CHARACTERISTICS OF THE MULTI PROBLEM FAMILY

A Study of Child Care, Crime, Juvenile Delinquency and Economic Dependency as Related to Family Functioning in the Multi-Problem Family.

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School of Social Work

1966

The University of British Columbia
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School of Social Work

The University of British Columbia,
Vancouver 8, Canada.

Date May 9, 1966
ABSTRACT


The purpose of this study was to explore associations between the factors of child care, crime and juvenile delinquency, and economic dependency, and selected family functioning variables. These family functioning variables were chosen from the scale utilized by Geismar-Ayres in the St. Paul Study on Multi-Problem Families.

Simple random sampling was used to select 100 cases from a group of 250 cases previously selected and in use by the Vancouver Area Development Project. The source material consisted of Area Development Project case profiles and score sheets, and selected case file material.

The collected data was sorted and tabulated in such a manner as to allow comparison of the association between the specific variables. The reliability of the ratings used was assumed as all data was previously recorded by Vancouver Area Development Project Staff who had been trained in utilizing the rating scale.

This study was an "ex-post-facto" survey and therefore was not intended to necessarily delineate any complex etiological patterns. No factors were found to be highly associated with any of the family functioning variables though several incidents of moderate association were found. The family functioning factor most closely associated with economic dependency was the absence of one parent from the home. The factor most closely associated with inadequate child care was the inadequate behaviour of the mother. The factor most closely associated with delinquency and crime was inadequacy in the behaviour of the mother and inadequacy in marital relationships respectively.

The major significant findings of this study would seem to indicate that it has fulfilled its purpose by underlining the need for further studies of family functioning variables within the context of multi-problem families. Such future studies would necessarily be intensified both in depth and focus.
ACKNOWLEDGEMENTS

We would like to extend our sincere appreciation to all those who contributed to this study. The information and data provided by the Vancouver Area Development Project staff made the completion of this study possible. Of particular note, we would like to thank Miss Beverly Ayres and Mrs. E. Keyes for their interest and co-operation.

Special gratitude is extended to Dr. John Crane of the School of Social Work, University of British Columbia whose encouragement, criticism and suggestions were invaluable.
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CHARACTERISTICS OF THE MULTI-PROBLEM FAMILY

A Study of Child Care, Crime, Juvenile Delinquency and Economic Dependency as Related to Family Functioning in the Multi-Problem Family.
CHAPTER I

A. THE SOCIAL WORK PROBLEM

1. Development of the Concept of the Multi-problem Family

The concept of the multi-problem family has developed specifically out of the family's inability to function adequately in its environment. Earlier students of the problem in Great Britian thought in terms of a "social problem group" rather than specific families. It was the subnormality of intelligence that was seen as the main factor contributing to the economic dependency of this group. During the last decade in Great Britian emphasis has shifted from the intelligence factor to the personality factor. The inability of the multi-problem family to cope with its environment is now attributed to the "immature emotional development" of one or both of the spouses. Psychological and sociological studies of the multi-problem family have been noticeably rare, and in general the social sciences have failed to deal with individuals in the framework of the family group.

In the United States, there have been important development over the past decade, from a fairly simple to a more sophisticated conceptual level. "In 1952, criteria used for identifying multi-problem families focused on number and chronicity of problems in certain defined areas: chronic economic dependency, ill health and maladjustment. The evidence of two or three of the problems was considered sufficient to characterize the family as multi-problem." (9, P. 26)
In the St. Paul Study the focus shifted to the "level of functioning" of the family which involved measurement of two criteria: (a) the role performance of the members of the family, and (b) the level of social functioning in the family. With the San Mateo Study, a further shift in emphasis developed. The focus turned to the problem area of maladjustment. Multi-problem families were characterized as pathological, and attention focused on the degree of pathology found in the family.

The question arises as to the value of a concept which is so broad and comprehensive in character that it has come to include a heterogeneous collection of types of family. At times it is used to indicate any family with problems so severe that it resists all efforts made towards its rehabilitation. It does not include the rich multi-problem family.

Its main value appears to have been less as an incentive to greater sophistication in family diagnosis than as a spur to more critical thinking about the social services, their co-ordination, integration and planning. Both in Great Britain and North America, although in different ways, the past decade has seen a variety of projects, studies, and fresh approaches to treatment.

2. Definition of the Multi-Problem Family

The multi-problem family is much easier to describe than to define. A number of descriptive terms have been used to describe the seriously disorganized family. They include hard-core, socially delinquent, deprived, distrustful, hard-to-reach, and others. The term "multi-problem family", more widely used than the others, poses some problems of its own with
regard to definition because it refers to problems rather than specific traits.

The expression "multi-problem family" was first proposed as a descriptive term for the seriously disorganized families in the St. Paul Study of 1948. The term was used by the survey team for this study, the Family Unit Report Study. In this survey the term was used to designate families with serious problems in more than one of the following areas: social adjustment, health, economic behaviour, and recreational needs.

The serious difficulty with this definition is its vagueness. In the Family Unit Report Study, a problem was a pathological condition which needed treatment. Also the four areas designated are so broad that a breakdown in only one of the areas might result in a serious impairment of the family's capacity to function as a unit.

The Family Centred Project of St. Paul, one of the outgrowths of the Family Unit Report Study, concentrated much of its research work upon an effort to develop a conceptual foundation for studying the nature of, and the giving of service to, the multi-problem family. (The definition of the multi-problem family developed in the St. Paul Study was refined in the New Haven Neighbourhood Improvement Project.)

The term "multi-problem family", as used in the book Understanding the Multi-Problem Family by L. L. Geismar and Michael A. LaSorte, denotes a family with disorganized social functioning of an order that adversely affects the following sets of behaviour: (1) relationships
inside the family, (2) relationships outside the family group, and (3) the performance of tasks such as those concerned with health, economic and household practices that are designed to maintain the family as a physical unit. The value of this definition, according to the authors, lies in the relatedness of the definition to social practice and its potential for measurement. The adequacy of a concept can be judged only in relation to its uses. The chief purpose here was searching for a method leading to early detection of multi-problem behaviour.

However, for purpose of both the St. Paul and Vancouver studies, and with recognition of the limitations in the data-gathering process, a crude but operational definition of multi-problem family was decided upon. (This definition was a modification of that used by the 1948 St. Paul Family Unit Report Study.) A multi-problem family was defined in both the St. Paul and Vancouver surveys as one with one or more children under the age of eighteen which is characterized by (1) serious behaviour disorders as evidenced by verified neglect, delinquency, mental disorders, emotional disturbance, severe conflicts in interpersonal relations and the like, and (2) problems in one or both of the following areas: economic functioning which included continuous or intermittent relief, or public assistance, excessive debts, problems around money, management, and health functioning, particularly a serious health condition in adults and children.

3. Social Work Practice Ramifications of the Multi-Problem Family

The rapidly increasing incidence of disordered and delinquent
behavior in many areas throughout the country has focussed the attention of agencies on the need to bring help to the socially disorganized family or now commonly called the multi-problem family, whose members are contributing so heavily to community problems.

The multi-problem family can be described as having more than its share of physical and emotional problems, a long history of financial dependency, poor housing, a frequently changing family unit, heavy incidence of mental retardation or illness, and a pattern of behaviour that is often violent and in conflict with accepted social standards. This type of family tends to perpetuate its problems and thus increases the community's burden and deprives society of useful human resources.

The community has a responsibility to interrupt the cycle of social deterioration by bringing together all its forces in planning ways and means of reaching these families and staying with them until some level of stability has been achieved.

Both the New York and St. Paul projects used a combination of local agencies working together to consolidate the services to the families chosen for the project. Research helped the agencies working with the families to know what was best for that family. Close co-operation was required between the agencies involved so that every necessary service was supplied when needed.

In the Vancouver study, the aim is to provide an integrated program of intensive casework, group work, health and community organization under one administration. The co-operation of the agencies involved was
essential as one worker would be assigned to co-ordinate the varied services required for the family. Social workers were provided to work full-time on the project families, thus keeping the case-load small enough for effective treatment.

All social work with disorganized families must have defined minimum standards of social functioning. These provide the basis for accepting families for service, for making a social diagnosis, for casework planning, and for closing a case.

The casework involved must be family oriented, that is, the family must be viewed as an interacting group and individual problems of members treated as affecting all members of the family. The caseworkers must be well trained in family treatment concepts and be prepared to undertake such demanding, time-consuming work.

B. THE PROBLEM FOR RESEARCH

1. Research Ramification of the Multi-Problem Family

Having defined the concept of the "multi-problem family", one may be faced with the matter of delineating its social characteristics. In other words, what do families so classified have in common in terms of the role performance of its individual members. The findings of two previous studies carried out by the Community Services Society of New York and the St. Paul Family Centred Project tend to show some consistency in the nature of the multi-problem family. Complementary studies are required to determine whether these findings will withstand repeated scrutiny.
Once the social characteristics are identified, many other areas are open to study. Exploratory research can be carried out to discover the interrelationships between the various categories of social functioning, and particularly between these and such deviant kinds of behaviour as child neglect, crime, chronic economic dependency, alcoholism, truancy, delinquency and many others.

Additional research suggestions have been made by the St. Paul Family Centred Project. Firstly, what are the variables associated with family functioning or malfunctioning of the structurally incomplete or "broken family" and of the structurally complete home? Secondly, what makes the structurally incomplete, or for that matter, the structurally complete family particularly subject to social or personal malfunctioning?

At present, the research staff of the Vancouver Area Development Project has outlined four areas for their own investigation. These are:

a. Study of changes in family functioning to assess the impact of special treatment services being offered. A follow-up study could be made to find out which combination of factors are connected with positive or negative outcome of treatment.

b. Study of treatment methods employed with a view to relating these to changes in family functioning. Other areas for future research with respect to treatment services included the Neighbourhood Development Services and the "usual" agencies being provided to the two control groups of multi-problem families by other social welfare agencies in the regular fashion. As it is one of the major goals of the project to determine the
relative effectiveness of integrated welfare services, research oriented
towards a comparison of results in treatment and control groups will follow.

c. Study of organizational changes brought about by the project.
The aim to study the community organizational process involved in
bringing about the successful completion of the Project so that similar
treatment projects can be established elsewhere with the multi-problem
family. The Community Chest and Councils of the Greater Vancouver area
has submitted a research proposal for study of organizational changes to
the Canadian Council on Urban and Regional Research and it is expected
that the Council will finance the research undertaking.

d. Study in depth of the characteristics of multi-problem families.
Originally the research staff's proposal was worded in this way: "It is
proposed in this study to undertake systematic inquiries into the biological
psychiatric, psychological, economic, and social factors which may or
may not be associated with multi-problem families." However, after
considerable thought and consultation with experts in various fields, the
Project decided to limit its scope to the present research in view of the
immensity of the problems involved. The present focus is to determine the
early individual and family characteristics associated with chronic economic
dependency with a view to providing some means of identification in the
early stages of the family life cycle. Such a study could be followed by
other exploratory studies to discover early factors associated with crime,
delinquency, alcoholism, and other forms of deviance.

2. Questions Posed for Study
a. How do the special factors of economic dependency, crime and juvenile
delinquency and physical and emotional care and training of children
significantly correlate with other specified areas of family functioning?
b. Are the correlations identified in this study significantly similar
to the like correlations of other studies on family functioning?
c. Are the compared correlations significant in isolating diagnostic factors
for early identification of family functioning?

3. Aspects to be Investigated

Three main aspects of family functioning, namely, economic dependency,
crime and juvenile delinquency, and the physical and emotional care and
training of children, were chosen for study. These aspects were chosen for
the following reasons:

a. The Area Development Project staff requested that these three areas
be studied as the comprehensive study of all research aspects is
beyond the resources of the present A.D.P. staff.
b. The available data from the Area Development Project fully covers
these three aspects.
c. The members of this study project see these three areas as being
significantly important and inter-related with family functioning. This
seems to be borne out in other studies of a similar nature. There is
also general concern in this area by other disciplines.
d. These three aspects are usually well documented and present good prospects
for data collection in future research. This study ties in with the
goals announced by the Area Development Project and will contribute
toward structuring etiological and associative factors.

e. The practitioner may well discover that the results of the study of these three factors will be helpful in delineating relative factors in diagnosis, planning and treatment in any given family unit.

f. Previous experiences and interests of the participants in this study led to the choice of the specific factors to be examined.

4. General Pertinence of the Study

This study should prove of value to other researchers who are attempting to establish causative factors in economic dependency, delinquency, and neglect, by providing some clues as to what areas of family functioning may be fruitful for further investigation.

It will give an added dimension to the Family Centred Project of Vancouver by providing a more intensive look at some aspects of family functioning and how they relate to the total picture, as well as illustrating one methodology in which the Project's data may be further amplified.

The practitioner may well discover the results of this study to be useful in helping to delineate relative factors in his assessment and treatment of any given family unit. Since "family-centredness" in diagnosis differs somewhat from generally used evaluations in social work, it may well be instrumental in pointing the way to further refinements in casework methods, which will in the long view, improve services to the "hard-to-reach-families."

We must keep in mind that the research undertaken is only exploratory in nature and makes no attempt to show causal factors. For this reason the practitioner must exercise caution in attempting to use these findings in a
conclusive way.

C. THEORETICAL FRAMEWORK

The theoretical framework of this study rests on four main concepts. They are family treatment, the family as a social system, family disorganization, and family tasks and functions. Theoretically the origin of this study is to produce information on the relationships of family functioning between the different types of task performance.

1. Family Treatment

Modern social work literature stresses the importance of the family-centred approach in both diagnosis and treatment of individuals. With this approach comes the need to increase our ability to help individuals and families who are experiencing difficulties in personal and social functioning. To do this, we must understand more fully family interaction. Family interaction refers to the daily patterns of family behaviour and management, pattern of response to stress and problems and patterns of agreement and disagreement in values and standards which are of major significance to family equilibrium and disequilibrium.

To achieve such understanding, it seems necessary to view the functioning of the individual personality in the context of the dynamics of family role. The phenomena of family life are revealed at three interrelated levels: (a) multiple interaction patterns between family members, beginning with the central relationship of man and wife (b) the personal development of each family member and (c) the interaction of the family unit with the outside community.
Treatment of the family and its individuals should be viewed in the context of the total psycho-social diagnosis of the family. This evaluation should be made in terms of the current functioning of the family and of its historical development. "This approach, because it relates behaviour to the social structure, is seen as most promising in our effort to seek ways in which society in general and the social welfare community in particular may cope with the problems of family disorganization". (6, P. 23)

2. The Family as a Social System

"The family is conceptualized as a system or aggregate of interdependent parts with an underlying degree of organization. The parts of the family system are social roles that are reciprocally related and interactive, relative to more or less clearly or vaguely defined goals". (6, P. 37)

The organization of the family system breaks down. When the roles of the system are no longer integrated and unable to work together for the strength of the system.

The functions of the North American family are decreasing as the community shares in the responsibility for areas such as economic practices, health, education, and recreation. The four major roles of the family today are reproduction, shelter, and physical care for family members, emotional care and the socialization of the young.

As a chain is as strong as its weakest link, the functioning of the family unit can be assessed in terms of the functioning of its individual members. This individual's functioning or role performance includes the
behaviour, attitudes, and feelings expressed in his interaction with his environment.

Adequate social functioning of the individual is assessed against socially acceptable norms of role performance based on our culture. Adequate social functioning of the family is therefore assessed on its ability to carry out the roles of the four major functions assigned to it by the larger social system.

3. The Socially Disorganized Family

The socially disorganized family is unable to function at a level that meets community standards. Inadequate functioning in one area tends to spread and be associated with disfunctioning in other areas. Child care and the training of children is one problem-ridden area for the multi-problem family. As deficiencies in socialization tend to be transmitted from one generation to the next, it is understandable that preventive intervention is focussing on the functions of child rearing.

The family develops a pattern of dependency on outside sources for the fulfillment of its basic needs, especially economic needs. This dependency can be seen as a result of the personal inadequacy, persistent failures, hopelessness and rejection experienced by the family in trouble. "The very chronicity and persistence of crises in these families and of their failure in social functioning, show why prevention is among the most difficulty problems in the whole field of social work and social welfare." (9, P. 40) The multi-problem family has served to direct a great deal of attention on an important question in the planning, integration and co-
ordination of services at the administrative level.

"In spite of important differences between Canada and the United States and Great Britain of size, levels of government, administration and policy there is a general movement towards a more systematic approach to earlier detection and classification of families in trouble." (9, P41) The emphasis was originally on the nature of the problems of the multi-problem family but it has now shifted to the area of family diagnosis.

A diagnosis of a family must take into account both individual behaviour and adjustment and family relationships and family unity. In the former an evaluation of the individual's social functioning based on total role performance is acquired. In the latter an assessment is made of the members' ability to maintain a cohesive, integrated family unit.

4. Three Significant Characteristics for the Treatment of the Socially Disorganized Family

The research criteria used by the Area Development Project of Vancouver in selecting their treatment group of multi-problem families indicate the importance attributed to economic dependency, crime and juvenile delinquency, and below-marginal care of children as significant characteristics or symptoms of the total disfunctioning of this family unit.

Nearly all multi-problem families have suffered from serious economic stress. In more recent years, the conclusion has been reached that protracted economic dependency and problem functioning, often extending over several generations, cannot be the result of financial poverty
alone. Instead the concept of personal and social disorganization suggests multiple causes for the families' failure to adjust to society.

During the last ten years, economists have pointed to the consistently high correlation between economic deprivation and various types of deviant behaviour such as crime and juvenile delinquency. The major cause of juvenile delinquency as seen by Cloward and Ohlin in their book, *Delinquency and Opportunity*, is the discrepancy between the success goals of an individual and the legitimate means by which he can attain these goals. Economic deprivation therefore may lead to the use of illegitimate means by many of the members of the problem family.

The importance of adequate child care need not be stressed. However, the apparent lack of it in many multi-problem families points up the need for treatment and intervention by social welfare agencies. This need can best be met by the establishment of a co-ordinated family-centre and neighbourhood-centred programme of treatment.

5. **Categories of Social Functioning**

Our conceptual approach to the multi-problem family is based on the categories of social functioning developed by Geismar and Ayres for use in the St. Paul Family Centred Project. The eight major categories with which we are concerned are:

a. **Family relationships and Family unit.**

   Relationships among family members and family sub-groups in terms of their collective ability to maintain a cohesive social system.

b. **Individual behaviour and Adjustment.**
Individual family members' social functioning in terms of their total role performance.

c. Care and Training of Children.
d. Social Activities.
e. Economic Practices.
f. Household Practices.
g. Health Conditions and Practices.
h. Use of Community Resources.

The information collected by the Area Development Project of Vancouver on the above basis lends itself to our study of characteristics of the treatment and control groups in this project.

D. PREVIOUS RESEARCH

1. Child Care

A considerable number of studies, in process at the present time, are characterized by a primary focus on the Multi-Problem Family. Many of the aspects of this type of family are still being studied in a rather general way. It is not our intent to provide an exhaustive review of the literature. The material that follows may only be considered as representative.

Available information falls readily into two main categories. Most of the field studies contain an element of service with a social work orientation. Here the emphasis is on the collection and correlation of empirical data on a first hand basis. In general, findings are indicative of areas of further study rather than conclusive or theoretical. Although
a certain amount of emphasis is placed upon treatment, the main purpose is most often the construction and testing of hypotheses. There is an attempt to be conclusive and studies proceed relatively unhampered by pragmatic considerations.

There have been several attempts to gain a scholarly overview of the determinants of child care. However, there continues to be a birth of conclusive material other than that contained within those studies which deal with severe deprivation.

a. John Bowlby, Child Care and the Growth of Love

Bowlby examines child care cross-culturally and endeavors to attest to the validity of each item in an exhaustive collection of investigatory reports. He concludes that although many factors lie behind the level of child care, maternal behaviour and the strength of familial bonds are the major determinants.

b. Geismar and Ayres, Families in Trouble

Geismar and Ayres corroborate the above findings. In addition they point out that lack of family solidarity may be significantly related to a high incidence of deviant behaviour on the part of family members.

c. Welfare Council of Ottawa, Multi-Problem Families

This study consists of a sample of forty-seven multi-problem families in the city of Ottawa. It attempts to describe what these families are like, what their major problems appear to be, and how they are presently using the helping resources of the community.

In a general way, physical child neglect, in the sense of abuse or
poor care with respect to food, clothing and cleanliness was found to be a reality for one third of the children. Emotional neglect, in the sense of lack of affection, training and proper discipline was applicable for one half of the children. One fifth of the children received inadequate medical or nursing care. At the same time, neglect is not present in twenty percent of the families.

More specifically it was found that:

1) Thirty-seven of the families still had an intact marital relationship, but marital discord was present in seventy-five percent of the families.

2) Almost without exception, housing was too costly, too crowded, or in poor physical condition.

3) More than thirty-three percent of the fathers worked regularly, but the wages were low. (Average of $231 per month).

4) Twenty-three families were totally or partially dependent on public assistance.

5) Almost without exception, the families were in financial difficulty because of inadequate income or poor money management.

6) Two thirds of the men were in good physical health, whereas two thirds of the women were in poor health. Only half of the children were reported as healthy.

7) Thirty percent of the children displayed various behaviour problems and acting out behaviour.

8) Only a very small percentage of children made use of the various recreational facilities.
9) Family cohesiveness was strong in thirteen families, average in eighteen families and weak in ten families.

d. Leontine Young, Wednesday's Children

This exploratory study attempts to develop a family profile from a sample of one hundred and eighty families in which child neglect and abuse was present. The families were not identified as multi-problem, although certainly many of them would appear to meet the Geismar and Ayres criteria. Data was drawn entirely from the case records of both public and private, rural and metropolitan child welfare agencies.

The families were divided into four groups. The criterion for severe neglect was inadequate feeding. Moderate neglect was defined as a lack of cleanliness, lack of adequate clothing, or failure to provide medical care. Consistent and violent beating by one or both parents was classified as severe abuse, whereas moderate abuse was taken to consist of occasional and less violent beatings, usually when parents were drunk or under stress.

Seventy-seven families abused their children, whereas one hundred and three neglected them. Three general areas displayed a significant relationship to the four typologies. These were: Parental Behaviour towards the child, Marital Roles, and Family Standards of Behaviour.

Certain items were characteristic of the total sample:  
1) Truancy and failure at school were regarded with indifference by the parents in fifty-two percent of the cases.
2) High incidence of sibling quarrelling was present.

3) Inconsistent discipline and expectations of the children occurred in ninety-seven percent of the families.

4) Verbal and physical abuse between parents was frequent and common to all groups.

5) Families were shown to have no formal ties in eighty-five percent of the cases.

6) Strong relationships with friends or relatives was non-existent in seventy-three percent of the group.

7) Realistic money management was indicated by over twenty percent of the families.

8) The lack of shared goals, ordered structure or continuity, was common to seventy-five percent of the families.

9) Standards of household cleanliness were poor in seventy-three percent of the families.

10) An inability to use health facilities or to obtain immediate medical attention was indicated in ninety-six percent of the group.

Comment

One the basic identifying features of the multi-problem family is the lack of adequate child care. A description of a family as being multi-problematic, may be, in fact, another way of saying that poor child care is present.

This study is concerned with a demonstration of the degree of relationship that other family functioning variables have to child care practices.
2. Crime and Juvenile Delinquency

Most of the previous research that has been done on delinquency and crime covered a wide range of families both multi-problem and otherwise. The question for consideration in reviewing such studies in this wider range will be to determine whether similar patterns will found in the multi-problem families in our sample.

a. Harriet C. Wilson, Delinquency and Child Neglect

In 1955, Harriet C. Wilson made a study of 52 multi-problem families in Cardiff, Wales. These were families who had been active with many social agencies and were suspected to be characterized by "child neglect". The study was particularly concerned with the causation of delinquency among the youngsters within these families.

In the homes where delinquency existed, there was material deprivation, little supervision and discipline by either parent, a poor relationship between parents and children, particularly between delinquent boys and their fathers. The relationship between the parents was found to be unstable in more than half the families visited. The delinquent children however, tended not to come from homes with parents with criminal records. These children did not belong to accepted peer groups such as Boy Scouts or Girl Guides. They tended to be below par in school achievement. Only a small percentage of families had mental illness in one or other of the parents.

There are many unanswered questions in this study, but the comparison with our study should be interesting especially since the Wilson study was done
in England where conditions may be somewhat different. There may, however, be enough similarity to make such a comparison valid.

b. John R. Ellingston, Protecting Our Children from Criminal Careers

Ellingston attempts to discover the psychological clues that determine whether or not a child shall become a delinquent. He outlines many of the items as outlined the previous study reviewed but in more technical terms, such as the need to be loved, the need for competency, freedom to grow, etc. He postulates that to change the habits, one must change the environment by putting the child in a camp similar to an army camp for proper training and satisfying work. This is the type of camp advocated by the California Youth Authority in 1945.

Ellingston discusses delinquency control at the community level, mentioning that much reform is needed in the treatment of the delinquent, both from the point of view of understanding the cause of delinquency so that the proper corrective treatment may be undertaken before it is too late, and to the reform of the institutions to which some of the delinquents must eventually be committed.

He postulates as some of the causes of delinquency, such conditions as immigrant parents forcing their American-born children to conform to their own patterns of behaviour which are different to those of the rest of the neighbourhood in which he lives and whether it provides a lawless gang to enlist him in its lawlessness or whether it provides playmates who are supervised by a strong neighbourhood solidarity with many wholesome recreational, educational and religious activities.
Ellingston's review of some studies done on this subject provide us with examples of comparison with our own study which are somewhat different from the first study mentioned.

c. **Sheldon and Eleanor Glueck, Unraveling Juvenile Delinquency**

The Gluecks, in the early 1940's, used matched pairs to discriminate between the characteristics of delinquents and non-delinquents with respect to a series of factors related to (1) the family, and (2) the individual characteristics of the delinquent. The delinquents were boys who had been committed by the Boston Juvenile Court to the Lyman School for Delinquents. Although this was a captive group and the children were not living at home with their parents, there were some interesting findings in that many similar characteristics were found among these boys. The Gluecks labelled these the attributes of delinquents although Sophia M. Robison in her book *Juvenile Delinquency, Its Nature and Control*, criticizes the findings by saying that these attributes are more likely to be those which would cause committal to an institution than to be common to all delinquents. She also says that the population of the Lyman School is not a representative population, having a very high percentage of children with foreign-born parents. There are no negroes and only nine Jewish children.

Despite these criticisms, the Gluecks' scale would be a very interesting one to use as a basis for tests in our study to see how closely we come to their results.

d. **Sophia M. Robison, Juvenile Delinquency, Its Nature and Control**

Robison reviews many studies to do with delinquency, giving the history
of delinquency in the United States and the efforts made to bring it under control. She has a chapter on delinquency in foreign countries, including Canada, England and Wales, France and Algiers, Germany, and the USSR. She covers many approaches to the theory of causation, from the classical and clinical to the psychological, sociological, and anthropological. She then goes on to discuss the juvenile court, juvenile probation, correctional institutions for juveniles and other services available to the individual child.

Her review of these studies provides us with many suggestions for hypotheses which will be covered in part E.

e. L. L. Geismar and Beverly Ayres, Families in Trouble

This study is used as a basis for the present study being done by the Vancouver Area Development Project, on which our study is based. It can offer us results which will be easily comparable to ours because we will be using the same categories of family functioning. Under these circumstances, it will be most interesting to compare results.

3. Economic Dependency

The section on the Chronicity of economic dependency was seen as being mainly concerned with pertinent findings and points of comparison contained in five similar studies.

A survey of previously researched material failed to provide any study which had approached the problem mainly from the viewpoint of chronicity of economic dependency as a diagnostic factor. However, most similar studies had related this factor to family functioning as a reflection of general adequacy.
a. Geismar and Ayres, Families in Trouble

In the St. Paul Study, as reported by Geismar and Ayres,(1) the authors report that 97% of the families studied showed problems in family relationships and family unity. Similarly, 91% of those families indicated problems in economic practices.

This latter group showed the following distribution in the breakdown of economic practices:

- 73% - in source of income
- 63% - in use of money
- 16% - in employment pattern and nature of job.

Of these figures, we chose the factor of 'use of money' as being particularly significant to this study.

Further investigation of the Geismar-Ayres analysis showed that financial dependency was highly associated with one-parent homes. It was for this reason that recipients of Mother's Allowance were included in this study. It was expected that a similar finding would be manifest in our study sample as Geismar and Ayres attribute the absence of the male head of families as being the main reason for economic dependency. In the 48 broken families on whom Geismar and Ayres reported, three men (only parent in the home) were working full time and nine women contributed to the family income.

Functionally, the Project Families seemed to be particularly bogged down in family relationships and unity, economic practices and child care.

Family solidarity, martial relationships, incidence of behaviour disorders (not adjudicated), money management, physical care of the
children, housekeeping practices and health practices were found by the project to be the most useful indices of the families' over-all social functioning.

Broken homes were not found to be related to many factors of social functioning. It must be remembered that in these families, desertion, separation and divorce were only one factor in a broad measure of social disorganization and that the separation of husband and wife more often serve to relieve the over-all strain on the family rather than to aggravate it.

Problem drinking, the most frequent type of acting-out behaviour was associated with lack of solidarity, marital conflict, problems in economic functioning of the family and adult crime.

Adequacy in housekeeping standards was also found by the Geismar-Ayres study to be directly associated with money coming in to the family.

A short time span between the first marriage of the woman and the family's first registration with social agencies proved to be related to over-all problematic family functioning, marital conflict and to problems in use of community resources. This association gave rise to a hypothesis regarding a direct association between the length of time after marriage a family manages without outside aid and the family's capacity to meet various problem situations.

b. Dorothy Coombe, Rehabilitation Services for the Chronically Dependent

The second study chosen for comment was a thesis by Dorothy Coombe. (2) This study was initiated to secure and analyze facts about a group of Vancouver,
B.C. families who were considered to be chronically dependent, in relationship to family circumstances and the needed intervention of the City Social Service Department.

The sample families revealed major problems: financial, health and social adjustment. Typically most of the homes were broken, with the majority of the fathers absent or intermittently out of the homes because of social problems.

Miss Coombe found that 80% of the parents had serious personality behaviour problems or relationship difficulties. Most of the services rendered were in relation to economic and health needs. Exceptionally few families revealed potentials for self-maintenance. In support of this Miss Coombe pointed out that 46% of the sample group had been completely financially dependent for more than seven years.

In considering the similarity of location and sample group, in the present study we assumed that there would be significant duplication of these findings.

c. Harriet C. Wilson, Delinquency and Child Neglect

Harriet C. Wilson, in her study entitled 'Delinquency and Child Neglect', (3) discusses the significance of money management and patterns of spending. She states:

''There is ample evidence of the very real struggle of practically all the families in making ends meet'' (11, P.107)

Further comment from Miss Wilson makes it clear that in most cases, only a person with great self-discipline and good intelligence would be able to manage and that in many cases even such a person as this could not avoid
falling into debt.

The families that Miss Wilson studied were families previously on long-term, state-maintained allowances and whose active income was below the subsistence level.

d. Bradley Buell, Community Planning for Human Services

Bradley Buell and Associates in Community Planning for Human Services, (4) show that 40% of the community's families needed and used the services of 108 health, welfare and recreational organizations. However, he further points out that 7% of the families in the community were dependent on the community for financial support. Mr. Buell elaborates by stating that he found that only 6% of the community's families were commanding over 50% of all the dependency, health and maladjustment services in the community.

The following associations were also observed in this study:

77% of the dependent families also had health and/or adjustment problems.

58% of the maladjustment families had health and/or dependency problems.

38% of the families with health problems had dependency and/or adjustment problems.

e. Welfare Council of Ottawa, Multi-Problem Families

A fifth study by the Planning Committee on Child and Family Services of the Welfare Council of Ottawa, entitled "Multi-Problem Families"(5) supports the above findings.

Almost without exception, the families studied were in serious financial difficulties. In many cases, the available wage income or
Public Assistance benefits plus Family Allowance were not sufficient to provide for family living at a reasonable minimum standard of health and decency.

Further support for findings of other studies was found here in that 75% of the families studied indicated severe discord in family relationships, though approximately 80% of this study's sample group were two-parent households.

E. OUTLINE OF RESEARCH REPORT

1. Chapter Headings
   a. Chapter I - Problem Formulation
   b. Chapter II - Research Design and Methodology
   c. Chapter III - Data Analysis and Findings
   d. Chapter IV - Conclusions and Recommendations

2. Authors
   a) Chapter III

      1) Child Care - John R. Cushnie
         Kenneth J. Pauli

      2) Crime and Juvenile Delinquency - Roy Fong
         Helen A. Ruckle
         Ailsa Walker

      3) Economic Dependency - Collin Carlile
         Arthur A. Veroba

   b) The remaining chapters in the thesis were written collectively by all members of the group.
CHAPTER II

A. HYPOTHESES AND ASSUMPTIONS.

1. Child Care

a. Hypotheses

The major hypothesis of the Child Care section of this study states that a relationship exists between child care and total family functioning in multi-problem families.

In particular, it is hypothesized that each of the twenty-one independent variables that follow are related to the level of child care that is given.

1) Marital Relationship: It is hypothesized that there is a positive association between child care and the marital relationship as suggested in the Ottawa Study.

2) Family Solidarity: The studies reviewed agree upon the significance of family solidarity as a prime indice of child care. It is hypothesized that there is a strong positive association between the two variables.

3) Behaviour of Mother: The Bowlby study clearly points out the significance of maternal behaviour. It is hypothesized that there is a strong positive association between child care and the behaviour of the mother.

4) Behaviour of Father: It is hypothesized that there is a positive relationship between child care and the behaviour of the father.

5) Sibling Relationships: The Young study indicated a high incidence of sibling discord. It is hypothesized that there is a positive association
between child care and sibling relationships.

6) **Behaviour of Older Children:** It is hypothesized that there is a positive association between child care and the behaviour of the older children.

7) **Behaviour of Younger Children:** It is hypothesized that there is a positive association between child care and the behaviour of the younger children.

8) **Informal Social Associations:** The Young study suggests that inadequate informal social associations characterize problem families. It is hypothesized that there is a positive association between child care and informal social associations.

9) **Formal Social Associations:** The Young study suggests that inadequate formal social associations characterize problem families. It is hypothesized that there is a positive association between child care and formal social associations.

10) **Source of Income:** It is hypothesized that there is a positive association between child care and source of income.

11) **Job Situation:** It is hypothesized that there is a positive association between child care and the job situation.

12) **Use of Money:** It is hypothesized that there is a positive association between child care and the use of money.

13) **Household Physical Facilities:** The Ottawa study suggests that costly and crowded housing characterizes problem families. It is hypothesized that there is a positive association between child care and household physical facilities.
facilities.

14) Housekeeping Standards: It is hypothesized that there is a positive association between child care and housekeeping standards.

15) Health Practices: It is hypothesized that there is a positive association between child care and health practices.

16) Health Problems: Bowlby suggests that health problems are characteristic of children experiencing inadequate child care. It is hypothesized that there is a positive association between child care and health problems.

17) Use of School Resources: The Young study illustrates that problem families tend to use school resources inadequately. It is hypothesized that there is a positive association between child care and use of school resources.

18) Use of Church Resources: It is hypothesized that there is a positive association between child care and use of church resources.

19) Use of Health Resources: The Young study indicates that problem families tend to make inadequate use of health resources. It is hypothesized that there is a positive association between child care and use of health resources.

20) Use of Social Agencies: It is hypothesized that there is a positive association between child care and use of agency resources.

21) Use of Recreational Resources: The Ottawa study states that only a small percentage of the children of problem families make use of recreational resources. It is hypothesized that there is positive association
between child care and the use of recreational resources.

b. **Operational Definitions of Variables**

The operational definitions of the dependent and independent variables follow the guides provided by the Geismar and Ayres criteria for measuring family functioning. (See Appendix A).

2. **Crime and Juvenile Delinquency**

a. **Hypotheses**

1) There are differences in family functioning between the families of children with Children's Court records and those who have not. It is expected that the differences in family functioning will include poor family relationships, poor care and training of children, poor school achievement and probably some material deprivation.

2) There are no differences in the numbers of children known to the Children's Court and those who are not, who come from families where one or both parents have a history of contact with a correctional agency.

3) There are no significant differences in the numbers of children known to the Children's Court and those who are not, who come from families where one or both parents have had psychiatric problems.

4) There are differences in family functioning in families where one or both parents have had a history of contact with correctional agencies and families who have not.

b. **Operational Definition of Variables**

1) **Primary Variables**
a) The primary variables for the first, second and third hypotheses will be the children known to the Children's Court and those not known to the Court, of the families of both the treatment and control groups of our study. If there is more than one child in the family known to the Children's Court, this family will be equated with a family with the same number of children of equivalent age in the control group.

b) The primary variables for the fourth hypothesis will be parents who have had contact with correctional agencies and parents who have not.

2) Secondary Variables

a) The secondary variables for both the first and fourth hypotheses will be the adequate, marginal and inadequate ratings for each of the items of family functioning as listed below:

(1) Family Relationships and Family Unity
   (a) Marital Relationship
   (b) Parent-Child Relationship
   (c) Sibling Relationship
   (d) Family Solidarity - this refers to the unity and cohesiveness of the family.

(2) Individual Behaviour and Adjustment of Parents categorized under the following headings: Socially Delinquent Behaviour, Mental-Physical State and Role Performance as Spouse, Parent, Breadwinner, Homemaker, and Member of the Community.

   Individual Behaviour and Adjustment of Children under the following headings: Acting-Out Behaviour, Mental-Physical State, Role Performance as Child, Pupil and as Member of Peer Groups.

(3) Care and Training of Children under the following headings:
(a) Physical Care
(b) Training Methods (including Emotional Care)

(4) Social Activities under the headings:
   (a) Informal Associations (extended family, friends, recreational activities)
   (b) Formal Associations (membership in clubs, unions, business associations, etc.)

(5) Economic Practices under the headings of:
   (a) Source and Amount of Income
   (b) Job Situation
   (c) Use of Money

(6) Household Practices under the headings:
   (a) Physical Facilities
   (b) Housekeeping Standards

(7) Health Conditions and Practices under the headings:
   (a) Health Problems
   (b) Health Practices

(8) Use of Community Resources under the headings:
   (a) School
   (b) Church
   (c) Health Resources
   (d) Social Agencies
   (e) Recreational Agencies

b) The secondary variables for the second hypothesis will be parents who have had a history of contact with correctional agencies and those who have not.

c) The secondary variables for the third hypothesis will be parents who had had psychiatric problems and those who have not.

3. Economic Dependency

a. Hypothesis

For the purpose of this section of the study, we chose the following areas of family functioning as being significantly related to chronicity of economic dependency. These relationships were indicated in the studies
mentioned in Section D and appeared to be recurrent and common themes by comparative evaluation of the findings of these studies.

1) Firstly, **family relationship problems**, particularly those relating to dysfunction in marital relationship and family solidarity were closely associated with concurrent economic problems. The high correlation of one parent families highlighted this concept.

   In our study we expect a similar pattern to develop.

2) Secondly, **dysfunctioning in individual behavior** of parents, particularly of the father, seemed significant as related to economic problems. Again we expect a duplication with findings of the present study.

3) Thirdly, **the care and training of children** was pointed out in both the Bradley Buell and the Geismar-Ayres studies as being one of the three main areas of "bogging down" functionally for multi-problem families. This is particularly marked in relation to the physical care of children. This was significant in 20% of the cases as reported in the St. Paul Study. Bradley Buell also relates that of the 40% of the community using welfare service, only 6% of these families used a total of 50% of the dependency health and maladjustment services.

   It was therefore assumed that this coupled with the high incidence of economic dependency in the Multi Problem Family group indicated a high association of these factors and would be duplicated in the findings of this study.

4) Fourthly, **Household practises** were indicated as being closely related to money management and were studied from this viewpoint only.
Similar relationship was expected to be found.

5) Health practices were viewed as a factor in economic dependency as health problems prohibit or restrict adequate economic functioning. This was seen as an extremely flexible variable and no specific expectations were formulated on this basis.

6) Use of money was reviewed as this was seen as being an important area of dysfunctioning in both the St. Paul Study and the Dorothy Coombe Study. Also we felt that inadequate handling of funds would be associated with chronic dependency.

b. Operational Definition of Variables

Economic chronicity will be determined by taking the number of months in which financial assistance has been received divided by the number of months of marriage. This will be arbitrarily determined as being the number of months since the first marriage and will include common-law relationships and one parent households.

Financial Assistance included social aid and mother's allowance but excluded old age assistance, contributory insurance income, pensions, support from relatives, child support and related measures of self-dependence.

The six variables chosen - family functioning, individual behaviour, care and training of children, household practices, health practices, and use of money were studied from the viewpoint and measurement factors set out by the Geismar-Ayres St. Paul Study and at present in use by the Vancouver Area Development Project.
The sample study was chosen as indicated in previous sections above, and chronicity was determined on the basis of the formula outlined in a later section. The sample group was then divided into thirds. The third with the highest rate of incidence will be deemed to show chronicity, the third with the lowest incidence will be viewed as not chronic. The middle group was seen as being of intermediate chronicity.

We assumed the degree of competence and skill in making judgements pertaining to the indicated variables and the specific ratings of adequacy or inadequacy of functions are reliable and valid.

This in turn assumed validity of the universality of standards of minimum and adequate functioning in the chosen variables. Here again it is emphasized that the tools of measurement for these classifications were those used in the St. Paul Study and at present being used in the Vancouver Area Development Project.

4. Value Assumptions

Implicit within this study are certain underlying assumptions which reflect the operative value system upon which the research was based. The following will serve as a means of illustration.

The study assumes that:

(a) The investigation of the family as a unit is an appropriate and fruitful area of study.

(b) The family is the major identification and socialization vehicle in our culture, acting as the liaison agent between it and the individual.
(c) It is possible to investigate the family unit with the tools at hand.

(d) Multi-problem families can be arbitrarily defined as a single, identifiable typology.

(e) On the basis of our cultural concept of family health, there is a need to study and treat those families identified as multi-problem.

(f) Child neglect, juvenile delinquency and chronic economic dependency are considered to be undesirable and deviant behaviour patterns.

B. LEVEL OF RESEARCH DESIGN

1. Research Design

Of the two types of experimental designs - projected and ex post facto, the latter was used. In contrast to the projected design where experimental and control groups are compared after researchers have exposed the experimental group to a set of stimuli, the ex post facto approach recognizes that the set of stimuli has already been introduced. More specifically:

<table>
<thead>
<tr>
<th>Time 1 (Before)</th>
<th>Time 2 (After)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>X</td>
</tr>
<tr>
<td>Stimuli</td>
<td></td>
</tr>
<tr>
<td>Group B</td>
<td>X^1</td>
</tr>
<tr>
<td>No Stimuli</td>
<td></td>
</tr>
</tbody>
</table>

The actual data collection begins after time 2 has arrived or has passed.

For example, in our study at time 2, delinquency represented by X^1 and non-delinquency by X^1 have already occurred and we are interested in what stimuli are associated with both outcomes. In some cases, as regards our project there is some questions as to whether the stimuli or independent...
variables preceded or followed the outcomes.

Our research group used the ex post facto design for various reasons. Several social workers at the Vancouver Area Development Project had requested research data concerning factors associated with economic dependency, crime, juvenile delinquency, and child neglect in multi-problem families. The suggested project looked feasible because the material from which conclusions could be drawn to answer some of the questions posed was readily available. The facts and conclusions we had hoped to obtain seemed to be of general interest and value in filling the gaps in knowledge about the multi-problem family.

2. Control of Interfering Variables

Control of interfering variables was achieved in various ways:

a. In order to ensure that we were dealing with multi-problem families only those families indicated as being such by the Vancouver Area Development Project were used as the population from which the sample was drawn. We understand that only after careful scrutiny, analysis, and evaluation were the Project families finally classified as being of a multi-problem nature.

b. To ensure that what conclusions we drew would be typical of multi-problem families in the Vancouver Area Development Project, we selected a random sample by the method described in a later section.

c. To differentiate between families characterized by adequate, marginal, and inadequate child care, score sheets, which were completed by trained workers employed by the Area Development Project and which
contained the rating of each family according to the level of functioning in the area of care and training of children, were carefully checked.

d. To differentiate between (I) families with parents who had contact with correctional institutes and families with parents who had no contact with correctional institutes (II) families with delinquent children and families with non-delinquent children (III) families with one parent and families with two parents (IV) families with psychiatric parents and families with non-psychiatric parents, family profiles and statistical sheets completed by the same trained workers were carefully scrutinized to obtain information for appropriate ratings.

e. To differentiate between families characterized by non-chronicity, intermediate chronicity, and chronicity, data in terms of the number of months on public assistance and the number of months the family has been established was extracted from files and profiles documented by the same trained workers. The number of months on public assistance was divided by the number of months the family had been established and a percentage was obtained. Non-chronicity was defined by a range of 0% to 19%; intermediate chronicity by 20% to 38%; chronicity by 39% to 100%.

f. To determine the functioning of each family in the some or all of the major categories and sub-categories, score sheets containing this information and completed by trained workers were carefully studied.

3. Plan of Data Analysis

Frequency distribution tables are used to assist in data analysis.
Data on dependent or independent variables (i.e. categories of social functioning) are summarized, and tabulated in such a way as to be easily related to associated variables, as for example, delinquency and non-delinquency. Percentages are calculated horizontally and/or vertically in order to compare the data in terms of percentage and to establish associations between dependent and independent variables. As criteria for determining the minimal statistical level of confidence, we decided on the following two rules:

a. to compute percentages on a base of 20 cases as a general rule and to interpret percentages cautiously if the base was less than 20 (there were a few instances of less than 20 cases being used but in nearly all cases the base was 20 or larger).

b. to regard a difference between two groups on one variable as significant if it was at least 20%. For deciding different degrees of association, we therefore developed a terminology in the findings chapter. This was developed in lieu of using chi square with which few of the group were familiar.

C. SAMPLING PROCEDURE

As previously mentioned, the sample group used for the purposes of this study were chosen from the large sample group being utilized by the Vancouver Area Development Project.

From the outset, it was recognized that maintenance of the divisions of treatment and control groups being utilized by the Area Development Project was not necessary for the purposes of this study
as we were interested only in the various ratings applied to the families as of the time of their entry into the project and were not concerned with the effects of treatment applied thereafter. This posed an initial problem as no combined master list of project families was available. We therefore combined the groups that the Area Development Project had designated as East Control, South Control, and Treatment into one alphabetically-arranged master list.

This study group had previously decided that a fair representation would be obtained by selecting our sample group by random choice. We therefore randomly chose case number one and then chose every second case thereafter, until such time as the one-hundred cases we required for our sample group was obtained.

The master list was thus prepared and the random procedure described above was completed. A review of the cases chosen in this fashion revealed that 11 cases were without sufficient information for this ex post facto field survey. This necessitated a repetition of the random choice procedure on the remaining cases and by this means, our sample group of one hundred cases was obtained.

D. METHODS OF GATHERING DATA

1. Child Care

Generally speaking, data for the Child Care section of this study originates from one main source, that being the "Outline" of Social Diagnosis" from the Vancouver Area Development Project. This outline makes explicit and puts order into the case recording in each family by date.
on each family by describing functioning under the nine major and
twenty-three minor categories of the Family Functioning Scale.
Sources of information for the outline include not only the regular
recording but also such material as School Reports, Police Reports,
summaries from other agencies, case conference notes, history of
registrations with agencies, and psychiatric summaries. For those
families who have already been statistically rated according to the
information on the outline, the ratings were used rather than the outline
itself. Where there was insufficient or no information in the category
a double checkback to the recording or other appropriate material was
made.

Since it is the purpose of this study to gain a static picture of
the multi-problem family before treatment by the project, only data
from the initial recording and outline for Social Diagnosis was used.
This was generally after two full interviews by the F.C.P. worker and
within two months of the acceptance of the family for the project. (5, P. 58)
Subsequent outlines by the project will, of course, be taken to measure
movement, but have no pertinence for this study. Project workers were
instructed to omit from the first outline any gains or movement by the
family after early contacts with the worker.

The Geismar-Ayres profile of family functioning as previously
appended, is the basis for data collection and analysis. Since data is
directly derived from the Vancouver A.D.P., reliability of the findings
of the project can also be used for validation in this study. Reliability
was considered in two major areas: Judgements regarding family functioning, and judgements made in constructing the Outline of Social Diagnosis.

This study has trichotomized the seven-point judgement scale of family functioning, using the categories - adequate, marginal, and inadequate. Adequate includes above marginal, near adequate and adequate, whereas inadequate includes below marginal, near adequate and inadequate. Marginal will remain the same. The categories "not known" and "not applicable" will also be used. We would hypothesize that trichotomization will increase reliability, since specificity is required.

It will be noted that certain categorizations have not been included. Parent-Child relationship has not been utilized because of its relatedness to the dependent variable. Relationship to the F.C.P. worker also was not used since family movement is not being studied.

2. Crime and Juvenile Delinquency

The source of data for the Crime and Juvenile Delinquency section was basically the same as in the previous section. Information regarding crime and juvenile delinquency was obtained from the history of registration with agencies as were referrals for psychiatric examinations. This information allowed us to identify the delinquents and non-delinquents, the parents with criminal records and those without criminal records.

All information on family functioning was taken from the Geismar-Ayres profile of family functioning, using the eight major categories and
twenty-one minor categories as variables. The seven-point scale was reduced to the three - adequate, marginal and inadequate as mentioned in Section I.

3. **Chronicity of Economic Dependence**

In studying the relationship of the chronicity of economic dependence to family characteristics and functioning we found that useful data was available from the Area Development Project's case records in the following form:

a) Family life history data.

b) General family characteristics (age of family members, economic status, housing, deviant behaviour, etc.)

c) History of agency contacts.

d) Length of time in receipt of financial assistance, and financial assistance costs.

e) School performance records.

f) School health records.

g) Selected items (Parent Attitude Research Inventory).

The Area Development Project staff used the above case record data along with family interviews to complete a profile of family functioning on each family in our sample group at the point that the family was first accepted into the project. They adopted the "profile of family functioning" used by Geismar and Ayres in the St. Paul Project. This completed profile was our main measurement of family functioning within our sample group. However, in the study of the
chronicity of economic dependence we omitted several categories. The five categories that were retained were previously indicated as being: family relationships, individual behaviour, care and training of the children, household practices, and health practices.

Each of the above five had sub-categories which also were included as indicated in the "profile of family functioning". Each of the sub-categories and the categories in the profile of each sample family were rated by the A.D.P. staff according to their level of social functioning. The general criteria used for levels of social functioning were "inadequate", marginal or "adequate".

In order to measure the chronicity of economic dependence we devised the following schedule for gathering data which was applied to each sample family:

<table>
<thead>
<tr>
<th>Sample Case No.</th>
<th>(A) Time since casehead first established family status</th>
<th>(B) Time casehead was in receipt of financial assistance</th>
<th>(C) Percentage B/A x 100</th>
</tr>
</thead>
</table>

Interpretation of the above schedule

"Time" mentioned in both (A) and (B) referred to the total number of months.

"Casehead" mentioned in both (A) and (B) referred to the female parent in the home. In cases where the female parent was absent the male parent was considered casehead.

"Establishment of family status" referred to in (A) was defined by one of the following conditions: (i) date of establishment of first legal or common-law marriage. (ii) date of birth of the oldest child in the home. In cases where both conditions applied the earlier date took precedence.

"Financial Assistance" referred to in (B) was defined previously in section E to include only social aid and mothers allowance.
"The percentage" referred to in (C) meant the time casehead was in receipt of financial assistance divided by the time casehead first established family status multiplied by 100.

Agency case records provided adequate information for application of the above schedule to our sample group. The highest chronicity was indicated by the highest percentage point.
CHAPTER III

A. INTRODUCTION

The previous chapter portrays the research design, sampling procedures, and methods of gathering data pertinent to this study. The concern of the present chapter is with the analysis of the collected data.

Data is examined as it relates to the questions which this study purports to study. (See Chapter II). The areas of analysis are arranged in the order outlined below.

1. Child Care
2. Criminal Parents and Delinquency in Children
3. Economic Dependency

The association of any two variables is explored in accordance with a "twenty percent rule". If there is more than a twenty percent difference between two groups, the difference is taken to be significant. As a guide, percentage differences between groups were described in the following terms:

0 - 20 percent - The variables are apparently independent
21 - 40 percent - The variables are moderately independent
41 - 80 percent - The variables are strongly associated
81 - 100 percent - The variables are near identity

This method of making comparisons was used in lieu of chi squared.

B. DATA ANALYSIS

1. Child Care

Marital Relationships as Related to Child Care:

Of the sample of 100 families, 58% demonstrated inadequate marital relations, as compared to 10% with adequate relations, and
17% with marginal relationships. Significance is amplified upon consideration that in 15% of the cases, the marital relationship variable was not applicable.

Inadequate marital relationships predominate within all child care categorizations. There is a strong association of inadequate marital relationships with marginal and inadequate child care, and less emphatically so with adequate child care. There is little significant difference between adequate and marginal relationships in any of the child care categories. Child care does not vary significantly in any one of the marital relationship categories.

Sibling Relationships as Related to Child Care:

Of the sample of 100 families, 51% demonstrated adequate sibling relationships as compared with 24% with marginal sibling relationships and 17% with inadequate sibling relationships. Significance of non-applicable cases was negligible.

Generally there is a strong positive association between child care and sibling relationships. This approaches identity when relating adequate child care to adequate sibling relationships. Although not as definitive, the trend holds true for marginal child care and adequate sibling relationships. Association breaks down

---

1 For the purposes of this study, the descriptive phrase "approaches identity" is taken to denote two variables that seemingly represent some common phenomenon.
however, where child care is inadequate. Little significant difference in sibling relationships was found in this category.

**Family Solidarity as Related to Child Care:**

Of the sample of 100 families, 51% demonstrated inadequate family solidarity, as compared with 26% with adequate family solidarity, and 23% with marginal family solidarity. There were no non-applicable cases.

A strong positive association exists between family solidarity and child care as reflected by the high degree of relationship between inadequate child care and inadequate family solidarity. The same positive association exists between adequate child care and adequate family solidarity. The trend can be further demonstrated by the significant differences between adequate and inadequate family solidarity as well as adequate and inadequate child care, within the two adequate categories.

**Behaviour of Father as Related to Child Care:**

Of the sample of 100 families, 63% demonstrated inadequate behaviour of father, as compared with 8% with adequate behaviour and 10% with marginal behaviour of father. Significance is amplified upon consideration that in 19% of the cases, behaviour of the father was non-applicable.

Inadequate behaviour of the father predominates in all child care categories. There is a strong association with marginal and inadequate child care and less emphatically so with adequate child care. There
is little significant difference between adequate and marginal behaviour of father in any of the child care categories. Child care does not vary significantly in any one of the behaviour of father categories.

**Behaviour of Mother as Related to Child Care:**

Of the sample of 100 families, 49% demonstrated inadequate behaviour of mother, as compared with 23% with adequate behaviour of mother and 27% with marginal behaviour of mother. The significance of non-applicable cases was negligible.

A strong positive association exists between the behaviour of mother and child care as reflected by the high degree of relationship between adequate behaviour of mother and adequate child care. The same positive association exists between inadequate behaviour of mother and inadequate child care. The trend can be further demonstrated by the highly significant difference between adequate and inadequate behaviour of mother as well as adequate and inadequate child care within the two adequate categories. However, this may be an artifactual association stemming from the nature of the rating scale.

**Behaviour of Older Children as Related to Child Care:**

Of the sample of 100 families, 44% demonstrated inadequate behaviour of older children, as compared with 16% with adequate behaviour, and 11% with marginal behaviour. The significance is amplified upon consideration that in 29% of the cases, behaviour of older children was not applicable.

A slight positive association was found between adequate
behaviour of older children and child care. A similar association exists with inadequate behaviour of older children and child care. Of those families providing inadequate child care, there is a strong tendency for the behaviour of the older children to be inadequate.

Behaviour of Younger Children as Related to Child Care:

Of the sample of 100 families, 42% demonstrated adequate behaviour of younger children, as compared with 24% with marginal behaviour and 25% with inadequate behaviour. The significance of non-applicable cases was negligible.

Adequate behaviour of younger children predominates where child care is adequate and to a lesser extent where child care is marginal. There is little significant difference in the behaviour of younger children when child care is inadequate. A moderately positive association between inadequate behaviour of younger children and child care can be demonstrated.

Informal Social Associations as Related to Child Care:

Of the sample of 100 families, 46% demonstrated marginal information associations, as compared with 39% with adequate associations and 14% with inadequate associations. The significance of non-applicable cases was negligible.

This variable is characterized by relatively high marginal scores of between 40 and 50%. Where child care is adequate there is a tendency for informal associations to be adequate or marginal, but not inadequate. There is little significant difference between
informal social associations where child care is inadequate.

**Formal Social Relationships as Related to Child Care:**

A breakdown of the 100 families in terms of formal social associations categorizes 38% as adequate, 55% as marginal and 4% as inadequate. For 3% of the families, this variable was not applicable. Marginal formal social associations are strongly related to adequate child care and moderately related to inadequate child care. General consideration shows that 93 percent of the families demonstrate adequate or marginal formal social relationships.

Adequate and inadequate child care groups do not differ significantly from each other in the area of formal social relationships.

**Source of Income as Related to Child Care:**

A breakdown of the 100 families in terms of sources of income categorizes 45% as adequate, 30% as marginal and 25% as inadequate. There is evidence that adequate source of income is moderately associated with adequate child care. In contrast, inadequate source of income appears to be independent of inadequate child care.

There does not appear to be a significant difference between the three child care groups with respect to source of income.

**Job Situation as Related to Child Care:**

Of the sample of 100 families, 22% demonstrated adequate job situations as compared with 12% with marginal job situations and 19%
with inadequate job situations. There are a large number of non-applicable cases, in the order of 47%. No significant association between child care and the job situation can be demonstrated. It should be noted however, that the sample has been cut by almost 50%.

Use of Money as Related to Child Care:

Of the sample of 100 families, 61% demonstrated adequate use of money, as compared with 24% with marginal use of money and 15% using money inadequately. There were no non-applicable cases.

There is a strong positive association, approaching identity between adequate use of money and adequate child care. A very strong positive association also exists between adequate use of money and marginal child care. No significant difference was found in the use of money when child care is inadequate.

Household Physical Facilities as Related to Child Care:

A breakdown of the 100 families in terms of household physical facilities categorizes 65% as adequate, 14% as marginal, and 20% as inadequate.

There is evidence that adequate household physical facilities approach identity with adequate child care. In contrast, inadequate household physical facilities appear to be independent of inadequate of inadequate child care. Although there is a moderately significant difference between the adequate and inadequate child care groups, it should be borne in mind that 65% of all families in the study show
adequate household physical facilities.

Housekeeping Standards as Related to Child Care:

A breakdown of the 100 families in terms of housekeeping standards categorizes 70% as adequate, 10% as marginal and 18% as inadequate. In 2% of the cases, this variable is not applicable. There is evidence that adequate housekeeping standards approach identity with adequate child care. In contrast, inadequate housekeeping standards are nearly independent of inadequate child care.

Although there is a moderately significant difference between the inadequate child care group and the other two groups with regard to adequate and inadequate housekeeping standards, it should be borne in mind that 70% of all families in the study show adequate housekeeping standards.

Health Problems as Related to Child Care:

A breakdown of the 100 families in terms of health problems categorizes 55% as adequate, 25% as marginal, and 19% as inadequate. There is evidence that an adequate level of health problems is highly associated with adequate child care. In contrast however, an inadequate level of health problems appears to be independent of inadequate child care. In comparing the three child care groups there is a tendency of the adequate child care group to have an adequate level of health problems.

Health Practices as Related to Child Care:

A breakdown of the 100 families in terms of health practices
categorizes 64% as adequate, 18% as marginal, and 17% as inadequate.

There is evidence that adequate health practices approach identity with adequate child care. Inadequate health practices are moderately associated with inadequate child care. There is a difference between the adequate and inadequate child care groups with respect to health practices. This is balanced, however, when consideration is directed to the tendency for all groups to show adequate health practices.

**Use of School Resources as Related to Child Care:**

A breakdown of the 100 families in terms of use of school resources categorizes 61% as adequate, 17% as marginal, and 14% as inadequate. In 8% of the cases, this variable was not applicable.

There is evidence that adequate use of school resources approaches identity with adequate child care. In contrast, however, inadequate use of school resources is independent of inadequate child care. There is a tendency for all child care groups to make adequate use of school resources, a tendency which increases as the level of child care moves towards adequate.

**Use of Church Resources as Related to Child Care:**

A breakdown of the 100 families in terms of their use of church resources categorizes 45% as adequate, 17% as marginal, and 2% as inadequate. In 36% of the cases, this variable was not applicable. In general, families for whom this variable is applicable tend to make adequate use of church resources. This tendency was most evident in the marginal child care group.
Use of Health Resources as Related to Child Care:

A breakdown of the 100 families in terms of use of health resources categorized 63% as adequate, 21% as marginal and 11% as inadequate. In the five cases where this variable was not applicable child care was rated as inadequate. There is evidence that adequate use of health resources is strongly associated with adequate child care. Inadequate use of health resources appears to be independent of inadequate child care. The tendency for all child care groups to make adequate use of health resources increases as the level of child care moves toward adequate.

Use of Social Agencies as Related to Child Care:

A breakdown of the 100 families in terms of their use of social agencies categorizes 57% as adequate, 30% as marginal and 12% as inadequate. There is evidence that the adequate use of social agencies approaches identity with adequate child care. In contrast, inadequate use of social agencies is independent of inadequate child care. In general, there is a tendency for the adequate use of agency resources to increase as the level of child care moves towards adequate.

Use of Recreational Resources as Related to Child Care:

Of the sample of 100 families, 44% demonstrated adequate use of recreational resources as compared with 24% who use resources marginally and 6% who use resources inadequately. The significance is amplified upon consideration that in 26% of the cases, use of
recreational resources was not applicable.

Adequate and marginal child care are strongly associated with the adequate use of recreational resources. The inadequate use of resources is completely independent of these two child care categories. Where child care is inadequate, no significant difference was found in the use of recreational resources.
### TABLE I
Child Care as Related to Marital and Sibling Relationships

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Marital Relationships</th>
<th>Sibling Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ade.</td>
<td>4 (20)</td>
<td>5 (25)</td>
</tr>
<tr>
<td>Marg.</td>
<td>2 (7)</td>
<td>6 (20)</td>
</tr>
<tr>
<td>Inade.</td>
<td>4 (8)</td>
<td>6 (12)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>10</td>
<td>17</td>
</tr>
</tbody>
</table>

### TABLE II
Child Care as Related to Family Solidarity and Behaviour of Father

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Family Solidarity</th>
<th>Behaviour of Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ade.</td>
<td>13 (65)</td>
<td>5 (25)</td>
</tr>
<tr>
<td>Marg.</td>
<td>9 (30)</td>
<td>10 (33)</td>
</tr>
<tr>
<td>Inade.</td>
<td>4 (8)</td>
<td>8 (16)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>26</td>
<td>23</td>
</tr>
</tbody>
</table>
### TABLE III
Child Care as Related to Behaviour of Mother and Older Children

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Behaviour of Mother</th>
<th>Behaviour of Older Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ade.</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>(80)</td>
<td>(20)</td>
</tr>
<tr>
<td>Marg.</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(22)</td>
<td>(37)</td>
</tr>
<tr>
<td>Inade.</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td>(26)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>23</td>
<td>27</td>
</tr>
</tbody>
</table>

### TABLE IV
Child Care as Related to Behaviour of Younger Children and Informal Social Associations

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Behaviour of Younger Children</th>
<th>Informal Social Associations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ade.</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>(70)</td>
<td>(15)</td>
</tr>
<tr>
<td>Marg.</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>(50)</td>
<td>(26)</td>
</tr>
<tr>
<td>Inade.</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>(26)</td>
<td>(26)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>42</td>
<td>24</td>
</tr>
</tbody>
</table>
### TABLE V

**Child Care as Related to Formal Social Associations and Sources of Income**

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Formal Social Associations</th>
<th>Sources of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ade.</td>
<td>5 (25)</td>
<td>14 (70)</td>
</tr>
<tr>
<td>Marg.</td>
<td>17 (57)</td>
<td>12 (40)</td>
</tr>
<tr>
<td>Inade.</td>
<td>16 (32)</td>
<td>29 (58)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>38</td>
<td>55</td>
</tr>
</tbody>
</table>

### TABLE VI

**Child Care as Related to Job Situation and Use of Money**

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Job Situation</th>
<th>Use of Money</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ade.</td>
<td>6 (30)</td>
<td>1 (5)</td>
</tr>
<tr>
<td>Marg.</td>
<td>6 (20)</td>
<td>5 (17)</td>
</tr>
<tr>
<td>Inade.</td>
<td>10 (20)</td>
<td>6 (12)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>22</td>
<td>12</td>
</tr>
</tbody>
</table>
### TABLE VII

Child Care as Related to Household Physical Facilities and Housekeeping Practices

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Household Physical Facilities</th>
<th>Housekeeping Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ade.</td>
<td>17 (85)</td>
<td>2 (10)</td>
</tr>
<tr>
<td>Marg.</td>
<td>23 (77)</td>
<td>4 (13)</td>
</tr>
<tr>
<td>Inade.</td>
<td>25 (50)</td>
<td>8 (16)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>65</td>
<td>14</td>
</tr>
</tbody>
</table>

### TABLE VIII

Child Care as Related to Health Problems and Health Practices

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Health Problems</th>
<th>Health Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ade.</td>
<td>15 (75)</td>
<td>3 (15)</td>
</tr>
<tr>
<td>Marg.</td>
<td>16 (53)</td>
<td>9 (30)</td>
</tr>
<tr>
<td>Inade.</td>
<td>24 (48)</td>
<td>13 (26)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>55</td>
<td>25</td>
</tr>
</tbody>
</table>
TABLE IX

Child Care as Related to Use of School Resources and Church Resources

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Use of School Resources</th>
<th>Use of Church Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ade.</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(90)</td>
<td>(5)</td>
</tr>
<tr>
<td>Marg.</td>
<td>19</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>(63)</td>
<td>(17)</td>
</tr>
<tr>
<td>Inade.</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>(48)</td>
<td>(24)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>61</td>
<td>17</td>
</tr>
</tbody>
</table>

TABLE X

Child Care as Related to Use of Health Resources and Social Agencies

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Use of Health Resources</th>
<th>Use of Social Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ade.</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>(85)</td>
<td>(15)</td>
</tr>
<tr>
<td>Marg.</td>
<td>23</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>(76)</td>
<td>(17)</td>
</tr>
<tr>
<td>Inade.</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>(46)</td>
<td>(26)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>63</td>
<td>21</td>
</tr>
</tbody>
</table>
### TABLE XI

**Child Care as Related to Use of Recreational Resources**

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Use of Recreational Resources</th>
<th>Ade.</th>
<th>Marg.</th>
<th>Inade.</th>
<th>N.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ade.</td>
<td></td>
<td>12 (60)</td>
<td>5 (25)</td>
<td>3 (15)</td>
<td></td>
</tr>
<tr>
<td>Marg.</td>
<td></td>
<td>16 (53)</td>
<td>5 (17)</td>
<td>9 (30)</td>
<td></td>
</tr>
<tr>
<td>Inade.</td>
<td></td>
<td>16 (32)</td>
<td>14 (28)</td>
<td>6 (12)</td>
<td>14 (28)</td>
</tr>
<tr>
<td>Total (%)</td>
<td></td>
<td>44</td>
<td>24</td>
<td>6</td>
<td>26</td>
</tr>
</tbody>
</table>

**2. Crime and Juvenile Delinquency**

#### a. Criminal Parents:

### TABLE XII

**Differences in Family Relationships Between Families Whose Parents Had Criminal Records and Families Whose Parents Had No Criminal Records.**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C.</td>
<td>N.C.</td>
<td>C.</td>
<td>N.C.</td>
</tr>
<tr>
<td>N.K.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>N.A.</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>ADE.</td>
<td>6</td>
<td>8</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>MARG.</td>
<td>7</td>
<td>10</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>INADE.</td>
<td>20</td>
<td>15</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>TOTAL</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>33</td>
</tr>
</tbody>
</table>
When comparing criminal with non-criminal parents there were no significant differences in the inadequate, marginal, and adequate levels of functioning with regard to family relationships. The substantial differences were found among the families with criminal parents and families without criminal parents. Of the parents with criminal records 61% were inadequate as compared with 21% and 18% who were marginal and adequate respectively. Moreover, regarding non-criminal parents, a substantially higher percentage of parents were inadequate than adequate, the ratio being 46% to 24%.

When family relationships are considered in terms of its sub-categories of family solidarity and parent-child relationships, we find a similar pattern: a lack of significant differences between criminal and non-criminal parents and in each of these sub-categories, a preponderance of families with both criminal and non-criminal parents functioning on an inadequate basis.

With respect to sibling relationships, the latter trend was reversed. In families of both criminal and non-criminal parents, there was a significantly higher percentage of families with adequate sibling relationships than families with marginal or inadequate sibling relationships. Among families with criminal records, 45% were adequate, 21% were marginal, and 21% were inadequate; among families with non-criminal records, the ratio was 58%, 27% and 9% respectively. However, there were again no significant differences between families with criminal and non-criminal parents with respect to sibling relationships on each of the three levels of functioning. This last statement should be qualified as no information could be obtained
on three families with criminal parents and on two families with non-criminal parents.

Another exception to the general pattern is found in the area of martial relationships. There is a moderate association between inadequate marital relationships and criminal behaviour as 63% of the families with criminal parents were inadequate compared to only 42% of the families with non-criminal parents. One can assume that impulsiveness, lack of social control and social concern productive of criminal behaviour also account for disharmony in marital relationships among a greater number of homes with criminal parents.

The above findings may be explained in the following way. With the exception of marital relationships, the fact that families with criminal parents showed no significant differences when compared with non-criminal parents in terms of family relationships can be accounted for by the multi-problem nature of these homes. With respect to the findings on sibling relationships, we can assume that because of the poor marital situation between parents and/or the poor parent-child relationships, the children are united by their common opposition to the parents and within this alliance by the mutual satisfaction of emotional needs for which they depend on each other.
TABLE XIII

Differences in Individual Behaviour Between Families Whose Parents Had Criminal Records and Families Whose Parents Had No Criminal Records.

<table>
<thead>
<tr>
<th>Individual Behaviour</th>
<th>Father</th>
<th></th>
<th>Mother</th>
<th></th>
<th>Older Children</th>
<th></th>
<th>Younger Children</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C.</td>
<td>N.C.</td>
<td>C.</td>
<td>N.C.</td>
<td>C.</td>
<td>N.C.</td>
<td>C.</td>
<td>N.C.</td>
</tr>
<tr>
<td>N. K.</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>N. A.</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>9</td>
<td>3</td>
<td>9%</td>
</tr>
<tr>
<td>ADE.</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>8</td>
<td>4</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>12%</td>
<td>9%</td>
<td>15%</td>
<td>24%</td>
<td>24%</td>
<td>12%</td>
<td>36%</td>
<td>48%</td>
</tr>
<tr>
<td>MARG.</td>
<td>9</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>10</td>
<td>9</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>27%</td>
<td>24%</td>
<td>6%</td>
<td>12%</td>
<td>30%</td>
<td>27%</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>INADE.</td>
<td>20</td>
<td>22</td>
<td>24</td>
<td>16</td>
<td>15</td>
<td>17</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>61%</td>
<td>67%</td>
<td>73%</td>
<td>49%</td>
<td>46%</td>
<td>52%</td>
<td>37%</td>
<td>55%</td>
</tr>
<tr>
<td>100%</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>33</td>
</tr>
</tbody>
</table>

In terms of individual behaviour, we find the same trend that prevailed with respect to family relationships. No significant differences between families with criminal and non-criminal parents were discovered; a fact which again can be explained by the multi-problem nature of the homes. However, there were significantly more criminal and non-criminal parents on an inadequate basis, than on a marginal or adequate basis: for criminal parents the ratio was 61% to 27% and 12% respectively and for non-criminal parents 66% to 25% and 9% respectively.

Individual behaviour viewed sub-categorically in terms of the behaviour of the father, mother, and older children produced the same pattern. The only exceptions were with respect to the conduct of fathers and younger
children. In the latter instance, the percentages of younger children coming from criminal and non-criminal homes who were found to be adequate was greater than the percentage found to be marginal and inadequate. However, in accordance with the general pattern, no significant differences could be discovered between families of criminal parents and families of non-criminal parents with respect to the individual behaviour of younger children. The fact that the highest percentages of families with and without criminal parents should relate to homes having younger children displaying adequate behaviour can perhaps be accounted for by the existence of relatively adequate siblings relationships. It is possible that younger children like their older siblings are exposed to poor parental relationships, but that the negative effects of this situation are neutralized by the harmonious interaction with older brothers and sisters.

The other exception to the general pattern is the conduct of fathers. In comparing fathers from criminal and non-criminal homes, 73% of the families with criminal parents were inadequate in individual behaviour, whereas on 48% of the families with non-criminal parents were inadequate in individual behaviour. In other words, fathers from homes with criminal parents are more inclined to be inadequate in individual behaviour than fathers from homes without criminal records. Since the father tends to be the parent having a criminal record, it can be assumed that inasmuch as criminal behaviour is an indication of defective socialization, other manifestations of poor individual behaviour are also likely to occur. This finding was
expected, since criminal behaviour among fathers, in some instances, occurred during the marriage and is a form of inadequate individual behaviour.

**TABLE XIV**

Differences in Care and Training of Children Between Families Whose Parents Had Criminal Records and Families Whose Parents Had No Criminal Records.

<table>
<thead>
<tr>
<th>Care &amp; Training</th>
<th>Physical Care</th>
<th>Training Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C. N. C.</td>
<td>C. N. C.</td>
</tr>
<tr>
<td><strong>ADE.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Marginal</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>Inadequate</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>MARG.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Marginal</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Inadequate</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td><strong>INADE.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Marginal</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Inadequate</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td><strong>100%</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Marginal</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Inadequate</td>
<td>33</td>
<td>33</td>
</tr>
</tbody>
</table>

In regard to the care and training of children there was again no significant differences between families with criminal parents and families with non-criminal parents. Almost 50% of the families in both groups were inadequate and thus conform to the general pattern of family functioning in all multi-problem families. With respect to the sub-category of training methods, the findings were in accord with this pattern, except for the fact that larger percentages of both types of families were inadequate. Of the families with criminal records, 61% were inadequate; of the families with non-criminal records, 72% were inadequate.

In contrast to this trend, significantly more criminal and non-criminal parents gave adequate rather than marginal or inadequate physical care to
their children. Among families with criminal records, 57% were adequate in this respect, 15% were marginal and 27% were inadequate: among families with non-criminal parents, the ratio was 66%, 12% and 21% respectively. When comparing criminal and non-criminal families in relation to physical care, however, there were no substantial differences in any of the three levels of functioning.

**TABLE XV**

Differences in Social Activities Between Families Whose Parents Had Criminal Records and Families Whose Parents Had No Criminal Records.

<table>
<thead>
<tr>
<th>Social Activities</th>
<th>Informal Association</th>
<th>Formal Association</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C.</td>
<td>N.C.</td>
</tr>
<tr>
<td>ADE.</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>MARG.</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>43%</td>
<td>39%</td>
</tr>
<tr>
<td>INADE.</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>100% TOTAL</td>
<td>33</td>
<td>33(1)</td>
</tr>
</tbody>
</table>

In regard to social activities, there were no significant differences between families with criminal parents and families with non-criminal parents. This was equally true in the sub-categories of informal and formal social associations. Most of the families of both types were found to be functioning adequately and marginally. For example, in relation

---

1 3% of Non-Criminal Parents were rated as Not Applicable in this category.
2 3% of Non-Criminal Parents were rated as Not Applicable in this category.
3 6% of Non-Criminal Parents were rated as Not Applicable in this category.
to social activities, 43% of the families with parents were functioning adequately, 43% marginally and only 15% inadequately. Of the families with non-criminal parents 43% were functioning adequately, 39% marginally, and 15% inadequately. The percentage of families, in both groups, functioning marginally and adequately were about the same, except in connection with formal associations. In this latter case, among families with non-criminal parents, a significantly higher percentage of families were functioning marginally than adequately. The ratio was 61% to 30%.

TABLE XVI


<table>
<thead>
<tr>
<th>Economic Practices</th>
<th>Sources of Income</th>
<th>Job Situation</th>
<th>Use of Money</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C.</td>
<td>N.C.</td>
<td>C.</td>
</tr>
<tr>
<td>N.K.</td>
<td>-</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>N.A.</td>
<td>-</td>
<td>-</td>
<td>12</td>
</tr>
<tr>
<td>ADE.</td>
<td>11</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>33.3%</td>
<td>58%</td>
<td>27%</td>
</tr>
<tr>
<td>MARG.</td>
<td>11</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>33.3%</td>
<td>21%</td>
<td>40%</td>
</tr>
<tr>
<td>INADE.</td>
<td>11</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>33.3%</td>
<td>21%</td>
<td>33%</td>
</tr>
<tr>
<td>100%</td>
<td>33</td>
<td>33</td>
<td>33</td>
</tr>
</tbody>
</table>

A significant difference was found in adequate functioning in the area of economic practices of criminal and non-criminal parents. The differences in the marginal and inadequate ratings were not significant. It is interesting
to note, however, that the group of criminal parents was divided evenly between the three categories.

The same pattern prevails when one compares the two groups in sources of income. The significant difference in the adequate functioning is 58% to 27% in favour of the non-criminal parents. This would seem to indicate a close association between sources of income and economic practices generally.

As approximately one-half of these families have no breadwinner in the home, 54% of the criminal parents were listed into these categories. There was no significant difference in the comparison of the remaining sample.

In the use of money, there was no significant difference between the ratings of these two groups, both groups had over 80% of their families rated as adequate or marginal in their functioning. Since both groups have been under agency care they no doubt have received guidance in this area.
TABLE XVII


<table>
<thead>
<tr>
<th></th>
<th>Household Practices</th>
<th>Physical Facilities</th>
<th>Housekeeping Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C: N.C.</td>
<td>C: N.C.</td>
<td>C: N.C.</td>
</tr>
<tr>
<td>ADE.</td>
<td>20 20</td>
<td>21 19</td>
<td>20 21</td>
</tr>
<tr>
<td></td>
<td>61% 61%</td>
<td>64% 58%</td>
<td>61% 64%</td>
</tr>
<tr>
<td>MARG.</td>
<td>3 6</td>
<td>5 4</td>
<td>4 5</td>
</tr>
<tr>
<td></td>
<td>9% 18%</td>
<td>15% 12%</td>
<td>12% 15%</td>
</tr>
<tr>
<td>INADE</td>
<td>10 6</td>
<td>7 9</td>
<td>9 6</td>
</tr>
<tr>
<td></td>
<td>30% 18%</td>
<td>21% 27%</td>
<td>27% 18%</td>
</tr>
<tr>
<td>100% TOTAL</td>
<td>33 33 (1)</td>
<td>33 33 (1)</td>
<td>33 33 (1)</td>
</tr>
</tbody>
</table>

The functioning of the criminal and non-criminal parents with respect to household practices was practically identical. Of both groups 60% were rated as having adequate practices, physical facilities and housekeeping standards.

There is apparently an independent relationship between household practices and criminal or non-criminal parents. The functioning of both groups in this area is comparable to their economic practices where a close association between the two areas is noted. As mentioned previously, guidance and practical help in these areas has no doubt had its effect.

1 Of the Non-Criminal Parents 3% were rated as Not Known in this category.
### TABLE XVIII

Differences in Health Practices Between Families Whose Parents Had Criminal Records and Families Whose Parents Had No Criminal Records.

<table>
<thead>
<tr>
<th>Health Practices</th>
<th>Health Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C.</td>
</tr>
<tr>
<td>ADE.</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>64%</td>
</tr>
<tr>
<td>MARG.</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>21%</td>
</tr>
<tr>
<td>INADE.</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>33</td>
</tr>
</tbody>
</table>

There was no significant difference noted in the area of health practices between the criminal and non-criminal parents. Again over 80% of both groups were rated adequate or marginal in this respect. This independent relationship is similar to that found in economic practices and household practices.

---

1 Of the Non-Criminal Parents 3% were rated as Not Known in this category.
### TABLE XIX

Differences in Use of Community Resources Between Families Whose Parents Had Criminal Records and Families Whose Parents Had No Criminal Records.

<table>
<thead>
<tr>
<th>Use of</th>
<th>Commercial Res.</th>
<th>School</th>
<th>Church</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C. N.C.</td>
<td>C. N.C.</td>
<td>C. N.C.</td>
</tr>
<tr>
<td>N.K.</td>
<td>— —</td>
<td>2 6%</td>
<td>1 3%</td>
</tr>
<tr>
<td>N.A.</td>
<td>— —</td>
<td>2 6%</td>
<td>12 37%</td>
</tr>
<tr>
<td>ADE.</td>
<td>21 64%</td>
<td>21 64%</td>
<td>13 39%</td>
</tr>
<tr>
<td></td>
<td>20 61%</td>
<td>18 55%</td>
<td>12 37%</td>
</tr>
<tr>
<td>MARG.</td>
<td>10 30%</td>
<td>7 21%</td>
<td>7 21%</td>
</tr>
<tr>
<td></td>
<td>9 27%</td>
<td>5 15%</td>
<td>7 21%</td>
</tr>
<tr>
<td>INADE.</td>
<td>2 6%</td>
<td>3 9%</td>
<td>1 3%</td>
</tr>
<tr>
<td></td>
<td>4 12%</td>
<td>6 13%</td>
<td>1 3%</td>
</tr>
<tr>
<td>100%</td>
<td>33 100%</td>
<td>33 100%</td>
<td>33 100%</td>
</tr>
</tbody>
</table>

### TABLE XX

Differences in Use of Community Resources Between Families Whose Parents Had Criminal Records and Families Whose Parents Had No Criminal Records.

<table>
<thead>
<tr>
<th>Recreational</th>
<th>Health Resources</th>
<th>Social Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C. N.C.</td>
<td>C. N.C.</td>
</tr>
<tr>
<td>N.K.</td>
<td>— —</td>
<td>— —</td>
</tr>
<tr>
<td>N.A.</td>
<td>— —</td>
<td>— 1 3%</td>
</tr>
<tr>
<td></td>
<td>10 64%</td>
<td>18 55%</td>
</tr>
<tr>
<td></td>
<td>17 61%</td>
<td>14 55%</td>
</tr>
<tr>
<td>ADE.</td>
<td>20 61%</td>
<td>17 52%</td>
</tr>
<tr>
<td></td>
<td>17 52%</td>
<td>13 55%</td>
</tr>
<tr>
<td></td>
<td>8 24%</td>
<td>9 27%</td>
</tr>
<tr>
<td>MARG.</td>
<td>8 24%</td>
<td>8 27%</td>
</tr>
<tr>
<td></td>
<td>8 52%</td>
<td>7 59%</td>
</tr>
<tr>
<td>INADE.</td>
<td>5 15%</td>
<td>7 21%</td>
</tr>
<tr>
<td></td>
<td>5 15%</td>
<td>5 15%</td>
</tr>
<tr>
<td>100%</td>
<td>33 100%</td>
<td>33 100%</td>
</tr>
</tbody>
</table>

TOTAL 33 33 33 33 33 33.
The trend shown in health practices and household practices continues to hold true in the use of community resources, with a slightly higher percentage of both groups in the adequate and marginal areas.

This overall pattern remained in the use of school and health resources and in the use of social agencies, with no significant difference apparent. Although 40% of both groups were in the 

applicable rating with respect to the use of the church resources the same trend was apparent in the remainder of the sample.

There was a significant difference in the adequate use of recreational agencies. Of criminal parents 55% were in this rating as compared to 33% of the non-criminal parents. None were given an inadequate rating in this area in the criminal group. Perhaps those with criminal records came to the notice of agencies sooner and more encouragement was given in the use of recreational agencies to these families.

School personnel, as an example, usually show added concern for those children whose parents are in contact with the courts.
b. Delinquent Children:

TABLE XXI

Differences in Family Relationship in the Families of Delinquent and Non-Delinquent Children.

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Marginal</th>
<th>Inadequate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D.</td>
<td>N. D.</td>
<td>D.</td>
<td>N. D.</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>3</td>
<td>6</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>8%</td>
<td>17%</td>
<td>31%</td>
<td>25%</td>
</tr>
<tr>
<td>Marital Relationships</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>8%</td>
<td>14%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Parent-Child Relationships</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>8%</td>
<td>14%</td>
<td>19%</td>
<td>28%</td>
</tr>
<tr>
<td>Sibling Relationships</td>
<td>21</td>
<td>16</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>58%</td>
<td>44%</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td>Family Solidarity</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>19%</td>
<td>17%</td>
<td>17%</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>D.</td>
<td>N. D.</td>
<td>D.</td>
<td>N. D.</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>21</td>
<td>61%</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>21</td>
<td>61%</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>20</td>
<td>72%</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>9</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>36</td>
<td>64%</td>
<td>56%</td>
</tr>
<tr>
<td></td>
<td>36</td>
<td>36</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>36</td>
<td>36</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>36</td>
<td>36</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>56%</td>
<td>44%</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>64%</td>
<td>56%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note - There were small percentages of families rated Not Applicable in the Marital Relationships Group indicating one-parent families. There were also small percentages in the Not Known category of Sibling Relationships indicating the information required was not available.

The largest percentage of the families of our sample were rated Inadequate in Family Relationships -- this included the families of both the delinquent and non-delinquent children. There was little difference between the families of either delinquent or non-delinquent children except in the matter of Sibling Relationships where the families of delinquents had a greater percentage of adequate sibling relationships than the families of non-delinquents, although the difference is not considered significant.

Of greater significance is the moderate association between non-delinquency and Inadequate Sibling Relationships where the comparison is 25% for the non-delinquents and 3% for the delinquents. This latter finding was in definite contrast to that of Harriet C. Wilson (11, P.129) who found 'a strong feeling of loyalty between brothers and sister' who are strengthened
by sharing the 'ups and downs of life'. These were the non-delinquent children of a study of problem families.

The finding that delinquent children were on better terms with their siblings than non-delinquent children, suggests that the former tend to establish an alliance among themselves against the outside world. Moreover, it is possible that as the older siblings are inclined to be delinquent as suggested by our findings, the younger siblings admire and respect their acts of bravado, thus contributing to the cohesiveness of the sibling group.

The remaining findings were comparable to those of Jephcott and Carter as quoted by Harriet C. Wilson (11, P. 24). They found that delinquency was concentrated in the inadequate homes of their study, where the parents had poor marital relationships and often an almost complete disregard for their children. In our study which was taken from a selection of multi-problem families, such poor functioning as was found, might be expected. This would also account for the similarities of the findings between both delinquent and non-delinquent children.
Differences in Individual Behaviour in the Families of Delinquent and Non-Delinquent Children.

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th></th>
<th>Marginal</th>
<th></th>
<th>Inadequate</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D.</td>
<td>N. D.</td>
<td>D.</td>
<td>N. D.</td>
<td>D.</td>
<td>N. D.</td>
<td>D.</td>
<td>N. D.</td>
</tr>
<tr>
<td>Individual</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>29</td>
<td>26</td>
<td>36</td>
<td>36</td>
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<tr>
<td>Behaviour</td>
<td>3%</td>
<td>8%</td>
<td>17%</td>
<td>19%</td>
<td>81%</td>
<td>72%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Father</td>
<td>-</td>
<td>14%</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>27</td>
<td>23</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8%</td>
<td></td>
<td>11%</td>
<td>3</td>
<td>75%</td>
<td>64%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11%</td>
<td></td>
<td>8%</td>
<td>75%</td>
<td>64%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11%</td>
<td></td>
<td>8%</td>
<td>75%</td>
<td>64%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11%</td>
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<td>64%</td>
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<td></td>
<td>11%</td>
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<td>100%</td>
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<tr>
<td>Mother</td>
<td>3</td>
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<td>9</td>
<td>14</td>
<td>23</td>
<td>11</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>8%</td>
<td>31%</td>
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<td>14</td>
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<td>11</td>
<td>36</td>
<td>36</td>
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<tr>
<td></td>
<td>8%</td>
<td>31%</td>
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<td>14</td>
<td>23</td>
<td>11</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Older Children</td>
<td>1</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>29</td>
<td>22</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>3%</td>
<td>19%</td>
<td>17%</td>
<td>17%</td>
<td>81%</td>
<td>61%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>3%</td>
<td>19%</td>
<td>17%</td>
<td>17%</td>
<td>81%</td>
<td>61%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Younger Children</td>
<td>19</td>
<td>17</td>
<td>8</td>
<td>11</td>
<td>2?</td>
<td>5</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>53%</td>
<td>47%</td>
<td>22%</td>
<td>31%</td>
<td>6%</td>
<td>14%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>53%</td>
<td>47%</td>
<td>22%</td>
<td>31%</td>
<td>6%</td>
<td>14%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>53%</td>
<td>47%</td>
<td>22%</td>
<td>31%</td>
<td>6%</td>
<td>14%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>53%</td>
<td>47%</td>
<td>22%</td>
<td>31%</td>
<td>6%</td>
<td>14%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>53%</td>
<td>47%</td>
<td>22%</td>
<td>31%</td>
<td>6%</td>
<td>14%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note - There were 14% of both the families of delinquents and non-delinquents where there was no father in the home. There was one mother-less home where there were delinquent children. 20% of the homes of delinquent children either had no younger children or their behaviour was not known and 8% of the non-delinquents with no younger children.

Individual behaviour tended to be adequate only in the younger children of the families of both the delinquent and non-delinquent children. The delinquent children were themselves in the group of older children which would account for the high percentage of these children in the inadequate functioning group (81%). There were also a large number of non-delinquent children in the inadequate functioning group (61%) which might be accounted for by the fact that many of these children were either pre-delinquent or hadn't been caught yet and brought before the Children's Court.

The behaviour of the fathers of both groups of children was mainly inadequate with the delinquent children having no fathers in the adequate group. There were 14% of the fathers out of the home in both groups. It would not appear that the behaviour of the father had an
appreciable effect on the delinquency of the children.

The behaviour of the mother, on the other hand, would seem to be moderately associated with the delinquency of the children. The delinquent children had 64% of their mothers behaving inadequately while only 31% of the non-delinquent group had their mothers in this category. Even this latter percentage would seem to be large if a comparison could be made with non-multi-problem families. These findings are borne out in the Geismar-Ayres Study (5, P. 66) where the mothers were found to carry on their drinking and other types of inadequate behaviour in the home where it would have a much more upsetting effect on the children. The fathers tended to carry out their inadequate behaviour outside the home where it would have little or no effect on the children.

**TABLE XXIII**

Differences in Care and Training of Children in the Families of Delinquent and Non-Delinquent Children.

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Marginal</th>
<th>Inadequate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D. N. D.</td>
<td>D. N. D.</td>
<td>D. N. D.</td>
<td>D. N. D.</td>
</tr>
<tr>
<td>Care &amp; Training of Children</td>
<td>2 7 6</td>
<td>13 6 21</td>
<td>23</td>
<td>36 36</td>
</tr>
<tr>
<td>Physical Care</td>
<td>25 18</td>
<td>7 3 4</td>
<td>15</td>
<td>36 36</td>
</tr>
<tr>
<td>Training Methods</td>
<td>4 11%</td>
<td>8 14% 28</td>
<td>27 36 36</td>
<td></td>
</tr>
<tr>
<td>Methods</td>
<td>11% 22%</td>
<td>14% 78%</td>
<td>75% 100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note - There were no ratings in the Not-Known or Not-Applicable categories.

The care and training of children including training methods was found to be largely inadequate in the families of both delinquent and non-delinquent children, with no appreciable difference between them. This finding could be accounted for by the small range of families but it does bear out other studies in the delinquent group where the Harriet C. Wilson
study (11, P. 125) found that delinquency was closely associated with poor control and supervision of children.

The physical care given, however, was better for the delinquent children than the non-delinquent - 70% of the delinquent children were receiving adequate physical care while only 50% of the non-delinquent group were in the adequate category. This is a negative relationship as is that in the Inadequate category where 42% of the non-delinquents were receiving inadequate care while only 11% of the delinquents were in this group. This provides a moderate and inverse association between inadequate physical care and delinquency. A possible explanation here might be that the parents of the delinquent children, not being able to cope with their emotional needs, may work harder to provide them with good physical care. However, Geismar and Ayres (5, P. 61) found a correlation between physical neglect, housekeeping standards and health practices. Since our study has a fairly high rating for both delinquent and non-delinquent children in all three areas of physical care, housekeeping standards, and health practices, one might reason that the reverse of Geismar-Ayres findings could be true, that adequate physical care would be related to adequate housekeeping standards and adequate health practices.
TABLE XXIV

Differences in Social Activities in the Families of Delinquent and Non-Delinquent Children.

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Marginal</th>
<th>Inadequate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D.</td>
<td>N.D.</td>
<td>D.</td>
<td>N.D.</td>
</tr>
<tr>
<td>Social Activities</td>
<td>11</td>
<td>13</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Informal Activities</td>
<td>12</td>
<td>11</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Formal Activities</td>
<td>12</td>
<td>14</td>
<td>17</td>
<td>19</td>
</tr>
</tbody>
</table>

Note - There were 6% of the delinquent group who were not-known in the Social Informal Activities categories and 17% of the same group not-known in the Formal Activities category.

Social Activities including both formal and informal associations are shown to be mainly either marginal or adequate, weighing more towards the former. This was true for both the families of delinquent and non-delinquent children with no appreciable difference between them. This would appear to indicate that social activities have no bearing on the delinquency of children. Other studies found that the delinquent group of children tended not to have formal peer group associations themselves which would be generally true of multi-problem families in general. Delinquent children tended to join neighbourhood gangs etc., rather than Boy Scouts or other sponsored boys' clubs. (11, P. 77).
TABLE XXV


<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Marginal</th>
<th>Inadequate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D.</td>
<td>N. D.</td>
<td>D.</td>
<td>N. D.</td>
</tr>
<tr>
<td>Economic Practices</td>
<td>9 25%</td>
<td>18 50%</td>
<td>17 47%</td>
<td>6 17%</td>
</tr>
<tr>
<td>Sources of Income</td>
<td>16 44%</td>
<td>15 42%</td>
<td>11 31%</td>
<td>12 33%</td>
</tr>
<tr>
<td>Job Situation</td>
<td>6 17%</td>
<td>9 25%</td>
<td>6 17%</td>
<td>5 14%</td>
</tr>
<tr>
<td>Use of Money</td>
<td>17 47%</td>
<td>17 47%</td>
<td>12 33%</td>
<td>6 17%</td>
</tr>
</tbody>
</table>

Note - There were 45% of the delinquent group in the not-known or not-applicable category for Job Situation and 33% of the non-delinquent group with this rating. 3% were not-known in the Use of Money for the non-delinquent group.

In regards to economic practices, a significant difference was found between families with delinquent children and families with non-delinquent children. 50% of the families with non-delinquents were adequate whereas only 25% of the families with delinquents were adequate. Moreover, 47% of the families with delinquents were marginal whereas only 17% of the families with non-delinquent children were marginal. Most of the families (approx. 75%) with delinquent and non-delinquent children ranges from the marginal level of functioning to the adequate. While this latter pattern was also true of the sub-categories of economic practices, namely, sources of income, job situation, and use of money, no significant differences were found between families with delinquent children and families with non-delinquent children. However, as far as job situation is concerned, this statement should be qualified as no information could be obtained on six families with delinquent children.
and four families with non-delinquent children. Those in the non-applicable category would refer to those families receiving public assistance.

In short, when considering economic practice and its ramifications, there was found to be a moderate association between non-delinquency and adequate economic practices in general and between delinquency and marginal level of functioning in this particular area. In other words, in multi-problem homes where economic practices are satisfactory, children are likely to be non-delinquent; in multi-problem homes where economic practices are marginal, children are likely to become delinquent.

To account for the contributing effects of marginality on delinquency, several suggestions are offered. While marginal economic practices did not frustrate basic needs, it is possible that culturally determined needs were not met. That is, the desire for luxury goods, such as sports equipment and other items favoured by youth and conveying status within the peer group, was not satisfied. Owing to poorer economic practices, it is assumed that a discrepancy existed between the level of aspiration and the level of achievement. When the ability to obtain such consumptive goods is denied to the adolescent, the tendency is to achieve the desired material objects by illegitimate means. Like most other delinquents a great number of delinquent children in our study had been charged with theft.

Another possible explanation is that the delinquent children identified with the marginal pattern of behaviour of the parents in terms
of using money, coping with employment and the various sources of income. In this way, it is assumed that the incorporation of these parental patterns contributed to personality factors conductive to delinquency. This is supported by Harriet C. Wilson's findings. (11, P.146)

**TABLE XXVI**

Differences in Household Practices in the Families of Delinquent and Non-Delinquent Children.

<table>
<thead>
<tr>
<th>Household Practices</th>
<th>Adequate</th>
<th>Marginal</th>
<th>Inadequate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.</td>
<td>N. D.</td>
<td>D.</td>
<td>N. D.</td>
<td>D.</td>
</tr>
<tr>
<td>Household Practices</td>
<td>20</td>
<td>12</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>56%</td>
<td>33%</td>
<td>22%</td>
<td>28%</td>
</tr>
<tr>
<td>Physical Facilities</td>
<td>18</td>
<td>18</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Note - There is one not-know case in each category of the non-delinquent group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In terms of household practices, no significant differences were found between families with delinquent children and families with non-delinquent children. Generally speaking, in both types of families, almost or more than one-half were adequate. For example, in the group of families with delinquent children 55% were adequate as compared with only 22% that were marginal and 22% that were inadequate. The same trend was found among families with non-delinquent children: 47% were adequate whereas only 28% were marginal and only 22% were inadequate. A similar pattern was found with respect to the components of household practices, that is, physical facilities and housekeeping standards.
TABLE XXVII

Differences in Health Practices in the Families of Delinquent and Non-Delinquent Children.

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Marginal</th>
<th>Inadequate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D.</td>
<td>N. D.</td>
<td>D.</td>
<td>N. D.</td>
</tr>
<tr>
<td>Health Practices</td>
<td>20</td>
<td>16</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>56%</td>
<td>44%</td>
<td>31%</td>
<td>36%</td>
</tr>
<tr>
<td>Health Problems</td>
<td>12</td>
<td>17</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>33%</td>
<td>47%</td>
<td>39%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Note - There are 6% of the families of delinquents rated as not-known in both categories.

In the area of health practices, 56% of the families of delinquents were rated as adequate while only 44% of the families of non-delinquents were in this category. There was no significant difference in the marginal and inadequate categories.

In health problems, the non-delinquents outnumbered the delinquents by 47% to 33% but this difference is too small to be of any real significance. The conclusion drawn is that health practices have no bearing on the delinquency of children.
TABLE XXVIII

Differences in Use of Community Resources in the Families of Delinquent and Non-Delinquent Children.

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Marginal</th>
<th>Inadequate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D.</td>
<td>N. D.</td>
<td>D.</td>
<td>N. D.</td>
</tr>
<tr>
<td>School (1)</td>
<td>13</td>
<td>25</td>
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<td>6</td>
</tr>
<tr>
<td></td>
<td>36%</td>
<td>69%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>14</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>42%</td>
<td>39%</td>
<td>17%</td>
<td>33%</td>
</tr>
<tr>
<td>Church (2)</td>
<td>17</td>
<td>20</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>47%</td>
<td>56%</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Health (3)</td>
<td>13</td>
<td>21</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Social Agencies</td>
<td>36%</td>
<td>58%</td>
<td>44%</td>
<td>31%</td>
</tr>
<tr>
<td>Recreational Agencies (4)</td>
<td>31%</td>
<td>58%</td>
<td>31%</td>
<td>22%</td>
</tr>
</tbody>
</table>

The families of non-delinquents rated better in most categories under this heading. In the overall use of community resources, the families of non-delinquents were found to function adequately in 67% while 50% of the families of delinquents were in this category. The same pattern was found in the use of social agencies and recreational facilities although the non-delinquents rate better in the adequate category indicating a moderate association between use of social agencies, recreational facilities, and non-delinquency. The poor use of social and recreational agencies by delinquents suggests the possibility that delinquents try to solve their family-generated problems by rebelling against institutions outside of the family.

The information on the use of the church was not too significant.

About one-third of both groups were not-applicable or not-known with no

1 4% of the cases were non-applicable in this category.
2 32% of the cases were non-applicable in this category.
3 11% of the cases were non-applicable in this category.
4 17% of the cases were non-applicable in this category.
appreciable difference in the ratings of the remainder. A similar situation was found in the use of health resources with over 20% not rated.

The outstanding difference was found in the use of the school facilities where 69% of the non-delinquent group were rated as functioning adequately while only 36% of the delinquent group were in this category. Of the delinquent group 44% were rated as inadequate while only 8% of the non-delinquent group were inadequate. This was found to be true in other studies where delinquents were found to be below par in school achievement. Delinquent children are less interested in school, and hence do not do as well. They tend to play truant which results in getting them into trouble with the school authorities, thus making them even more dissatisfied. They are rebelling against authority figures and eventually leave school. Few of the delinquents of our study were still in school.

The poor use of school facilities is similar to the findings of other studies such as Harriet C. Wilson (11, P. 105) and Jephcott and Carter as quoted in Harriet C. Wilson (11, P. 24). They found that delinquent children tended to under-achieve, had poor school adjustment and eventually dropped out.

TABLE XXIX

Comparison of Crime Among Parents with Delinquency in Children.

<table>
<thead>
<tr>
<th></th>
<th>With</th>
<th>Without</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delinquent Children</td>
<td>6</td>
<td>47</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>11%</td>
<td>89%</td>
<td>100%</td>
</tr>
<tr>
<td>Non-Delinquent Children</td>
<td>15</td>
<td>43</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>26%</td>
<td>74%</td>
<td>100%</td>
</tr>
</tbody>
</table>
When comparing the percentages of parents from families with and without delinquent children, in terms of criminal record among the former, no significant differences were found. This finding is in keeping with that of Harriet C. Wilson (11, p. 144). She discovered that past criminal activities on the part of the parents was not a contributing factor to delinquency among the children. We might also note that in both types of families -- those with and without delinquent children -- a substantial majority of the parents in both instances did not have criminal records, the percentages being 89% and 74% respectively.

**TABLE XXX**

Comparison of Psychiatric Problems Among Parents with Delinquency in Children.

<table>
<thead>
<tr>
<th></th>
<th>With</th>
<th>Without</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delinquent</td>
<td>8</td>
<td>45</td>
<td>53</td>
</tr>
<tr>
<td>Children</td>
<td>15%</td>
<td>85%</td>
<td>100%</td>
</tr>
<tr>
<td>Non-Delinquent</td>
<td>13</td>
<td>45</td>
<td>58</td>
</tr>
<tr>
<td>Children</td>
<td>23%</td>
<td>77%</td>
<td>100%</td>
</tr>
</tbody>
</table>

As to whether or not parents had psychiatric disturbances as indicated by committal to mental institutions, no significant differences were found when comparing families with delinquent children and families with non-delinquent children. In other words, mental illness was not a factor contributing to delinquency among multi-problem families. This finding is in accord with that of the Geismar-Ayres Study (5, p. 63) where delinquency could not be attributed to mental illness in the home, but was viewed as a result of a combination of factors of malfunctioning. In our study, only a small percentage of parents from homes with delinquent and
non-delinquent children had a history of psychiatric illness, the percentages being 15% and 23% respectively.

3. Economic Dependency

   a. Variables from the Geismar-Ayres Scale:

   1) Family Relationships: Marginality in Family Relationships tends to be moderately associated with marginality or intermediacy in the chronicity groups. Adequacy or Inadequacy in Family relationships does not show significant association with any of the chronicity groups.

   2) Individual Behaviour: Adequacy as opposed to Inadequacy in Individual Behaviour tends to be moderately associated with chronic economic dependence whereas, inadequacy as opposed to adequacy in Individual Behaviour tends to be moderately associated with intermediacy of economic chronicity.

   A concentration of marginality as opposed to inadequacy in Individual Behaviour is moderately associated with chronic economic dependency. Further, there appears to be no significant association between any level of functioning and the non-chronic economic dependency group.

   3) Care and Training of Children: Marginality and Adequacy in Care and Training of Children are both moderately associated with chronic economic dependence. Similarly, Adequacy and Inadequacy in this functioning factor are moderately associated with intermediacy in economic dependency.

   4) Household Practices: This factor of family functioning is apparently independent from economic chronicity. No groups showed as much as
20% difference from any other group.

5) Health Practices: Adequacy in Health Practices is moderately associated with chronic economic dependency. Adequacy as compared with marginality shows a tendency towards moderate association with non-chronic economic dependency.

6) Use of Money: Inadequacy as opposed to adequacy tends to be moderately associated with intermediacy in economic dependence. Adequacy and marginality as opposed to inadequacy both tend to be moderately associated with chronic economic dependence.

b. Other Variables:

When the total sample groups had been classified as to chronicity of economic dependence as outlined in Chapter II of this study, we found that 33 families in the sample indicated a chronicity rating from 0 to 18.7%. This was designated as our non-chronic group.

Thirty-four families were found to have chronicity ratings of 20 to 37.8% and these were designated as our intermediate chronicity group.

The remaining 33 families, having the highest chronicity ratings ranging from 39 to 85% were designated as being our chronic group.

This over-all designation accounted for 100% of the sample group and the three groups were then held constant for all factor comparisons.

The following table shows the study sample distribution in terms of reasons for first contact with a social agency.
TABLE XXXI

Reasons for First Agency Contact by Three Levels of Economic Chronicity.

<table>
<thead>
<tr>
<th>Reason for First Contact</th>
<th>Financial</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Chronic</td>
<td>2 (9.5%)</td>
<td>31 (39.3%)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>7 (33.3%)</td>
<td>27 (34.2%)</td>
</tr>
<tr>
<td>Chronic</td>
<td>12 (57.2%)</td>
<td>21 (26.5%)</td>
</tr>
<tr>
<td>TOTAL CASES</td>
<td>21 (100%)</td>
<td>79 (100%)</td>
</tr>
</tbody>
</table>

This table shows that for 79% of the total cases, the first contact was for other than financial reasons.

For those cases whose first contact was for financial reasons, 57.2% were in the chronically dependent group. In comparison, only 9.5% of the cases in the financial contact group were found in the non-chronic group.

When one compares the two categories of reasons for first contact, it is significant that the percentage findings indicated that when first contact was for financial reasons, the possibility that chronicity would develop was more than double those chances if the reason for first contact was other than financial.

Conversely, there was a 30% difference indicated in the non-chronic group between "financial" and "other" categories, with the higher percentage falling in the "other" category. This bears out the previous findings.

In viewing the three groups of families in relation to the length of
time since establishment of families, the measurement was viewed in terms of months of marriage or months since birth of the oldest child, whichever was the greater. The following table shows the distribution and the percentages for this factor:

**TABLE XXXII**

Differences in Age of Families as Shown in Three Levels of Economic Chronicity.

| Number of Months Family Established | 1-50 | 51-100 | 101-150 | 151-200 | 201-250 | 251-300 | 301 &
|-----------------------------------|------|--------|---------|---------|---------|---------|------
| Non-Chronic                       | -    | 1 (20) | 3 (12.5)| 10 (38.5)| 6 (25) | 7 (58.3)| 6 (75)
| Intermediate                      | -    | 11 (20)| 10 (41.7)| 6 (23.0)| 12 (50)| 3 (25.0)| 2 (25)
| Chronic                           | 1 (100)| 3 (60)| 11 (45.8)| 10 (38.5)| 6 (2.5)| 2 (16.7)|
| 100%                              | 1    | 5      | 24      | 26      | 24      | 12      | 8

The general picture shown in the above table is that 56% of the total families had been in existence for less than 201 months; that is, 16 and 3/4 yrs.

Specifically, the non-chronic group had a majority of families falling in the 201 through 301 month categories. Conversely, the chronic group conformed to the over-all general picture presented above. We therefore assumed that since the younger families spent a greater proportion of time since marriage on public assistance than did the older families, this might reflect changing public assistance policies making it easier to procure public assistance.

The intermediate chronicity group were exactly evenly divided on either side of the 200 month category and therefore the family age factor was seen as apparently independent for this group.
We assumed at the beginning of this study that large families would be characteristic of the chronic financially dependent families. Our findings however, do not substantiate this assumption.

**TABLE XXXIII**

Differences in Size of Family by Three Levels of Economic Chronicity.

<table>
<thead>
<tr>
<th></th>
<th>One to Two</th>
<th>Three to Five</th>
<th>Six or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Chronic</td>
<td>7 (38.9)</td>
<td>21 (33.9)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>3 (16.7)</td>
<td>21 (33.9)</td>
<td>10 (50.0)</td>
</tr>
<tr>
<td>Chronic</td>
<td>8 (44.4)</td>
<td>20 (32.2)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td><strong>100 %</strong></td>
<td>18</td>
<td>62</td>
<td>20</td>
</tr>
</tbody>
</table>

There is very little difference between the chronic and non-chronic groups as can be seen from the above table. There was, however, a tendency for families in the intermediate group to be larger. However, 62% of the total families were in the three to five children category and the frequency distribution found in this category was very close for all three chronicity groups.

With regard to the number of parents in the home, we assumed at the beginning of this study that one parent homes would be highly associated with chronic economic dependency.
TABLE XXXIV

Differences in the Number of Parents in the Home by Three Levels of Economic Chronicity.

<table>
<thead>
<tr>
<th>Economic Chronicity</th>
<th>Number of Parents in the Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Both</td>
</tr>
<tr>
<td>Non-Chronic</td>
<td>21 (51.2)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>12 (29.3)</td>
</tr>
<tr>
<td>Chronic</td>
<td>8 (19.5)</td>
</tr>
<tr>
<td>100%</td>
<td>41</td>
</tr>
</tbody>
</table>

In viewing the total sample, 59% are noted as being one parent homes.

Families in which both parents were present showed 51% as being non-chronic in comparison with 20% for the chronic group. Similarly, in the single parent families, only 20% were non-chronic while 42% were chronic. This was taken as substantiation of our original assumption.

We now turn to analyzing the data found concerning the six family functioning factors taken from the Geismar-Ayres (5) and previously mentioned in E of this Study.

Because we found that the frequency distribution in the family functioning factors used reflected a relatively clearer picture than did some of the percentage findings, we have included the following summary tables for reader clarification.
TABLE XXXV
Differences in Three Family Functioning Factors By Three Levels Of Economic Chronicity.

<table>
<thead>
<tr>
<th></th>
<th>Family Relationships</th>
<th>Individual Behaviour</th>
<th>Care And Training of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Chronic</td>
<td>7</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>(35)</td>
<td>(14.8)</td>
<td>(41.6)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>4</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>(20)</td>
<td>(55.6)</td>
<td>(28.3)</td>
</tr>
<tr>
<td>Chronic</td>
<td>9</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>(45)</td>
<td>(29.6)</td>
<td>(30.1)</td>
</tr>
<tr>
<td>100 %</td>
<td>20</td>
<td>27</td>
<td>53</td>
</tr>
</tbody>
</table>

TABLE XXXVI
Further Differences in Three Family Functioning Factors by Three Levels Of Economic Chronicity.

<table>
<thead>
<tr>
<th></th>
<th>Household Practices</th>
<th>Health Practices</th>
<th>Use of Money</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Chronic</td>
<td>23</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>(32.4)</td>
<td>(41.7)</td>
<td>(22.3)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>21</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>(30.4)</td>
<td>(41.7)</td>
<td>(44.6)</td>
</tr>
<tr>
<td>Chronic</td>
<td>25</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>(36.2)</td>
<td>(16.6)</td>
<td>(33.1)</td>
</tr>
<tr>
<td>100 %</td>
<td>69</td>
<td>12</td>
<td>18</td>
</tr>
</tbody>
</table>

Referring to Table XXXV, we found that for two of the three functioning factors the majority of cases were in the inadequate category; 53 cases in Family Functioning 65 cases in Individual Behaviour, as compared to only 49 cases in Care and Training of Children.

Generally, we found the number of cases in the chronic economic dependency group falling in the inadequate category of family functioning factors was much smaller than the number of cases in the non-chronic group falling into the same category. This was true for all three factors.
included in Table XXXV.

Referring to Table XXXVI, contrary to the frequency pattern found in the previous table, we found that for the three family functioning factors, the majority of cases were in the adequate category; 71 cases in Household Practices, 65 cases in Health Practices, and 61 cases in Use of Money.

In comparing the chronic and non-chronic economic dependency groups, we found that the number of cases falling into the adequate category in the first two family functioning factors was greater for the chronic economic dependency group.

To summarize the findings, we had expected that inadequate family relationships would tend to characterize the chronic economically dependent group. Our findings however, showed only a moderate association between marginal family relationships and the intermediate chronicity groups.

We had expected that the inadequate individual behaviour factor would be associated with the chronic economically dependent group. The findings showed no significant relationship between these two factors, however it was interesting that in the adequate individual behaviour category, the chronic economically dependent group showed moderate association as opposed to the intermediate and non-chronic groups.

The Care and Training of Children factors showed that marginality and adequacy in child care and training were both moderately associated with chronic economic dependence. This negates our assumption that the chronic economic dependence would be associated with inadequate care and
training of children.

In studying household practices, our findings showed this factor of family functioning to be apparently independent of the chronicity of economic dependence.

We had also thought that inadequate health practices would be associated with chronic economic dependence, however our analysis showed the opposite; that is, that adequacy in Health Practices was found to be moderately associated with the chronic economically dependent group.

We had stated that inadequate use of money would be associated with chronic economic dependence. Analysis of the findings showed the opposite to be true; that is that adequacy and marginality in use of money were moderately associated with the chronic economically dependent group.

It was interesting that analysis of the six family functioning factors mentioned above showed that the chronic economic dependency group had generally a higher percentage of cases in the adequate category and a lower percentage of cases in the inadequate category than the non-chronic or intermediate categories respectively. Generally, the difference was not at a significant level for this study.

There was twice as great a tendency for the sample group families to become chronically financially dependent if their first agency contact was for economic reasons than if the first contact was for other than economic reasons. More than three quarters of the sample group families first
contacted a social agency for other than financial reasons.

It was interesting to find that for the sample group there was a tendency for the younger families to be included in the chronic economically dependent group. Perhaps this reflects changing social assistance policies, or a trend from two parents toward more economically dependent one parent families, or perhaps a combination of these two factors.

Family size tended to be in the 3 to 5 children range, which is considered today to be a large family. Both the chronic and the non-chronic group tended towards slightly larger families than the other two chronicity groups.

Because our sample group had a majority of one parent families, we expected an association of one parent families and the chronic economic dependency group. The analysis of our data showed a moderate association between one-parent families and the chronic dependency group; that is to say that if the family was one-parent, there was a greater tendency for it to be in the chronic economic dependency group.

4. Common Findings

The three groups concerned with child care, crime and delinquency, and economic chronicity were able to arrive at the following common findings:

a. Family Relationships

On the adequate and inadequate levels of functioning, all three groups dealing with child care, crime and delinquency, and economic
chronicity, found no significant association between these group variables and family relationships. Marginality in economic dependency, however, was moderately associated with marginality in family relationships.

b. Individual Behaviour

With respect to the major category of individual behaviour, there were no common findings but inadequate behaviour of the mother is strongly associated with inadequate child care and moderately associated with delinquency.

c. Care and Training of Children

As far as care and training of children are concerned, there were no common findings in the two groups concerned with economic chronicity, and crime and delinquency.

d. Social Activities

Concerning the sub-categories of social activities, namely, informal and formal associations, adequacy and marginality were characteristic of most delinquents and non-delinquents. This trend is also applicable to child care groups in relation to informal and formal associations.

e. Use of Money

In terms of using money - a sub-category of economic practices the trend was found to be towards adequacy in all three groups.

f. Sources of Income

In regards to another sub-category of economic practices, that is, sources of income, in both child care and crime and delinquency groups,
the trend is towards adequacy in sources of income.

g. Household Practices

No significant association was found between household practices on one hand and economic dependency, crime, and delinquency on the other. Of the total sample of multi-problem families, the majority have adequate household practices.

h. Health Practices

In health practice, the trend is towards adequacy in all three groups.

i. Use of Schools

In all three child care groups and criminal and non-criminal parent families, the trend is towards adequacy. In the delinquency group, no major trend was observed but there was a moderate association between non-delinquency and adequate use of schools.

j. Use of Church

For those who attended church, the trend is toward adequacy but no significant association was found between use of church on one hand and child care, crime, and delinquency on the other.

k. Use of Health Resources

In the use of health resources, the two groups concerned with child care, and crime and delinquency, found that the trend is towards adequacy.

l. Use of Social Agencies

In the use of social agencies, adequacy and non-delinquency were
moderately associated but in the groups dealing with child care and crime and delinquency the trend is towards adequacy.

m. Use of Recreational Agencies

In the use of recreational agencies, adequacy is moderately associated with non-delinquency but as in the use of social agencies, the trend for both child care and crime and delinquency groups, again, is towards adequacy.
CHAPTER IV

A. CONCLUSIONS

1. Child Care

The two variables, of this part of the study, which were most clearly and consistently associated with child care were family solidarity and the behaviour of the mother. It is difficult to assess, however, if the two variables are independent of each other or if there is a spurious relationship between them and we are, in fact, measuring different aspects of one, more general function. If, with additional research, independence can be proven, these two categories might well become useful indices in judgements of child care.

An interesting parallel can be drawn between marital relationships and the behaviour of the father. In both cases the incidence of inadequacy is high and varies little, irrespective of the child care provided. A relationship between the two, of course, can be expected since part of the rating of the father's behaviour is his performance as a spouse. Yet the mother's behaviour is also rated in this manner and does not show the same trend. This might well suggest that the behaviour of the father and marital relationships are closely related. Certainly the mother's behaviour is much more aligned to child care than that of the father.

One significant difference between the behaviour of older and younger children is that older children show a much greater tendency to be rated as inadequate when child care is inadequate. This could possibly be explained by the fact that the younger children have not yet reached adolescence where acting out behaviour is more common and noticeable.
The younger children also, have not had as much time for their problems to come to someone's attention outside the family.

Contrary to the stereotype, the multi-problem family generally illustrated a good ability to manage money, with only 15% in the inadequate category. For those giving inadequate child care, almost as many used money adequately as inadequately. At least two comments would appear appropriate to these findings. Firstly, it is likely that the incomes are so meager, that families must become adept at budgetting to manage bare subsistence. On the other hand, inadequate child care does not appear to be the result of deprivation through financial management.

The pattern of findings shows marked similarities in the use of school and health resources and social agencies. Almost all of those giving adequate child care use these resources adequately, whereas only one-half to one-third of the inadequate child care group use them adequately. Several conclusions seem to be derivable from this. Those families who use one set of resources will tend to also use the others. The families who most need help are least likely to approach or co-operate with resource agencies. Possibly this is the result of previous alienation and may have been a contributing factor as to why the family is now multi-problematic. We might also ask ourselves if there is a tendency to rate child care practices lower when a family indicates an unco-operative attitude.

2. Crime and Delinquency

In this study criminal behaviour of parents was moderately associated
with inadequacy in marital relationships, individual behaviour of father, economic practices and source of income. In other words, criminal parents were inferior to non-criminal parents, with respect to functioning in these areas.

The above findings on criminal parents suggest several possible explanations. Since in some cases, criminal behaviour occurred during marriage, and in most cases was committed by the father, this would influence the rating of the father's behaviour. It is suggested that the same factors which account for criminal behaviour, namely impulsiveness, lack of inner controls and social consciousness, also contribute to poor marital adjustment, poor economic practices and inadequacy in sources of income. Since the latter includes obtaining money by fraudulent means, the finding was to some extent anticipated. Moreover, the personality traits referred to would be contributing factors to financial dependency, which is one implication of inadequacy in sources of income. Low income, another implication, together with these traits could be a precipitate of criminal activity. It is also recognized that incarceration of the father would mean reliance of the family on public assistance, which would explain the rating on sources of income for families with criminal parents.

In view of the possible significance of the findings relative to criminal parents, additional study to determine the relationships between criminal behaviour and its apparent association in the four areas indicated seems warranted.
Delinquency was moderately and inversely associated with inadequacy in sibling relationships and physical care. It can be stated that generally delinquents in comparison with non-delinquents came from homes where their siblings were on better terms with each other and where the physical care given by the parents to their children was superior.

Moreover, delinquency was found to be moderately associated with inadequacy of the individual behaviour of the mother and of the older sibling and marginally in economic practices. Non-delinquency was moderately associated with adequacy in economic practices. In essence, then, our study showed that in families with delinquents, the behaviour of mothers and older siblings and economic practices tended to be poorer when compared to families with non-delinquents.

Non-delinquency was moderately associated with adequacy in the use of schools, social and recreational agencies. That is to say, delinquents came from homes which made inferior use of these particular community resources.

The meaning of these findings is difficult to assess. The following are some tentative conclusions. Delinquency in the multi-problem family may be in part a fighting response to the multiple frustration and deprivation faced by the child. This response may be more likely to occur where the child is of robust health. It is quite possible that the robust health is to some degree a product of better child care. It may also tend to influence the person making ratings of child care in the direction of giving more positive ratings.
Another possible explanation is that mothers of delinquent children are unable to show love and affection and therefore compensate by giving physical care. The emotional deprivation would thus give rise to delinquency. Further intensive research into the emotional capacity of the mothers may be helpful in adding to our knowledge of delinquency in multi-problem families.

The finding that delinquent children tended to get along better with their peers than children in families where no delinquency occurs suggests a banding together of the delinquent children against the world outside the family. It is possible that in such families, conflicts are more likely to be projected onto the relationships outside of the family. Further study of patterns of conflict resolution in the families might help to clarify this issue. An alternate explanation may be that since older siblings are inclined to be more delinquent, the younger siblings regard their wayward activities against society with admiration and in this way contribute to the harmonious relationships among the siblings. An examination of the degree of identification with older siblings may be worthwhile in determining whether this is a factor accounting for the cohesiveness found among the siblings. Moreover, the findings on both the relationship with siblings, the quality of physical care and the behaviour of older siblings appears to be worth further study.

The finding with respect to the positive relationship between delinquency and poor economic practices suggest two possibilities which might account for delinquency. Firstly, identification with the parents' inadequate
pattern of behaviour related to use of money, coping with employment and the various sources of income. Secondly, larceny to obtain culturally desired goods conveys more status than basic consumption goods. Since many of the delinquencies involved theft and since the delinquents were not apparently suffering from material deprivation, it is assumed that parents of delinquents are insensitive to the cultural needs of children and/or unable to satisfy them because of their poor economic practices. A study of juvenile court records to determine the kind of items stolen and a comparative study of the mothers' sensitivity may be of considerable value. The fact that the mothers of delinquents tend to display inadequate behaviour is somewhat supportive of this contention.

The finding with regard to the positive relationship between the mother's behaviour and delinquency was expected. It is possible that mothers tend to manifest inadequate behaviour in the home where it would exert considerable disturbing influence on the children.

The finding that non-delinquency is associated with adequacy in relationships with a variety of community agencies supports the suggestion given above about patterns of conflict resolution in the families.

Additional suggestions for further study include the findings on the relationship between delinquency on one hand and on the other economical practices, mother's behaviour, and use of various community resources, especially the school, and social and recreational agencies.

3. Economic Dependence

The findings of this study indicated a high incidence of one parent
families and their moderate association with chronic economic dependence. Chronic economic dependence, in turn, was moderately associated with the adequate category of care and training of children, health practices, and use of money. This negated our primary assumption and indicated the probability that the intensified use of services from various social agencies permits these families to function more adequately in these areas.

The relationships between economic dependence and care and training of children appeared to be quite complex. It was at first, surprising that chronic receipt of public assistance was associated with adequate care and training of children since one would expect chronic receipt of public assistance to involve a marginal standard of living over a longer period of time. A hypothesis to explain this relationship is as follows: the positive relationship of chronic economic dependence and adequate care and training of children is simply a reflection of the fact that the families who receive long term assistance are more likely to be one parent families. In these families there is less marital strife than in the two-parent, multi-problem families. Frequently, after the father leaves, the family situation stabilizes and the care and training of children improves. If correct, this hypothesis suggests an additional line of enquiry which would involve holding the family life cycle stage constant when relating the adequacy of care and training of children to the absence of one parent. It may well be that the stabilization of the family and the improvement in child care that frequently follows upon the departure of the father is only a temporary improvement: that when the children reach the adoles-
cent stage conflicts again develop. Whether this is so would be revealed by an analysis in which family life cycle stage is held constant.

The finding that chronic economic dependence is associated with adequate health practices, use of money, and care and training of children, appears to be a gratifying one from the point of view of public welfare administration. It suggests that public assistance programs may well be achieving to some degree their purposes of stabilizing and strengthening family life.

B. IMPLICATIONS OF FINDINGS

The following are the implications of our findings for practitioners, policy-makers and administrators, clients, and researchers.

Treatment Implications for Practitioners

The exploratory nature of this study precludes any definite statement concerning treatment implications.

Our findings reveal no clear cut sub-types of multi-problem families which could be used in family diagnosis. This may stem from a limitation in the concept "multi-problem family" which covers an enormous range of different kinds of families. However, the fact that our analysis did not reveal clear cut types likely reflects the limited nature of the analysis itself. Inter-relating variables, two at a time, is an insufficient basis on which to construct a typology since this leaves too many factors uncontrolled. Our findings do suggest some possibilities for multi-variant analysis of family profiles, for example, examining the correlates of adequacy of child care while holding constant the family life cycle stage
and family composition (especially the presence or absence of the father).

**Implications for Policy-makers and Administrators**

This study, as such, does not presume to develop any basis for policy or administrative formulations. The Area Development Project, of which this study is a small part, will no doubt have findings upon which firm recommendations may be based.

**Implications for Client Group**

This study contributes to the general knowledge of the multi-problem family unit although of itself it is of no immediate value to the client because of the inconclusiveness of the findings and the research orientation of the study. It may be a contributory factor to further research and definitive knowledge of this group.

**Implications for Researchers**

Some research suggestions have already been indicated. The following are additional considerations:

It does not seem in examining the research instruments that the factors viewed are independent. We may be concerned with an artifactual problem. The scale upon which the Geismar-Ayres profile is based is perhaps not appropriate as this is an accumulative scale demonstrating an hierarchical relationship between items. The lack of independence suggests the need for further experimentation with the rating scheme, particularly analysis designed to ascertain the independent components of family functioning.

This study suggests that there are three areas of consideration
that would be pertinent to further research. Firstly, the analysis of
the data above has relied upon a rather crude, statistical methodology.
The judicious use of multi-variant analysis would likely offer refinement
and result in a more fruitful employment of data. Secondly, since no
control group was used the findings were limited to our arbitrarily
selected multi-problem family group.

Lastly, conclusive examination of family functioning in the multi-
problem family will only ensue when longitudinal studies of variables have
been completed. Such studies would likely produce more decisive findings
than the "ex post facto" design of which our present study is representative.
APPENDIX A

DEFINITION OF FAMILY FUNCTIONING VARIABLES

Marital Relationship will include those situations where one partner has legal responsibility toward the other or where there is a continuing extra-marital relationship of significance to family functioning. The variable may be defined as the provision of financial support, the couple's residence together, the presence and effect of extra-marital relations, the quality of the emotional ties and the degree of marital conflict.

Parent-Child Relationship may be defined as the degree of parent-child affection, the quality and consistency of discipline, the child's sense of belonging and security, the amount of mutual concern and respect and the degree of parent-child conflict.

Relationships Among the Children may be defined as the quality of the emotional ties, the ability to share and feel loyalty toward each other, and the degree of sibling conflict.

Family Solidarity may be defined as the degree of affection and the quality of the emotional ties among family members, and the amount of cohesiveness as evidenced by the communality of goals, activities and responsibilities within the family.

Behaviour of Mother may be defined as the amount and consequences of socially-delinquent behaviour as it affects the individual and the family, the degree to which the mental and/or physical state permits the performance of the mother's functions -- as spouse, parent, homemaker, and community member.
Behaviour of Father may be defined as the amount and consequences of socially-delinquent behaviour as it affects the individual and the family, the degree to which the mental and/or physical state permits the performance of the father's functions -- as spouse, parent, breadwinner and community member.

Behaviour of Children is considered under two sub-categories -- children from 1 - 9 years and children 10 and over. Children permanently out of the home are not considered. This variable may be defined as -- the amount and consequences of acting out behaviour as it affects the individual and the family, the degree to which the mental and/or physical state permits the performance of the child's functions -- as child, pupil, and member of peer groups.

Physical Child Care may be defined as the state of cleanliness in clothes and person, the adequacy of diet and the care of health needs.

Child Training Methods and Emotional Care may be defined as the degree of affection for the children, the emotional atmosphere, and the social acceptability of parental expectations on child behaviour.

Informal Social Activities may be defined as the degree and quality of social relationships with relatives, neighbours and friends.

Formal Social Associations may be defined as the degree of activity and co-operation with organized social groups.

Source and Amount of Income may be defined as the degree to which the family is dependent on public funds (except pensions, A.D.C., A.B., etc.) and the amount of income available to meet family needs.
Job Situation may be defined as the regularity of the work pattern and the adequacy of the job performance as evidenced by the suitability of capabilities, the degree of satisfaction with the employer and fellow employees.

Use of Money may be defined as the amount of agreement over control of income, the adequacy of budgetting and money management and the degree to which purchase of necessities takes precedence over luxuries.

Physical Facilities may be defined as the condition of the property, the availability of space in the home and the availability of necessary household equipment.

Housekeeping Standards may be defined as the degree to which the living quarters are kept orderly and sanitary, the regularity of meals and diet planning.

Health Problems may be defined as the degree to which physical ill health effects the individual in his various roles.

Health Practices may be defined as the amount of concern about ill health, the promptness with which medical advice is sought and followed and the degree to which disease prevention is practiced.

Use of School Resources may be defined as the value placed upon education by the parents, the degree of co-operation with school personnel and the child's attendance, performance and attitude toward school.

Use of Church Resources may be defined as the attitude towards the church and the regularity of attendance and participation in church
groups and activities. (Applicable only where there are active church ties).

Use of Health Resources (including mental health) may be defined as the attitude of the family toward health resources and the degree of promptness and co-operation with which available health facilities are used.

Use of Social Agencies (including probation, employment agencies, etc.) may be defined as the attitude of the family toward social agencies and the degree of appropriate utilization of the agencies for meeting needs.

Use of Recreational Resources may be defined as the attitude of the family toward recreational resources and the degree to which the resources are utilized to provide satisfaction and socialization.
Bibliography


