factors compelled her withdrawal from the labor market and because she could function as a homemaker as she was.

A 47-year-old man complained of severe back pain. He also had a multitude of other pains and symptoms of a somewhat bizarre pattern. Detailed orthopedic examinations revealed that he had pathology of his lower back—a symptomatic spondylolisthesis. All the consultants agreed, however, that surgery would not cure this client, since he would still have the other disabling complaints and pains. Probing of his past history finally revealed that he had been a long-time alcoholic, although for the past 10 years he had not been drinking. An internist was asked to study this client for possible deficiency disease. With his cooperation the indicated treatment was undertaken, and a month later all previous consultants, as well as the client, were astounded at the improvement that had occurred. Pain due to his peripheral neuritis was relieved, and the client was able to bear the back pain when it occurred.

**Conclusions**

The problems encountered in identifying the disability in order to determine eligibility for services and rehabilitation prospects have been explained in some detail. The team continued to function throughout the rehabilitation process. It would be difficult to do justice to the patience, skill, and ingenuity that the counselors brought to the job, but they all needed and received continuous help and encouragement from the welfare caseworkers, who ironed out socioeconomic problems and helped with achieving motivation. Cases were rediscussed in committee meetings when crises arose, and solutions were finally reached by a joint effort. The “team approach” became a way of life.

It was not expected that the concrete successes of this project would be necessarily startling. The main interest was in learning what might be accomplished and in pointing the way. Nevertheless the values were remarkable in many respects. There is no good way to measure the fine interagency relationships that have been established and the new understanding of mutual endeavors; it is obvious, however, that many daily problems have been made easier to approach and solve through these new methods.

Other results speak for themselves. Of the 519 cases referred to the Bureau of Vocational Rehabilitation by the screening committees, 300 cases received no services beyond diagnosis. Some were shown not to have disabilities, for others the disabilities were too great. Some remarried, became pregnant, went to work, or otherwise disqualified themselves. Seventy-three of the 219 who received some type of service were successfully rehabilitated, and their cases closed. Forty-seven more cases were worked with just as conscientiously but were not successfully terminated. Another 99 cases were still (at the time of the report) receiving training and other rehabilitation services.

When the total number of persons (more than 300 in the 73 families) removed from the relief rolls is considered, the human values begin to be evident. These 73 cases were rehabilitated at an expenditure (including administrative and counseling costs) of $46,000, an incon siderable amount—the equivalent of assistance for slightly less than 5 months. Their average earnings were almost double the amount their grants had been. A few clients actually took work paying less than the assistance grant—a situation that some thought would not be a possibility. Most of the clients, however, were earning substantially more, and their economic status had materially improved.

The experiment has demonstrated effectively that by pooling community skills and efforts great strides can be made in solving long-established and difficult community problems. Only in this way can the enormous costs of community services (costs often contributed to by solitary and duplicated efforts) be reduced and minimized. Intelligent interagency cooperation may accomplish what even expanded agency budgets sometimes fail to achieve—the promotion of increased and improved benefits for the citizens they serve.

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**Notes and Brief Reports**

The **Team Approach in Rehabilitation**

The California project described in this issue of the Bulletin (pages 11–15) used the team approach in going to the heart of one of the most perplexing problems in rehabilitation programs today—that of motivation toward independence and a willingness to give up the security of the known public assistance for the satisfaction of self-support. Social workers and vocational rehabilitation counselors alike accept, in theory, the idea that many disabled adults—even those with long histories of dependency—can achieve an increased measure of self-sufficiency if "only they can be motivated." From Dr. MacCoy’s outline of the philosophy on which the California project was based and the methods used, certain principles emerge—principles that may well prove to be essential components in that illusive concept labeled motivation:

(a) The team must have a full determination and an understanding of the full medical facts before attempting a constructive program for a person who is disabled or thought to be disabled.

(b) All members of the team must have an unshakeable belief in the worth of each individual, coupled with the knowledge that basically he wants more than anything else to be
average wage of $132—140 percent more than their payment. Instead of costing the State $10,000 annually, their combined income of about $25,000 returned many tax dollars to the community. Even more important, all of these patients improved their standard of living and their enjoyment of life.

The results of another intensive approach, made not by a team but by an extremely well-qualified social worker with strong convictions about the innate strengths of people, were made known in 1952. 

Kermit T. Wiltse reported then on a 3-month experience in which he worked with 27 incapacitated fathers whose illnesses, it was believed, were partly emotional in origin. The purpose of the project was to demonstrate the importance of professional casework methods and skills in public assistance. The study deserves a high place among the meaningful efforts made to correct some of the negative elements in current practice in the aid to dependent children program. However, medical consultation for these 27 men would undoubtedly have provided a sounder base than the medical information in the case records for the work directed at removing the cause of unemployment. Special studies directed at helping incapacitated parents in families receiving aid to dependent children have been started in West Virginia and Oklahoma as cooperative ventures of the rehabilitation and welfare agencies.

California has also recently completed a joint study by the State Department of Social Welfare and the State Department of Public Health. Funds had been allocated by the 1953 legislature for this study, which was designed "(a) to determine whether eligibility for Aid to Needy Children in incapacitated father cases is being properly established, and (b) to evaluate the medical information found in case records and to make recommendations for improving the sources, quality and use of such information."

What do these various studies tell us about aid to dependent children in general? Do they show us something specific about the part of the program that relates to deprivation of a child or children due to the incapacity of a parent? They seem to show in broad strokes that improvement is needed. The results of such projects as that described by Dr. MacCoy emphasize the value of making expenditures for remedial efforts instead of assistance. Assistance payments, of course, need never be thought of as wasted money. It is not wasting money to feed children or to make possible for them some semblance of a home. Assistance payments being made month in and month out, however, to a family of growing children without some regard to the needs other than that for money can be a damaging social act.

Any social worker worth his salt knows that a chronically ill father, unemployed and deprived of his place as a contributing member to society, must have a harmful influence on the growing child in the home. The aim in work with such a child should be clear. Assistance payments should be made when need is determined and other eligibility factors met, including that of the parent's incapacity. At the time eligibility is being determined, however, the total needs of the family must be recognized, and treatment processes started even as eligibility is established. Through competent medical methods, the existence of a true incapacity must be established. Too much reliance is now placed by most social workers on the importance of medical reports, regardless of their adequacy or omissions. Social workers should have access, through help from administration, to competent consultation from professional personnel, including physicians, medical social workers, qualified supervisors, and rehabilitation counselors. Moreover, they cannot do a constructive job with the disabled person, even knowing the significance of his diagnosis, when the number of cases they carry prohibits them from seeing the family as often as is necessary.

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3 California Department of Social Welfare, A Medical Study of Incapacitated Fathers Receiving Aid to Needy Children in California, March 1954.

Social Security
Welfare administrators also need to attack the overall problem through a different avenue. They must, in addition to searching critically and fearlessly their own administration, join with all organized medical groups and health facilities in the community in seeing that adequate medical services are available to recipients of assistance. Such efforts need not and should not be carried by the welfare agency alone.

Nationally, the caseload in aid to dependent children has changed rather significantly in recent years, as an increasing number of children of deceased fathers are supported through old-age and survivors insurance. At the time of Dr. MacCoy's report, five out of six families receiving aid to dependent children were eligible because of the incapacity or absence of the parent. Two and a half times as many children were eligible because of a parent's absence as because of his incapacity. However, the figures for November 1953 show that nearly 109,000 families were eligible because of incapacity. About a quarter of a million children thus look hopefully for a guarantee that the family deprivation due to incapacity will not go on indefinitely—look for the father's restoration, as soon as possible, to his rightful place as father in every sense of the word.

### Employers, Workers, and Wages Under OASI, January-March 1954

The contraction in business activity early in 1954 is reflected in the first-quarter estimates of the number of employers and workers and the amount of wages taxable under old-age and survivors insurance, shown in the accompanying table. (The quarterly estimates exclude the self-employed, who have been covered since 1950, and their earnings.) While the number of employees with taxable wages, the amount of taxable wages, and the amount of wages in covered employment in January-March 1954 varied from the levels in the preceding quarter in accordance with seasonal patterns observed in the past, they each showed a decline.

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**Table: Estimated number of employers and workers and amount of earnings in employment covered under old-age and survivors insurance, for specified periods, 1940-54**

<table>
<thead>
<tr>
<th>Year and quarter</th>
<th>Employers reporting wages 1 (in thousands)</th>
<th>Workers with taxable earnings during period 2 (in thousands)</th>
<th>Taxable earnings 3 (in millions)</th>
<th>Average per worker</th>
<th>All workers in covered employment period 4 (in thousands)</th>
<th>Total earnings in covered employment period 5 (in millions)</th>
<th>Average per worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940</td>
<td>2,500</td>
<td>35,398</td>
<td>$52,974</td>
<td>3632</td>
<td>35,383</td>
<td>32,383</td>
<td>1,190</td>
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<tr>
<td>1941</td>
<td>2,646</td>
<td>40,976</td>
<td>41,848</td>
<td>40,876</td>
<td>69,833</td>
<td>56,219</td>
<td>1,296</td>
</tr>
<tr>
<td>1942</td>
<td>2,635</td>
<td>46,363</td>
<td>52,983</td>
<td>1,142</td>
<td>46,363</td>
<td>56,219</td>
<td>1,296</td>
</tr>
<tr>
<td>1943</td>
<td>2,594</td>
<td>47,066</td>
<td>62,423</td>
<td>310</td>
<td>47,656</td>
<td>69,833</td>
<td>1,463</td>
</tr>
<tr>
<td>1944</td>
<td>2,694</td>
<td>46,296</td>
<td>94,430</td>
<td>1,992</td>
<td>46,296</td>
<td>73,349</td>
<td>1,484</td>
</tr>
<tr>
<td>1945</td>
<td>2,614</td>
<td>46,392</td>
<td>62,945</td>
<td>1,357</td>
<td>46,392</td>
<td>71,580</td>
<td>1,543</td>
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<tr>
<td>1946</td>
<td>2,346</td>
<td>48,908</td>
<td>78,572</td>
<td>1,602</td>
<td>48,908</td>
<td>82,449</td>
<td>1,899</td>
</tr>
<tr>
<td>1947</td>
<td>2,208</td>
<td>40,018</td>
<td>81,129</td>
<td>1,791</td>
<td>40,018</td>
<td>90,189</td>
<td>2,088</td>
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<tr>
<td>1948</td>
<td>2,316</td>
<td>46,798</td>
<td>81,808</td>
<td>1,748</td>
<td>46,796</td>
<td>90,888</td>
<td>2,137</td>
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<tr>
<td>1949</td>
<td>2,545</td>
<td>48,283</td>
<td>87,498</td>
<td>1,812</td>
<td>48,283</td>
<td>100,804</td>
<td>2,724</td>
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<tr>
<td>1950</td>
<td>2,440</td>
<td>50,000</td>
<td>126,780</td>
<td>2,390</td>
<td>50,000</td>
<td>145,300</td>
<td>2,906</td>
</tr>
<tr>
<td>1951</td>
<td>2,450</td>
<td>50,000</td>
<td>126,780</td>
<td>2,390</td>
<td>50,000</td>
<td>145,300</td>
<td>2,906</td>
</tr>
<tr>
<td>1952</td>
<td>2,450</td>
<td>50,000</td>
<td>126,780</td>
<td>2,390</td>
<td>50,000</td>
<td>145,300</td>
<td>2,906</td>
</tr>
<tr>
<td>1953</td>
<td>2,350</td>
<td>61,000</td>
<td>187,300</td>
<td>3,250</td>
<td>61,000</td>
<td>201,000</td>
<td>3,300</td>
</tr>
</tbody>
</table>

1. Number corresponds to number of employer returns. A return may relate to more than one establishment if employer operates several separate establishments but reports for concern as a whole.
2. Includes joint coverage under the railroad retirement and old-age and survivors insurance programs.
3. Annual totals for 1940-53 include the self-employed and their earnings (covered beginning 1951); quarterly totals exclude the self-employed and their earnings.
4. For quarterly and annual data for 1937-39 see the Bulletin, February 1940, p. 195. Quarterly data for other years were in the August 1947, February 1948, and January 1953 issues.
5. For a description of the series and quarterly data for 1940 see the Bulletin, August 1947, p. 50. Quarterly data for other years were in the February 1948 and January 1953 issues.
6. Preliminary.
7. Rounded to nearest $10.

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**Bulletin, January 1955**