosmetics which had previously been

overlooked. While this group has been led since inception by a member of the nursing staff, the group worker has assisted both the leader and supervising charge nurse in its organization and initial programme planning.

Patients have also indicated strong interest in cooking, games, book club, talent club, music, painting, and newspaper, a number of which will be developed in the autumn of 1955 after summer assessment of the initial programmes, while special efforts will be made to cover a wide variety of summer outdoor interest groups for ward patients in co-operation with Recreational and Occupational Therapy Departments.

(*c*) *Social Group Work Orientation in the Nurses' Education Programme*

From September to March, 1955, the social worker has given a total of nineteen teaching clinics to orientate student and graduate nurses, student social workers, and medical staff in the use of group methods in a clinical setting. These have included discussion of theory and experience with existing groups plus suggestions for practical application of group methods to ward life, and have aroused considerable interest in each of the lecture groups.

IV. Summary of General Activities of the Social Service Departments, Provincial Mental Hospital and Crease Clinic

(*a*) *Development of Staff*

The programme of individual and group supervision of junior staff has shown marked advancement during the fiscal year. Its value is apparent in the Departments' coverage of patients referred and in the quality of services rendered. The junior workers have received individually one and one-half hours of supervision weekly, senior workers an hour weekly. The advanced worker has consultation available from his casework supervisor as he needs it. Group supervision brings together senior and junior staff for group thinking and action in the over-all study and assessment of social service demands, as well as planning for better social services to patients and their families. The three casework supervisors on the Departments' staffs spent on an average of forty-five hours monthly in the supervision of casework staff—approximately 539 hours during the fiscal year.

(*b*) *Special Committees*

Committees drawn from staff have been studying recording in an effort to focus it on the service requested, the patient to be served, and his movement to health and rehabilitation in the casework relationship. Conciseness as to diagnostic study, service plan, patient's response to services, as well as ways of integrating social-work treatment with all other treatment services have been considered. As a result, concise, focused recording outlines have been devised for use in treatment, preconvalescent, and convalescent recording on patients. A committee drawn to evaluate the present statistical system in the Social Service Department has presented suggestions which will result in more relative accuracy and simplicity in the system.

(*c*) *Educational Activity to Allied Professions*

During the fiscal year the Social Service Departments have been active in the educational programme for fourth-year medical students, public health nurses, postgraduate nurses, affiliate nurses, and psychiatric nurses. Conferences with the Director of Education, School of Nursing, University of British Columbia, have resulted in a more purposeful participation of social work. Some thirty-six hours were spent in nursing education and eight in medical education.

(*d*) *Social-work Education*

Seven students from the School of Social Work had field placement in the Provincial Mental Hospital and the Crease Clinic, supervised by staff members of the Social Service

Departments. During the years a valuable contribution has been made by the School and the students to the development and growth of social services in the psychiatric setting. Four groups of in-service trained social workers from the Social Welfare Branch were oriented to social services in the setting of psychiatric hospital and clinic. The Departments consider this a very important function and of value in the working relationships existing between the Social Service Departments in Hospital and Clinic and the field services of Social Welfare Branch. This has been further strengthened by the Social Service Departments' participation in the educational programme in the annual staff meetings of the Social Welfare Branch regions.

(*e*) *Visitors*

Each year brings interesting visitors to the Mental Health Services. This year, visitors from Australia, the Philippines, Japan, and England were oriented to social services in the Mental Health Services.

(*f*) *The Goal*

The goal continues to be primarily concerned with increasing the time spent individually with patients at every level of their treatment and to integrate in a total push the therapeutic approach contribution of social work. Mental Health grants are making possible an increase in social workers available for appointment to staff in line with this goal of individual service to more and more patients. Last year eight bursaries were extended to social workers in training and contracted to work for a two-year period in the Mental Health Services. A recommendation for the structuring of a social service department in Centre Lawn has received consideration from administration. This will greatly assist in the attainment of the goal before the Division.

The Social Service Departments gratefully acknowledge the support of administration, all departments of Hospital and Clinic, and the community health and welfare agencies—together they make a therapeutic community in the treatment and prevention of mental illness.

B. SOCIAL SERVICE DEPARTMENT, THE WOODLANDS SCHOOL

The year 1954–55 has been a year of consolidation and expansion of the work of the Social Service Department. In numbers of cases carried there has been continuous expansion. This is also evident in rehabilitation and in community education services.

(*a*) Staff Changes

The present establishment for social workers at The Woodlands School stands at three and one casework supervisor. During the year there were two resignations from the social-work staff, with the result that during most of the year the service was carried by two social workers and the casework supervisor. At one time the service was carried for three months by one social worker and the casework supervisor. A replacement was secured for one resignation; the other vacancy has yet to be filled.

(*b*) Department Structure

The Department operates in two sections, the first focuses on admission, reception, and training casework services, and the second on pre-rehabilitation and rehabilitation casework services. When the establishment of workers is maintained, two social workers give service in the first section and two in the second. In the first two years of operation the social workers were involved much more extensively in casework services before and during admission and during the reception of the pupil into the training-school. Another area of intensive services during this time was casework services to the pupil while

resident in the training-school. Rehabilitation during this time was in its beginning phase. The pupils' rehabilitative potential had yet to be assessed, and the staff reoriented from custodial-care service to a service of vocational training and rehabilitation of those pupils able at sometime to be relatively self-directing and self-supporting. During the first two years of the Social Service Department's operation, the social worker on rehabilitation had to initiate the rehabilitation assessment. Much time was spent in finding, interviewing, and assessing pupils for rehabilitation. Recently the training-school has set up a rehabilitation clinic and conference, whereby all the departments having knowledge of the pupils come together to study and assess the pupils' rehabilitation potential. The social worker's contribution to this clinic is the social study of the pupil, his family, and his situation before admission and while resident at the School; besides this he gives likely leads as to job resources in the near-by community. The work emphasis in the Social Service Department is beginning to centre on rehabilitation, and no doubt this will increase as the years go by.

(*c*) Case-load Details

Table I indicates a total pupil intake of 897 during the year, a 65.55 per cent-increase; of this total intake, 346 cases were concerned with pre-admission services. These involve the worker in giving information to inquiring parents and relatives, as well as orienting them to the school programme and buildings. Some sixty-five cases were concerned with services to the parent and the pupil at the point of the latter's reception into the School. Some 486 cases were concerned with casework services to pupils in residence, as well as pre-rehabilitation and rehabilitation services. In the latter area, 123 pupils were interviewed or assessed for rehabilitation.

Table II shows increases in face-to-face helping interviews with pupils and parents during the time of the pupils' training and at the point of planning pre-rehabilitation and rehabilitation. This table also points up the change in focus in the Social Service Department, from services at admission to services toward rehabilitation. A total of 3,302 interviews were directed to helping pupils and parents. Some 3,638 conferences and consultations were held by Social Service with other disciplines furthering integrative therapy, as well as multi-disciplined planning for the pupil in residence and the pupil about to be rehabilitated to either family convalescent or working convalescent care. Some 126 conferences and consultations were with employers prior to placement, and 210 consultations were with employers following work placement.

(*d*) Group Work Project

The problem of constructively occupying the patients in their leisure time on the wards has long faced the nurses in carrying out their daily routine at The Woodlands School. With the increased emphasis on socializing the patients and preparing them for possible rehabilitation, it has become recognized that recreation on the wards can play an important part in developing the intellectual capacity, the emotional maturity, and the social habits of the patients. However, until recently, the staff time has not permitted a ward leisure-time programme to be developed on an organized basis. In February of this year an inroad was made toward meeting this problem when a pilot group work project was launched on one of the wards on the women's side. A group of nine youngsters, ranging in age from 9 to 16 years, were selected to participate in a leisure-time programme once a week under the direction of a trained group worker. These girls have a relatively high intellectual potential and were chosen with a view to forming a reasonably cohesive group. The programme drawn up included such activities as handicrafts, games, singing, dancing, stories, and listening to records, with the object of (*a*) providing a social experience for the children through which they could learn to work and play co-operatively, (*b*) developing the skills of the children and stimulating

and broadening their interest, and (*c*) experimenting with a kind of programme media which can successfully be used on the wards with this kind of patient.

In order to organize this programme and to co-ordinate it with the School routine, it was necessary to obtain the interest and assistance of the staff of almost all the departments of The Woodlands School. In January a staff group representing the Medical, Psychological, Nursing, Education, and Social Service Departments met to discuss the project and to assist in its planning. Through this interdepartmental co-operation the project became integrated with the total programme of the institution, and the Division is grateful to these and other departments, particularly the Occupational Therapy Department, whose continued support has enabled the development of the project.

It is still very early to evaluate this programme, but the results to date have been most encouraging. The children in the group have responded with great enthusiasm to the activities—to the extent in one case where a child who had formerly been reluctant to come back to the School from home visits cut her Easter holidays short in order not to miss the weekly play session. It became apparent very soon that these children, who are on a ward with some fifty other patients, ranging from youngsters to those well on in middle age, needed to participate in their own personal group through which they could exercise their own initiative. Although the social development of the children is limited in keeping with their retardation, it was interesting to note that the children quickly developed a feeling of belonging and the feeling of responsibility toward their group. When one member of the group was absent, it became the pattern of the group for one of the other members to make a craft article for them so the absentee would not miss out. The group was able to exercise some control in keeping out those who are not in the group, and, when the occasion arose, they were able to suggest who they wanted for a new member. Recently they have been able to work out a system of cleaning up, through which the responsibility will be shared equally by all members of the group. After several weeks of the leader determining the activities for the children, they gradually began to make their own suggestions about the programme, not only for games, but in regard to craft programme. Now each week the group members sit down together to plan their craft programme for the coming week. In making the articles, the children are encouraged to express their own ideas and to use their resourcefulness within the limits of their ability. In an institution where the children must constantly conform to routine and uniformity, the opportunity for them to express their individuality through the activities and through the opportunity for self-determination as a group takes on a particularly important meaning.

It has been established that mental deficiency is often accompanied by emotional disturbances on the part of the defective because of inability of the family and community to meet the problem of the backward child. It is interesting to note that in this group of nine children, seven were rejected by their family and one of the remaining girls had one parent who was treated for a psychosis. The results of these home environments were seen in the lack of emotional stability and socialization of many of these children. The group experience has contributed toward enriching the emotional life of these children, not only through their creative expression in the activities, but through their increased enjoyment of each other in the group and their friendly relationship with the leader. This is strikingly demonstrated by the growth of one child, age 11, who first sought her attention in the group by annoying the others and by being loud and boisterous. This was an unattractive child who had been rejected at home and who undoubtedly felt she was not worthy of genuine affection. She gradually found satisfaction in creating things with her hands which at the same time increased her feeling of achievement and of self-worth in the group. She began to find she could get recognition from the leader and from the other girls through her constructive participation in the group activities. She gained such attention by saying " Please " and " Thank you " that she began to use these words almost to excess. When the girls in the group gave her a surprise birthday

party, this child became assured of her acceptance by the group and the fact that she could be liked for herself. Although the child occasionally reverts to her former antics, her general behaviour has steadily improved, and her experience in the group has substantially contributed toward her personality growth.

Through the co-operation of the nursing staff and their interest in seeing more recreation on the wards, a nurse's aide was assigned to assist with the programme with a view to carrying on similar activities on the ward at other times in the week. Through this method there has been an increased programme of play and leisure-time activities on the ward for the patients who can benefit from these activities.

In carrying out this programme, it was necessary to face many problems which will have to be met if a group work programme is to become enlarged at The Woodlands School. At the present time there is no allocation of money for equipment and supplies to carry on this programme. An adequate budget will be necessary if more leisure-time activities are to be developed on the wards. The dayrooms and playrooms will have to be improved by the provision of more cupboard space and facilities for recreation. The lack of segregation on the ward creates another difficulty in that it is difficult to organize activities or even to provide equipment which will be appropriate for patients with such varying levels of mental and physical ability. Even with this specially selected group of patients, it has been difficult to conduct a programme to meet the diverse range of capacities of the group members. It would be helpful to the staff and to the patients for the patients to be grouped so that they could work and play more harmoniously together.

Lastly, it will be necessary to increase the social-work staff if this programme is to be expanded. At present, with the heavy load of casework, the staff is not able to carry on more than the one experimental group work programme.

(*e*) General Activities of the Social Service Department

1. *Social-work Education.*—The Social Service Department participated in the educational programme for the in-service trained social worker co-operating with the Division of Training of the Social Welfare Branch. Four sessions were conducted, during which the functions and services of social workers in the training-school setting were outlined, together with case presentations which were illustrative of services at every level of the pupils' training, education, and socialization.

2. *Education to Allied Professions.* — Four groups of affiliate and postgraduate nurses were oriented to the contribution of social service in this specific setting, as were groups of teachers in training and psychologists in training.

3. *Public Interpretation.*—Nine community organizations, among whom were the Parent-Teacher Associations, the public health nurses, the registered nurses' association, women's service clubs, church groups, and various membership groups of the British Columbia Association for the Advancement of the Mentally Retarded have been introduced through clinical team presentations or individual talks to the institutional programme for the care, education, training, socialization, and vocational rehabilitation of the mentally retarded child and adult. There is a vast and ever-increasing interest on the part of community in this service. A willingness to co-operate in programme is increasingly evident on the part of many community groups. Some groups have expressed an interest in developing community co-operative and ancillary services to the institutional programme.

4. *Community Co-operation.*—Out of the activity of the School and the Social Service Department in public interpretation, with its emphasis on the need to share in the development of an over-all programme for the mentally retarded, the New Westminster Association for the Advancement of the Mentally Retarded has provided a clubroom in the community for the use of pupils in residence having visiting privileges. The Vancouver Association has fostered a child in the School, providing a spending allowance.

5. *Liaison between the School and the Auxiliary.*—The Woodlands School now has a very active auxiliary, formed by parents residing in the New Westminster area, most of whom have children in residence at the School. They have offered their homes for hospitality to parents from out-of-town areas who are visiting children in The Woodlands School. Hospitality has been extended to pupils in working convalescent care on their days off work. Homes have been offered to the same group of pupils on a short-stay basis between jobs or before going out to a job. The value of this service in socialization is inestimable. The auxiliary is considering ways of helping in the provision of certain equipment for the use of the pupils in the School. The supervisor of the Social Service Department has officiated most ably as liaison person between the auxiliary and the School staff committee. She has had the responsibility of interpreting the institutional programme and ways through which the auxiliary might co-operate in its development.

6. *Staff Development.*—An opportunity was afforded a staff member to study the administration organization of training programmes in schools in Eastern Canada and United States, and the services and functions of social work in the training-school. Many valuable ideas were obtained both from the Ontario programme and that of the Southbury training-school in the United States.

Staff committees have been busy throughout the year in a study of social-work activity at the different job levels, as well as studying the statistical system, recording, and group work method. The Social Service Department hereby acknowledges with grateful thanks the assistance received from administration and all departments of the School. The movement to an integrated programme has been outstanding and augurs well for future developments.

Table I.—Summary of Cases Given Services by the Social Service Department, The Woodlands School, April 1st, 1954, to March 31st, 1955

	1954–55	1953–54
Cases brought forward from previous fiscal year	97	98
New cases	800	512
Cases reopened during the fiscal year	65	56
Cases reopened from previous fiscal year	32	20
Total intake into the case load	897	588
Total number of cases given service	994	686
Cases closed or referred	864	589
Cases carried over	130	97

Table II.—Summary of Social-work Activity in the Social Service Department, The Woodlands School, April 1st, 1954, to March 31st, 1955

	Interviews with or Regarding Pupils and Patients			Consultations Regarding Pupils and Patients			
	With Pupils	With Relatives	Total	With Other Disciplines	With Other Agencies	With Employers	Total
1954–55							
Pre-admission	11	164	175	198	130	.....	328
Reception	20	35	55	84	9	.....	93
Education and training	512	264	776	1,113	288	.....	1,401
Rehabilitation (pre and post)	935	1,361	2,296	1,413	277	336	2,026
Totals	.....	.....	3,302	.....	.....	.....	3,848
1953–54							
Pre-admission	34	468	502	162	128	.....	290
Reception	48	262	310	300	36	.....	336
Education and training	568	540	1,180	1,260	66	.....	1,272
Rehabilitation (pre and post)	684	135	890	885	103	.....	1,183
Totals	.....	.....	2,811	.....	.....	.....	3,081

C. SOCIAL SERVICE DEPARTMENTS, CHILD GUIDANCE CLINIC

The year 1954–55 has been a year of consolidation and expansion of the work of the Social Service Departments. In numbers of cases carried, the Victoria Clinic Department has continued to expand, while the Vancouver Clinic Department case load has decreased slightly due to space and staffing limitations, as noted below. However, in the preventive aspects of child guidance as well as in more efficient structuring of services, the Vancouver Social Service Department has expanded significantly.

(*a*) Staff Changes

During the year there were four resignations—two staff members leaving for family reasons and two leaving for salary reasons, one going to a social casework teaching position and one going to a research position. Replacements were secured for three of these resignations, and the fourth replacement will be secured in April, 1955. In addition, two staff members were on educational leave—Mr. D. B. Ricketts undertook a third year of postgraduate study at Columbia University and Mrs. P. Coyle a second year of postgraduate study at the University of British Columbia. Both will be returning to the Clinic in June, 1955.

Because of these staff changes, the Vancouver Clinic had to function with fourteen of the usual establishment of sixteen social workers. A change in the student-training project this year meant that only four students took their field-work training with the Clinic, whereas last year there were ten. Of this year's group, one has since come on staff at the Vancouver Clinic, one is applying for employment with the Mental Health Services, and one has accepted employment with the Tuberculosis and Venereal Divisions of the Social Welfare Branch. The Victoria Clinic retained the same three staff members during the year.

(*b*) Changes in Department Structure in Vancouver Clinic

During the year the Admission and Brief Services Section (intake section) was further structured to include a casework supervisor to be responsible for the administration of that Section and to be responsible for casework supervision of three social workers assigned to the Section. In the Continued Services Section the casework supervisor assumed similar administrative responsibilities plus supervision of six social workers.

Preliminary review of this structuring indicates that a better ratio would be five intake workers to six continued-service workers. This would greatly facilitate a rapid

intake study which, in turn, will facilitate more rapid diagnostic study by the complete team assigned to each case. In addition, it is hoped that more cases could be carried beyond the diagnostic study period for a limited number of interviews by the intake worker. At present the intake worker can only see the family for one or two interviews in addition to the diagnostic study period. This has meant that almost all cases requiring interviews, beyond the initial period, have had to go on a waiting-list for continued treatment. In these cases the intake worker retains responsibility for emergency services but does not initiate contact with the client during the waiting time.

Of seventy-nine cases on the waiting-list and assigned during the fiscal year, eighteen closed at the point of assignment to Continued Services Section. This amounts to approximately 23 per cent, which is a somewhat lower figure than that of other clinics who have studied the effect of waiting-lists. The percentage is significant enough to speculate as to whether a planned brief service was indicated in these cases or as to whether a " spontaneous remission " was predictable following the diagnostic study.

Increasing staff in the intake section would not only permit intake workers to carry brief-service cases, but also would tend to decrease the waiting time for initial interview. As of March 31st, 1955, there were twenty-six cases waiting assignment to intake workers for initial interviews. At the same time nineteen cases were waiting assignment to continued-service workers. Without additional space and staff, waiting period will be necessary. But with present establishment, the most feasible plan appears to be that of avoiding a lengthy waiting period prior to initial interviews.

(*c*) Case-load Details

Table I shows the continued increase in direct-service cases carried by the Victoria Clinic. The Vancouver Clinic direct-service cases appear to be decreasing. It should be noted that this is an artificial levelling-off because of the following reasons:—

(1) Intake on direct-service cases was limited as much as possible to the Vancouver City area during the past year. Parents from Burnaby, Richmond, New Westminster, North Vancouver, and West Vancouver were referred, whenever possible, to their district Social Welfare Branch office or the social service department of their municipality.

(2) Staff changes during the year meant a decrease in the case-carrying staff of the Social Service Department from eleven to nine.

(3) The severe limitations of office interviewing space, coupled with the staff decrease, made it impossible to handle more cases, although the demands for service have not greatly diminished. All staff are eagerly awaiting the opening of the new building.

Table II illustrates the increased casework activity on cases carried. For Victoria the increases shown are a result of the increase in direct-service cases carried. For Vancouver there are substantial increases shown in the number of conferences and consultations held to review plans and progress regarding direct-service cases. In addition, the number of periods of supervision per worker has shown a slight increase. These figures are a reflection of the increased activity of the casework supervisors who have been released to a great extent from their former case-carrying responsibilities.

(*d*) General Activities

Table III illustrates the further development of the total aspects of the professional social worker's job. In addition to case-carrying responsibilities, the Social Service Department has continued to increase its activities in other aspects of responsibility, such as consultative, programme and staff development, community education, community organization, and research.

Much of this work has been handled through committees, some of which met out of office hours. Projects under way include revisions to recording methods to facilitate

both operational research and research into effectiveness of services. With the new building, it is anticipated that more lectures, orientations, talks, etc., can be given by staff. It is hoped that more staff time can be devoted also to general community education to promote mental-health principles. Further time and effort could be devoted to the interpretive and preventive functions plus further time devoted to assisting in community planning for additional resources if additional staff were available. It seems apparent that the number of children requiring direct treatment will continue to increase beyond available facilities unless more personnel can be obtained to carry out preventive work before problems become acute.

(*e*) Indications for the Future

The following recommendations are submitted for consideration:—

(1) Establishment of a position of research-worker to carry out such projects as:—

(*a*) Evaluation of services, as noted above, preliminary steps have been taken toward uniformity of recording. In addition, follow-up reports are being gathered on travelling clinic cases.

(*b*) Evaluation of community resources needed by children examined by clinics.

(*c*) Evaluation of lacks in parental relationships contributing to behaviour disorders, delinquency, mental illness, etc.

(*d*) Evaluation of the needs for decentralized stationary clinics or further travelling clinics.

(2) Establishment of a position of group worker to assist in a programme of group work and group therapy for those children and their parents who would benefit from group treatment.

(3) Continuation of interagency meetings to discuss policy and referral procedures similar to the discussions held during the past six months with the family service agency of Vancouver.

(4) Provision of more adequate salary ranges and opportunities for furthering programme and staff development through participation at professional conferences.

As an adjunct to furthering the preventive aspects of clinic work, it is hoped that case loads in district offices, municipal welfare departments, and children's aid societies will gradually be reduced. Often a prompt, intensive service by the local agency can prevent development of more serious problems. Occasionally such cases are still referred to the Child Guidance Clinic solely on the basis of lack of worker or supervisory time on the part of the referring agency.

Table I.—Summary of Cases Given Services by Social Service Departments, Child Guidance Clinic, April 1st, 1954, to March 31st, 1955

Activity	1954–55		1953–54	
	Vancouver	Victoria	Vancouver	Victoria
Direct-service Cases				
Cases brought forward from previous fiscal year	211	85	195	58
New cases	225	181	293	165
Cases reopened during the year	23	17	46	12
Cases reopened from previous years	39	34	38	22
Total intake into case loads	287	232	377	199
Total cases carried in case loads[1]	475[2]	300	526	245
Cases closed or referred[1]	293	207	315	160
Cases carried over to next year	182	93	211	85
Indirect-service Cases				
Other agency cases given brief service	427	6	635	47
Travelling clinic cases given brief service	356	91	231	56
Total cases given service	1,258	397	1,392	348

[1] Corrected for cases reopened during the year (minus 23 Vancouver, minus 17 Victoria).
[2] Does not include cases waiting assignment to intake workers.

Table II.—Summary of Casework Activity on Cases Carried in Social Service Departments, Child Guidance Clinic, April 1st, 1954, to March 31st, 1955

Activity	1954–55		1953–54	
	Vancouver	Victoria	Vancouver	Victoria
Total casework interviews with and regarding clients	6,306	2,514	7,473	2,020
With adults	75%	59%	69%	56%
With children	25%	41%	31%	44%
Team conferences attended on direct-service cases—				
Internal	980	183	839	151
Including other agencies	51	1		
Casework conferences—				
Internal	163	46	162	33
Including other agencies	73	31		
Consultations with other team members	495	196	384	83
Periods of supervision	704	74	751	70

Table III.—Summary of General Activities of Social Service Departments, Child Guidance Clinic, April 1st, 1954, to March 31st, 1955

Activity	Totals		Average per Worker	
	Vancouver	Victoria	Vancouver	Victoria
Total cases carried—				
Direct-service cases	475	300	48[1]	100[2]
Other agency cases	783	97	78[1]	33[2]
Periods of supervision received[3]	704	74	39	25
Programme and staff development committee meetings	168	43	------	------
Meeting attendance per worker	------	------	67	43
Orientations to clinic of outside professional personnel	125	6	9	2
Talks, lectures, etc., to outside groups	48	8	3	2
Community committee meetings regarding development of community resources	15	------	1	------

[1] Based on ten of fourteen workers actually carrying cases.
[2] Based on three workers carrying cases.
[3] For Vancouver, includes supervision periods of four students.

Respectfully submitted.

(MISS) ALICE K. CARROLL,
Provincial Supervisor of Psychiatric Social Work.

HOSPITAL CONSULTATION AND INSPECTION DIVISION (VANCOUVER OFFICE) OF HOSPITAL INSURANCE SERVICE

I beg to submit a report of the work of the Hospital Consultation and Inspection Division, Vancouver, for the fiscal year ended March 31st, 1955.

The activities of this office are primarily directed to hospital clearance and to the licensing and inspection of private hospitals often referred to as nursing homes.

Hospital clearance is the process by which suitable placement is found for patients in general hospitals who no longer need the specialized services of such hospitals but who do need some form of care. Most hospitals in the Province do not have a social service department, and so it falls upon the Social Welfare Branch, through its field service staff, to assist the general hospitals to find placement for problem cases.

The field-worker does not receive direct from the hospital the request to handle such cases, but must receive it from one of two sources:—

(1) If a patient is a resident of a city or district municipality, then the worker may be asked by the city or district municipality to give aid.

(2) If a patient is a Provincial resident—that is, a person who by reason of the "Residence and Responsibility Act" is so classed—then this office would ask for aid.

During the year 1954–55, 265 hospital clearance cases were referred to this office. Of these, 235 were placed.

All applications for admission to the Provincial Infirmary were screened by this office, and during this period 130 applications were recommended on the basis of social histories submitted by the field service staff. Of these, eighty-eight persons were admitted, twelve applications were cancelled, and eight persons died.

During this period there were fifty-three private hospitals licensed in the Province. The average facility accommodates eighteen to twenty-two patients. Some private hospitals have only two bed patients, and many have less than ten patients.

While the responsibilities of the field service staff do not extend to the licensing and inspection of private hospitals, a task which falls on Hospital Insurance Service alone, nevertheless a strong liaison is maintained between the two, especially with respect to patient-care being given to social assistance cases or any other complaints in this regard.

Respectfully submitted.

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Hospital Consultant and Inspector.

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