

There is in the appendix to this brief a chronological documentation with the Community Care Facilities Licensing Act of the difficulties of various groups - South Hill and Grandview Day Care and the Mental Patients Association.

What we are attempting to do in this part of the brief is to evaluate that information and other information. Three major themes developed from our work.

First, a lack <sup>of knowledge</sup> on the part of various community organizations (to know) as to what regulations or by-laws they have to meet. It is note worthy that when a license is issued under the Act, a copy of the regulations is supposed to be sent to the applicant. This is rarely done. Ray Guttridge explained to the committee the difficulties he had in obtaining the Health By-Laws from the City. This leads to ignorance, on the part of the community, as to what requirements they have (to have) to meet. It also leads to a much more dangerous state of affairs, the manufacture of de facto legal requirements. For instance, the licensing board requires a certificate for a supervisor, but there is no legal authority for this. The City of Vancouver's Fire and Health Department developed some vague policy about no more than twenty children in frame buildings. Such policies can be only implemented by City Council. South Hill has had experience with both of these. Such a state of affairs leads to a situation of community groups groping in the dark and easily tripped by civil servants.

It is then recommended that all relevant regulations and by-laws be supplied by the board, upon request of anyone.

The importance of such a step should not be underestimated in view of the second main theme to come out of this chronological list. The lack of effective cooperation of the civil service. Cooperation is more than enforcing rules and orders, it means effectively working for the establishment of care facilities. Instead of doing that, there is a tendency of public servants to enforce such rules and orders for the purpose of protecting their own position. In the vast majority of cases, it is not conscious. There are many examples.

Established organizations advancing traditional care facilities seem to have very little difficulty with the board, as opposed to innovative groups. Contact with traditional day care groups suggest this. However, the experience of South Hill and the Mental Patients Association is quite different. South Hill attempted to mix the over threes' and the under threes' and at the same time have an uncertified supervisor, both of which were legal, but at the same time different various stumbling block were put in the way, including threat of cancellation of license.

South Hill applied for a license with the board in November of 1972. However, it was not until after the sit-in at the Day Care Information Centre <sup>that</sup> it was obtained. Even then it was not the type of interim permit the centre sought, rather it was for twenty children between the ages of 3 - 5 years, while the group sought places for thirty children between 2 - 5 years. In May, the license was rewritten without notice so that it would end the 30th of June, 1973. On May 12th, the group appeared before the board personally and asked for its

original demand. Thirty places for ages 2 - 5 years inclusive. On May 18th the board wrote ordering the under threes' out of the centre and the number cut down to twenty. At the same time they requested a new supervisor with 10 pre-school courses at an accredited institution.

Subsequent personal meetings were held at which C.W. Gorby and Gail Davies of the board, and Gail Wright of the Society attended. It was suggested a law suit was possible, and the Social <sup>Services Policy</sup> Planning Committee of the Greater Vancouver Regional District asked <sup>that</sup> the permit be extended. <sup>(Telegram June 27/73)</sup> On June 28th, 1973, the permit was extended till the end of July 1973; the permit still required a professional certificate and separate programs for those under and over 3 years. Therefore, part of South Hill's demands were met. On July 9th, 1973, court proceedings were launched, <sup>by South Hill Child Care Society.</sup>

The Mental Patients Association has operated a program which has run into similar problems. Their program, in simplified language is a self-sufficient and democratic operation, something quite different in the Mental Health Field.

Since December of 1971, the organization has been given the runaround from C.M.H.C., city bureaucrats and the board, about the establishment of homes for ex mental patients. At one time they were told they would have no zoning problems; later they did. At one time they were told they did not come under the Community Care Facilities Licensing Act; later they were told they did. It was only after they called upon the services of Rosemary Brown, M.L.A. that they began to sort out their problems.

The Grandview Terrace Child Care Centre is another interesting story. It also attempted to have under threes'. They solved there problem by agreeing with the board that they would take no more under threes' and just keep the ones already in the day care centre.

The question is why? Civil Servants, and I do not use the term in any derogatory sense; we prefer things run in an orderly and regulated manner. The innovative program challenges that in such cases, that the civil servants have to make decisions and decisions entail risk and responsibility, especially when the decision is yes. What such people try to avoid is risk and responsibility. In some cases they can do this by having political leaders make the decision for innovation, but if such higher polirical decision is not forthcoming, then the civil servant is induced to say no.

It may be argued that these organizations are rebel (rabble?) rousers, but such analysis breaks down when viewed in the light of the experience of Ray Gutteridge and the Central City Mission, which has existed in Vancouver for some time.

In mid 1971, the Society attempted to set up an intensive care unit for children in Langley; it ran into all sorts of zoning and other requirements that ended the attempt. There was a lot of local hostility to the project and the inspector used by-laws to end the project.

Furthermore, civil servants seemed more oriented towards inspecting than counselling. Ray Gutteridge gave the example of his society spending \$7,500.00 to cover up a smoke

hazard at the insistence of one inspector and then told by another inspector just the opposite. Inspectors feel they are not doing their job if they do not find so many faults. There was a feeling of frustration among members of the committee because there was no consultant on their side, just inspectors criticizing them.

The South Hill Group and Ray Gutteridge's experience indicate another problem. There is a feeling that rules and orders of the act go beyond a basic standard of health and cleanliness, but enter into every aspect of 'care'. The maze of rules and orders result in an inappropriate amount of money spent on the physical surroundings and less on services to people. At the same time the restrictions on programing inhibits innovative attempts to start new programs by having the board follow its standardized programs. The rationale of the standard program breaks down when one realizes that the Children's Aid Society and Juvenile Dentention Homes do not come under the Act.

By requiring standardization of programs, the Act results in a stifling of innovative community groups, and the exemption of government agencies result in such "community care people" having no basic minimum standard for protection in the area of health and fire.