STUDY OF CHANGES IN FUNCTIONING OF MULTI-PROBLEM FAMILIES

by

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ABSTRACT

In recent years a considerable amount of research has been done on the subject of the multi-problem family. The realization that some families were utilizing most of the communities services, time and money and still showing little change lead social agencies to study and experiment with new ways of serving these families. In 1959 the Community Chest and Councils of Vancouver recommended that a special project be developed in one area of the city to demonstrate co-ordination and integration of services to the multi-problem family. From this proposal the Area Development Project of Vancouver was established. This project has co-ordinated health, welfare and recreational services to families with complex problems. One part of the project is concerned with direct treatment of multi-problem families and this part of the program is called Integrated Family Services. Five caseworkers provide service to 100 families selected on the basis of chronic and multiple agency use. Each worker provides basic welfare services to the family as a whole and carries out functions delegated by several agencies. The second part of the service is carried out by two social workers and views the neighbourhood as the focus of service. In addition to the demonstration services provided by the project, there is a strong research component. The experimental design calls for 100 families in the treatment group, and 200 families in two control groups, in order to test the assumption that the demonstration services of the project are more effective in improving the functioning of families with complex problems than the "usual services" of health and welfare agencies.

The present study is intended to study changes in social functioning between the treatment and control group of the Area Development Project and to measure the effects of selected family characteristics on the changes in social functioning. Although definite conclusions cannot be reached as
the writers touched on only a limited area of the total project we feel that
the observations and proposals deserve closer consideration.

The introductory chapter gives a brief summary of the problems the
community encounters in dealing with the multi-problem family and the ratio-
nale behind experimental projects designed to study these families.

In Chapter II a summary of several studies and projects on the
multi-problem family in the United States offers a means of comparison to
the local scene. It also illustrates the various approaches that can be
taken toward the families with complex problems and defines the term "multi-
problem" as utilized in this study.

The purpose of the study, its scope, and the methods utilized are
outlined in greater detail in Chapter III. In Chapter IV, the research data
are classified and presented in table form where appropriate. A brief ana-
lysis of the data is also presented. The chapter also contains observations
on the research project and its findings as a whole. The thesis concludes
by presenting some implications and outlining further areas of study based
on the findings of the thesis.

This area of study was suggested by the staff of the Area Develop-
ment Project and it was hoped that the findings of the thesis would provide
added implications and observations for their project.
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CHAPTER I

INTRODUCTION

THE SOCIAL WORK PROBLEM CREATING A NEED FOR RESEARCH

Summary Statement of the Problem

The "Multi-problem" family has been a topic of concern for many years, and there is much to be learned about the characteristics involved in the concept. These families have also been described as "hard-core", "chronically disturbed" or "resistant" families. They usually have multiple problems, and in their search for help come in contact with numerous agencies. The social services have been provided by agencies to deal with problems on a categorical basis, and therefore, because services are oriented to a problem point of view rather than to seeing the problem in relation to the total functioning of the family, problems have been dealt with on a crisis-oriented basis using stop-gap measures. If the family can be treated as a whole and the problems seen in relation to the total structure and functioning of the family then possibly problems can be identified before they result in the disintegration of the family; and help will be more effective when extended. The establishment of a project to study the effectiveness of the various treatment approaches allows for flexibility in experimenting with different methods of treatment in reaching families because the project does not have to work within specific agency policy or structure.

The main condition which led to the establishment of the Area Development Project of Vancouver was the presence in the community of a substantial number of families with a history of chronic and multiple contact with social service agencies. In order to cope
with the problem it was decided to focus on the family as a whole, with one worker incorporating the functions of a number of social agencies, so that the family did not have to contact a number of agencies for services required. Greater returns in the form of improved family functioning can be expected from an integrated services approach, which may facilitate the early identification of problems.

Persons or Groups Concerned With the Problem

Policy makers and administrators of the various social service agencies are aware of the enormity of the problem. The present provision of usual agency services appears to be costly and largely ineffective in relation to the "multi-problem" family.

As the project is designed to help families in trouble who are a concern to the community, it is presumed that the community as a whole will be interested in the study. In addition, because the existence of 'multi-problem' families is a social problem related to all communities, this study will be of interest to society at large as providing an addition to the literature describing the 'multi-problem' families both from a treatment and etiological point of view with the ultimate aim being that of prevention, through early identification.

As the work of the project is closely coordinated with social institutions within the community such as public health and education, the results of the study will be of interest to other professions in the community in their work with multi-problem families. From the point of view of professional social workers in the field, it will be of interest in analysing the present provision and effectiveness of service and as providing a basis for the modification or change in existing services.

In general the project is of interest to social work in that
it adds to the literature, bridging the gap between the psychological as against the sociological approach. The concept of social roles in terms of which functioning of families is analysed gives meaning to the social work goal of 'treating the family as a whole'.

As the aim of research is not only the assessment of the effectiveness of providing integrated service but also to gain an understanding of the applicability and feasibility of implementing integrated services, it is hoped that the present study will be of interest to the A.D.P. in providing some indication of the effectiveness of service and also in the analysing of background material related to the families provide some implications for the reorganization of services.

The Research Problem

It might be suggested that as an alternative to providing treatment through a family centered worker, that what is needed is merely an improvement of the existing resources. Such improvements could be achieved through reducing caseloads and by increasing financial assistance and other forms of resource provision. However, the focus might still be on the individual. The agency is still seeking the terms by defining the sort of problem with which they are prepared to deal.

Another alternative to the family centered worker approach has been to initiate service in terms of the community as a whole. This means that the needs of the community are assessed and attempts made to meet these needs, through providing services. In Vancouver Woodland Park has been an example of this. By focusing on the community it has been felt that conditions which have lead to the disintegration and disorganization of the families can be alleviated
thus attacking the individual problems indirectly. It is also felt that in order to deal with fundamental social problems it is necessary to organise in terms of an overall decision making framework, so that an attempt is made to establish a balance between needs and resources.

The approach offered by ADP to research ways of improving the functioning of the multi-problem family and to preventing conditions leading to the disorganization of families does not negate the validity of attacking the problem through improving existing resources or through seeing the problem in terms of the community as a whole. The ADP however, isolates the treatment variable by comparing the type of services offered at the present time with an integrated family service approach. Although improving existing resources might apparently lead to improved functioning of these families, it would not be clear as to which factors were actually related to subsequent improvement in functioning. However, if the treatment variable is isolated in the form of changing the way service is delivered, with one worker responsible for all treatment, the effect this has on family functioning through a comparison of movement in both the treatment and control groups can be assessed. By focusing on the particular problems of individual families, and comparing results, factors in the community which have lead to and which maintain a poverty group can perhaps be determined. This would have implications for provision and delivery of resources so that not only the type of resources needed but also the availability of resources could be taken into account in planning.

In order to measure the effects of the treatment variable, 300 families were selected from the caseloads of major agencies in Vancouver. The criteria of selection of the multi-problem families
was on the basis of multiplicity and chronicity of agency contacts and on the basis of worker judgement, which was based on failure in the child rearing function. However minor changes were later made in the selection of families when it was found that some of the families initially selected were, according to assessment by ADP workers, not functioning at a level to warrant their being classified as 'multi-problem'. Of the 300 families assessed as being multi-problem, 100 each were randomly assigned to the two control and one treatment groups.

Movements were to be measured after twelve and eighteen months. However, although some time was allowed for orientation of the A.D.P. workers to their roles as integrated family service workers, the time allotted was not found to be sufficient, and difficulties arose in the provision of service, treatment initially taking on some of the fragmentation of service the project was designed to eliminate. It has been suggested, as a result, that a pretest period be initiated designed to demonstrate the service before entering into a period of testing the research design's treatment variable. Due to the extension of the orientation period into the time initially determined for testing the variable, measurements after twelve and eighteen months actually cover a period of eight to fifteen months and sixteen to twenty-one months respectively. In addition, as information applicable to the initial assessment of the family can be learned at any point in the course of treatment, the comparisons after twelve months are only tentative until the conclusion of the Project.

For the purposes of the present study, selection of cases was limited to those for whom family profile scores were available. Due to the limitations of the sample size the conclusions reached are
only tentative and indicate trends perhaps more than definite conclusions.

In addition to testing the efficacy of the treatment variable, the study is also designed to assess and compare new methods of treatment. Due to the flexibility of the Project and the small caseloads, there is an opportunity for developing individual methods of treatment related to the particular needs of the clients. With relation to this, some attempt will be made to analyze treatment methods in individual cases, in groups of cases, and in the total, through a precoded recording system so that objective evaluations can be made of the data relating to both problem areas of family functioning and treatment techniques of the workers in response to these problems. In addition, Neighborhood Services have been initiated with a number of families to develop both professional resources in the community and to mobilize those living in the community to initiate their own programs and to develop resources which they view as necessary.

The study is also designed to attempt to identify a number of characteristics of these multi-problem families in addition to their responses to the treatment component. A comparative study on the basis of eleven characteristics has been conducted with one hundred families, fifty of whom were assessed to be more adequately functioning and fifty of the most poorly functioning. Both groups are from a similar socio-economic background and both met the original selection criteria for inclusion in the Project. It is hoped that an "Index Of Families At Risk" can be developed so that knowing some of the factors leading to disintegration of families can lead to early identification and prevention of the multi-problem family. In attempting to discover
something of the relationship between these factors and functioning of families, this study has related the eleven characteristics to movement for both the control and treatment groups.

Organization Of The Research Report

Chapter Two will review the literature related to the multi-problem family and to other studies investigating solutions to this chronic problem. Chapter Three will describe the research design, including the conceptual framework, hypotheses, level of design, sampling procedures and methods of collecting the data. Chapter Four will outline the study findings and Chapter Five will give a summary of the study and implications of the findings, along with proposals for future research.
CHAPTER II

REVIEW OF SELECTED LITERATURE OF "THE MULTI-PROBLEM FAMILY"

Various approaches to the dilemma of the multi-problem family have been employed over many years. Numerous research projects have been undertaken with the seriously disorganized family to determine a conceptual framework for use in the understanding, early identification and formation of a program for working with these families. Representative samples of the literature published as a result of these projects were selected and read. The following is a summary of the information gained with reference to the present study.

Purpose of the Studies

The literature selected for study covered research undertaken in the various aspects of social work services extended to the multi-problem family. These areas are:

(a) an analysis of caseloads carried by social workers.
(b) development of knowledge which may lead to an early identification of the multi-problem family.
(c) development of methods of casework and processes of community organization designed to help those families in trouble who are of concern to the community.
(d) a reliable technique for measuring changes in the social functioning of multi-problem families.
(e) the application of the method of research to evaluate the results obtained from family centered treatment.
(f) a record of direct service in a family centered project available for critical scrutiny as well as for use in staff development programs.
(g) an assessment of the development and nature of present knowledge and a clarification of the lines of future study and practice.

In the study of the Caseload Analysis (1) caseloads of "average" or "ordinary" families as opposed to a "multi-problem family caseload", from eleven major agencies in Vancouver were chosen, based on multiplicity and chronicity of agency contacts. A complete history was obtained of the families' first contacts with the agencies for the total group of families. The so-called multi-problem families form only a small portion of the group. This study shows that the "average" family is more chronically dependent than assumed. (1 p.4) From this study the experimental and control group were chosen for the Area Development Project of Vancouver.

An analysis of background factors and their association with present functioning patterns determined what factors in the family history are relevant to a better understanding of their present state of disorganization, and thus may lead to the development of knowledge necessary for early identification of the multi-problem family. Such an analysis was conducted with families living in a housing project in New Haven, Connecticut U.S.A., (10, pp.94-171) and was a comparison of disorganized families with stable families. It pointed up the complexity of such situations, which are not rooted solely in poverty; it also discloses the magnitude of inadequate intra-familial relationships as opposed to social role performances.

The Family Centered Project of St. Paul was the project having the dual focus of developing methods of casework and processes of community organization, with a concentration of effort on hard-to-reach, seriously
deprived families who were beset by numerous problems. There was seriously deviant behaviour in each family, plus a health or economic problem. In most instances the children were in "clear and present danger," that is, their physical or emotional welfare was being threatened to the extent that the community had a responsibility to intervene. This effort to help the family in trouble has found expression mainly through casework and community organization services. The task of research is to give effective support to both, and to contribute to our knowledge of social structure and process as it is related to the work of the Project as a whole. The implications of the Family Unit Report Study of 1948 posed the problems which led to the creation of the Vancouver Area Development Project. This study was an accounting in St. Paul of problems and services on a community wide basis in the areas of economic need, social maladjustment, ill health and recreation.

As part of the Family Centered Project of St. Paul, a study was set up to devise a reliable technique for measuring changes in the social functioning of multi-problem families. This involved developing a method of evaluating family behaviour as expressed in the concept of social functioning; and finding ways of appraising changes in functioning known as movement. The techniques developed were the Levels of Functioning Scheme, the Schedule of Family Functioning, and Profiles of Family Functioning and of Movement.

"Patterns of Change in Problem Families" is another study from the St. Paul Project. Its purpose was to study for the main part the application of the method of research rather than the development of method. The central question with regard to this being what are the observed changes in multi-problem families receiving treatment and specifically how
modifications in social functioning affect the total family and how they affect the welfare of the community. The main purpose for studying the application of method then was to evaluate the results obtained from family centered treatment.

The "Casework Notebook" (13) was developed by the St. Paul Project workers to record their common experience in the practice field through the use of case illustrations. This record provided an opportunity for critical scrutiny of their work by the seven agencies involved as well as being a useful tool in staff development programs. It gives a brief examination of the rationale of "reaching-out" or "aggressive" casework, as well as answering the questions of how to start work with families; how to proceed with families, and what the project has taught.

A complete bibliography of work done in the area of the multi-problem family is contained in the book, "The Multi-problem Family, An Annotated Bibliography" by Schlesinger & Spencer.(14) It also includes the report aimed at assessing the development and nature of our present knowledge and at clarifying the lines of future study and practice. The report is concerned with the internal behaviour of these families and their relationship with the social environment in which we live.

This proposed study is part of the total research program of the Area Development Project in Vancouver. The literature presently available (16) shows it as a demonstration project aimed at providing an integrated program of intensive casework, group work, health and community organization services under one administration for a selected group of multi-problem families in one geographic area of the city. Four areas of research were broadly outlined:

(a) study of changes in family functioning.
(b) study of treatment methods employed.
(c) study of organizational change.
(d) study of depth of the characteristics of problem families.

Definition of Multi-Problem Families

In examining the literature chosen for study in developing this thesis project the definition of the multi-problem family is not a clear cut statement, but varied with the specific purposes which might be served by the concept and definition selected. The purposes may be summarized under the following headings: (a) understanding of family functioning (b) identification (c) diagnosis (d) treatment (e) evaluation of change.

Most of the definitions used were based upon the care extended to the children by their parents and the behaviour of the children in the community. Following are a few examples:

1. The families selected had to meet these conditions: (a) they must have all had at least one child under eighteen in "clear and present danger" whether through delinquency or verified neglect. (b) in addition to a behaviour problem which has a negative impact on children, the families must have a problem in either the health or economic area.

2. The multi-problem families denote those families which are of public concern because of their social and economic cost to the community and are characterized by (a) a pathological family (b) dependent or explosive behaviour to the community (c) persistent failure to respond to help (d) a state of chronic dependency on social services.

3. The alternate term "seriously disorganized family", which pertains to a situation where a family's social performance is adversely affected by more than one major problem, whether in the area of income production,
health, family relationships, child care or some other area of social functioning. (8 p.10)

These few examples of the definitions used to describe the multi-problem family give some idea of the difficulties encountered.

The Area Development Project of Vancouver chose the definition -- "a family with children in "clear and present danger," that is, where the immediate physical and/or emotional welfare of the children is being threatened to the extent that the community has a responsibility to initiate service;-- a family with clear evidence of failure in the child-rearing function, where children under sixteen are adversely influenced by neglect or delinquency.

Before offering a criticism of these definitions, an historical view is given in summary.(1 pp. 24-31) In Great Britain the multi-problem family was characterized by the inability of some families to live up to the standards of family life in a welfare state. At the turn of the century Charles Booth spoke of the "submerged tenth", and undoubtedly some multi-problem families would be found in this group. During the 19th Century criminologists and social reformers were struck by widespread crime in certain social classes and labeled them "classes dangereuses". However, there is no reliable information on how these groups were similar in characteristics to today's "multi-problem" families.

The concept of multi-problem family developed out of the families inability to function in his environment. In the early days in Great Britain these people were seen as a group rather than specific families. Early studies reported that sub-normal intelligence and mental defects were the main factors in contributing to the multi-problem family. Even earlier than this, civilizations saw supernatural forces at work. Following the
Protestant Reformation, a formulation of the theory of poverty and related phenomena in terms of "predestination" gained ground. Lately, emphasis has shifted from the factor of intelligence to personality, and the main factor in contributing to the multi-problem family is seen as "immature emotional development". Little work has been done to assess the influence of heredity and biology.

The United States in recent years has given us important developments in forming a concept of the multi-problem family. From the point of view of family diagnosis studies were done that focused on number and chronicity of problems in certain areas: chronic economic dependency, ill-health and maladjustment. The existence of two of the three problems was enough to characterize a family as multi-problem. In the St. Paul study number and chronicity of problems has given way to "level of functioning" of the family. The family is rated in terms of its adequacy on a seven-point scale. In the San Mateo studies emphasis was on family pathology and families were classified in terms of the level of their pathology and treatment was determined according to this level.

The multi-problem family is easier to describe than to define, and in fact, the majority of definitions are descriptions. It is a faulty term in that it is not a very useful term diagnostically. The word "problem" is itself vague and is usually used to describe the symptoms troubling a family rather than a precise diagnosis.

And what of the term "clear and present danger" so frequently used in the studies undertaken? It has been explained as situations in which the immediate physical and/or emotional welfare of the children is being threatened to the extent that the community has a responsibility to initiate service. However, just what constitutes physical and emotional welfare is not made clear.
In spite of these difficulties and differences in approach, and of the limitations of definition, there is general agreement over the main social characteristics of the multi-problem family. Dirt, squalor, disease, poverty and dependency, delinquency and crime, alcoholism, prostitution, child neglect, truancy, and desertion have all been mentioned in numerous studies.

Major concepts employed in Analysis of Family Functioning

Many attempts have been made to formulate a clear conceptual framework that can be used to study and treat the multi-problem family. In developing an adequate concept there are several points of view that one can take. For example, in the United States there has recently been some work done in developing a concept from the point of view of family diagnosis. These studies focus on number and chronicity of problems in certain areas such as chronic economic dependency, ill-health and maladjustment. The existence of two of the three problems is enough to characterize a family as multi-problem.(14 p.6) In the San Mateo studies emphasis is on family pathology and families were classified in terms of the level of their pathology and treatment was determined according to this level.

Casework has given much to the concept of the multi-problem family as social workers have been continually faced with the consequences of inadequate social functioning. Most studies on the multi-problem family have used the term social functioning in their analysis of behavior, and is the concept utilized by Geismar and Ayres in the St. Paul study.

Social functioning is looked at in terms of roles. The family is seen as an open system of interdependent roles and relationships in which stress in the role performance of one member has consequences for related roles both inside and outside the family group.

In the St. Paul Project family disorganization was defined in terms
of type an intensity of multi-problem social functioning. The degree of malfunctioning was judged in nine basic areas by the extent to which family members performed the socially expected roles in line with behavior seen as conducive or harmful to the welfare of the family and community. The nine major categories of social functioning are:

1. Family relationships and family unity
2. Individual behavior and adjustment
3. Care and training of children
4. Social activities
5. Economic practices
6. Household practices
7. Health conditions and practices
8. Relationship to family centered worker
9. Use of community resources

This concept looks at functioning as a two-fold matter referring on the one hand to the way certain family tasks are being performed and on the other to the overall adjustment of each family member as judged by his performance in the sum total of the social roles he is playing.

A basic assumption is that in dealing with seriously disorganized families social workers were able to equate the concept of socially assigned functions or role expectations, with the idea that the community has set up certain standards below which family performance can be termed as inadequate. These may be referred to as minimum standards of social functioning, and they mean in a general way behavior which is not a concern to the community. These include the preservation of a degree of family unity which will provide a basis for the socialization of the children, the meeting of physical and emotional needs of the young, the observance of law and the prevention of
the family otherwise becoming an undue burden upon or a threat to the community. Inadequate performance can best be defined in relation to patterns of behavior which fall short of the minimum standards defined for the group.

Measures of Family Functioning Developed

To measure social functioning, a continuum has been devised, with extremes of inadequate functioning and adequate functioning and a central point of marginal functioning. Generally speaking, marginal functioning implies behavior which is in keeping with minimum requirements for the protection of the family and the community. Inadequate functioning refers to behavior which clearly entitles the community to intervene because laws are being violated, the welfare of the community threatened, and the well being of the family seriously jeopardized. For each of the nine basic categories and the twenty six subcategories used in the schedule of Family Functioning, the three levels of inadequate, marginal and adequate functioning were carefully defined. This made up the levels of Functioning Scheme. A seven point scale was drawn up utilizing these three main anchor positions plus four other scale positions not descriptively defined but meant to indicate levels of functioning close to one of the anchor positions. The scale used was as follows:

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1 2 3 4 5 6 7

This concept of social functioning and the above measuring scale is the one that is most often cited in the literature.

How Data is Obtained

One frequently used way of obtaining data is that the caseworkers
on the basis of their recording, describe family behavior under each of
the nine main categories and twenty-six sub-categories of family function­
ing. This is done both for the beginning situation and later at the time
of evaluation. Using the seven point scale the workers can numerically
rate their families level of functioning in each of the categories and
subcategories for the before situation and the after situation. The
difference between the before and after situation gave a movement score.
The resulting numerical judgements could be plotted vertically by category
and subcategory to yield a profile of family functioning.

How Reliability and Validity Problems were Dealt With

To test the reliability of judgements or ratings of family
functioning, the St. Paul study utilized the idea of three different persons
to independently rate these families as to the level of functioning. That
is, the reliability test was essentially an assessment of the amount of
agreement of different judges concerning the levels at which families were
functioning. Work done by Geismar and Ayres in "Measuring Family Func­tion­
ing" indicates that when the schedules were rated by different people
similar results were obtained in rating the social functioning and movement
and that this method of schedule writing was reliable. (10 p.108)

Research Findings that are Pertinent to this Study

Several of the studies have arrived at study findings that will be
useful to this thesis. The following is a list of several of these findings;

Family solidarity, marital relationship, incidence of behavior
disorders, money management, physical care of children, health practices
and housekeeping practices were found to be the most useful indices of the
families overall social functioning. Inadequate emotional care of children
and poor parent-child relationships were too common in the families to serve
as useful indicators of overall family functioning. (7 p.20)
A direct relationship between lack of family solidarity (or cohesiveness) and high incidence of various types of deviant behavior on the part of family members in general, and children in particular, served to strengthen existing hypothesis about the importance of family cohesion in the development of children. (7 p.20)

Areas showing the greatest power of discrimination between the disorganized and the stable family are in the category of Individual Behavior and Adjustment, and in the category of Family Relationships and Unity. That is a characteristic pattern of social malfunctioning, chiefly in the area of intrafamilial relationships, can be found in the multi-problem family. (11 p.114)

Background information on multi-problem families indicates that wives placed a lower value on having children; births were not as well spaced, indicating an absence of realistic expectation and planning for the future in the disorganized families. Families were found to encounter their most serious problems in the areas of child care, individual behavior and family relationships. (11 pp.168-170)

There tends to be a hierarchy of categories of family functioning from the most problematic area (Individual Behavior and Adjustment) to the least problematic (Relationship to Caseworker). Low score families are more likely to show adequate functioning in the areas at the bottom of the hierarchy of family functioning, i.e. Relationship to Caseworker, Economic Practices, Social Activities, and Household Practices. Conversely, the higher the total score of functioning the more likely that the family functions will be in the areas of Family Relationships, Child Care and Individual Adjustment. In other words, it can be said that adequate functioning with regard to the way family members adjust and relate to one another and bring up their children tends to carry with it successful performance of other family functions.
CHAPTER III

The Theoretical Framework

A major concept employed in this project was that the family is a total unit and the worker should address himself to the family as a whole rather than segments of it. In keeping with this, the family is viewed as a social system, and the individual members of this system "perform social roles which may be seen as the instrument for implementing the functions assigned to the North American family", (7, p. 143). The functions of the family are seen in the roles performed by the family members. "The concept of social role is defined as an individual's actual functioning (this includes behavior, attitudes, and feelings) within the context of certain social situations. (7 p. 143). The concept of role also connects the individual to the broader social structure and defines his relation to the social systems of which he is a part. This study has distinguished between functions requiring role performance within the family group and role performance outside the family group.

In order to round out the conceptual framework, the total family focus has taken into account

(a) "Individual behavior and adjustment, which represents an evaluation of family members social functioning as judged by their total role performance. (7 p. 145)"

(b) "Family relationships and family unity, which might be viewed as an evaluation of relationships among family members in terms of their collective ability to maintain a cohesive social system. (7 p. 149)"

(c) "Evaluation of caseworkers relationship in terms of the specific treatment focus which puts the worker in a primary helping position."

The project equated the concept of socially assigned functions with the idea that the community has set up certain standards below which
performance can be termed inadequate. A family's social functioning was measured by the Geismar - Ayres scale.

HYPOTHESIS I

If multi-problem families receive Integrated Family Services there will be more improvement and/or less regression in family functioning than if multi-problem families receive ordinary services. *

Rationale

The primary research purpose of the Area Development Project was to study the effect of a treatment program which integrates and coordinates health and welfare services to families with complex problems. As was previously pointed out, many multi-problem families have had numerous contacts with social services agencies in Vancouver, with no appreciable improvement being evident. Thus the assumption was made that services provided under a different system would prove to be of greater benefit to this chronically dependent group of families.

The components of the treatment program developed centered around the concept of providing basic social services to all members of a family through contact with one social worker. This Integrated Family Service approach includes:

(a) Placing workers from several agencies under one administration and in one location.

(b) Channelling functions of several agencies through one worker.

* It should be noted that the hypotheses to be tested are one-tail or directional hypotheses with a significance level of .10.
(c) Coordination of skills that cannot be supplied by this worker.

(d) Providing continuity of service.

(e) Using the neighborhood and its facilities in serving families.

Definition of Terms

For purposes of this thesis, the definition of multi-problem family employed by the Area Development Project staff was followed. (17, iv, p. 11).

Family: consists of at least one parent or parent figure with one or more children under the age of 14 in the home.

Multi-problem:

(a) current problem: members of the family must be on the caseloads of one or more of the seven major agencies.*

(b) multiplicity of problems: members of the family must have been on the caseloads of at least two additional agencies of the seven and/or of the additional four agencies in the past seven years.**

(c) chronicity of problems: members of the family must have been on the caseload of one of the specified agencies at least 3 years prior to the beginning of the study period and/or the parents of either man or woman leading the family must have been known to three of the specified agencies in the past.

* Catholic Childrens' Aid Society; City Social Service Dept.; Family and Childrens' Court; Family Service Agency; Metropolitan Board of Health.

** Crease Clinic; Mental Health Centre; Provincial Mental Health; Vancouver General Hospital, Social Service Department.
The case selection procedures are to be detailed in the following subsection.

The main independent variable examined was the type of treatment given to the multi-problem families under study. The two possible modes of treatment are defined as:

(a) Integrated Family Services: Each worker provides the basic welfare services to the family as a whole and carries out the functions delegated by several agencies.

(b) Ordinary Services: Each worker provides separately the specific functions traditionally outlined under the established social welfare agency structure.

The main dependent variable examined was the degree of change in family functioning during the period of study. The Geismar-Ayres scale of family functioning, which was previously described, was employed to evaluate the movement obtained. Analysis of the change in the level of family functioning was studied and compared after twelve or eighteen months for our study population. For research purposes in this thesis, overall movement was defined for evaluation into four categories:

(a) No Movement: the level of family functioning remains unchanged during the study period.

(b) Negative Movement: Behavior of the family members regresses one or more units down the scale of family functioning from the level in the beginning situation.

(c) Limited Movement: Behavior of the family members advances one, two, or three units up the scale from the original level of family functioning.

(d) Significant Movement: Behavior of the family members advances four or more units up the scale from the
original level of family functioning.

HYPOTHESES II

Both those multi-problem families receiving Integrated Family Services and those receiving ordinary services will show more improvement and/or less regression in instrumental as opposed to expressive areas of family functioning.

Rationale

One of the observations of the workers in the St. Paul Project was that frequently in the beginning situation they had to prove their "utility value" (13, p. 50) in concrete services to these multi-problem families before any meaningful attempt could be made to deal with feelings and relationships. This trend of progress from the outward or instrumental areas of functioning to the feeling or expressive behavioral tasks seems to be particularly evident with these disorganized families because of their defensive attitude of apathy and distrust. This is in line with the observations by L.L. Geismar and M. LaSorte (11, p. 114) that the areas of behavior showing the greatest ability to discriminate between the disorganized and stable families are emotional, where malfunctioning is more likely to be a pervasive life style. Hence, it was assumed that efforts to reach these multi-problem families would have the greatest effectiveness in the beginning phase of treatment on the behavior of family members in their instrumental or manifest areas of responsibility before improvement could be expected in the interrelated area of family cohesiveness or solidarity.

Definition of Terms

In examining this hypothesis, the description developed by L.L. Geismar and M. LaSorte offers a valid definition of the distinction
between expressive and instrumental functions. They state; "This distinction has to do with whether actions are aimed primarily at regulating the internal affairs of the family and maintaining a pattern of relationships which satisfies the emotional needs of its members (expressive), or whether actions are geared chiefly to the problem of relations between the family and situations outside the family system (instrumental). The latter functions, moreover, are geared to meeting family needs relative to its biophysical existence such as the health and economic welfare of its members."

(12 pp.42-43)

Using the Geismar-Ayres scale of family functioning, the categories which are indicative of expressive functioning are those of:

(a) Family Relationships
(b) Individual Behavior
(c) Care and Training of Children

Those areas which reflect the family's mode of instrumental functioning, include the five categories of:

(a) Social Relationships
(b) Economic Practices
(c) Household Practices
(d) Health Problems and Practices
(e) Community Resources*

The time range for this analysis of instrumental versus expressive areas of functioning was the total of twelve and eighteen months for both treatment and control groups.

* The category of the family's relationship to the worker will be excluded as it is the main variable used in assessing movement.
HYPOTHESIS III

Those factors found to be discriminating between levels of functioning at one point in time, will be significantly associated with movement in family functioning when Integrated Family Services are provided but not when ordinary services are the method of treatment.

Rationale

As was previously described, many studies have attempted to factor out certain definable characteristics of the multi-problem family. The long-range goal of these research efforts has been to develop a more comprehensive and statistically supported social diagnosis as an aid to assessing the extent of disorganization within these families. This was done (by the A.D.P.) with the assumption that an "Index of Families At Risk" (17 vi p.22) could be developed which would be able to identify families with a high "risk potential" early in their contact with social agencies and hence would aid in determining the mode of treatment. It was assumed that certain positive factors could be identified in the family's present and past life experiences which were indicative of its capacity to benefit from treatment efforts. Furthermore, it was felt that these family strengths could be best utilized by an Integrated Family Service worker who actively reached out to these poorly motivated families, than by a worker operating under the traditional agency structure; thus, greater movement would be attained in the treatment group.

Definition of Terms

The Area Development Project in their Progress Report for 1966, have outlined eleven variable which they felt appeared to be the most significant in relation to distinguishing between levels of "poorly functioning" and "more adequately functioning" families.(17,vi,p.27) The comparative factors utilized for our study were:
(a) Education of the parents: grade eight or less.
(b) Additional training of the father: yes or no.
(c) Father's occupation: skilled or unskilled.
(d) Main difference in ages of marital pair: Less than 5½ years or greater than 5½ years.
(e) Mother under twenty at age of first marriage: yes or no.
(f) Total number of children 19 and under in the home: 3 or less, four; five or more.
(g) Children of more than one union in the home: yes or no.
(h) Source of income in the last 12 months; social assistance only, or other.
(i) Residential mobility or moves within the last twelve months: no moves; one move; or two or more.
(j) First child born prior to marriage: yes or no.
(k) Mother under 20 at the birth of the first child: yes or no.

The time range for this analysis was a total of twelve and eighteen months for both the treatment and control groups.

Methods of Gathering Data.

The data used in this thesis were collected from the material available at the Area Development Project. The A.D.P. data was obtained in the following manner:

(a) A single interview was held with control families in which information was gathered for the profile. Family Life Histories and Parent Attitude Rating Instruments were administered.

(b) At twelve or eighteen months a review rating was done on some of the control families. Because of time and staff availability not all of the control families had a review rating.
(c) With the treatment families, the P.A.R.I. was administered by a case aid. The family life history and profile information was gathered by the family centered worker. A review was done of these families at twelve or eighteen months.

We have drawn selectively from the available material. In both the control and treatment samples we have chosen families on whom there was a twelve or eighteen month review rating, plus information on the eleven family characteristics we have selected to study.

Standardized Tests Used

The only standardized test used in this thesis is the Geismar-Ayres rating scale which has been described in a previous section. Once this scale was developed there was a need to test the reliability of the technique, that is, to assess the degree of agreement among judges concerning the levels at which families functioned. It was felt that at least three independent judges were necessary to establish minimum criteria of reliability.

With regard to the criterion of reliability the question arose as to what constitutes an acceptable degree of agreement. It was not reasonable to expect complete agreement on one position of the seven point social functioning continuum. It was felt that agreement by three independent judges on identical or adjacent positions would be a sufficiently rigorous criterion. Agreement on the main category of family functioning was higher than on subcategories because the former represents a composite judgment of the latter, which resulted in a leveling off of disagreements.

A standard deviation of 1.30 for the average of three independent ratings indicated a limited scatter of judgments over the seven point continuum of social functioning. The preliminary analysis of the relation of scatter and reliability indicated that the agreement achieved was not a function of the limited scatter of ratings. The reliability was judged to
be adequate. (10, p.107)

The interrelationship of categories in the pattern of functioning has been examined by scale analysis. Results suggested that the concept of social functioning, when organized into nine categories of family functioning, showed characteristics of an unidimensional scale. This supported the hypothesis of an interdependence of functioning within the family group and outside of it. (10, p.108)

Schedules and questionnaires developed.

The schedule used in the thesis was collected with I.B.M. processing in mind, with respect to the organization of data collection. The schedule included the following data:

(a) Identifying information -- name, case number etc.
(b) Profile scores
(c) The eleven characteristics found to distinguish between two groups at different levels of functioning.

(see Appendix A for example)

Level of Research Design

Since the Area Development Project's basic research purpose was to discover whether there was a casual relationship between Integrated Family Services and movement in family functioning, a "carefully prepared control group type of research design was developed to assess the extend to which the results obtained might have occurred in the absence of the project." (17, Appendix p.5) The field experiment design involved one treatment and two control groups, each with 100 families; the treatment groups received Integrated Family Services and both control groups received the usual multi-agency services. The treatment group and one control group population were located in South Vancouver. Because of possible research "contamination" of the South Vancouver control group by virtue of its workers being
located in the same building as the treatment workers, a second control group was chosen in East Vancouver, a part of the city which has demographic characteristics similar to those in South Vancouver.

In the testing of the three hypotheses proposed above, data was utilized on fifty of the one hundred treatment families and on a total of forty-nine control families from both South and East Vancouver. There were profile ratings (measurement of the level of family functioning on the Geismar-Ayres scale) at a twelve month review period for thirty-two treatment and thirty control families and ratings at an eighteen month review period for another eighteen treatment and nineteen control families. The small sample size was due to the non-availability of data, at that time, on the remaining fifty treatment and one hundred and fifty-one control families.

There has been a number of limitations of the A.D.P.'s study which have a bearing on the present research project. One of these relates to the phenomenon of "Integrated Family Services". The lack of a careful delineation of the specific ingredients of Integrated Family Services and the presence of variability due to worker style lead to confusion regarding the variable being tested. (The A.D.P. is aware of this limitation and is currently trying to factor out the important aspects of Integrated Family Services.) Also of note: In the original research design, twenty-five of the treatment families and twenty-five of the South control families were to have access to Neighbourhood Services. Because of the absence of sufficient numbers of project families receiving Neighbourhood Services throughout the duration of the project and the difficulty in assessing the extent to which project families utilized the Neighbourhood Services, the effect of this mode of treatment has not been considered. However, the Neighbourhood Services may have a bearing on the family's social functioning, particularly in the area designated "Use of Community Resources". Under the present
study design, this effect would erroneously be attributed to the Integrated Family Services.

Another limitation of the Area Development Project's study stems from the fact that the beginning ratings of the level of family functioning were based on different amounts of information for treatment and control families. Control profiles were written on the basis of the referring agencies' file information plus one interview. Treatment profiles were written using information from files, discussion with various agency workers, and from two months' interviewing contact with the family. It is conceivable that the limited amount of descriptive and factual data on the control groups could hinder attainment of a true assessment of family functioning.

It might also be noted that "the twelve month interval actually covers a period of eight to fifteen months, and the eighteen month interval sixteen to twenty-one months. Treatment families averaged a shorter period than Control because of the way in which the two groups were screened into the Project." (17, vi, p.18)

There is some question of the validity of the A.D.P.'s findings that the eleven characteristics, listed previously, discriminate between "poorly functioning" and "better functioning" families. The question arises because the families were assigned to the categories of functioning not on the basis of profile scores, but according to worker's global judgment at one point in time. (A.D.P. expects to do the comparison again, this time using profile scores as the criteria for selection of the poorly functioning and better functioning families.)

Plan of Data Analysis

The data related to the three hypotheses were analysed by means of chi square and the Kolmogorov-Smirnoff test, (16) using the 10% level of
Hypothesis III involved a three-variable analysis, so that the treatment variable was held constant while each of the eleven family characteristics was examined in relation to change in functioning.

**Sampling Procedures**

The seven major social welfare agencies in Vancouver identified all currently active cases of families with children under fourteen and residing in the South or East Vancouver Areas. The geographic boundaries were defined by the Area Development Project. Cases were selected for the project if they met the operational research criteria of a family, current problem, multiplicity and chronicity of agency contact (defined earlier) and the criterion of the "worker check"---i.e. the worker's judgment as to whether the family was "multi-problem". (17, iv, p.15) using a definition based on "clear and present danger to children" and "failure in the child rearing function". (17, iv, p.10)

Since another 25% were needed to ensure a total of 300 cases (100 families in each of the two control groups and the one treatment group), either the criterion of current activity with two or more agencies or that of "double chronicity" was applied. Double chronicity refers to families having registered with the first agency at least three years previous and the parents of the man or woman heading the present family having a history of at least three agency contacts. (17, iv, p.15) Cases were randomly assigned to the South Vancouver Treatment and Control groups. See A.D.P. volume IV pages 15-18 (17) for problems in retaining a large enough Treatment population and the necessity of modifying the criteria for case selection to disregard multiplicity and chronicity and concentrate on "problem functioning".

* An article by J.K. Skipper, A.L. Guenther and G. Waas (the American Sociologist, Feb. 1967, pp.16-18) rejects the "sacredness of .05" level of significance. We have utilized the 10% level of confidence in order to avoid Type II error in our analysis.
CHAPTER IV

STUDY FINDINGS

DESCRIPTIVE DATA ON STUDY FINDINGS

The adequacy of the data relating to Hypothesis III was limited by the large number of non-responses. This was particularly so regarding the characteristics of Father's Education and Additional Training - in both these categories there were 38% non-responses. On the whole there was a 17.35% non-response rate, with a range of between 8 - 37 number of non-responses for each characteristic; 13 being the median and 17.45 the mean.

For purposes of determining whether there is a relationship between these factors and movement it is necessary that there should be a fairly even numerical division between those possessing the characteristic and those not possessing it. On the whole this was true of most of the characteristics. However, in the majority of families the first child was not born prior to marriage (77.5%), families had not moved residence in the last 12 months (64%), and the father did not have additional training (66%). In addition, judging from the large number of non-responses to the questions on education and training of father, most of the families would appear to be one-parent families.

FINDINGS ON THE HYPOTHESES

Hypothesis I:

If multi-problem families receive integrated family services there will be more improvement and/or less regression in family functioning than if multi-problem families receive ordinary services.

Statistical analysis of the data on the relationship between treatment and changes in family functioning indicated that Hypothesis I could not be accepted using the 10% level of confidence. See Table I.
TABLE I. - The Relationship of Treatment to Changes in Family Functioning

<table>
<thead>
<tr>
<th>Treatment Period</th>
<th>Sample Size (N)</th>
<th>Chi Square*</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>32</td>
<td>.619</td>
<td>.80 &gt; p &gt; .70</td>
</tr>
<tr>
<td>Control</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total: N = 62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>18</td>
<td>3.62</td>
<td>.20 &gt; p &gt; .10</td>
</tr>
<tr>
<td>Control</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total: N = 37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total 12 months plus 18 months</td>
<td>N = 99</td>
<td>1.88</td>
<td>.50 &gt; p &gt; .30</td>
</tr>
</tbody>
</table>

* Degrees of freedom = 2 in all cases.

At 12 months there was no significant difference between Treatment and Control groups with respect to movement. The Kolmogorov-Smirnov Test, which utilizes the maximum difference between 2 cumulative distributions in calculating chi square, would indicate slightly more treatment families than control families manifested "regression" or "no change".*

After 18 months the difference between those receiving integrated family services and those not was much greater. However, only at the 20% level of confidence could it be stated that treatment (integrated family services) produces more change than ordinary services. On the basis of the Kolmogorov-Smirnov Test, which picks out the greatest difference to occur at a regression of one step or more on the 7-point scale, it can be stated that the Treatment group tended to show less regression than the Control group. Relatively large differences also occurred at the level of positive movement of 2 or more steps, so that there is a trend toward the Treatment group show-

*Interpretations of the Kolmogorov-Smirnov test cited here are solely descriptive i.e. cannot be considered statistically significant since no chi square met the 10% level of confidence
ing more improvement than the Control Group. Examination of the data for all families measured, regardless of whether at 12 or 18 months, revealed a lack of statistical significance in the hypothesized relationship between integrated family services and changes in family functioning. The probability was between that for the 12 month and the 18 month group, as might be expected by the simple process of the results at 12 and at 18 months balancing out one another. The Kolmogorov-Smirnov test indicates that the Treatment group shows more positive change of a considerable amount (4 or more steps up the scale) than the Control group.

In summary, Hypothesis I must be rejected at the 10% level of confidence but there would appear to be a trend, especially after 18 months, in the direction of the Treatment group showing both "more improvement" and "less regression" than the Control group.

As noted in Chapter III, many families in the Treatment group received considerably less than the full 12 or 18 months service, so that it is difficult to compare Area Development Project results with those of the St. Paul Family Centred Project, where most of the movement occurred after 12 months of Treatment.

Hypothesis II:

Both those multi-problem families receiving integrated family services and those receiving ordinary services will show more movement and/or less regression in "instrumental" as opposed to "expressive" areas of family functioning.

A modified chi square* (16, p. 63) was used to test the relationship between degree of movement as measured by the Geismar-Ayres scale and

*The modified chi square takes into account the assumed correlation or lack of independence of the 2 measures.
"type" of movement (movement in either "instrumental" or "expressive" areas of family functioning).

TABLE II. - The Relationship between Degree and Type of Movement in Family Functioning

<table>
<thead>
<tr>
<th>Research Groups</th>
<th>Sample Size (N)</th>
<th>Chi Square</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>50</td>
<td>1.60</td>
<td>.30 &gt; p &gt; .20</td>
</tr>
<tr>
<td>Control</td>
<td>49</td>
<td>2.94</td>
<td>.10 &gt; p &gt; .05</td>
</tr>
<tr>
<td>Treatment &amp; Control</td>
<td>99</td>
<td>4.38</td>
<td>.05 &gt; p &gt; .02</td>
</tr>
</tbody>
</table>

It was found that Hypothesis II could be partially accepted since both the Control group and the Treatment and Control groups combined met the statistical test at the 10% level of confidence.

Hypothesis III:

Those factors found to be discriminating between levels of functioning at one point in time, will be significantly associated with movement in family functioning when integrated family services are provided but not when ordinary services are the method of treatment.

The third hypothesis, which proposed a relationship between selected family history factors and change associated with treatment was totally rejected. Findings suggested there was no relationship between the possession of these factors* and movement in family functioning, either with or without integrated family services. The chi squares for each of the 11 characteristics, set against each of the 4 types of movement (see Chapter III) for

*The factor of children of more than one union in the home was inadvertently omitted from the statistical analysis.
both Treatment and Control groups were seen by inspection to be nonsignificant. However there were two exceptions: (a) \( x^2 = 3.94, .10 > p > .05 \) showing a relationship for the Treatment group between fewer than 4 children in the home and no change in family functioning and (b) \( x^2 = 2.93, .10 > p > .05 \) showing a relationship for the Control group between a large number of children (more than 3) and negative or no change and also a relationship between few children (less than 4) and positive change.

In order to utilize in analysis a larger sample, data on the Treatment and Control groups were combined, movement was dichotomized into "no change" or "regression" as opposed to "positive change" and analyses were done relating this movement to the selected family history factors.

It was felt that if the seven factors were all sensitive to change, then the people that fell above the median (i.e. those showing positive change) should be different in these factors. As can be seen from Table III, no chi squares were significant at the 10% level.
TABLE III. - The Relationship of Selected Family History Factors to Change in Functioning During a Period of 12 to 18 Months (Treatment and Control Groups Combined)

<table>
<thead>
<tr>
<th>Family History Factors</th>
<th>Sample Size (N)</th>
<th>Chi Square*</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mother's Education **</td>
<td>T 43 C 36 Total 79</td>
<td>.194</td>
<td>.70 &gt; p &gt; .50</td>
</tr>
<tr>
<td>2. Father's Education **</td>
<td>37 25 62</td>
<td>1.56</td>
<td>.30 &gt; p &gt; .20</td>
</tr>
<tr>
<td>3. Father's Additional Training (Educational or Vocational)</td>
<td>34 28 62</td>
<td>.133</td>
<td>.80 &gt; p &gt; .70</td>
</tr>
<tr>
<td>4. Father's Occupation</td>
<td>47 40 87</td>
<td>.45</td>
<td>.70 &gt; p &gt; .50</td>
</tr>
<tr>
<td>5. Difference in age between parents</td>
<td>48 38 86</td>
<td>.03</td>
<td>.90 &gt; p &gt; .80</td>
</tr>
<tr>
<td>6. Mother's age at Marriage</td>
<td>47 38 85</td>
<td>.563</td>
<td>.50 &gt; p &gt; .30</td>
</tr>
<tr>
<td>7. Total Number of Children under 19 in Home</td>
<td>50 42 92</td>
<td>.783</td>
<td>.50 &gt; p &gt; .30</td>
</tr>
<tr>
<td>8. Source of income past 12 mo.</td>
<td>49 41 90</td>
<td>2.5</td>
<td>.20 &gt; p &gt; .10</td>
</tr>
<tr>
<td>9. Residential Mobility - moves in last 12 mo.</td>
<td>50 37 87</td>
<td>2.40</td>
<td>.20 &gt; p &gt; .10</td>
</tr>
<tr>
<td>10. 1st Child Born prior to Marriage</td>
<td>46 34 80</td>
<td>.0088</td>
<td>.98 &gt; p &gt; .95</td>
</tr>
<tr>
<td>11. Mother under 20 at Birth 1st Child</td>
<td>49 39 88</td>
<td>.79</td>
<td>.50 &gt; p &gt; .30</td>
</tr>
</tbody>
</table>

* df = 1 in all cases

** Counted as 1 characteristic by the A.D.P.
There is a possibility that these 11 factors might not reliably differentiate between levels of functioning and therefore they could not be expected to differentiate between capacities for change. It was noted in Chapter III that the lack of precise definitions of the "poorly" and "better" functioning groups between which the "characteristics" were said to differentiate poses a serious limitation on the reliability of the data. The validity of the actual categorizing into such areas as "skilled" and "unskilled" or "income S.A." and "income in addition to or other than S.A." might be questioned especially since the last mentioned category could include both those earning only the occasional babysitting money or receiving unemployment insurance and those on S.A. for only a few months out of the past year.

Complete data will be available at the School of Social Work, the University of British Columbia.
CHAPTER V

In this section, a summary of some of the implications which have arisen from the results of our study will be explored. This will be done both in reference to the Integrated Family Service focus of this thesis and to the issues of interest involving the community.

It is emphasized that this research has touched only on limited areas and, as such, the most valid contribution to be gained is from pointing out the trends which can be observed at this time. It has recently been decided at the Area Development Project to extend the period of Integrated Family Service treatment for a year beyond the original closing date. This means that our study is at the interim period in the overall length of the Project.

It is only when the basic data have been completely collected, analyzed and assessed that concrete proposals for further research can be outlined. Therefore, only tentative suggestions for further areas of research are given here.

As was examined in Chapter Four, the analysis of the first hypothesis that there would be more improvement and/or less regression in the treatment families proved to approach statistical significance only after eighteen months. In comparison, the St. Paul Study observed that the greatest movement occurred within the first twelve months of the treatment.* This time factor seems to be an extremely important variable which, as pointed out previously, was not controlled sufficiently in the Area Development Project's method of data collection. This affirms the necessity for a pretest period. The change of raters, the workers with different experiences and orientations, and a frequent lack of information on the

control families, all contributed to this ill-defined length of time. Thus the discrepancy between the earlier movement observed in the St. Paul study and the findings of this thesis study, may in fact, not be so great.

It should also be noted that the treatment group showed both more "significant" movement (defined as improvement of four or more units on the scale of family functioning) and less regression than the control group in overall movement at eighteen months. This suggests the possible existence of a preliminary "stabilization period" during which the relationship between the worker and the family was being developed. This then provided the necessary basis for greater movement at a later date.

It is felt that a restudy should be undertaken with the same theoretical approach at a later time when the limits of the time of treatment can be more clearly defined. This would make it possible to examine whether or not there is this "stabilization period" in the treatment process as well as to investigate the possibilities of other succeeding stages. This could be a valid area of study because of its treatment implications.

The foregoing seems congruent with the trends indicated in findings of the second hypothesis. It was found that improvement in functioning in the instrumental areas was greater than in the expressive areas in the beginning phases of treatment. This confirms the theoretical rationale that the worker-client relationship is initially built around concrete forms of assistance. It is further suggested that this accounts for the existence of the proposed "stabilization period".

The lack of any apparent differentiation when the treatment and control groups were compared in these areas, seems to be due to the limitations of the sample size. Although it would be of interest to re-examine this hypothesis when data on a larger study population could be available,
restudy is not considered to be valid. The reason for this is that at a later date, improvement could also be expected in the expressive areas to the same extent or greater than in the instrumental areas. Improvement in instrumental functioning is considered to be only the first area in the overall continuum of family functioning.

The third hypothesis that those factors which discriminate between levels of functioning at one point in time are related to movement, proved to be negative. However, it is not felt that an approach that focuses on developing an "Index of Families at Risk" should be discarded completely. Although differentiation between levels of functioning at one point in time can be made, this does not seem to be conducive to predicting how the family will respond to treatment. It is suggested that it is necessary to look at such levels of family functioning within the larger context of the stage of the family developmental cycle.* For example, the factor of whether or not the father has received some form of occupational training will have varying significance depending on whether or not he is entering the labor force or nearing retirement age. The same implications could be held as to whether or not educational upgrading is feasible. In addition, as was mentioned earlier in the Caseload Analysis, there are patterns of agency contacts which are evident with multi-problem families. It is suggested that these patterns might be related to stages or "crises" in family development. For example, often the first agency contact is around marital conflict, and later around economic needs and problems in child-rearing. Further study could be undertaken to attempt to define more clearly these stages of family development and to examine whether or not

*Duval!, Evelyn Millis, Family Development. J. B. Lippincott Co., New York, 1957, provides a valuable discussion of the stages in the family life cycle and the problems to be faced at each stage.
these stages are related to the type of improvement and/or regression observed.

In broad terms, the hypothesis of the treatment program is that providing the basic social services through one worker would have a measurable impact on increasing the adequacy of the social functioning of these multi-problem families. One aspect of this, which has been concentrated on here, is the measurement of change in family functioning. However, this can not be carried on in a vacuum but rather the treatment method itself must also be examined. The Area Development Project staff, at present, are attempting to define the components of this important experimental variable. It is recognized that attempts to define the process of treatment brings up the issues of how to evaluate, by research, worker style, skills, and personality variables which must be given some consideration. The results of this thesis can only emphasize the necessity of examining these difficult areas.

While it is beyond the scope of this thesis to examine the implications from the point of view of the organization of community services and overall welfare policy, it is felt that it is necessary to briefly discuss how the results would be received by the community which is the ultimate consumer of the service. Communities tend to use demonstration projects as a means both to advance their knowledge and understanding of social problems and as a means of bringing about social change. Many existing agencies have been aware of unmet needs in the community but have been unable to document the problems with supporting data in order that rational planning may be undertaken. "Research cannot define what should be recognized as a social need, however it can clarify issues and assemble relevant data." (17, iv, p. 48)
From the results of this study the trends suggest that although movement can be observed, it is not to the degree which the community would see as justifying the expenditure involved. For example, up to this time in the project no case has been closed. In the eyes of the community this might signify that treatment has not been successful. However, even though the family may show improvement in their overall functioning often many of the problems faced are due to lack of adequate resources. Workers in the project have expressed their concern about the problem of low incomes, with its attendant stresses of budgeting and debts. The shortage of adequate housing is an increasingly urgent problem and can be a major factor in the families poor functioning. Also of concern are physical and mental illnesses, as well as the need for vocational training for adolescents who have been "school drop-outs". As can be seen, these problems are outside of the direct services extended to the client. It is therefore suggested that research attempts should be made to factor out those areas of functioning which are most affected by Integrated Family Services as opposed to those areas which reflect the lack of adequate resources. "A demonstration testing whether more social workers offering greater individual services will rehabilitate and give more self-respect to welfare recipients will not mean much if the welfare requirements themselves humiliate and degrade recipients..."(*)

(*) An excellent discussion of the assets of a demonstration project may be found in Rein, Martin and Miller, S.M. "Social Action On The Installment Plan", Transaction Social Science and Modern Society Jan./Feb. 1966 Vol. 3/No. 2 pp. 31-38.
BIBLIOGRAPHY


5. *Coordination of Services...The Challenge of our Community. Coordination of Services Committee of the Family and Child Welfare Division, Community Chest and Councils of the Greater Vancouver Area, May, 1957.*


17. Area Development Project, Vancouver... Research Administration & Demonstration Staff.


APPENDIX A

SCHEDULE FOR DATA COLLECTION

The following schedule for data collection was prepared with com­puter processing in mind. For each case, the information was recorded and the appropriate row noted opposite each column number.

<table>
<thead>
<tr>
<th>Information</th>
<th>Column</th>
<th>Row</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case number</td>
<td>1,2,3</td>
<td>n/a</td>
</tr>
<tr>
<td>Group: Treatment or Control</td>
<td>4</td>
<td>(1) Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) Control</td>
</tr>
<tr>
<td>Treatment period</td>
<td>5</td>
<td>(1) 12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) 18 months</td>
</tr>
<tr>
<td>Score for overall movement</td>
<td>6</td>
<td>* See below</td>
</tr>
<tr>
<td>Score for &quot;expressive&quot; movement</td>
<td>7</td>
<td>** See below</td>
</tr>
<tr>
<td>Score for &quot;instrumental&quot; movement</td>
<td>8</td>
<td>** See below</td>
</tr>
<tr>
<td>Mother's education</td>
<td>9</td>
<td>(1) grade 8 or less</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) grade 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) grade 10 or more</td>
</tr>
<tr>
<td>Father's education</td>
<td>10</td>
<td>Same as above</td>
</tr>
<tr>
<td>Father's additional training</td>
<td>11</td>
<td>(1) some</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) none</td>
</tr>
<tr>
<td>Father's occupation</td>
<td>12</td>
<td>(1) Unskilled labor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) Other</td>
</tr>
<tr>
<td>Age difference of parents</td>
<td>13</td>
<td>(1) less than 5½ years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) 5½ years or more</td>
</tr>
<tr>
<td>Mother's age at marriage</td>
<td>14</td>
<td>(1) mother under 20 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) mother 20 or more</td>
</tr>
<tr>
<td>Total number of children 19 years and under in the home</td>
<td>15</td>
<td>(1) 3 or less</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) 5 or more</td>
</tr>
<tr>
<td>Children of more than one union in the home</td>
<td>16</td>
<td>(1) yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) no</td>
</tr>
<tr>
<td>Source of income in the last 12 months</td>
<td>17</td>
<td>(1) social assistance only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) other</td>
</tr>
<tr>
<td>Residential mobility : number of moves last 12 months</td>
<td>18</td>
<td>(1) none</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) one</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) 2 or more</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First child born prior to marriage</th>
<th>19</th>
<th>(1) Yes</th>
<th>(2) No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother under 20 at birth of first child</td>
<td>20</td>
<td>(1) Yes</td>
<td>(2) No</td>
</tr>
</tbody>
</table>

* Overall Movement ** "Expressive" and "Instrumental" Movement*

<table>
<thead>
<tr>
<th>Score</th>
<th>Row</th>
<th>Score</th>
<th>Row</th>
</tr>
</thead>
<tbody>
<tr>
<td>-7</td>
<td>1</td>
<td>-1.1  to -0.9</td>
<td>1</td>
</tr>
<tr>
<td>-6</td>
<td>2</td>
<td>-0.8  to -0.6</td>
<td>2</td>
</tr>
<tr>
<td>-5</td>
<td>3</td>
<td>-0.5  to -0.3</td>
<td>3</td>
</tr>
<tr>
<td>-4</td>
<td>4</td>
<td>-0.2  to -0.0</td>
<td>4</td>
</tr>
<tr>
<td>-3</td>
<td>5</td>
<td>+0.1  to +0.3</td>
<td>5</td>
</tr>
<tr>
<td>-2</td>
<td>6</td>
<td>+0.4  to +0.6</td>
<td>6</td>
</tr>
<tr>
<td>-1</td>
<td>7</td>
<td>+0.7  to +0.9</td>
<td>7</td>
</tr>
<tr>
<td>0</td>
<td>8</td>
<td>+1.0  to +1.2</td>
<td>8</td>
</tr>
<tr>
<td>+1</td>
<td>9</td>
<td>+1.3  to +1.5</td>
<td>9</td>
</tr>
<tr>
<td>+2</td>
<td>A</td>
<td>+1.6  to +1.8</td>
<td>A</td>
</tr>
<tr>
<td>+3</td>
<td>B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+4</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+5</td>
<td>D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+6</td>
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<td></td>
</tr>
<tr>
<td>+7</td>
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<td></td>
</tr>
<tr>
<td>+8</td>
<td>G</td>
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<td></td>
</tr>
<tr>
<td>+9</td>
<td>H</td>
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<td></td>
</tr>
<tr>
<td>+10</td>
<td>I</td>
<td></td>
<td></td>
</tr>
</tbody>
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