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SCHOOL OF SOCIAL WORK

SOCIAL WELFARE SERVICES AND PROBLEM DRINKING

A comparative study of the use of Social Welfare services
by problem drinking families and non-problem drinking families
known to the main family agencies in the City of Winnipeg
in September, 1962.

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ABSTRACT

This study took place in Winnipeg, Manitoba between October, 1962 and May, 1963, and was focused on the use of services by families active with one or more of the five main family agencies in this city, for the purpose of determining the differences in the use of services by families where there was a problem drinker as compared with families where there was no problem drinker.

A sample of 408 families was chosen from the September, 1962 caseloads of the City of Winnipeg Public Welfare Department, the Province of Manitoba Department of Welfare, the Family Court of the Winnipeg Juvenile Court and Family Court, the Family Bureau of Greater Winnipeg, and the Children's Aid Society of Winnipeg. The data was obtained by the members of the Research Group who completed schedules in direct interviews with the social workers active with the families. Judgment of the presence of problem drinking and marital difficulty was based upon the opinion of the social workers.

An analysis of the findings revealed that there were fewer problem drinking families than non-problem drinking families in the sample taken as a whole, and in the sample of each agency taken separately, with the exception of the Children's Aid Society; that in comparison with non-problem drinking families, problem drinking families use less public assistance, have more marital difficulty, and use more children's services and a greater number of family

agencies. It may be concluded that there were significant differences in the use of social services by problem drinking families as compared with non-problem drinking families.

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CHAPTER I

INTRODUCTION

There has been increasing concern in the United States and Canada regarding the distribution of social welfare services and the social problems which occur in families receiving such services. The concern has been related primarily to whether or not existing social welfare services meet the needs of families with social problems to the greatest benefit of the families and the community. Ideally, changing social needs which arise from over-all social change should be seen in perspective and as a whole, and services should be planned and organized to meet those needs. On the contrary, existing social welfare services have developed at different times to meet different specific needs. There has been little over-all community planning and welfare services have increased without purposeful direction. In most communities the result has been uncoordinated efforts to help persons with social problems, often confusing to these persons and the community and frustrating for the individual social worker. One of the best known studies of community services was undertaken in St. Paul, Minnesota, commencing in 1948. Analysis of their findings revealed that treatment made available to families had been fragmentary, individually oriented, and on an agency by agency basis.¹

¹Beulah Compton, "The Family Centered Project", Address to the Children's Aid Society of Winnipeg Annual Meeting, April 25, 1962. (Mimeographed).

In our own community of Winnipeg there has been concern about the distribution of social welfare services and the social problems which occur in families receiving such services. As a result of this concern, the Community Welfare Planning Council set up a Needs and Resources Committee in June, 1962, "to elicit and assess the views of those most intimately concerned in the launching, carrying out, and use of a community-wide review of needs and resources in health, welfare and recreation." In addition, the Province of Manitoba Department of Welfare is inaugurating a Community Development project in the Jarvis Avenue area. The general problem area chosen by the School of Social Work, for research study, stated as follows, also reflects this concern: "What is the distribution of social welfare services among families known to the main family agencies in the City of Winnipeg and what are the social problems evident in those families with the greatest concentration of services?"

Current literature, recent local publicity, and our own experiences in different agencies led us to believe that drinking is a major social problem in families receiving social welfare services. Are there differences in the use of services by families where there is a problem drinker and families where there is no problem drinker? We believe that even our limited study of a sample group of families known to the main family agencies in the City of Winnipeg could provide some answers to this question which would be significant for the welfare community and for social workers in particular.

Initially, we were concerned with the disruptive effects of excessive use of alcoholic beverages on the total family, and particularly upon the children. We soon recognized that to focus on this concern would involve a study of causal relationship which was beyond our ability and was not directly related to the general problem area. We chose, therefore, to study families residing in the City of Winnipeg and known to at least one of the main family agencies in Winnipeg to compare the use of services of selected social welfare agencies by families where one or both parents is a problem drinker with families where there is no problem drinker. For the purposes of this study, families where there is a problem drinker will be referred to as problem drinking families, and the problem drinker will be defined as follows: "The problem drinker indulges to such a degree as to cause concern to his family, friends, or employers, and/or the extent of his drinking makes serious inroads upon his budget."² The term, problem drinker, was selected because of its broader implications and to avoid possible diagnostic difficulties. Our definition of problem drinker includes the alcoholic.

From our experience we believe that social workers generally are aware of drinking as a social problem for the individual, his

²T. A. Pincock, "The Frequency of Alcoholism Among Self-Referred Persons and Those Referred by the Courts for Psychiatric Examination", Canadian Medical Association Journal, 87 (August, 1962), 282-286.

family, and the community. However, Margaret Cork, social worker with the Alcoholism Research Foundation of Ontario, has stated that social workers appear to have lagged behind the other service professions in making use of the available knowledge, skills, and treatment, and that they have not yet concerned themselves sufficiently with drinking as a major social problem.³ We suggest that our study, at least to some extent, does report both professional awareness and concern with this problem.

In 1954, the Family Bureau of Greater Winnipeg made a study of the extent to which excessive drinking entered into family problems in families receiving services from their agency, which they presented as a brief to the Manitoba Liquor Enquiry Commission. To our knowledge there have been no other studies of the use of Winnipeg welfare services by families where drinking is a problem. There have been, however, a number of studies both in Canada and in other countries of the use of alcoholic beverages and on drinking as a social problem. In Chapter II we shall elaborate upon studies and literature which we have read and believe to be pertinent to our study.

Relevant to the foregoing and subsequent to study and discussion, we developed the following hypothesis: A study of the services to families known to one or more of the main family agencies

³Margaret Cork, "Social Workers Can Help Alcoholics", Canadian Welfare, November, 1954.

in the City of Winnipeg will tend to reveal a significant difference between services to families where one or both parents is a problem drinker and services to those families where there is no problem drinker. It followed that our focus would be upon the use of the services by families where there is a problem drinker as compared to those families where there is no problem drinker.

This research project is a comparative study of the quantitative use of services of the five main family agencies by families living in the City of Winnipeg in September, 1962. The agencies referred to are the City of Winnipeg Public Welfare Department, the Province of Manitoba Department of Welfare, the Family Court of the Winnipeg Juvenile Court and Family Court, the Family Bureau of Greater Winnipeg, and the Children's Aid Society of Winnipeg. These five agencies were selected for us by the School of Social Work on the basis that they were "social agencies or public departments (or branches, departments or divisions of these) whose services could be considered as being directed to families rather than to single individuals and which could be considered to be offering a social work service and which were non-denominational in auspices". The Juvenile Court of the Winnipeg Juvenile Court and Family Court, and the Child Guidance Clinic of Greater Winnipeg, who serve children in families, were also used.

"Children are alcohol's chief victims!"⁴ It is not possible for us to prove this statement through our study, but as social workers we do know that the presence of a problem drinker in a family is likely to have disruptive effects upon the family as a whole and the children in particular. The disruptive effects upon children may be evidenced in different ways, but frequently the problems appear in the school setting and/or in problems of delinquency. Therefore, we decided to include in our study the Child Guidance Clinic of Greater Winnipeg and the Juvenile Court of Winnipeg, the agencies offering direct services to children with problems in these areas.

We recognize that we have limited our study through the selection of the specific agencies and of families living in the City of Winnipeg in September, 1962. Further, as we shall elaborate later, the criteria for determining the presence or absence of a problem drinker in a family is another limiting factor of this study, since it is based upon the judgment of one person on the basis of varying sources of information.

Families seek the services of social agencies for different reasons. We believe that where alcohol is used, and becomes a problem in the family, there are likely to be problems in the family's social functioning. The problems for which the selected social agencies

⁴C. Aubrey Hearn, Alcohol the Destroyer; Rev. ed. (Nashville, Tennessee: The Sunday School Board of the Southern Baptist Convention, 1944), p. 97.

offer services include difficulties in family relationships, difficulties in the care, behaviour, and/or school achievement of the children, and financial difficulties. Although we believe that problem drinking and problems in social functioning occur together, we do not propose to establish here that there is a cause and effect relationship between them. Nor do we intend to establish that there is a difference in the individual characteristics of families where there is a problem drinker as compared to families where there is no problem drinker. We do intend to study the use of services of the selected social agencies by families where there is a problem drinker(s) as compared to those families where there is no problem drinker(s), believing that there will tend to be a significant difference in their respective use of these services. Considering the above, and within the limitation of our available time, and our experience, the following sub-hypotheses were formulated:

(1) In the caseloads of the five main family agencies there are more families where one or both parents is a problem drinker than families where there is no problem drinker.

(2) In the caseloads of the two public assistance agencies, the Public Welfare Department of the City of Winnipeg, and the Mothers' Allowance Branch of the Manitoba Provincial Welfare Department, there are more families where one or both parents is a problem drinker than families where there is no problem drinker.

(3) In the caseloads of the five main family agencies there are more families with marital difficulties where there is a problem drinker than in families where there is no problem drinker.

(4) A study of the source of referral of families known to the five main family agencies will tend to reveal no significant difference between families where one or both parents is a problem drinker and families where there is no problem drinker.

(5) Direct services, that is, where a child of a family is registered in his (her) own name, are received from the Child Guidance Clinic of Greater Winnipeg and/or the Juvenile Court of Winnipeg by more families where there is a problem drinker than by families where there is no problem drinker.

(6) Families where there is a problem drinker use the services of a greater number of family agencies than do families where there is no problem drinker.

In order to test our hypothesis and sub-hypotheses we chose a systematic stratified random sample of families receiving services, that is, families registered at one or more of the five family agencies in the City of Winnipeg in September, 1962. We developed a schedule for verbal presentation by our research team to the social worker active with the particular family selected by the sampling procedure. The opinion of the social worker was accepted as the criteria for determining whether or not there was a problem drinker in the family and also whether or not there were marital difficulties

in the family. We realize that, in this particular study, acceptance of the social worker's opinion may be, in itself, a limitation of our study. The social worker's opinion may be affected by his or her level of training or experience, his and the agency's knowledge of the family and the reliability of other sources of information about the family. In order to answer sub-hypothesis number five we contacted the Child Guidance Clinic of Greater Winnipeg, and the Juvenile Court of Winnipeg to determine whether or not children of the families of our sample group were registered at these agencies. The details of our method will be discussed in Chapter III.

Following completion of the schedules, the families of our total sample were divided into two groups: families where one or both parents is or has been a problem drinker and families where there is or has been no problem drinker. Data relevant to our hypotheses was tabulated in such a way as to facilitate comparison of the use of services of the selected social agencies by the two groups of families. The analysis of the data will be elaborated upon in Chapter IV; evaluations and conclusions will be presented in Chapter V.

CHAPTER II

BACKGROUND LITERATURE AND PERTINENT STUDIES

Excessive drinking is a complex problem which cannot be dissociated from the problems of society. In the last century, North American society has developed into an increasingly industrialized and urbanized society in which living has become more and more complex. With these social changes there have been changes in the functions of the family and in the ways and means by which the individual meets his needs and reduces his tensions.

Increasingly alcohol has been used as a means of reducing the tensions and anxieties of modern life.¹ Where drinking is integral with the process of socialization and the central moral symbolism and rites of a group, the norms of sobriety can be sustained and pathology is rare. However, in North America there are conflicting cultural values and attitudes about the use of alcohol. This in itself adds to the problem for there is no universally accepted standard and therefore no effective means of control. In Manitoba it is estimated that one adult in forty-two is an excessive user of alcohol.² This fact suggests that the excessive use of alcohol is a social problem that merits the concern of our society, including the service pro-

¹Manitoba Liquor Enquiry Commission, Report of Manitoba Liquor Enquiry Commission, (Winnipeg: Queen's Printer, 1955), p. 40.

²Ibid., p. 272.

fessions. Since social workers are concerned with assisting individuals and families with problems in social functioning, we are focusing on the socio-cultural aspects of the problem. We recognize, however, that there are other factors related to the understanding of the problem, and its treatment.

In the social work profession there is considerable awareness of the need for a family-centered approach to social problems. As a member of a family the problem drinker interacts with, affects, and is affected by other members of his family. Although an individual's behaviour and its resulting effects upon the individual are of great concern, we believe that the bearing which the individual's behaviour has upon the efficient functioning of the family as a whole is of greater concern. Therefore, our discussion will focus on the family, rather than on the problem drinker himself.

Each individual in a family has role responsibilities, the performance of which makes for the effective functioning of the family. Every family has its minor conflicts and at times more serious ones. When stresses and strains are prolonged and/or severe, the result is frequently role impairment and disorganization of family life. Over a period of time, the excessive use of alcohol can contribute to the stresses of family life with the consequent role impairment and disorganization.

Since the relationship between husband and wife is the most personal and intimate of relationships, it is in this area that the

disruptive effects of alcohol may first be experienced. As the problem drinker becomes less able to carry out his role expectations as a marital partner, the spouse may be required to assume additional responsibilities in the home. As their roles become distorted, the relationship becomes less satisfying for both partners. Additional frustrations and conflicts are aroused which in themselves serve to perpetuate the need to use alcohol as a means of reducing tensions; and so, the vicious circle continues. Dr. Fox says that "probably no marriage with an alcoholic can be considered a happy one. It is extremely unlikely that an alcoholic once he is caught up in the egocentricity which is an inevitable by-product of his illness, can actually love another person in a mature sense. The alcoholic is an extremely difficult person to live with because of his desire to force someone to accede to his wishes and love him in spite of what he does. The unpredictability of an alcoholic makes him hard to live with--at times charming, at other times hostile, even cruel".³ Other literature supports the association of marital conflict and the excessive use of alcohol. Following a review of research and professional literature, Bailey concluded that alcoholics had a high rate of broken marriages but many are living with their spouses.⁴

³Ruth Fox, "The Alcoholic Spouse", Neurotic Interaction in Marriage, ed. by Eisenstein, (New York: Basic Books Inc., 1956), p. 154-155.

⁴M.B. Bailey, "Alcoholism and Marriage", Quarterly Journal of Studies on Alcohol, XXII (1961), p. 81-97.

A twelve month study of new admissions to the Alcoholism Clinic of the Massachusetts General Hospital revealed a marriage casualty rate of 47%. This is in marked contrast to groups of new admissions to the Medical and Psychiatric Clinics at this hospital where, with the patients matched for age and sex, the marriage casualty rate was found to be 16%.⁵ A report of the Family Centered Project in Greater St. Paul, Minnesota showed that "when problem drinking was present, both solidarity of the family and the marital relationship were problematic."⁶

Just as the excessive use of alcohol is associated with disruption of the marital relationship, so too it is associated with disruption of parental relationships. As the non-problem drinker attempts to compensate for the inability of the marital partner to carry out his (her) parental role, both roles become distorted and unpredictable and the child is left torn between his parents, and confused. Often the parents are too involved in the marital conflict and the drinking problem itself to be able to meet even the basic needs of the child for normal growth. The child

. . . obviously suffers in a relative degree from lack of strong parental figures on which to pattern himself, from conflict around these figures or from over-identification

⁵I. Wolf, "Alcoholism and Marriage", Treatment Journal of Studies of Alcoholism, XIX, (1958), p. 511-518.

⁶L.L. Geismar and B. Ayres, "Families in Trouble", (St. Paul: Family Centered Project, Greater St. Paul Community Chest and Councils Inc., 1958), p. 68 (Mimeographed).

with one or the other parent . . . He may have difficulty in finding his own identity, depending on what age he is when the alcoholism occurs, and certainly he may have a more than usual problem in attaining and/or sustaining his own appropriate role in the family. More specifically, he may be unsure of what is expected of him and what he can expect of others. We find that his needs are often met on the basis of what is happening at the moment, rather than on the basis of his own personality make-up. Many such children have difficulty accepting appropriate responsibilities or in disciplining themselves. Some become fearful of expressing themselves or their feelings, or in their anxiety act these out with considerable aggressiveness.⁷

The problems of these children very often are expressed in poor school achievement or problem behaviour, and/or in the community in anti-social behaviour.

Fox believes that children are apt to suffer irreparable damage if the mother is alcoholic. Factors which enter into this are that children are emotionally dependent upon their mothers; and that husbands of alcoholics tend to be less tolerant and accepting than wives of alcoholics, and are inclined to abandon the home. If both parents are alcoholic all is chaotic and unpredictable, and the situation even more damaging for the children.⁸

Where there is excessive use of alcohol by one or both parents over a period of time there is likely to be a reduction in the family's standard of living. In some cases the family may be deprived

⁷R. Margaret Cork, "Alcoholism and the Family", Addictions, Vol. IX (1962), p. 33.

⁸Ruth Fox, op. cit., p. 158-161.

of certain basic necessities of life. A study of families receiving services from social agencies in St. Paul, Minnesota, revealed that problem drinking was significantly and positively related to problems in economic functioning.⁹ The literature consistently points out that problem drinking results in frequent absenteeism, lateness, accident-proneness, irresponsibility, irritability, and general inefficiency on the job. The problem drinker thus risks losing his job, which in turn adds to the stresses upon the family.

We have noted that the excessive use of alcohol interferes with the individual's ability to carry out his (her) roles as marital partner, parent, provider, and employee. Since roles are inter-related, the impairment of one social role is likely to affect the successful fulfillment of other roles. This has consequences not only for the individual, but for the family and the community, since individuals are interdependent.

The philosophy of communities in democratic society includes responsibility for the well-being of its members. One of the ways in which the community meets its responsibility is through the provision of social welfare services to assist persons and families with problems in social functioning. Since excessive drinking is associated with problems in social functioning, families where there is a drinking

⁹Geismar and Ayres, op. cit., p. 68.

problem may seek services of social agencies. The literature suggests that families often attempt to deny the drinking problem until the situation reaches a crisis point. Thus, it is likely that when families do seek help they may require the services of more than one social service agency because of the impairment in more than one area of life. A report on the clientele of the Alcoholic Information Center in Pittsburgh shows that: "Of 205 cases who lived in the geographical area covered by the Social Service Exchange, 103 were known to other agencies prior to coming to the center; some of the clients used as many as 8 different social agencies: 3 agencies used per individual case."¹⁰ Consistent with this study is the statement of Reverend Murphy at the Yale School of Alcohol Studies, that the familiar picture reveals contact with from three to twelve different social agencies. He concludes that the family "runs the gamut of services provided at either public or private expense".¹¹ Margaret L. Lewis of the Family Service of Cleveland, writes that these services are most likely to be requested by the wife, but rarely by the alcoholic man himself.¹²

¹⁰F. Izikson, "A Report on the Clientele of the Alcoholic Information Center", (University of Pittsburgh). (Mimeographed).

¹¹A. J. Murphy, "Alcohol and Pauperism", Alcohol, Science, and Society; 7th ed. (New Haven: Quarterly Journal of Studies on Alcohol Inc., 1957), p. 244.

¹²Margaret L. Lewis, "The Initial Contact With Wives of Alcoholics", Social Casework, XXXV (January, 1954), p. 8.

RELEVANT STUDIES

There appear to be only two studies of the use of social service agencies by families where there is excessive use of alcohol pertinent to this study.

A study by the Family Bureau of Greater Winnipeg¹³ was designed to consider the extent to which excessive drinking enters into family problems for which agency service is sought. The sample population for study was selected from the families who were receiving service from the Family Bureau during three consecutive months of 1954. Of 384 families surveyed, drinking was or had been a factor in 107 cases, and excessive in 79 cases. At intake, 44 families indicated that drinking was a major factor in their request for agency service.

The most frequent combination of problems was that of drinking and marital difficulty. In these cases where drinking was excessive and a major difficulty in the situation, the most common effects on the families, in their order of significance, were conflict between drinker and spouse, unhappy home situation generally, emotional insecurity of the children, financial insecurity, threatened break-up of marriage and home, deprivation of basic material necessities, reduction of standard of living, loss of social status, conflict with

¹³Family Bureau of Greater Winnipeg, "An Inquiry into the Extent to Which Excessive Drinking Enters into Family Problems", Winnipeg, 1954 (Mimeographed).

other members of the family (parents, siblings, etc.)

It was also reported that of the 107 cases where drinking was or had been a factor, 72 were self-referred; in 68 of these self-referrals, it was the wife who first came for help.

"Families in Trouble": Family Centered Project of Greater St. Paul, Minnesota.¹⁴

This study, the second of a series of monographs, was designed to provide some answers to the question: what are the basic social characteristics of "families in trouble"? All of the 100 families studied were seriously deprived, beset by numerous problems. There was serious deviant behaviour in each family, plus a health or economic problem: 91% had problems in the area of economic practices, and 68% were in receipt of some kind of public assistance. In most instances the children, ages 0-28 years, were in "clear and present danger", necessitating the intervention of the community for their protection. The median number of registrations with social agencies was 13 agencies per family.

Problem drinking within the year prior to "screening in" was observed by social workers in 50 of the 100 families: 41 men, 19 women, and 3 children were classified as problem drinkers. Problem drinking was significantly and positively related to problems in

¹⁴L.L. Geismar and B. Ayres, "Families in Trouble", (St. Paul: Family Centered Project of Greater St. Paul Community Chest and Councils Inc., 1958. Mimeographed). [Hereafter, this study will be referred to as the St. Paul study]

economic functioning: to irregularity of employment, to receipt of public assistance exceeding \$1000 a year, to non-support, and to problems in money management. The authors concluded that drinking cuts into the already limited budget of the families studied.

When problem drinking was present, solidarity of the family, the extent to which the family members identified with each other and acted as a social unit, was problematic. Problem drinking was also significantly related to marital conflict, which was defined as conflict or dissension between the man and woman during the year prior to screening in regardless of whether they actually lived together when the case opened.

Housekeeping standards suffered whenever parents drank excessively, and the physical care of children likewise was related, although not significant. Crime of parents was associated, but the adjudicated delinquency of the children was not.

On the basis of their findings, Geismar and Ayres concluded that problem drinking "represents an escape from extreme emotional stress"; but that on the other hand, "problem drinking is coupled with several kinds of social malfunctioning and deviant behaviour and constitutes in itself a pattern of conduct not considered desirable by the community".¹⁵

¹⁵Ibid., p. 68.

Both studies have relevance for the present study, but it is limited by the following facts: (1) purposes of the studies: The purposes of the two studies as outlined earlier differ from the purpose of the present study.

(2) selection of samples for study: The St. Paul families were selected for study because they had many problems and were known to many agencies over a period of time. The families for the Winnipeg study were chosen by the Family Bureau from their own caseload; hence, the selection of families was limited by the functions of the agency. However, the Family Bureau is a City of Winnipeg agency and is one of the five social agencies included in the present study.

In spite of the above limitations, both studies have value for the present study. The findings of both studies indicated that drinking was a problem in a significant number of families receiving agency services, and that problem drinking was highly associated with marital difficulties. In addition, the St. Paul study indicated that problem drinking was significantly related to problems in economic functioning including the receipt of public assistance.

CHAPTER III

METHODS

As was stated in Chapter I, this was a study of the use of services by families wherein one or both parents was a problem drinker as compared to families where there was no problem drinker. From the sub-hypotheses, six areas of concern emerge: (1) proportion of problem drinkers in the caseloads of the five main family agencies; (2) proportion of problem drinkers receiving public assistance; (3) incidence of marital difficulty; (4) source of referral; (5) use of children's services; and (6) number of agencies used.

The required material was obtained from schedules completed by researchers in interviews with caseworkers from each of the five agencies--City Department, Provincial Department, Family Court, Family Bureau, and Children's Aid Society. The families in the sample were chosen from the September, 1962 caseload of these five agencies.

In view of the possible reluctance of clients to answer questions regarding problem drinking, it was decided to interview the caseworker rather than the client. A limitation of this method was the acceptance of the worker's opinion about the existence of problem drinking, regardless of the level of training of the worker or his knowledge of the case. It may be assumed that the knowledge each worker would have about a particular family would be determined by such things as the length of time the case had been open, the size of the caseload, the number of contacts, and the adequacy of previous

file recording.

All the required data, however, could not be obtained through interviews with workers. After the interviews, it was necessary to go to the Child Guidance Clinic and Juvenile Court to check registrations of children. Since the unit of classification was the family, it was necessary to take these registrations by family rather than by individual child. Therefore, a family was considered only once in calculating children's services at each agency, regardless of whether one or several children were known to the agency.

Furthermore, it had to be determined which families had ever been known to more than one agency, and the number of agencies to which each family had been known. To do this, Confidential Exchange was consulted, but this was active only up to December, 1960. Rechecks were then made at four of the five agencies to determine whether families not registered at Confidential Exchange had been known since December, 1960. The fifth agency, Family Bureau, presented a special problem which will be discussed later in this chapter. As there was no provision on the schedule for this additional information, it was recorded in the margin of the front page of the schedule.

THE SAMPLE

In view of the time available, it was decided to use a sample of approximately four hundred cases (a 14% sample of the total September, 1962 caseload of the five agencies) chosen by a simple stratified random sampling method. The initial sample was 411 cases, several

of which had to be eliminated due to inaccuracies in the original lists from the agencies. These inaccuracies included families where there were no children, and one family where the name of a landlord had mistakenly been included. Some families living outside the City of Winnipeg had also been included on the original lists, but it was felt that they were acceptable because they had recently lived in Winnipeg, and were resident in the Greater Winnipeg area. Therefore, the study would not be invalidated by retaining them.

Most of the eliminated families were replaced by the same simple stratified random sampling method, and the final sample for tabulation consisted of 408 cases, or 14.2% of the total September, 1962 caseload.

THE SCHEDULE

The schedule was tested by the collection of data on nineteen families chosen at random. From this pilot study, it was learned that the schedule was operative and provided the required information. With a few minor changes for clarity, the revised schedule emerged. A copy of this revised schedule may be found in the Appendix.

Accompanying the schedule was a guide which contained those definitions necessary for completing the schedule. A copy of this guide may also be found in the Appendix.

The schedule was constructed so as to provide the necessary information for the study of the six sub-hypotheses. It relied on the worker's knowledge of the case and his or her opinion as to whether

or not marital difficulties or problem drinking had occurred within the family. The questions were formulated in such a way that, regardless of whether any family member or other person or agency had made a report or complaint about marital difficulties or problem drinking to the agency, the worker's opinion was accepted. It was felt that a more accurate assessment could be made by the worker, since the worker would be more objective than someone involved in the family situation. On the other hand, there was a risk that the worker might not know if such problems existed within a family. It has, however, already been noted that acceptance of the worker's opinion is one limitation of the study.

Page one of the schedule contains factual information to be used in cross-checking family registrations or in checking children's registrations. On page two are found the source of referral and assessment of marital difficulties. The remaining half of page two and page three deal with assessment of the existence of problem drinking.

Since the families in the study were to be classified according to the existence or absence of problem drinking, the final page of the schedule was devoted to this area. It may be noted that there are eight questions leading to the final assessment of whether or not there is or ever was a problem drinker in the family. While the results of these eight questions were not tabulated, the questions were placed on the schedule to aid the worker in forming his opinion

about whether the family would fall into the "problem drinking" or "non-problem drinking" category.

In tabulating results, if a worker answered "yes" to either 3a: "In your opinion, is there a problem drinker in this family?", or 3b: "In your opinion, was there ever a problem drinker in this family?", the family was placed in the problem drinker category. It was felt that this classification of both present and past problem drinkers was justified since the check on use of children's services was not limited to the September, 1962 caseload, nor was the cross-check of family registrations at the five agencies. Therefore, the problem drinking category was not limited only to those families wherein there was a problem drinker as of September, 1962.

Although the initial hypotheses were not concerned with whether or not "problem drinking families" had asked for or received help with this problem, it was felt that this data could be easily collected and might prove quite useful. It was, therefore, included in the schedule.

DEFINITIONS

Family: a unit consisting of at least one parent and one or more children.

Parents: Husband and father: The adult male of the family who was regarded as the "father-figure" in September, 1962 shall be regarded as husband and father regardless of whether he is legally married to the adult female and regardless of whether he is the legal or natural

father of the children of the family, and regardless of whether he was living in the home in September, 1962. He shall be considered to be the only husband and father of the family.

Wife and mother: The adult female of the family who was regarded as the "mother-figure" in September, 1962 shall also be regarded as wife and mother regardless of whether she is legally married to the adult male and regardless of whether she is the legal or natural mother of the children of the family, and regardless of whether she was living in the home in September, 1962. She shall be considered to be the only wife and mother of the family.

Children: The natural or legally adopted children of one or of both the husband and wife (as defined) who were less than eighteen years of age on September 30, 1962, regardless of whether they were present in the home in September, 1962.

Home: The residence of the husband, wife and children; or, in cases where parents are not living together, it shall be the residence of the parent who is caring for the greater number of children; or, if each parent is caring for an equal number of children, home shall be the residence of the mother.

Marital Difficulty: Friction between husband and wife that has been brought to the attention of the agency.

Complaint or Report: Any mention of the occurrences in question from any source which has been brought to the agency's attention.

Direct Services to Children: The child is said to be receiving direct services if he or she is registered at Child Guidance Clinic or Juvenile Court.

Problem Drinker: The problem drinker indulges to such a degree as to cause concern to his family, friends, or employers, and/or the extent of his drinking makes serious inroads upon his budget.

"cause concern" means a situation about which a complaint or report has been made.

"serious inroads" means a situation where there is deprivation of basic necessities.

"basic necessities" as defined in public assistance programs (i.e. City Department, Provincial Department) means food, clothing, shelter, and other essentials for the maintenance of health and decency.

It must be noted that the definition of problem drinker used in this study might give a distorted proportion of problem drinkers in a public assistance agency, since public assistance budgets are generally very limited and any drinking whatsoever would make "serious inroads" on the budget. However, it was felt that the worker would not be likely to know of drinking in such families unless it was creating a definite problem.

FAMILY BUREAU

Family Bureau presented a particular problem in this study. They felt that disclosing the names of their clientele would be a breach of confidentiality. They were, however, very willing to cooperate in the study in any way they could without disclosing names.

Because it was felt that the family-centered counselling services of Family Bureau would attract a caseload which would be representative of problems in family life, it was decided to include Family Bureau in the study. Furthermore, since they had only a small caseload, it was decided that Family Bureau could be included without a disproportionate amount of effort. Therefore, Family Bureau were informed of the sampling procedure which they then applied to their September, 1962 caseload. The workers involved checked with the families drawn in the sample to see if they would permit their cases to be used. They were not told about the nature of the study, but only that some research was being done in which their cases had been chosen. Any refusals were replaced by the initial sampling procedure until a 14% sample had consented. It should be noted that approximately two-thirds of the initial sample gave their consent.

Since names were not to be divulged, Family Bureau did the cross-checking involved for their sample to determine whether or not the families were known to one or more of the other four agencies or whether the children were known at Child Guidance Clinic or Juvenile Court. However, Family Bureau would not consent to check the names

in the samples from the other four agencies to determine if they were also known to Family Bureau. This was not too large a limitation in view of the fact that the entire sample from the remaining four agencies was checked against Confidential Exchange, where Family Bureau had registered until December, 1960. Therefore, the only unavailable data concerned families known to one of the other four agencies who may have registered at Family Bureau between December, 1960 and September, 1962. It was felt that this number would be negligible.

METHOD OF ANALYSIS

Once the data had been collected, the families were divided into two groups--problem drinking and non-problem drinking--as this was a comparative study.

The problem drinking families and non-problem drinking families were then compared for each of the five agencies to determine the proportion of problem drinkers and non-problem drinkers in each agency sample. The total group of problem drinking families and non-problem drinking families were also compared to determine the total number of problem drinkers and non-problem drinkers in the total sample (Sub-hypothesis 1).

Sub-hypothesis 2 required an analysis of use of public assistance agencies by each of the groups--problem drinkers and non-problem drinkers. Therefore, the samples from City Department and Provincial Department were separated from the total sample, and

distribution of problem drinking and non-problem drinking families in receipt of public assistance and not in receipt of public assistance was tabulated. The problem drinking and non-problem drinking families at each agency were then compared to the total group not in receipt of public assistance.

The remainder of the analysis involved a comparison of the total group of problem drinkers as compared with the total group of non-problem drinkers. Comparisons were made regarding the remaining sub-hypotheses--incidence of marital difficulty, source of referral, children's agencies to which each family was known and the number of agencies each family was using. For each of the last four sub-hypotheses, two types of tables were also used--the first depicting the percentages based on the problem drinking and non-problem drinking groups; the second depicting percentages based on the total sample of 408 families.

In the problem drinking group only, an additional analysis was carried out regarding the sex of the problem drinker--husband, wife, or both husband and wife. While there was no sub-hypothesis concerning the sex of the problem drinker, the information had been collected and it was felt that this could be tabulated quite easily to give some additional data which might be useful and enlightening.

A further analysis not called for by the sub-hypotheses was carried out for the problem drinking group. Information had been collected regarding the number of problem drinkers who had asked for

help specifically for their drinking problem; the source of help was tabulated in order to discover which of the services designed specifically for drinking problems were used by the problem drinkers in the study.

A test for statistical significance was then applied to the data. Further details of analysis are included in Chapter IV.

APPLICABILITY OF FINDINGS

In assessing the applicability of findings of this study, it must be remembered that the initial sample was drawn from a limited population--those families known to at least one social agency. Findings cannot, therefore, be expected to apply to the general population.

Furthermore, this study is not an attempt to prove that problem drinking results in the use of agency services. All families in the study were using agency services. Problem drinking was not necessarily the precipitating factor in seeking services (although this may have been true for some of the families). Instead, this study attempted to describe the use of services by problem drinking families to see if it differed from use of services by non-problem drinking families. The study is, therefore, descriptive and comparative in nature.

The agencies in the study are included among the basic services in a typical urban community. Therefore, it might be postulated that the results of the study would be applicable for a

comparable group of agencies in another centre. Other variables could intervene, however. (i.e. demographic factors, ethnic composition, policies of the agencies, etc.)

CHAPTER IV

ANALYSIS OF THE RESULTS

The data from the 408 completed schedules is condensed in this chapter in the form of nominal scale classification tables. Each table shows a comparative analysis of the quantitative use of various services by problem drinking and non-problem drinking families. The first table in each section represents one of the sub-hypotheses. Wherever there was indication of a relationship between two characteristics, they were cross-classified and the result was tabulated.

Our objective was to translate the raw data collected into as complete and meaningful a comparative analysis as possible, of the use of family and children's services by the two groups under study.

In the tables shown, percentages have been extended to one decimal point. To arrive at the 100 percent total, each separate percentage was computed to the third significant figure.

For the purpose of assessing the level of significance of the data presented in this chapter of the study, the "NORMAL DEVIATE TEST" was used.¹ Performance of this test upon any set of data yields a "Z" value which is related to the number of possibilities out of one hundred that the results under test could have occurred through chance

¹Paul S. Hoel, Elementary Statistics. (New York: John Wiley & Sons Inc., 1960).

alone. The critical "Z" value, or that which indicates that there is a possibility of five chances out of a hundred that the results could have occurred through chance, is 1.96; it is termed "critical" because it is considered by statisticians to be the minimum level at which results may be designated "statistically significant". Higher levels of significance are indicated by larger "Z" values. The level at which results may be termed "highly significant" is indicated by a "Z" value of 2.58, which means that there is only one possibility in one hundred that chance is the explanation for the results tested.

CLASSIFICATION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING
FAMILIES ACCORDING TO THEIR REGISTRATIONS AMONG THE
FIVE MAIN FAMILY AGENCIES

The first major step in the analysis consisted in grouping the 408 families according to whether they were problem drinkers or non-problem drinkers. This was done for each agency involved, tabulating the number of families as well as the percentage. Our findings are presented in Tables 1 and 1(A). The only difference between these two tables is the basis on which percentages were computed. It was felt that percentages of problem drinkers and non-problem drinkers both for a) the total sample, and b) each agency sample, were necessary in order to obtain a complete general analysis of the two groups.

TABLE 1

DISTRIBUTION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES AMONG THE FIVE MAIN FAMILY AGENCIES WITH PERCENTAGES BASED ON THE TOTAL SAMPLE OF 408 FAMILIES

Agency	Problem Drinking Families		Non-Problem Drinking Families		Total	
	Number	% of Total Sample	Number	% of Total Sample	Number	% of Total Sample
City Dept.	80	19.6	130	31.8	210	51.4
Prov. Dept.	15	3.7	46	11.3	61	15.0
Family Court	28	6.9	43	10.6	71	17.5
C.A.S.	28	6.9	15	3.7	43	10.6
Family Bureau	10	2.4	13	3.1	23	5.5
Total	161	39.5	247	60.5	408	100.0

Table 1 gives the breakdown of problem drinking and non-problem drinking families from each of the five main family agencies, and the total size of the sample from the respective agencies. In addition, this table gives the percentage of problem drinking and non-problem drinking families from each agency with percentages based upon the total sample. That is, there was a total of 161 problem drinking families (39.5% of the sample) and 247 non-problem drinking families (60.5% of the sample) for a total of 408 families studied (100% of the sample).

Attempts to locate statistics to show the incidence of problem drinking in a general urban area were unsuccessful, but reference to the study done by the Family Bureau in 1954,² wherein they were

²Family Bureau of Greater Winnipeg, "An Inquiry into the Extent to Which Excessive Drinking Enters into Family Problems". (Winnipeg, 1954, Mimeographed).

making an inquiry into the extent to which excessive drinking entered into family problems, showed that in a comparatively lower proportion (27.9%) of the 384 families studied therein (drawn from their own case-load), drinking had been a factor in the family problems.

Since a random sample of families known to the main family agencies was used, a statistical computation of the standard error made it possible to speculate that the percentage of problem drinkers in the total sample population lies between 31.8% and 45.2%. Similarly, the percentage of non-problem drinkers in the total sample lies between 52.8% and 78.2%.

To obtain a more meaningful picture of the two groups, the same general data was tabulated in Table 1 (A), showing for each agency, the number of families of each group in the form of percentages of total of each agency sample.

TABLE 1(A)

DISTRIBUTION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES AMONG THE FIVE MAIN FAMILY AGENCIES WITH PERCENTAGES BASED ON THE SAMPLE FROM EACH INDIVIDUAL AGENCY

Agency	Problem Drinking Families		Non-Problem Drinking Families		Total	
	Number	% of P.D. Per Agency	Number	% of N.P.D. Per Agency	Number	Total
City Dept.	80	38.1	130	61.9	210	100.0
Prov. Dept.	15	24.6	46	75.4	61	100.0
Family Court	28	39.5	43	60.5	71	100.0
C.A.S.	28	65.2	15	34.8	43	100.0
Family Bureau	10	43.5	13	56.5	23	100.0

The results here are easily perceived, and this shift of focus from the total sample population to each separate agency sample permits location proportionately of problem drinkers and non-problem drinkers according to agencies. It is interesting to note that the rank according to proportionate percentage of problem drinkers per agency is as follows:

1. Children's Aid Society65.2%
2. Family Bureau.....43.5%
3. Family Court.....39.5%
4. City Department.....38.1%
5. Provincial Department.....24.6%

CLASSIFICATION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES
ACCORDING TO WHETHER THEY ARE RECEIVING PUBLIC ASSISTANCE OR NOT
RECEIVING PUBLIC ASSISTANCE

As discovered from ranking the five main family agencies according to their proportionate percentages of problem drinkers, the two financial agencies, namely the City Department and the Provincial Department, rank lowest. Examination of the two groups (problem drinkers and non-problem drinkers) separately revealed significant differences in their respective use of financial assistance.

In the group of problem drinkers, more than half of the families were in receipt of financial assistance, but among the non-problem drinkers, nearly three-quarters were in receipt of financial assistance.

TABLE 2

DISTRIBUTION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES IN RECEIPT AND NOT IN RECEIPT OF PUBLIC ASSISTANCE WITH PERCENTAGES BASED ON RESPECTIVE GROUP--PROBLEM DRINKING FAMILIES, OR NON-PROBLEM DRINKING FAMILIES

	Problem Drinking Families		Non-Problem Drinking Families	
	Number	% of P.D.	Number	% of N.P.D.
Receiving Public Assistance	95	59.0	176	71.3
Not receiving Public Assistance	66	41.0	71	28.7
Total	161	100.0	247	100.0

The problem drinkers in the sample used financial agencies less extensively than did non-problem drinkers, and the difference was highly significant³ when the City Department and the Provincial Department were grouped together as in the above table.

As indicated in Table 1 (A), however, 38.1% of the sample from the City Department were problem drinkers as compared with only 24.6% from the Provincial Department; hence, it was felt that it would be useful to test the significance of receipt of public assistance as compared with non-receipt of public assistance separately for each of the financial agencies. This comparison may be seen in Table 2 (A).

³_z value of 2.58.

TABLE 2(A)

DISTRIBUTION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES IN RECEIPT AND NOT IN RECEIPT OF PUBLIC ASSISTANCE AND SHOWING PROPORTIONS OF CITY DEPARTMENT AND PROVINCIAL DEPARTMENT SEPARATELY WITH PERCENTAGES BASED ON RESPECTIVE GROUP--PROBLEM DRINKING FAMILIES AND NON-PROBLEM DRINKING FAMILIES

	Problem Drinking Families		Non-Problem Drinking Families	
	Number	% of P.D.	Number	% of N.P.D.
Receiving assistance from City Department	80	49.7	130	52.7
Receiving assistance from Prov. Department	15	9.3	46	18.6
Not receiving public assistance	66	41.0	71	28.7

It is noted that in both the City and Provincial Departments, problem drinking families show less extensive use of financial assistance than do non-problem drinking families; however, the difference was highly significant⁴ in the case of the Provincial Department and slightly below the level of significance⁵ for the City Department.

⁴_z value of 3.22.

⁵_z value of 1.86. This indicates that there are 6.3 possibilities out of one hundred that the results could have occurred through chance alone. The significant level is considered to be five chances out of one hundred.

TABLE 2(B)

DISTRIBUTION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES IN RECEIPT AND NOT IN RECEIPT OF PUBLIC ASSISTANCE WITH PERCENTAGES BASED ON TOTAL SAMPLE

	Problem Drinking Families %	Non-Problem Drinking Families %	Total
Receiving Public Assistance	23.3	43.1	66.4
Not receiving Public Assistance	16.2	17.4	33.6
Total	39.5	60.5	100.0

Financial assistance was a service used by 66.4% of the total sample population; this group was made up of 23.3% problem drinkers and 43.1% non-problem drinkers. On the other hand, 33.6% of the total sample population were self-maintaining; this group consisted of 16.2% problem drinkers and 17.4% non-problem drinkers.

CLASSIFICATION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES
WITH REGARD TO MARITAL DIFFICULTIES

The presence or absence of marital difficulties was analyzed in order to determine whether there was a relationship between the drinking factor and the quality of the union.

TABLE 3

DISTRIBUTION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES WITH REGARD TO MARITAL DIFFICULTIES WITH PERCENTAGES BASED ON THE RESPECTIVE GROUP--PROBLEM DRINKING FAMILIES OR NON-PROBLEM DRINKING FAMILIES

	Problem Drinking Families		Non-Problem Drinking Families	
	Number	% of P.D.	Number	% of N.P.D.
Marital difficulties	143	88.8	138	55.9
No marital difficulties	16	9.9	107	43.3
Not known or single*	2	1.3	2	0.8
Total	161	100.0	247	100.0

*Unmarried mothers with children fit the definition of family, but for those who did not establish a common-law union that was known to the family agency, it was impossible to assess marital difficulty.

Table 3 shows that a very high percentage (88.8%) of the problem drinking families have marital difficulties, while a relatively lower percentage (55.9%) of the non-problem drinking families have similar difficulties. There were only 16 problem drinking families (9.9% of the total of 161) who were registered as having no marital difficulties, while 107 non-problem drinking families (43.3% of the total of 247) were registered as having no marital difficulties. Statistically the difference was found to be highly significant.⁶

⁶z value of 7.7.



TABLE 3(A)

DISTRIBUTION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES
WITH RESPECT TO MARITAL DIFFICULTIES--PERCENTAGES BASED ON TOTAL
SAMPLE

	Problem Drinking Families %	Non-Problem Drinking Families %	Total
Marital Difficulties	35.1	33.8	68.9
No marital difficulties	3.9	26.2	30.1
Total	39.0*	60.0*	99.0*

*In 0.5% of each group (problem drinkers and non-problem drinkers) it could not be ascertained as to whether or not there had been marital difficulties.

From Table 3(A) it may be seen that, of the total sample population, 68.9% of the families had marital difficulties; this group was made up of 35.1% problem drinkers and 33.8% non-problem drinkers. This means that nearly all the problem drinkers (143 families out of 161) have marital difficulties, while slightly more than half of the non-problem drinkers (138 families out of 247) had similar difficulties.

CLASSIFICATION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES
ACCORDING TO REGISTRATION FOR CHILDREN'S SERVICES

The use or non-use of Children's Services by families known to one or more of the main family agencies was analyzed in order to determine whether there was a relationship between the drinking factor and the use of children's services.

TABLE 4

DISTRIBUTION OF CHILDREN'S SERVICES AMONG PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES WITH PERCENTAGES BASED ON THE RESPECTIVE GROUP--PROBLEM DRINKING FAMILIES OR NON-PROBLEM DRINKING FAMILIES

Agency	Problem Drinking Families		Non-Problem Drinking Families	
	Number	% of P.D.	Number	% of N.P.D.
Child Guidance Clinic	76	47.2	80	32.4
Juvenile Court	37	23.0	39	15.7
None	77	47.8	155	62.8
Total	190*	118.0*	274*	110.9*

*Among the 161 problem drinking families there were 190 registrations, which means that 29 families, or 18.0% of the group had registrations at both of the children's service agencies under study. Similarly, the 247 non-problem drinking families had 274 registrations; that is, 27 families, or 10.9% of the group, had registrations at both agencies.

Table 4 shows that 76 (47.2%) of the families of problem drinkers had registrations at Child Guidance Clinic, while 80 (32.4%) of the families of non-problem drinkers had similar registrations. Juvenile Court had 37 (23.0%) of the families of problem drinkers registered, while it had 39 (15.7%) of the families of non-problem drinkers registered. The number of families not registered for children's services further indicates the difference between problem drinkers and non-problem drinkers in their use of these services. There are 155 (62.8%) non-problem drinking families not registered, as compared with 77 (47.8%) problem drinking families. The difference observed was found to be highly significant.⁷

⁷z value of 3.0.

Further to the findings in Table 4, some interesting factors may be noted by presenting in Table 4(A) the same data in terms of families with single registrations as well as with double registrations. The difference between Tables 4 and 4(A) is that the latter separates those families known to both Child Guidance Clinic and Juvenile Court (double registration) from those known to only one of these agencies (single registration).

TABLE 4(A)

DISTRIBUTION OF CHILDREN'S SERVICES AMONG PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES WITH PERCENTAGES BASED ON THE RESPECTIVE GROUP--PROBLEM DRINKING FAMILIES OR NON-PROBLEM DRINKING FAMILIES

Agency	Problem Drinking Families		Non-Problem Drinking Families	
	Number	% of P.D.	Number	% of N.P.D.
Child Guidance Clinic	47	29.2	53	21.5
Juvenile Court	8	5.0	12	4.8
Both C.G.C. and J.C.	29	18.0	27	10.9
None	77	47.8	155	62.8
Total	161	100.0	247	100.0

Out of the 161 problem drinking families, 84 (52.2%) were registered at Child Guidance Clinic and/or Juvenile Court; out of 247 non-problem drinking families, 92 (37.2%) had similar registrations. It may also be noted that registrations at Child Guidance Clinic only were highest for both problem drinkers and non-problem drinkers, and together they comprised 100, or 24.5% of the 408 families in the total sample. Families with registrations at both Child Guidance and Juvenile

Court were second highest in number for both problem drinkers and non-problem drinkers with 56, or 13.7% of the total sample of 408 families. Registrations at the Juvenile Court only were lowest for both groups with 20 families, or 4.9%.

The following table shows cross-classification of the drinking factor with the use of children's services for the total sample population.

TABLE 4(B)

DISTRIBUTION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES WITH REGARD TO THEIR USE OF CHILDREN'S SERVICES--PERCENTAGES BASED ON THE TOTAL SAMPLE

	Problem Drinking Families %	Non-Problem Drinking Families %	Total
Using children's services	20.6	22.5	43.1
Not using children's services	18.9	38.0	56.9
Total	39.5	60.5	100.0

From the above table it may be seen that children's services were used by 43.1% of the total sample; this group was made up of 20.6% problem drinkers and 22.5% non-problem drinkers. On the other hand, 56.9% of the total sample did not use children's services; this group consisted of 18.9% problem drinkers and 38.0% non-problem drinkers.

CLASSIFICATION OF PROBLEM DRINKING AND NON-PROBLEM DRINKING FAMILIES
ACCORDING TO SOURCE OF REFERRAL

An attempt was made to analyse source of referral of problem drinking families as compared with that of non-problem drinking families. It was found in the course of collecting data, however, that the source of referral could not be ascertained accurately because the applicant for public assistance was considered to be self-referred in many cases regardless of whether or not he went to the public assistance agency on the advice of a representative of another agency. Since this situation was encountered in a large number of cases, it became clear that a meaningful analysis of "Source of Referral" could not be made.

CLASSIFICATION OF FAMILIES ACCORDING TO REGISTRATIONS
AT MAIN FAMILY AGENCIES

Analysis of the use of family services made by problem drinkers and non-problem drinkers, on the basis of registrations at the main family agencies, was somewhat similar to the analysis of the use of children's services.

TABLE 5

NUMBER OF AGENCIES USED BY PROBLEM DRINKING FAMILIES AS COMPARED TO NON-PROBLEM DRINKING FAMILIES WITH PERCENTAGES BASED ON THE RESPECTIVE GROUP PROBLEM DRINKING FAMILIES OR NON-PROBLEM DRINKING FAMILIES

Number of Agencies	Problem Drinking Families		Non-Problem Drinking Families	
	Number	% of P.D.	Number	% of N.P.D.
1	17	10.5	64	25.9
2	41	25.5	96	38.9
3	50	31.0	54	21.9
4	46	28.6	25	10.1
5	7	4.4	8	3.2
Total	161	100.0	247	100.0

Of the 161 problem drinking families, 58 (36.0%) had been known to less than three agencies; of the 247 non-problem drinking families, 160 (64.8%) had been known to less than three agencies. Similarly, 53 (33.0%) of the problem drinking families as compared with 33 (13.3%) of the non-problem drinking families had been known to more than three agencies. Furthermore, 50 (31.0%) of the problem drinking families as compared with 54 (21.9%) of the non-problem drinking families had been known to exactly three agencies. The difference between the use of family services made by problem drinking families and non-problem drinking families was found to be highly significant.⁸ This use of service was based on registrations only. The mean number of main

⁸z value of 6.0.

family agencies to which each problem drinking family was known was found to be 2.91, as compared with 2.26 agencies for the average non-problem drinking family.

Cross classification of the drinking factor and the number of agency registrations is shown in the following table in terms of the total sample population.

TABLE 5(A)

NUMBER OF AGENCIES USED BY PROBLEM DRINKING FAMILIES AS COMPARED TO NON-PROBLEM DRINKING FAMILIES WITH PERCENTAGES BASED ON THE TOTAL SAMPLE

Number of Agencies	% (Problem Drinking)	% (Non-Problem Drinking)	Total
1	4.2	15.7	19.9
2	10.1	23.5	33.6
3	12.3	13.3	25.6
4	11.2	6.1	17.3
5	1.7	1.9	3.6
Total	39.5	60.5	100.0

Table 5 (A) illustrates the relative proportions of families in the total sample in terms of the drinking factor and the number of agency registrations.

ADDITIONAL ANALYSIS

1. In addition to the data presented earlier in this chapter, the total number of family agency registrations was added to the total number of children's service agency registrations for each of the respective

groups (problem drinking and non-problem drinking families) to obtain a total number of registrations by the total sample of 408 families. From this, the mean number of agencies used by each family in the total sample was calculated; this was found to be 3.08 agencies per family. The mean number of agencies used by the problem drinking family was then found to be 3.61 as compared with 2.74 agencies per family by the average non-problem drinking family. This means that the average problem drinking family was registered at 31.7% more of the family and children's service agencies included in this study than was the average non-problem drinking family.

2. The sex of problem drinkers in the 161 problem drinking families was also analyzed, and the results are tabulated below.

TABLE 6
SEX OF PROBLEM DRINKERS IN PROBLEM DRINKING FAMILIES

Problem Drinker	No. of P.D.'s	% of P.D.'s
Husband	140	76.5
Wife	43	23.5
Total	183*	100.0

*In 22 (13.7%) of the problem drinking families both husband and wife were problem drinkers.

It was found that in the 161 problem drinking families there were 183 problem drinkers. This total was made up of 140 husbands and 43 wives; that is, the husbands made up 76.5% of the problem drinkers, while the wives made up 23.5% of the problem drinkers. The

Family Bureau Study⁹ of 1954 showed that 87.7% of the problem drinkers were husbands and 12.3% were wives.

3. The problem drinking families were further examined in terms of whether they had ever requested and/or received help from the community directly for a drinking problem, and, if so, whether the request or receipt was directed toward one of the main family agencies or toward other agencies, organizations or facilities in the community specifically for their drinking problem. The Salvation Army, Alcoholics Anonymous, the Alcoholism Foundation of Manitoba, hospitals, private physicians, and other sources, (The classification "other sources" was usually used to indicate that the family had requested casework services from the family agency to deal with the drinking problem), were those considered in this study as providing such direct help for drinking problems.

Out of the 161 problem drinking families studied, only 35 families (21.7%) had requested or received the above-mentioned services, as compared with 96 families (59.6%) who made no contact with such services. Information was unavailable for the remaining 30 families (18.7%) of the group.

The 35 families that requested help for a drinking problem made 48 such requests, or 1.37 per family. The requests for services were made as follows:

Salvation Army.....	4 requests	(8.3%)
Alcoholics Anonymous.....	17 "	(35.4%)

⁹Family Bureau Study, op. cit.

The Alcoholism Foundation.....	3 requests	(6.3%)
Hospitals.....	9 "	(18.7%)
Private Physicians.....	3 "	(6.3%)
Other Sources.....	12 "	(25.0%)
<hr/>		
Total	48	(100.0%)

The above information seems to show that a relatively small proportion (21.7%) of the problem drinking families requested help in dealing with the drinking problem from the direct service agencies studied.

CHAPTER V

CONCLUSIONS

The focus of this research project was on the use of services of certain social agencies by families where there is a problem drinker as compared to those families where there is no problem drinker.

The following factors were selected for study: proportion of problem drinking families on agency caseloads, proportion of problem drinking families receiving public assistance, incidence of marital difficulty, source of referral, children's services used and number of family agencies used. An analysis of the findings reveals that there are fewer problem drinking families than non-problem drinking families in the sample taken as a whole, and in the sample of each agency taken separately, with the exception of the Children's Aid Society; that in comparison to non-problem drinking families, problem drinking families use less public assistance, have more marital difficulty, and use more children's services and a greater number of family agencies. In addition, with respect to problem drinking families, sex of the problem drinker and help requested or received for the drinking problem were considered.

The hypothesis tested was: "A study of the services to families known to one or more of the main family agencies in the City of Winnipeg will tend to reveal a significant difference between services to families where one or both parents is a problem drinker and services to those families where there is no problem drinker". This hypothesis was substantiated by findings which will be discussed in relation to the sub-hypotheses.

SUB-HYPOTHESIS 1: In the caseloads of the five main family agencies, there are more families where one or both parents is a problem drinker than families where there is no problem drinker.

This sub-hypothesis was not substantiated for the total sample, as only 39.5% were problem drinking families and 60.5% were non-problem drinking families. However, this does contribute to substantiation of the main hypothesis.

Since there was a problem drinker in almost two-fifths of the families studied, this suggests that drinking is a major problem among families who use the services of family agencies. It must also be noted that the proportion of problem drinking families varies among the agencies studied. Children's Aid Society was the only agency in the sample where results substantiated this sub-hypothesis. The Children's Aid Society had the highest proportion of problem drinkers in its caseload (65.2%), while the Provincial Department had the lowest (24.6%). An explanation for this variation might be that the functions of the agencies differ; however, this appears to be an area for further study.

SUB-HYPOTHESIS 2: In the caseloads of the two public assistance agencies, City Department and Provincial Department, there are more families where one or both parents is a problem drinker than families where there is no problem drinker.

This sub-hypothesis was not substantiated. In fact, non-problem drinking families used public assistance far more extensively than problem drinking families, with the difference being highly significant.

When each agency is examined separately, the difference is more significant for the Provincial Department than for the City Department. This suggests that differences may be related to the clientele served. It appears that the Provincial Department may serve families who are often basically stable, but where, because of the death or total incapacity of the breadwinner, maintenance is necessary.

SUB-HYPOTHESIS 3: In the caseloads of the five main family agencies, there are more families with marital difficulty where there is a problem drinker than in families where there is no problem drinker.

This sub-hypothesis was substantiated as 88.8% of the problem drinking families had marital difficulties, as compared with 55.9% of the non-problem drinker families. Thus, there is a close relationship between drinking and marital difficulties. This is consistent with the literature and with the Family Bureau and St. Paul studies.

SUB-HYPOTHESIS 4: A study of the source of referral of families to the five main family agencies will tend to reveal no significant difference between families where one or both parents is a problem drinker and families where there is no problem drinker.

Since the data collected for this sub-hypothesis appeared to be unreliable, a meaningful analysis of the source of referral was not possible. Therefore, this sub-hypothesis could not be tested.

SUB-HYPOTHESIS 5: Direct services--that is, where a child of a family is registered in his (her) own name--are received from the Child Guidance Clinic and/or Juvenile Court by more families where there is a problem drinker than by families where there is no problem drinker.

As 52.2% of problem drinking families are registered at Child Guidance Clinic and/or Juvenile Court compared to 31.2% of non-problem drinking families, this sub-hypothesis was substantiated. Statistically, the findings were highly significant. Since registration at Child Guidance Clinic and Juvenile Court reflects problems of children, the findings of this study are consistent with literature which shows that there is a relationship between problem drinking and problems of children.

SUB-HYPOTHESIS 6: Families where there is a problem drinker use the services of a greater number of family agencies than do families where there is no problem drinker.

On the basis of registrations, findings show that problem drinking families use an average of 2.91 agencies per family while non-problem drinking families use only 2.26 agencies per family, and substantiate the sub-hypothesis. These findings are consistent with the study by the Alcoholic Information Center in Pittsburgh which revealed that an average of three agencies were used by problem drinking families.

It should be noted that findings of this sub-hypothesis may have been limited by the fact that the Confidential Exchange did not always differentiate between Mother's Allowance and other Department of Welfare registrations; and secondly, it could not be ascertained whether certain families had registered at Family Bureau after Confidential Exchange closed in December, 1960.

ADDITIONAL FINDINGS

1. Total number of family and children's services used:

When the registrations at the family agencies were combined with registrations at the children's agencies, the mean number of agencies used by the problem drinking family was increased from 2.91 to 3.61 agencies. Similarly, the registrations for the non-problem drinking family increased from 2.26 to 2.74 agencies per family. These findings show that the problem drinking family uses 31.7% more of the family and children's service agencies than the non-problem drinking family.

2. Sex of problem drinkers in problem drinking families:

The findings showed that 76.5% of the problem drinkers were men while 23.5% of the problem drinkers were women. This is consistent with the literature and with the research which reveals that there are many more men than women who are problem drinkers. However, our analysis of the findings of the present study indicates that the percentage of problem drinkers who were women was twice as much as the percentage of problem drinkers who were women in the Family Bureau study, but less than the percentage in the St. Paul study. Further study would be necessary to explore possible reasons.

3. Help requested and/or received for the drinking problem:

A relatively small proportion of the problem drinking families (21.7%) requested help for the drinking problem. One of the reasons for this may be, as the literature suggests, that the problem drinking families attempt to deny their drinking problem. The Alcoholics Anonymous was the service from which help was most frequently requested

and/or received. It was unfortunate that other sources were not differentiated as this category ranks second highest as the resource from which help was requested and/or received. It is noted that the Alcoholism Foundation, which was set up by the community to provide services to individuals and families with a drinking problem, is ranked with private physicians as the source from which help is least frequently requested.

The sample studied was representative of families receiving services from the five main family agencies. Statistical tests indicated the reliability of the findings. Therefore, the conclusion reached was that there is a significant difference between services to families where one or both parents is a problem drinker and services to families where there is no problem drinker. Within the limitations described in Chapter III, the findings appear to be reliable for families who are receiving services from one or more of the five main family agencies in Winnipeg. These findings cannot be applied with reliability to families receiving services from family agencies in other cities. However, it could be hypothesized that the findings would tend to be consistent if the study were undertaken in an urban centre of comparable size in one of the prairie provinces. It is to be expected that there would be a variation in findings of studies undertaken in Ontario, for example, where the rate of problem drinking is much higher than in the prairie provinces.¹

¹Alcoholism Research Foundation, "Reference Notes on Alcohol Problems", 1960, p. 14.

Since there is a considerable number of problem drinking families receiving services from the family agencies, this has implications for further study and research. To what extent do existing services meet the needs of problem drinking families?

If the present study were to be repeated, consideration should be given to the breakdown of the Mother's Allowance caseload of the Provincial Department into categories of deserted, widowed, and incapacitated families in order to determine the relationship of problem drinking to each of the categories. Secondly, before obtaining data pertaining to marital difficulty, consideration should be given to identifying the unmarried mother living alone.

Whereas the present study defined the use of services by agency registration, it would appear that further study of the extent to which services are used would be of value. Such factors as number of interviews, length of time of agency contact, amount of public assistance received, cost of community services extended to the families under study, are suggested. The extent to which treatment resources specifically for problem drinkers are used by social agencies is another area suggested for study.

It is hoped that the findings and conclusions of this study will be of benefit to all those concerned with the provision and distribution of social welfare services.

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APPENDIX

GROUP 1

A STUDY OF THE INCIDENCE OF PROBLEM
DRINKING IN FAMILIES KNOWN TO THE FIVE MAIN
FAMILY AGENCIES IN THE CITY OF WINNIPEG

A GUIDE TO COMPLETION OF THE SCHEDULE

I. Definitions for the purposes of this study:

1. Parents: Husband and father: The adult male of the family who was regarded as the "father-figure" in September 1962 shall be regarded as husband and father regardless of whether he is legally married to the adult female and regardless of whether he is the legal or natural father of the children of the family and regardless of whether he was living in the home in September 1962. He shall be considered to be the only husband and father of the family.

Wife and mother: The adult female of the family who was regarded as the "mother-figure" in September 1962 shall also be regarded as wife and mother regardless of whether she is legally married to the adult male and regardless of whether she is the legal or natural mother of the children of the family and regardless of whether she was living in the home in September 1962. She shall be considered to be the only wife and mother of the family.

2. Children: The natural or legally adopted children of one or of both the husband and wife (as defined), who were less than 18 years of age on September 30, 1962, regardless of whether they were present in the home in September 1962.
3. Home: The residence of the husband, wife and children; or in cases where parents are not living together it shall be the residence of the parent who is caring for the greater number of children; or if each parent is caring for an equal number of children, home shall be the residence of the mother.
4. Marital difficulty: Friction between husband and wife that has been brought to the attention of the agency.
5. Problem drinker: The problem drinker indulges to such a degree as to cause concern to his family, friends, or employers and/or the extent of his drinking makes serious inroads upon his budget. By "cause concern" is meant a situation about which a complaint or report has been made.
By "serious inroads" we mean where there is deprivation of basic necessities as defined below.
"Basic necessities", as defined in Public Assistance Program, means food, clothing, shelter and other essentials for maintenance of health and decency.

REVISED SCHEDULE

Staff initials _____
 Group Member
 initials _____
 Agency initials _____
 Code # _____

GROUP 1

SCHEDULE

A STUDY OF THE INCIDENCE OF PROBLEM DRINKING IN FAMILIES

1. Name by which family is known _____
 Other names by which family has been known _____

2. Christian names husband _____
 wife _____

3. Living arrangement of parents in September 1962:
 (a) living together _____ ()
 (b) one parent absent but maintaining contact _____ ()
 (c) one parent absent not maintaining contact _____ ()
 (d) not known _____ ()

4. Address	Husband	Wife
Previous _____	_____	_____
Present _____	_____	_____

5. Children

(a) living in the home in September 1962

	<u>Christian name</u>	<u>Sex</u>	<u>Birthdate</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

(b) living outside the home in September 1962

	<u>Christian name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Address</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

6. Indicate the first source of referral of the family

Husband _____
 Wife _____
 Children or other relatives _____
 Neighbour or friend _____
 Clergyman _____
 Employer _____
 Police, Lawyer or Court _____
 Health agency, hospital, or physician _____
 Other social agency _____
 School _____
 Other source (specify) _____

7. Has your agency ever received any report of marital difficulties?

Yes _____ No _____

IN YOUR OPINION have there been marital difficulties in this family?

Yes _____ No _____

II.

1. a. Has there ever been a report or complaint stating that drinking was making the home-life unhappy? Yes _____ No _____
- b. Has there ever been a report or complaint of physical abuse of any other person in the family by the problem drinker? Yes _____ No _____
- c. Has there ever been a report or complaint that the family has suffered deprivation of basic necessities because of drinking? Yes _____ No _____
- d. Has there ever been a loss or warning by the employer of possible loss of employment because of drinking? Yes _____ No _____
- e. Has there ever been a report of frequent or periodic drinking episodes? Yes _____ No _____
- f. Has there ever been a report of disorderly conduct related to drinking? Yes _____ No _____
- g. Has one parent or both ever been treated in a hospital, other institution, or by a physician or counsellor for drinking?
 Yes _____ No _____ Not known _____

2. CONSIDERING THE ABOVE QUESTIONS

Has your agency ever received any report or complaint about problem drinking existing in this family? Yes _____ No _____

3. a. IN YOUR OPINION IS there a problem drinker in this family?
Yes _____ No _____
- b. IN YOUR OPINION WAS THERE EVER a problem drinker in this family?
Yes _____ No _____
- c. If you answered "yes" to either a. or b. who is and/or was the problem drinker?
Husband _____ Wife _____ Both _____
4. Has the family ever requested and/or received help for the drinking problem?
Yes _____ No _____ Not known _____

From whom?

Salvation Army - Harbour Lights _____ ()
 Alcoholics Anonymous _____ ()
 Alcoholism Foundation _____ ()
 Hospital _____ ()
 Private physician _____ ()
 Other (specify) _____ ()