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White Paper No. 44

February 14, 1921

How Should Toronto's Civic Welfare Work Be Organized?

THE MULTIPLICATION OF DEPARTMENTS

is One of the Most Effective Ways of Increasing Waste of Effort and Money and the Surest Road to Inadequacy of Service.

At the present time, Toronto has a City Relief Office, a Social Service Commission, and the Social Service Division* of the Department of Public Health, and, in addition, votes large amounts to the House of Industry for out-door relief.

The work of all these units covers more or less related fields and brings them frequently into contact with identical social problems. The very effort to avoid duplication and see that no points are neglected must result in a great amount of waste motion.

The City Relief Office is directly under the Mayor and City Council, the work of the Social Service Commission is only indirectly under the City, the Social Service work of the Department of Public Health is under the Board of Health, and the House of Industry is a privately-controlled organization spending large amounts raised through taxation.

The Report on the Toronto Department of Public Health, issued by the Bureau of Municipal Research in October, 1915, recommended the merging of the duties of the City Relief Officer into those of the Public (Social) Service Division of the Department of Public Health, and also suggested that the work of the Social Service Commission might well be merged with that of the Public Health Department.

In the pamphlet "Toronto Gives", published in 1917, in the chart on page 46, the Bureau suggested a Department of Public Health and Welfare, with a Bureau of Public Welfare co-ordinated with a Bureau of Public Health. The co-ordination in this way of Public Health and Social Welfare activities was suggested to the Bureau by the fundamental inter-relation of health and social problems. Health problems create social problems and many social problems are also health problems.

No developments have occurred since the publication of these reports to change the opinion of the Bureau. On the contrary, financial considerations, as well as the increase in civic social welfare work, make it even more imperative that administrative control of all civic welfare work be co-ordinated.

* Combined with Statistics.

THE CLOSEST CO-OPERATION

is Necessary Between These Two Types of Welfare Activity. Otherwise, There Cannot Fail to be Lost Motion and Disappointing Results from Public Expenditure.

Chart I gives an incomplete* representation of how a combined Department of Public Health and Welfare might function. If the name of the Department of Health could not be altered at once, the internal re-organization might be effected now and legislation obtained at the next session of the Legislature authorizing the change of title. Failing this, the members of the Board of Health could be constituted a Board of Welfare and the Medical Officer of Health, the Welfare Commissioner, with power to co-ordinate the work and staffs.

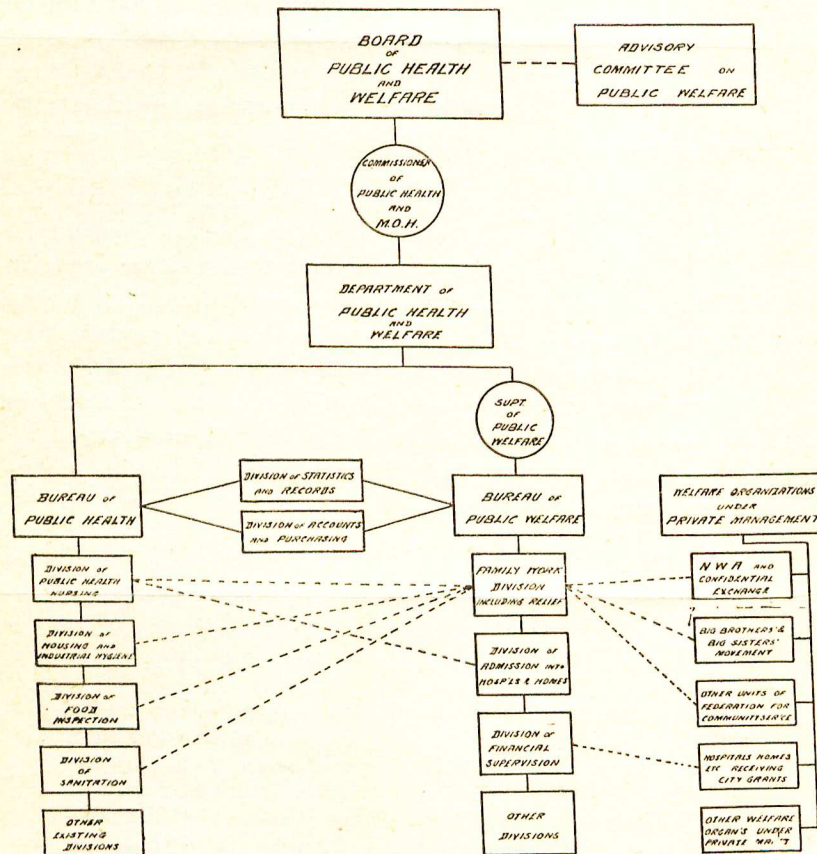
It will be noticed that an Advisory Committee of social welfare workers is suggested to co-operate with the Board. Such a committee could be chosen by the privately-managed welfare organizations of the City. The Central Council of the Federation for Community Service is representative not only of the 50 organizations in financial membership, but of about 200 others scattered all over the city and engaged in all phases of welfare work. It would be hard to find a more representative body of welfare workers. A committee of five from this Central Council, would provide a very effective Advisory Committee.

It will also be noticed that the chart suggests the transfer of the Confidential Exchange from the Social Service Commission to the Neighborhood Workers' Association. The 1915 Report of the Social Service Commission contains the following passage:

"This department (The Confidential Exchange) has now reached a point in its development where some change in management seems expedient. The object of the Exchange, of course, is to facilitate co-operation between charitable private individuals, charitable organizations, and public relief and welfare agencies, the chief beneficiaries being those who give (that is, the public in general) and those who receive (that is, the poor). This it is accomplishing so far as is possible under present conditions, but the fact is that in order to bring ALL social agencies—churches, missions, relief societies, settlements, hospitals, institutions—into active co-operation through the Exchange, a much larger annual expenditure is

*For example, the Division of Laboratories and the Medical Division are omitted. The importance of the co-operation of these divisions is plain.

Chart No. 1.



necessary than we, as a Commission, feel disposed to ask the city to meet. It must be borne in mind that the Confidential Exchange assists both private and public organizations, and the opinion is surely reasonable that it should be managed and financed by a committee representative of the organizations that benefit, and that it should stand, so far as civic aid is concerned, on the same basis as any charitable organization. We purpose allowing the Exchange to continue in operation as it is at present until we can deal with the matter of its reorganization. Arrangements looking to this end, however, would be made during the current year, so that the new plan might go into force not later than January 1st, 1917."

If this policy of the Social Service Commission had been carried out, the Confidential Exchange would now be on the basis of an independent, philanthropic organization, under private management.

The Bureau is indebted to the Social Service Commission for a copy of the questionnaire re Social Service Exchanges and the answers thereto by Miss Helen Crittenden, Registrar of the Chicago Social Service Exchange.

In reply to the question "Should it (the Exchange) be an independent entity, or a department of a public or private organization?", Miss Crittenden wrote:

"Speaking theoretically I believe it should be independent. If attached to an organization, however, I have no hesitation in saying that the organization should be private. As a department of a public organization it has no assurance of permanency."

It is, moreover, very doubtful whether data giving access to private information concerning families and individuals should be in the possession of a public body. The Neighborhood Workers' Association is representative of about 200 agencies doing welfare work and its Central Council might be regarded as their Committee. What more fitting repository could be found for the Confidential Exchange?

SOME CRITICISMS

of the Suggestion to Co-Ordinate Public Health and Welfare Work in One Department.

The following objections have been raised to the consolidation of Health and Social Welfare Work in Toronto:

1. The head of the Welfare Bureau would not have independent access to the City Council or a Committee thereof, but would have to work through the head of the Department who, being a medical man, would not have the necessary grasp of and sympathy with the distinctly social welfare point of view. Many progressive policies might never see the light of day or, at least, be greatly delayed in adoption.

To this it might be answered that a similar argument might be made with regard to the head of any Bureau in any composite department. A Bureau head, with the proper personality and point of view, is unlikely to be able to convince Council if he cannot convince his chief. Moreover, it might well be to the public advantage, particularly with regard to a new unit, that plans of work be first submitted to the judgment of a trained administrator with a broad outlook and a slightly different experience and point of view.

2. The new Bureau would be swallowed up in the existing well-established health organization, the welfare work would be swamped by the health work, and the welfare point of view would have to give way to the health point of view.

To this the answer might be made that this Bureau might have a much better chance of receiving public approval if it were allied with an existing department of proved efficiency and enjoying great prestige, rather than if it were to face the future with an entirely independent, untried organization, with no tradition behind it. It is admitted by everyone that medical and nursing divisions should have the social service point of view and vice versa. Can this mutual education be carried on better within the same department or in separate departments?

The work of the Welfare Bureau should, of course, be co-ordinate with the Health work—not subordinate to it.

3. The combined Department would be too big.

To this it might be answered that there exist many departments and enterprises much larger than the suggested department. Whether or not it would be too large would depend on the organization.

In any case, there will always need to be a Social Service Division, if not a Welfare Bureau, in the Health Department, if only for the purpose of co-operating with private agencies. An idea of the scope of the social service work which should be carried on in a Health Department—even if the proposed Welfare Bureau is not included—can be obtained from the September, 1915, Report of the Department of Public Health (pages 272 and 273).

The tendency of departments to build up staffs and to magnify their own functions is well known. The trend, therefore, in modern municipal administration is toward reduction of the number of departments, wherever possible. There is, of course, work not being done which should be done. There is room for legitimate expansion under scientific administrative control.

The possibility of cutting down "overhead" by combining the departments is illustrated by the place given to the Division of Statistics and Records and Accounting and Purchasing, in Chart I. No doubt other overhead savings would be considerable.

AN ALTERNATIVE PLAN

Failing the adoption of the plan for a Department of Public Health and Welfare, the setting up of a Department of Social or Public Welfare, under a Committee of Council, would make a great step in advance, since it would effect the co-ordination of the City Relief Office and the Social Service Commission in one department and would make possible the closer co-ordination of the work of the House of Industry.

Chart II represents graphically how such a department might be organized and shows the lines of co-operation with the Public Health Department and with welfare organizations under private management.

A certain measure of co-ordination between the Public Health and Public Welfare Departments might be effected by appointing the members (other than the ex-officio members) of the Board of Public Health on the Committee on Public Welfare.

Chart
No. 2.

