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THE LONG-RANGE EFFECTS OF THE
INTENSIVE CASEWORK APPROACH IN
SERVICE TO MULTI-PROBLEM FAMILIES

by

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Waterloo

1968

2105

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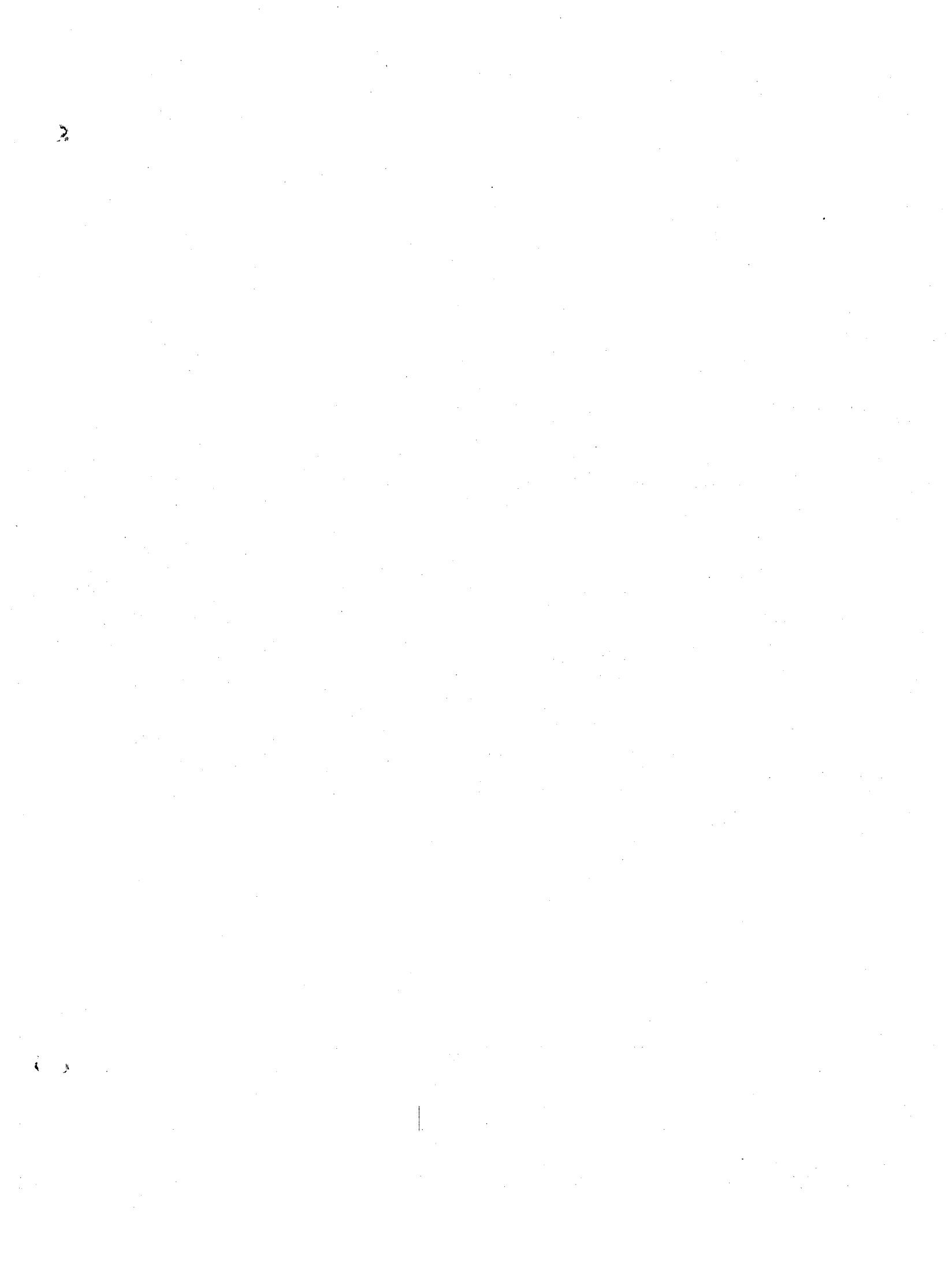
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Section One: Problem Identification and Formulation

General Background:

For some years now, social work researchers and practitioners have been attempting to find suitable methods for providing services to multi-problem families. These are the families who for long periods of time have demonstrated their need for help as a consequence of a variety of problems in the areas of family functioning; these areas may be described as economic, health, child care, intra-familial relationships, and the personal social functioning of individual family members.¹

The traditional approach by social services has not been meeting the needs of these families, to the goal of strengthening the functions of family members in carrying out the tasks of family life.² This approach is a rather fragmented service to each family, with the agencies or departments involved acting independently of one another; thus, several groups can be involved in giving assistance, concurrently or consecutively, yet with no system for coordinated planning on behalf of these families.

The result of this approach has been a picture of families reaching out to agencies, primarily during some crisis, only to discontinue service once the immediate problem is somehow contained. There is, it seems, a general reluctance on the part of these families to engage in any long-term helping process. Besides this rather

¹United Community Services of Greater London, The Family Centred Project of London, Ontario (London, 1967), p. xi.

²Ibid., p. xi.

negative attitude to and lack of motivation for using social services, there is a lack of adequate integration of these families into the community. The relationships the family members have lack the strength and stability needed for healthy identifications.³

Thus, social workers have gradually begun to realize that the multi-problem families in any given community represent a special group of clientele whose needs must be met by some new approach. Progress in this area has until recently been slow, as the economic depression of the 1930's and the global war of the 1940's left little time for concern over the small multi-problem family segment of our population. Research and social action really focused on this group for the first time during the 1950's. Interest was sparked by a study done in 1948, in St. Paul, Minnesota, which concluded that a large percentage of money and services was being used up by this relatively small group of multi-problem families in the community.⁴ Future studies supported this finding, and it was generally estimated that between two and three percent of the families in any community are multi-problem ones,

³L.L. Geismar and Michael A. La Sorte, Understanding The Multi-Problem Family (New York: Association Press, 1964), p. 17.

⁴Ibid., p. 16.

(5) other less common approaches such as volunteer case aides, homemaker services, and residential training programs.⁷

Of these five, the intensive casework approach is the one most frequently used in service to multi-problem families.⁸ Schlesinger, in his review and annotated bibliography of the multi-problem family, has cited many projects, which have been undertaken in North American and abroad, which employ the intensive casework or one of the other methods to treat the multi-problem family.⁹ Thus what seems appropriate at this time is not another project using one of these methods, but a follow-up study to examine how effective these methods, and especially the intensive casework one, are in the long run. It is a fact that the present state of our knowledge lacks evidence as to how effective these new approaches have been. One follow-up study which has been carried out is that related to the Family Centred Project in St. Paul; here it was found that after two years of closing the project improvement had continued in family functioning.¹⁰ Here, however, no control

⁷ Geismar and La Sorte, p. 184.

⁸ Ibid., p. 185.

⁹ Benjamin Schlesinger, The Multi-Problem Family (Toronto: University of Toronto Press, 1963).

¹⁰ Geismar and La Sorte, op. cit., p. 189.

groups were available to assess the relative influence of treatment as compared to other factors which may have produced movement. Most of the few existing projects set up to evaluate the effectiveness of service with the aid of control groups, are still in process.¹¹ (As of 1964, none of these was completed, and this researcher has found no reports of completed projects between then and to date).

Therefore, it seems important to conduct such a follow-up study, using both control and experimental groups, and especially with regards to the intensive casework approach, since it is the one most commonly used. The Family Centred Project of London, Ontario, is suitable for such purposes.

London, Ontario's Family Centred Project

Before an actual description of London's study is made, it is important to look at the meaning of the intensive casework, or family-centred as it is sometimes called, approach to the treatment of multi-problem families. This approach relates to the theoretical orientation of viewing the multi-problem family through its social functioning. It draws on sociological theory for its basic concept of role. 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. With this use of role as a basic concept in family study, a healthy, adequate family

¹¹ Geismar and La Sorte, p. 189.

is seen as one wherein the functions are adequately fulfilled and where family relationships with the outside community are productive and cooperative. Conversely, a pathological family is seen as one wherein the functions break down and relationships with the community give rise to conflict and dependency.¹²

The intensive casework approach is the practical implementation of this theoretical basis. In this approach, the family is viewed not merely as an aggregate of individuals but also as an interacting group of persons playing mutually complementary roles and carrying out certain basic tasks or functions which are necessary for the welfare of the family and are in keeping with the expectations of society.¹³

There are four basic elements in this intensive casework approach.¹⁴ First, it necessitates on the part of the worker a reaching out which is direct and if necessary assertive. Secondly, it focuses on the diagnosis and treatment of the whole family rather than individual members only. Thus the caseworker is expected to perceive his helping role as related to every member of the family. There is a concern for parents and children functioning as a system in relation to each other

¹²Schlesinger, op. cit., p. 13.

¹³Geismar, op. cit., p. 64.

¹⁴Ibid., p. 186.

and to the community. The caseworker is expected, then, to be responsive to all the problems presented by the family and not to relate only to particular problems of particular individual family members. Thirdly, this approach involves frequent and regular visits with the family; generally there emerges here a routine of at least one home interview per week. Fourthly, there is emphasized the coordination and implementation of diverse services by the use of one social worker for the family unit; therefore, the worker has a role in relation to any agency's program of service on behalf of the family. By one worker being the major representative of the helping services which might be involved, the number of different persons with whom the family has to sustain working relationships is greatly reduced. The primary treatment goal in this intensive casework approach is the improvement of social functioning, particularly in relationships among family members and in contacts with the community.

The Family-Centred Project of London, Ontario was undertaken because of the need for more knowledge of the various aspects of service to multi-problem families living in this community.¹⁵ The issue basic to the problem was seen as the lack of adequate coordination of London's social services. By 1961 there were, besides government health and welfare programs, twenty-nine social service agencies in the health and welfare field under private auspices in this community. The overall picture was one of many services, with diverse social policies, acting independently without sufficient attention to coordinated

¹⁵United Community Services of Greater London, op. cit.,
p. xi.

planning. Even with the strengthening of various existing services, the increased recruitment of professionally qualified personnel, the addition of new services, and attempts to close gaps in services, the problems presented by multi-problem families were not being reduced.

London's Project officially commenced operation in September, 1963, and lasted until September, 1966. Sixteen local health and welfare agencies were involved, certain of them providing the casework personnel for staffing the project. It also had a Directing Committee, a Research Advisory Committee, a Professional Committee, and a Supervisors' Committee.

The actual design of London's Project will be referred to in some detail in later sections of this report. Briefly, it was an experimental study, wherein eighty multi-problem families were selected from the community by certain criteria. Of these eighty, there was a control group of forty families, who received the traditional, fragmented service approach to treatment of their problems. Then there was an experimental group of forty families, who received the intensive casework or family-centred approach to treatment of their problems.

In broad terms, the data suggest that both groups of cases generally presented the same major problems at the outset of service. After the service had been given, there was improvement in overall family functioning in both the experimental and control groups. As well, the rate of improvement was higher for the experimental group than

for the control group.¹⁶ It was noted that improvement in the experimental cases appeared distributed more evenly between the families' internal functioning and relationships with the surrounding community, while the control cases reflected improvement most often in only the internal areas of family relationships and functions. These variations may be a reflection of the different ways in which service was given to the two groups, and the different kinds of objectives the workers and families set for themselves; for, it must be acknowledged that an important objective of the family-centred method was to help families move toward more effective use of community resources and to improve their functioning generally in relation to the surrounding community.¹⁷

Upon analysis, it is recognized that no claim may be made that the gains made by families in London's experimental group were substantially greater than those in the control group.¹⁸ Yet, as was to be expected, there does appear to have been some difference.

There is no easy solution to improving the functioning of multi-problem families, so even the smallest gain is very valuable. The

¹⁶United Community Services of Greater London, p. 169.

¹⁷Ibid., p. 166.

¹⁸Ibid., p. 170.

knowledge acquired from London's research project can be further tested and added to by additional research. This is the basis for this present project, which is a follow-up study to London's Family-Centred Project to determine how stable the improvement in family functioning has been; that is, whether it has remained constant, increased, or decreased. Thus the problem area has been specified and the question to be researched in this study is as follows: What are the long-range effects of the intensive casework approach in service upon the functioning of multi-problem families?

In concluding this section of the project, it should be pointed out that this particular follow-up study is both timely and appropriate: timely, because of the present lack of follow-up studies of the intensive casework approach, and timely because it is to be implemented in September, 1969; appropriate because it will increase our knowledge basis of an important group of clients, and appropriate because it would make an excellent second-year September to December field placement project for a Social Work student whose major field of emphasis is Community Organization-Community Development, or Research.

Section Two: Specification and Definition of Units and Sources of Data

An experimental design will be used in this project, to give further insight into the area of interest. Specifically, it is a comparative, longitudinal study, which follows two groups through time and compares them.

The sample in the Family Centred Project (F.C.P.) was made up of 80 families, drawn from a total population of 250 families which were considered multi-problem ones according to certain criteria. The sample consisted of a control group of 40 families, who received the traditional, fragmented service, and an experimental group of 40 families, who received the intensive casework approach to service. The sample, in this present study, is to consist of these same 80 families, distributed as before into the control and experimental groups.

Time Chart

Sept. 1 1963	Oct. 31 1965	Sept. 30 1966	Oct. 31 1968	Sept. 1969
T1	T2			T3

With regard to the above time chart, the F.C.P. was actually implemented for three years, from September, 1963 until September, 1966. Theoretically, then, during this three-year period, all the families in the control group received one kind of service while all the families in the experimental group received another kind of service. However, data for research purposes was collected for both groups at time₁ and time₂ as shown by the chart. This was to

ensure early analysis of the data and completion of the research project. Thus, while service continued for 36 months, its effects were only estimated for 26 months. The two groups were compared for their own inherent improvement and with each other at T₁ and T₂.

For the purposes of this present follow-up project, T₃ is to be taken as September, 1969. At this time the two groups will again be assessed for improvement or lack of it in family functioning. The researcher has decided that September, 1969, is a more suitable selection for T₃ than October, 1968. It is true that October, 1968, is a 16 - month interval from the end of the F.C.P., and that 16 months elapsed between T₁ and T₂ in the F.C.P., however, one must remember that the implementation of the F.C.P. continued for an additional 10 months, thus making it a complete 3-year experiment. Therefore, September, 1969, coming 3 years after the F.C.P. has been completed, parallels the 3-year time of service in the F.C.P. It may be pointed out that had T₂ come in September, 1966, the findings of improvement in family functioning may have shown more progress. Yet the F.C.P. revealed that in terms of the overall level of family functioning, the rate of improvement was higher in the first 6 months than in the remaining period of service - this means that the difference in data, had it been collected in September, 1966, should not have been that significant as compared with October, 1965.

Between T₂ and T₃, it is assumed that all cases in both the experimental and control groups have been served in a similar manner as that used for the control group in the F.C.P., that is,

by the fragmented service approach, whereby each family is looked after in the normal mainstream of the programmes of various agencies. By comparing T3 with T2 and T1, one will be able to see if the effects of the intensive casework approach, used for the experimental group in the F.C.P., have been lasting; that is, at T3, one can see if the rate of improvement in family functioning is still higher for the experimental group than for the control group.

Before leaving this section, it should be pointed out that the independent variable is the treatment method, while the dependent variable is the family's functioning. There has been an attempt to hold as many other variables as possible constant, by matching the cases in the experimental and control groups as closely as possible. In this way, it is expected that a difference between the groups in family functioning will be due to a difference in service. The use of a control group further enables one to assess the relative influence of treatment as compared to other factors which may have produced movement. Limitations in this study and extraneous variables which cannot be controlled are discussed in the next section of this paper.

Section Three: Planning for the Collection of Data and Obtaining Data

Methodology:

This section deals with the implementation of the design described in the previous section. By operationalizing the variables, information or data can be gathered and used for analysis. What is to be measured are judgments of behaviour in specific areas of family functioning and general family characteristics which can be related to the family functioning.

The instruments used to collect the data in this follow-up study are Schedule II and Schedule IV of the original F.C.P.¹⁹ Schedule II deals with "Changes In Family Characteristics". It covers eleven main areas: number of family heads living in the home; marital status of the family heads living in the home; total number of children in the family; number of children living in the home; number of children "elsewhere"; nature of family housing and manner of payment; cost of family housing per month; employment status of family heads; number of children, fifteen years of age and over, living in the home; employment status of children, fifteen years and over; and source and amount of family income per week. Schedule IV deals with "Judgment Of Level Of Family Functioning In Areas Of Family Living". Here, the seven areas used to measure the stability of change of the level of family functioning are: housing and living arrangements;

¹⁹ Copies of these schedules, together with their instructions, are included in the Appendices of this research paper.

family relationships; individual family members personal functioning; care and training of children; family head's health; economic behavior; and community relationships. These seven broad areas in turn incorporate forty different items. For each individual item, there is a judgment made of the level of family functioning in relation to a five-point scale, ranging from "very poor" to "adequate" functioning. In addition, a judgment of the overall level of family functioning is called for.

Collection of Data

In the F.C.P., data for the experimental group were collected by the project workers giving the service, while data for the control group were collected by the project director making inquiries for information and case records at the various agencies serving the families.

For the purposes of this follow-up study, an attempt will be made to obtain data for both groups in the same fashion as that done for the control group in the F.C.P. Since the end of the F.C.P., it is expected that all cases in both groups have been served by the fragmented approach; that is, in the normal mainstream of various agencies' services. Since no families in either the experimental or control groups were judged as functioning adequately by the end of the F.C.P., then it is assumed that nearly all of these families in both groups will still be receiving services from at least one agency by September, 1969. However, in such cases where

the family is not receiving any services at the time of this follow-up study, experienced caseworkers can be used to conduct open-ended home interviews to obtain the necessary data. It is suggested that; if possible, the woman of the household be interviewed, as she is the one most likely to be able to furnish data and she is the one usually most accessible to interview. By keeping the interviewee a constant factor, one will obtain greater reliability among data received from the families. It should also be mentioned that an attempt should be made to obtain data on families which have moved away from the London area; naturally, there are certain limitations here.

In the F.C.P., only one judge was used to assess family functioning levels. In this follow-up study, it seems advisable to use two judges to assess the data received on each family from either agency contacts or, in some instances, interviews. The use of two judges increases the reliability and validity of the study. If the two judges disagree, then a third judge can be called in to reach an acceptable decision.

Reliability and Validity

Reliability is the amount of agreement between the judges, therefore, by using two judges and getting good agreement, the reliability will be increased. It should be remembered, that in judging family functioning, some difference is permitted and still considered agreement.

Validity relates to the accuracy and truthfulness of the instrument used to collect the data. This can be tested on the basis

of reliability. If one sees relatively similar judgments by different people, then it can be assumed that these judgments represent true or real judgments. Furthermore, the validity is increased by the fact that judges, who have not been subjectively involved in providing services to the families, are apt to give unbiased and objective judgments.

Limitations in the Design

Before leaving the general area of the design, limitations in this study and extraneous variables which cannot be controlled should be mentioned; however, it should be pointed out that all the variables in this type of study cannot be controlled. This does not imply that the results from it are insignificant. The limitations and extraneous variables, which will be listed below, stem from the F.C.P. and are therefore of direct relevance to this follow-up study. First, the various caseworkers in the F.C.P. were drawn from the staffs of several agencies and therefore had different orientations to the service approach. Secondly, the workers were assigned to the project at different times, and this variation in starting dates meant that they were given no group introduction to the project. This also meant that service was delayed to some families. Thirdly, there was a range in the sex, age, and qualifications of the project staff. Fourthly, service commenced in the project ten months before a final research design had been agreed upon; due to this lapse of time between the onset of service and completion

of research instruments, it was necessary to allow retroactive judgments by workers. Fifthly, no arrangements were made prior to the commencement of service for standardized recording procedures to be followed by the workers; therefore, case records could not be expected to yield substantial data of a like kind between cases. It would have been better if there had been a design for record keeping, so Schedule IV would not have had to be completed by the project workers, who could have tended to be biased and subjective in their judgments. And, finally, although the F.C.P. theoretically lasted three years, some of the cases did not receive treatment for this entire period, and in the study cases which had continued service provided for a period of six months or more were included.

Section Four: Organizing and Analyzing Data

Once the data have been obtained, they can be described and compared by the use of tables. In the F.C.P., the data were punched into I.B.M. cards and several tables were drawn up to report the distribution of the cases in relation to the various items. It seems advisable to use an I.B.M. device in this project too.

An important table to be drawn up for this study is an extension of table #42 of the F.C.P. This will indicate movement in the cases, as it deals with the overall judgment of level of family functioning.

TABLE
OVERALL JUDGMENT OF LEVEL OF FAMILY FUNCTIONING

JUDGMENT	BEGINNING OF F.C.P. T1		OCTOBER 31, 1965 T2		SEPTEMBER, 1969 T3	
	E	C	E	C	E	C
POOR						
FAIR						
NEAR ADEQUATE						
ADEQUATE						
INDETERMINATE						
	100%	100%	100%	100%	100%	100%

Also, with the data obtained from Schedule II, one can see how many changes in family characteristics have taken place between T2 and T3. These changes can be related to family functioning, so see if any patterns emerge.

To see if the relationships among the variables are significant or due merely to chance, one can use a statistical test of significance. From these results, inferences and conclusions can be drawn.

It should be noted here that data analysis cannot be done in as much depth as may be desirable, and this is mainly due to the fact that the analysis of the data in the F.C.P. has not, to this date, been fully completed. When it has been, the cross-tabulations in relation to specific hypotheses will provide a basis for a "deeper" level of analysis for follow-up studies such as this one.

Section Five: Conclusion Drawing and Presentation of Conclusions
in Writing

From this follow-up study, it is hoped one will have gained sound insights into the long-range effects of the intensive casework approach in service to multi-problem families. By following the families through time and analyzing the data, one should be able to conclude whether family functioning improves, remains the same, or declines after the intensive casework approach has ceased to be applied for some time.

If the conclusions show that multi-problem families benefit over an extended period of time as a result of the intensive casework approach, then implications for the future are significant. On the theoretical side, the results in this follow-up study could lead to the formulation of new problems and hypotheses, thus furthering research and adding to the general body of knowledge in social work. On the practical side, the results of this follow-up study could be integrated into the mainstream of professional social work practice. Eventually this may mean a major change in the approach to multi-problem families and, as part of this, a complete restructuring of our social welfare system in order to facilitate greater unity and collaboration among the social services. As far as United Community Services is concerned, results of this follow-up study may lead this agency to begin a continued programme of providing direct service to clients of the multi-problem type; this would be in contrast to the usual indirect role U.C.S. plays in providing services to families in the community.

Caution should be taken in making large-scale inferences from this type of follow-up study. The sample used in the F.C.P. and, thus, in this follow-up study was made up of eighty families of a total population of two hundred and fifty multi-problem families in the London area. Here each of the two hundred and fifty families had an equal chance of being drawn, so it is safe to generalize the findings to the total population of multi-problem families in the London area. However, due to characteristics of the particular locale, the criteria used for selecting families, the availability of community resources, and the degree of skill of the workers, it is not considered valid to generalize the findings outside of the London community.

With this in mind, nevertheless, it still may be interesting to compare London's study with those done in other communities. In Vancouver, British Columbia, for instance, an Area Demonstration Project was just completed on March 31, 1968. This three-year project has been another attempt to provide a new kind of service to multi-problem families, and in it the multi-service approach, rather than the intensive casework approach, was used. If and when a follow-up study is done on this project, it may be worthwhile to make comparisons with the results of the follow-up study done on London's F.C.P.

As a final remark, it should be explicitly stated that projects such as this follow-up one described in this study are very important and useful to the field of social work. Schlesinger

has stated that decisions as to the amount of money and time to be devoted to the hard core of the total public welfare caseload can only be taken in the light of the general availability of public resources. Yet he points out that the effectiveness of such decisions will depend, in part at least, on continued experimentation and research. He also mentions that such experiments may have a preventative value, in helping with the diagnosis and treatment of multi-problem families.

APPENDIX I
LONDON FAMILY CENTRED PROJECT

SCHEDULE II - DATA SHEET

Experimental Case _____

Control Case _____

CHANGES IN FAMILY CHARACTERISTICS BETWEEN THE
BEGINNING OF SERVICE AND AS LAST REPORTED

Case Name _____ 1. Card No. _____

Date Completed _____ 2. Case No. _____

Completed By _____

3. Change in the Number of Family Heads Living in the Home

- 0. No change
- 1. Increase from 1 family head to 2
- 2. Decrease from 2 family heads to 1

4. Marital Status of the Family Heads Living in the Home as Last Reported

<u>Status</u>	<u>Mother</u>	<u>Father</u>	<u>C/L Partner</u>
Married to each other	0	0	-
Unmarried	1	1	1
Separated	2	2	2
Divorced	3	3	3
Widowed	4	4	4
Not Applicable	y	y	y

5. Change in the Total Number of Children in the Family

- 0. No change
- 1. Increase of 1 child
- 2. Increase of 2 children

6. Change in the Number of Children Living in the Home

- 0. No change
- 1. Increase of 1 child
- 2. Increase of 2 children
- 3. Increase of 3 or more children
- 4. Decrease of 1 child
- 5. Decrease of 2 children
- 6. Decrease of 3 or more children

7. Change in the Number of Children "Elsewhere"

- 0. No change
- 1. Increase of 1 child
- 2. Increase of 2 children
- 3. Increase of 3 or more children
- 4. Decrease of 1 child
- 5. Decrease of 2 children
- 6. Decrease of 3 or more children

8. Nature of Family Housing and Manner of Payment as Last Reported

9. Cost of Family Housing Per Month as Last Reported

- 1. \$ 1 - 19
- 2. \$ 20 - 29
- 3. \$ 30 - 39
- 4. \$ 40 - 49
- 5. \$ 50 - 59
- 6. \$ 60 - 69
- 7. \$ 70 - 89
- 8. \$ 90 - 109
- 9. \$110 & Over
- X. Not Known

10. Employment Status of Family Heads as Last Reported

<u>Status</u>	<u>Mother</u>	<u>Father</u>	<u>C/L Partner</u>
Not available for employment	0	0	0
Continuous - full time	1	1	1
Continuous - part time	2	2	2
Irregular - full time	3	3	3
Irregular - part time	4	4	4
Casually employed	5	5	5
Unemployed - Looking for work	6	6	6
Not Known	x	x	x
Not Applicable	y	y	y

11. Change in the Number of Children, 15 Years of Age & Over
Living in the Home

- 0. No Change
- 1. Increase in number of children
- 2. Decrease in number of children

12. Employment Status of Children, 15 Years & Over, as Last Reported.
(Write in the appropriate number of children opposite
each applicable alternative)

<u>Status</u>	<u>No. of Children</u>
Not Available for employment	_____
Continuous - full time	_____
Continuous - part time	_____
Irregular - full time	_____
Irregular - part time	_____
Casually employed	_____
Unemployed - looking for work	_____
Not Known	_____
Not Applicable (i.e. no children in the home 15 years & Over)	

13. Source and Amount of Family Income Per Week as Last Reported
(List all sources from which the family derives
income and the corresponding amount)

<u>Source</u>	<u>Amount</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

London Family Centred Project

Schedule II - Data Sheet Instructions²⁰

Changes In Family Characteristics Between The Beginning of
Service And As Last Reported

This schedule is intended to report certain characteristics of the family at the time of the follow-up study.

Time of the Follow-up Study

In both the experimental and control groups, the time of the follow-up study is taken as the month of September, 1969.

4. Marital Status of Family Heads Living in the Home

In the case where there is only one family head, circle the code number in one column which applies, either "mother" or "father" and opposite the appropriate marital status. In these cases the code "Y" will then be circled in the remaining three columns as "Not Applicable".

5. Change in the Total Number of Children of the Family

In this part it is intended to report the number of children born to the family since the end of the Family Centre Project.

6. Change in the Number of Children Living in the Home

In this part it is intended to report the number of children of the family who came to live in the home or who have left the home since the end of the Family Centred Project.

7. Change in the Number of Children "Elsewhere"

In this part it is intended to report the change in the number of children of the family who have been "elsewhere" since the end of the Family Centred Project.

8. Nature of Family Housing and Manner of Payment

The "housing" referred to in this question and the next one,

²⁰ These instructions have been modified, from the original Family Centred Project text, to meet the needs of this follow-up study.

is that occupied by family head(s) and the children "in the home" who are in either the experimental or control group. In this question we want to describe the kind of housing the family occupies at the time of this follow-up study and their manner of paying for it. The following definitions apply to the terms used in the questions:

Private Housing - is housing owned by a private individual or corporation.

Public Housing - is housing owned and operated by some form of government agency.

House - refers to the family occupying an entire house. It will be appropriate to include here those families who share their house with roomers and boarders.

Apartment - refers to the family occupying one or more rooms either in a house or an actual apartment building. The significant feature of an apartment is that it is self-contained; the family does not have to share any facilities with other families on the premises.

Rooms - refers to the family occupying one or more rooms in a dwelling and wherein the family is expected to share common facilities such as a kitchen or bathroom, with other families on the premises.

Determine first whether the family lives in private or public housing. Circle the code "Y" as "Not Applicable" in the column which does not apply. Within the column which does apply select the combination of housing type and method of payment from the various alternatives and circle the related code number.

9. Cost of Family Housing Per Month

The cost of housing refers to the amount of money the family pays per month for the housing described in question 8 above. Once the amount of rent or mortgage payment per month has been determined, circle the code opposite the range, which includes the amount. In cases of families paying rent it is sometimes found that they pay their rent on a weekly basis or once every two weeks. To calculate the rent to the nearest amount paid per month, multiply the amount paid per week by 4 and $\frac{1}{3}$: in the case of rent paid every two weeks multiply by 2 and $\frac{1}{6}$.

10. Employment Status of Family Heads

This question is intended to provide us with the information as to the

nature of the employment pattern of the family heads. We are not reporting on any individual's employment status at a given moment; rather, we are trying to observe the character of the individual's employment status over a period of time. Therefore, this question refers to the six months period immediately preceding the time of this follow-up study. For example, if the mother of the family commenced working continuously and full time at a job the week before the time of this follow-up study, but up until then had never worked, we would characterize her employment status as "not available for employment". In other words, the employment status of a person at a particular moment might not be an accurate description of their true status at all.

The following definitions will apply in this question:

Not available for employment - refers to a person who is unemployed and for some particular reason is not seeking employment.

Continuously employed - full time/part time - a person is continuously employed if he is working throughout the time period concerned. It is possible to have changed jobs during that period but to be continuously employed there must not be any significant loss of employment between jobs.

Full time employment means the person's hours of work represent a full work week for that particular job.

Part time employment means the person's hours represent a part of a full work week.

Irregularly employed - full time/part time - a person is irregularly employed if his employment is interrupted by periods of unemployment. While he is employed he may be working either full time or part time but he loses employment time between jobs.

Casually employed - a person who is employed full time or part time, in a job the character of which indicates that it will be of limited duration. Such a person is usually hired on a day to day basis, without any guarantee of continuity.

Unemployed - A person who is not employed during the time period concerned but who is seeking employment; that is, he is between jobs.

11. Employment Status of Children, 15 Year of Age and Over

This part refers only to those children of the family, 15 years of age and over, and living in the home at the time of the follow-up study. In the space provided, write the number of children to which the category applies. Please note that if there are no children 15 and over, living in the home, then check the item "Not Applicable".

13. Source and Amount of Family Income Per Week

In describing this item, be specific. Distinguish between "wages" and money (rent) received from roomers or boarders. If the family is receiving some form of categorical public assistance, give the name of the program involved. If the mother has received support through a Court order against the father of her children, distinguish this from wages. List all the sources and the corresponding amount of money received.

APPENDIX II
LONDON FAMILY CENTRED PROJECT

SCHEDULE IV - DATA SHEET

Experimental Case _____

Control Case _____

JUDGMENT OF LEVEL OF FAMILY FUNCTIONING
IN AREAS OF FAMILY LIVING

Case Name _____

1. Card No. _____

Date Completed _____

2. Case No. _____

Completed By _____

3. Time Period _____

(Judge the level of family functioning with respect to each of the areas of family living by means of the following scale unless otherwise instructed. The level of functioning is indicated by circling the appropriate code number among the alternatives provided for each item.)

4. Judgment of Level of Family Functioning

<u>AREA I</u>												
Housing and Living Arrangements	Very Poor		Poor		Fair		Near Adequate		Adequate		Indeterminate	Not Applicable
1. Physical Accommodation	1	2	3	4	5	6	7	8	9	x	-	
2. Housekeeping Practices	1	2	3	4	5	6	7	8	9	x	-	
3. Utilities: Household Equipment	1	2	3	4	5	6	7	8	9	x	-	
<u>AREA II</u>												
Family Relationships												
1. Mother-Father Relationship	1	2	3	4	5	6	7	8	9	x	-	
2. Mother - CL Partner "	1	2	3	4	5	6	7	8	9	x	-	
3. Father - CL Partner "	1	2	3	4	5	6	7	8	9	x	-	
4. Mother - Children "	1	2	3	4	5	6	7	8	9	x	-	
5. Father - Children "	1	2	3	4	5	6	7	8	9	x	-	
6. CL Partner-Children "	1	2	3	4	5	6	7	8	9	x	-	
7. Sibling "	1	2	3	4	5	6	7	8	9	x	-	
8. Family - Relative "	1	2	3	4	5	6	7	8	9	x	-	

<u>AREA III</u>	Very Poor	Poor	Fair	Near Adequate	Adequate	Indeterminate	Not Applicable
Individual Family Members Personal Functioning							
1. Mother's Personal Functioning	1	2	3	4	5	6	7 8 9 x -
2. Father's Personal Functioning	1	2	3	4	5	6	7 8 9 x -
3. CL Partner's " "	1	2	3	4	5	6	7 8 9 x -
4. Children's " "	1	2	3	4	5	6	7 8 9 x -
<u>AREA IV</u>							
Care & Training of Children							
1. Feeding	1	2	3	4	5	6	7 8 9 x -
2. Clothing	1	2	3	4	5	6	7 8 9 x -
3. Supervision	1	2	3	4	5	6	7 8 9 x -
4. Physical Health Care	1	2	3	4	5	6	7 8 9 x -
5. Mental Health Care	1	2	3	4	5	6	7 8 9 x -
6. Personal Hygiene	1	2	3	4	5	6	7 8 9 x -
7. Social Training	1	2	3	4	5	6	7 8 9 x -
8. Education	1	2	3	4	5	6	7 8 9 x -
<u>AREA V</u>							
Family Head's Health							
1. Mother - Physical	1	2	3	4	5	6	7 8 9 x -
2. Mother - Mental	1	2	3	4	5	6	7 8 9 x -
3. Mother - Health Practices	1	2	3	4	5	6	7 8 9 x -
4. Father - Physical	1	2	3	4	5	6	7 8 9 x -
5. Father - Mental	1	2	3	4	5	6	7 8 9 x -
6. Father - Health Practices	1	2	3	4	5	6	7 8 9 x -
7. CL Partner - Physical	1	2	3	4	5	6	7 8 9 x -
8. CL Partner - Mental	1	2	3	4	5	6	7 8 9 x -
9. CL Partner - Health Practices	1	2	3	4	5	6	7 8 9 x -
<u>AREA VI</u>							
Economic Behaviour							
1. Family Income	1	2	3	4	5	6	7 8 9 x -
2. Budgetting & Money Management	1	2	3	4	5	6	7 8 9 x -
3. Mother's Employment	1	2	3	4	5	6	7 8 9 x -
4. Father's Employment	1	2	3	4	5	6	7 8 9 x -
5. CL Partner's Employment	1	2	3	4	5	6	7 8 9 x -
6. Adult Children's Employment	1	2	3	4	5	6	7 8 9 x -
<u>AREA VII</u>							
Community Relationships							
1. Family's Informal Relationships	1	2	3	4	5	6	7 8 9 x -
2. Family's Formal Relationships	1	2	3	4	5	6	7 8 9 x -
Judgment of Overall Level of Family Functioning	1	2	3	4	5	6	7 8 9 x -

London Family Centred Project

Schedule IV - Data Sheet Instructions

Judgment of Level of Functioning In Areas
of Family Living

This schedule, which is intended to report judgments, is to be completed for both the experimental and control groups, at the time of the follow-up study. The judgments made are intended to reflect the particular areas in which the family is presenting problems and at the same time indicate how well the family is coping with these conditions. That is, the judgments expressed here should be based upon both evident strengths and weaknesses within the family functioning as a whole and in terms of the functioning of its individual members.

The Rating Scale

NOTE: For the purposes of this follow-up study, only the five major steps on the nine step scale are to be used; these include very poor, poor, fair, near adequate and adequate. The following description of the rating scale, and the Schedule IV Data Sheet have both been copied from the original text of the Family Centred Project.

The Rating Scale (original text)

This is a 9 step scale with provision made for recording these instances when there is insufficient evidence to make a judgment in a particular area; circle the code "X" as "Indeterminate". In addition the item "Not Applicable" (y) is added to certain areas where the necessary conditions may not in fact exist to require a judgment.

In evaluating the level of functioning it must be remembered that we are asking for a global judgment in each area. The conditions and behaviour being judged vary from area to area. In some areas you will be judging the level of functioning of the family as a whole, in other areas, it may be the level of functioning of individual members or a particular set of relationships between members. Each judgment must take into account the nature of the area concerned, the individual family members included, their evident strengths and problems in functioning.

Finally a judgment is called for which encompasses all the areas previously described and which represents an overall judgment of the family's functioning.

(1) Very Poor

This step on the scale is reached when the family functioning in a particular area is so inadequate that the welfare of the family as a whole is placed in immediate or imminent jeopardy.

In the area describing the care and training of children, such a low level of functioning would mean that the children are so neglected that they are in immediate and imminent danger.

(3) Poor

Actually three steps have been provided on the scale for reporting a level of functioning as "Poor". Step (2) is considered to be "poor, tending toward very poor"; step (4) is "poor, tending toward fair". By introducing these two steps we are attempting to describe the general direction in which the family is moving in its performance within a particular area. Where no tendency is evident in either direction, then the level of functioning will be reported in Step (3).

(5) Fair

This is the mid-point on our scale. This step is used to report a level of functioning, within a particular area which is not serious enough to be ranked as "poor" but neither is it considered "near adequate".

(7) Near Adequate

Here again we use a 3 step system for reporting evidence of the direction in which the family seems to be moving in its functioning, within a particular area. Step (6) is "near adequate", tending toward "fair"; step (8) is "near adequate" tending toward "adequate". Where no tendency is evident in either direction then the level of functioning will be reported as step (7).

(9) Adequate

This step on the scale is reached when the level of functioning within a particular area is sufficient to meet the needs of individual family members concerned or the family as a whole.

The term "adequate" as used here, is meant to include levels of functioning which might be considered as more than adequate.

Description of Levels of Functioning

In this part an effort is made to describe specific problems within each area of family living described. Within a particular area a family may have none of these specific problems or all of them, together with "other" identified problems. The presence of a problem however, may mean different things for different families. A particular problem in one family may be most disruptive to the family's level of functioning in a particular area and indeed generally. The same problem may be far less disruptive in another family because of the way they have organized to meet it or because of significant compensations which help to offset the effects in the particular area of family living.

In judging the level of functioning, we need to evaluate each family separately and keep in mind that the absence of a "problem" is no proof of family strength in any particular area. Family members may be carrying their own functional roles in a less than adequate way, in some particular area of family living, without the condition necessarily producing a "problem" of a specific nature.

In addition to specifying what we may consider as evidence of problems in this part, we have also developed criteria for what may be considered evidence of strengths. Our intention here, has been to offer what might be described as the two ends of a broad spectrum of family functioning.

The following general statements for each area therefore are intended to serve as guides in the formulation of judgments. Once again, keep in mind that a family may evidence none of these strengths or all of them, together with "other" strengths which may be identified.

Area I - Housing and Living Arrangements

1. Physical Accommodation

- (a) An inadequate level of functioning would suggest that the dwelling unit is in a poor condition; evidently in need of repairs and in extreme conditions, may be housing which should be "condemned".

Another specific problem may be that the dwelling unit is not large enough to accommodate the number of persons actually living in it, to the detriment of family health and/or individual privacy.

- (b) Evidence of family strength in this area could refer to evidence that the house has been "kept up", repairs have been made as needed. The family shows, through its behaviour, that they have a healthy pride in the appearance of their home. Another evidence of strength could be that the size of the living accommodation is appropriate to the number of persons living in it; the utilization of living space is appropriate to the needs of the family.

2. Housekeeping Practices

- (a) An inadequate level of functioning would refer to the home being left in a dirty condition with attendant risks to the health of the family; the extent of such conditions might range through trash littering the premises, specific unsanitary conditions, to the home being vermin infested.
- (b) Adequate levels of functioning in this area would suggest that the home shows evidence of regular cleaning, indicative of established routines and practices. Any adverse conditions which do occur are soon corrected on the initiative of the family.

3. Utilities - Household Equipment

- (a) Inadequate functioning in this part may refer to the absence of any or all utilities essential to the maintenance of a minimum standard of living, such as water, heat, electricity

and gas. Included here too, is the absence of insufficient supply of essential household equipment and furnishings such as a stove or refrigerator, beds and bedding, other furniture etc.

- (b) An adequate level of functioning in this part may vary from family to family. However, in all cases it should mean that essential utilities are in working order and the family's supply of household equipment is sufficient to their needs.

Area II - Family Relationships

1,2,3. Relationships Between Family Heads

- (a) The range of problems which may occur in this area of family living is extensive. The following problems therefore, are not intended to represent all the problems possible but they do offer general descriptions of conditions which occur frequently.
 - (i) The relationships between parents is one in which they show by their behaviour that one or both are generally unconcerned or indifferent to the other's needs.
 - (ii) The relationship is one in which disagreement and conflict predominate, obscuring any points of agreement which may exist between them. In extreme cases such conflict may include physical abuse of one parent by the other.
 - (iii) One or both parents are involved in extra-marital relationships in which they are unfaithful to their marriage partner.
 - (iv) The parents are separated but the spouse outside the home acts as a disturbing influence on the family. This disturbing or upsetting behaviour may be of an indirect nature, as for example, a separated husband who does not contribute adequately and/or regularly to the support of the children.
- (b) Evidence of strength in the relationship between family heads should include behaviour which suggests positive emotional ties between partners, who can express need for the other's help and respond appropriately to need. The parents should be deriving pleasure from shared experience. The family heads should be prepared to limit the scope and duration of marital conflict and keep communication open for resolution of conflicts which do arise.

4,5,6. Relationships Between Family Heads and Children

- (a) Once again the range of problems which do occur in this respect is extensive. The scope of the problems is also a variable with recognition being given to the fact that sometimes one parent may "make up" for the adverse effect of the other in their relationship with the children. Then too, there is the

reality that all the children in the family may not enjoy the same quality of relationship with one or both parents.

The following kinds of problems are suggestive of broad general descriptions which would indicate inadequate levels of functioning in this area.

- (i) The relationship between the family heads and the children is one in which the parent reveals through his behaviour that he is generally indifferent and unconcerned about the needs of the children.
 - (ii) The relationship between the family head and the children is one in which no affection is shown between them or only weak and intermittent evidences of affection, which are generally obscured by conflict. In extreme cases the children may be subject to physical and/or verbal abuse which is cruel or condemning.
 - (iii) In the family head's relationship with the children some are favoured over others, without making any effort to meet the needs of the disadvantaged children.
 - (iv) The family head demonstrates in behaviour that he is over possessive and controlling of the children. The children are allowed no freedom for self-expression or only intermittent opportunities which are obscured by the parent's controlling behaviour.
 - (v) The relationship between the family head and the children is used by the parent to meet his own dependency needs. The family head places inappropriate responsibility on the children for meeting his physical and/or emotional needs.
 - (vi) In the family head's relationship with the children it is evident that the parent does not relate to the children as separate individuals. The family head does not differentiate in his relationship with the children in appropriate ways which recognized the uniqueness of each child.
 - (vii) The family head demonstrates in behaviour that he is using the children in such a way as to make them the instrument for getting his own way in a conflict with the other family head; or to punish the other family head in the marital conflict. The children here are used as "pawns".
- (b) Evidence of strength in the relationship between the family head and the children should mean that positive emotional ties exist between them. The family head should provide an atmosphere of emotional warmth and a sense of belonging. The parent tries to

be consistent in his treatment of the children and relate to each child as an individual. The family head and children show respect for each other and mutual concern. There is free communication within the relationship and a desire for harmony. It is what the family head says about the children and what he does in the relationship with them, that reveals the strengths operating in the relationships.

7. Sibling Relationships

- (a) Problems within the area of sibling relationships represent some unique conditions. They should be seen as expressions of general social relationships in the family; that is, a certain amount of conflict and struggle between siblings is to be expected. Yet, on the other hand, there is every reason to expect that siblings have a capacity for meeting each other's needs in healthy and constructive ways. Evidence of a low level of functioning in this area of family living may be described in the following ways.
 - (i) The behaviour of the children indicate that they are generally unconcerned and indifferent to each other's needs; there is little loyalty to one another. Their relationships may be dominated by disagreement and conflict.
 - (ii) The relationship between children provides evidence that to too great a degree they are dependent on one another for meeting individual needs. In this situation the children are unable to meet these needs through their parents.
 - (iii) In the family of children it is evident that one or more children are trying to fill the role of parent in relation to other siblings. This results from the parent failing to carry their own responsibility in this role, by default or design.
- (b) Evidence of strength in the relationship between siblings would mean that the fighting and quarrelling is normal for their age. Essentially, the children enjoy each other's company; are loyal to each other; and their behaviour reflects positive emotional ties and mutual identification.

8. Family - Relatives Relationships

- (a) Inadequate functioning in this part may refer to the family head's relationship with members of their extended family group as being characterized mainly by disagreement and conflict. The problem created occurs when such conflict contributes to stress and strain within the nuclear family.
- (b) An adequate level of functioning would suggest that the family

heads relate to the members of their extended family in such a way as to mutually be enjoyable and advantageous.

Area III - Individual Family Members Personal Functioning

1,2,3. Family Head's Personal Functioning

- (a) Once again we must acknowledge the potential for a broad range of problems to occur in this area. At the same time it should be noted that while a specific kind of problem may occur, there are many instances where the way in which a family head carries his various roles within the family may be inadequate without any specific problem becoming manifest. When the family head's level of functioning is judged as inadequate, we may expect that there is evidence of failure to acknowledge his duties and obligations; there is evidence of irresponsibility in terms of fulfilling roles both within and without the family. Specific problems which may occur in this area are those of criminality and excessive drinking.
- (b) An adequate level of functioning in this respect would suggest the family head has a sense of his duties and obligations and strives to meet these in a responsible way, as related both to his role in the family and in other areas of living.

4. Children's Personal functioning

- (a) In this part inadequate functioning is more likely to be characterized by particular problems presented by the children.
 - (i) There are children currently in a correctional institution, on parole, or probation. Consideration should be given here to the recent past in assessing this kind of problem.
 - (ii) The behaviour of the children evidences serious problems; this may involve acting out such problems, disruptive anti-social behaviour, either individually or as a gang member.
 - (iii) The children's behaviour in school represents serious problems. This may involve excessive truancy, disruptiveness in class and other infringements of school regulations. On the other hand, it may involve withdrawn and timid behaviour in the school setting. Not every case will present such acute overt symptoms; evidence of a low level of functioning in this area may simply be revealed in the children's work in school

being well below capacity: They manifest little positive feeling toward school.

- (b) Evidence of strengths in this area would include behaviour which indicates the children take responsibility, appropriate to their age, for their own self-care and discipline, in a healthy and positive way.

In school age children it would mean they are making a positive use of school and are in their appropriate grade or above it.

Area IV - Care and Training of Children

1. Feeding

- (a) Problems in this area of living which may reflect an inadequate level of functioning are as follows:
- (i) The children do not have an adequate supply of food, that is, they are not getting enough to eat.
 - (ii) There is what appears to be a sufficient supply of food but it does not provide a balanced and nutritious diet for the children.
 - (iii) The children are not fed regularly because the parents have no established routines for feeding them; instead the children are left to forage pretty much for themselves.
- (b) An adequate level of functioning would most likely be evidenced in the children being provided an adequate and nutritious supply of food and according to some established routines supervised by the parents.

2. Clothing

- (a) An inadequate level of functioning would suggest that the children do not have sufficient clothing essential to their needs at a given time; it may also be evidenced in the children's clothing not being kept clean and repaired.
- (b) Evidence of an adequate level of functioning would be that generally the children's clothing needs are met; clothes are kept clean and if need be, mended.

3. Supervision

- (a) The variety of particular problems which may occur in this area is great. It is suggested here that these may be grouped within the two general statements as follows:
 - (i) The children are frequently left alone without any adult supervision or the caretaker in charge is inadequate to the task of supervising them. The children are allowed to roam or remain away from home for extended periods and the parents do not know where they are.
 - (ii) The children are exposed to hazardous conditions in and about the home; this refers to physical hazards as well as dangerous items being left within their reach.
- (b) An adequate level of functioning in this area would likely be evidenced in the parents having an appropriate protective attitude toward their children and who act in such a way as to minimize the risks of the children being harmed.

4. Physical Health Care

- (a) The following kinds of problems are suggestive of general descriptions which would indicate an inadequate level of functioning in this area.
 - (i) Children show specific evidence of having a disease or other disabling condition and the parents are unable or unwilling to obtain medical or other remedial treatment.
 - (ii) The parents are generally unconstructive in their approach to disease prevention practices and their use of health resources on behalf of their children. For example, the parents fail to obtain immunizations for their children; they do not follow through on medical advice, etc.
 - (iii) The children show general evidence of being in poor health and the parents are unable or unwilling to obtain medical advice as to their condition.

- (b) An adequate level of functioning here would suggest that the parents are concerned about the health or physical handicap of children; medical care is promptly sought when needed, medical instructions followed. Disease prevention is observed.

5. Mental Health Care

- (a) In this part an effort should be made to clearly identify the particular problems evidenced by the children. It is not intended here to describe what is often referred to as "emotional neglect"; instead it is intended to assess the parent's level of functioning in relation to evidences of poor mental or psychological health on the part of their children. The following general conditions would suggest an inadequate level of functioning.

- (i) The children evidence in their behaviour, emotional instability; this behaviour may be either of an aggressive or withdrawn nature. The parents are unable or unwilling to acknowledge these problems and the need for treatment.

- (ii) The children evidence in their behaviour the possibility of being mentally retarded; the parents are unable or unwilling to obtain medical advice. The children have been diagnosed as mentally retarded, the parents are unable or unwilling to acknowledge their special needs and work to meet them.

- (iii) The children evidence in their behaviour the possibility of being mentally ill; the parents are unable or unwilling to obtain medical advice. The children have been diagnosed as mentally ill; the parents are unable or unwilling to obtain medical treatment.

- (b) An adequate level of functioning in this area would suggest that the parents are concerned about the mental health needs of those children with problems. The parents are able to acknowledge the problems and special needs of such children; medical opinion and treatment are sought when needed and instructions followed.

6. Personal Hygiene

- (a) Evidence of an inadequate level of functioning in this area may be found where children are left dirty and unwashed most of the time, to the detriment of their health and/or social functioning. In serious cases, the children may be subject to such conditions as severe diaper rash, ring-worm, body vermin, etc.

- (b) An adequate level of functioning would suggest that the children are generally kept clean; the parents teach children the importance of personal hygiene and instruct them in keeping themselves clean.

7. Social Training

(a) A wide variety of methods occur between families in methods of social training; the fact of difference in method therefore, should not be a measure of adequate functioning in this area. However, it is also a fact that every child must experience some form of social training if mature, responsible adulthood is to be achieved. The following general conditions would suggest an inadequate level of functioning in this respect.

(i) The parents either do not set limits for their children in terms of social behaviour, or do not enforce them. There is lack of discipline in the home or the parents are inconsistent in their discipline.

(ii) Whatever the parents methods of social training may be, they themselves, by their own behaviour, provide either unsatisfactory or inadequate models for their children.

(b) An adequate level of functioning in this area would suggest that the parents ideas of how children should behave are generally those acceptable to the community. The standards of behaviour set are appropriate to the children's age level.

It should also mean that the parents are fairly consistent in exercising appropriate discipline, enforcing limits set, and agreeing with each other in exercising discipline. These are parents who share the job of training children.

Finally, it could be expected that the parent's own behaviour provides satisfactory models for their children.

8. Education

(a) In this area we are referring to the formal education of the children. An inadequate level of functioning by the parents here would be evidenced in the fact that they have little or no interest in their children's education. Specific problems would likely be that the parents do not ensure their children's prompt and regular attendance at school; they keep their children out of school without proper reason; they show no interest in their children's academic achievement or lack of it; etc.

It may also be expected that parents in conflict with school authorities to the detriment of the children's education are functioning at a low level in this area. Such parents are often found to refuse their cooperation when the school requests it.

(b) An adequate level of functioning here would suggest that the parents demonstrate by their behaviour that they value education for their children. The parents ensure their children's

attendance; they maintain some contact with school personnel; they are cooperative with the school upon request.

Area V - Family Head's Health

1-9 In this part we are seeking an assessment of the individual family head's physical and mental health condition, as well as a judgment of his functioning in terms of his meeting his own health needs. Since all 3 parts of this area apply to any family head involved in the case, we may simply describe each of these areas in turn.

Family Head's Health - Physical

- (a) An inadequate level of functioning here refers to the family head having either a suspected or diagnosed disease of minor, major or chronic nature which affects their capacity to function normally and/or other person's attitudes toward them. Included in this part too, of course, are problems of physical disability or handicap.
- (b) An adequate level of functioning in this area would suggest that the parent is in good physical health; on the other hand, if a family head has a disability, he is making maximum use of his limited physical capacities both to his own advantage and that of other members of the family.

Family Head's Health - Mental

- (a) Evidence of a low level of functioning in this area of family living may be described in the following general ways.
 - (i) The family head shows evidence in his behaviour of emotional instability, this behaviour may be either of an aggressive or withdrawn nature.
 - (ii) The family head shows evidence of possibly being mentally retarded or he has been diagnosed as such; as a consequence, the family head's capacity to function in his various roles is impaired.
 - (iii) The family head evidences in his behaviour the possibility of being mentally ill or he has been diagnosed as such; it may be considered that when a family head has a past history of mental illness, his capacity for adequate levels of functioning in this area are impaired.
- (b) An adequate level of functioning in this area would suggest that the family heads enjoy good mental health and are of normal intelligence. In the event that the family head is experiencing some mental handicap, he is able to cope sufficiently with the demands made upon him and without disadvantage to other family members.

Family Head's Health Practices

- (a) An inadequate level of functioning here would be seen in the family head needing medical advice or treatment of some kind and either being unable or unwilling to obtain it.
- (b) An adequate level of functioning in this area would suggest that the family head is responsive to his own health problems and medical care is promptly obtained and medical instructions followed.

Area VI - Economic Behaviour

1. Family Income

- (a) An inadequate level of functioning in this area would be evidenced in the family's income being insufficient to meet their basic needs. This may be a regular condition or it may be interspersed with brief periods when income is adequate. Such brief periods however, do not change the essential character of the family's pattern of living with respect to income.
- (b) An adequate level of functioning in terms of the provision of income would suggest that the family have a stable source of income and it is adequate to its basic needs.

2. Budgetting and Money Management

- (a) An inadequate level of functioning in this area is likely to be evidenced in terms of the following general description of problems.
 - (i) It is evident that the family's income is not being used with realistic regard to basic necessities; non necessities take precedence over necessities and casual spending is the pattern rather than some form of planned budgetting.
 - (ii) The family heads are generally in disagreement about who should control the expenditure of income and what use should be made of it.
 - (iii) There is evidence that the family heads have accrued excessive debts and to pay these means that the balance of the family's income is inadequate to meet their basic needs.
- (b) An adequate level of functioning would suggest that the family heads manage their income with a realistic regard to basic necessities; they are in agreement over the control of income. Debts are kept within the bounds of what is realistic planning and are related to other fixed expenditures necessary for family living.

3-6 Family Members Employment

- (a) An inadequate level of functioning in this area may be expressed through a variety of problems according to the particular family head involved, as well as any adult children who are eligible for inclusion in the labour market. It is important to note here that we are making judgments about the general character of the individual's functioning in this area, over a period of time. (As in the case of Schedule II, Item 15, we will take the 6 month period immediately preceding the time our judgment is being made.) Furthermore, our judgment will apply to only those persons who are actually employed, and if unemployed, are physically able to work.

The following general descriptions of problems are meant to suggest the kinds of evidence which would indicate a low level of functioning in this area.

- (i) The individual is employed but his income is inadequate because he is in a job which is below his capability; this situation is due to general social and/or economic conditions in the community.
- (ii) The individual is employed but his income is inadequate because he is unskilled and therefore ineligible for higher paying employment.
- (iii) The individual is unemployed and he is unable to find employment either because of general social and/or economic conditions, or as a result of his having no particular skills.
- (iv) The individual has difficulty in both finding and holding a job because of his personal attitudes toward his employment, or because he is seemingly unable to get along with his boss and co-workers.
- (b) An adequate level of functioning would suggest that the individual is generally employed full time in a job appropriate to his capabilities. He is able to earn an adequate income and is intent upon maintaining his employment. The individual changes jobs only when it is to improve his employment or when economic or other circumstances make it necessary. When seeking new employment, he behaves in a conscientious and responsible way.

Area VII - Community Relationships

1. Family's Informal Relationships

- (a) An inadequate level of functioning in this area would suggest that the family heads' relationships with their neighbours is marked by disagreement and conflict.

An alternative pattern may be that the family generally isolates itself from the community; they enter into outside relationships only when circumstances force them to.

- (b) An adequate level of functioning here would be evidenced in the family heads' demonstrating a capacity to establish and maintain relationships with their neighbours which are cooperative and mutually advantageous; the family enjoys a network of friends.

2. Family's Formal Relationships

- (a) An inadequate level of functioning would refer to evidence that the family heads are unduly suspicious and hostile towards official persons (not only the social worker) and agencies in the community. Such parents are generally resistant and uncooperative in their contacts with the official community.
- (b) An adequate level of functioning in this area would indicate that the family heads are able to sustain some degree of membership or association with formal organizations in the community and in their contacts with official persons are cooperative and not suspicious.

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