

THE UNIVERSITY OF MANITOBA

A STUDY OF THE USE OF SOCIAL WELFARE  
SERVICES BY A GROUP OF MULTI-PROBLEM FAMILIES  
IN WINNIPEG

BEING THE REPORT OF A GROUP RESEARCH  
PROJECT SUBMITTED IN PARTIAL FULFILLMENT  
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## ABSTRACT

The aim of this study is to examine the sequence and quantity of social welfare services used and the social problems indicated by the use of those services by a group of multi-problem families in Winnipeg.

A sample group of forty families was chosen whose registrations with certain main agencies indicated they were simultaneously receiving services in the areas of dependency, ill health and maladjustment during the month of September, 1962. Information pertaining to the use of social welfare services by these families was obtained from the Winnipeg Confidential Exchange cards and recorded on a schedule.

The conclusions derived from the analyzed data indicate that multi-problem families use a large number of welfare services. There seemed to be a discernible pattern in the use of these services. The prevalent pattern was that of dependency, health and maladjustment. More than one-half of the families were registered with at least one agency before the end of the second year of marriage. Furthermore, the use of these services seems to indicate the prevalence of such social problems as breakdown in the parent-child and marital relationships.

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## CHAPTER I

### INTRODUCTION

The general topic presented to all research groups in September, 1962, was as follows: "What is the distribution of social welfare services among families known to the main family agencies in Winnipeg and what are the social problems evident in those families with the greatest concentration of services?" This topic presented a wide variety of problems to be studied. The one chosen by this research group concerned itself with the sequence of services, the extent of services used, and some of the social problems in the selected group of families.

The research group reached this decision after considerable reading of the previous research done in the area of multi-serviced families, discussion among members of the group, and consultation with some of the faculty of the School of Social Work.

The group discussion revealed the fact that there has been an interest and concern expressed in the social work community about the use of services and the types of problems of families requesting a multiplicity of services. Segments of the general community have questioned the effectiveness of the present organization of social welfare services in dealing with these families. This has been evidenced in numerous newspaper articles and editorials.

"In Winnipeg there is no coordinated policy. This leads to overlap, inefficiency and neglect. Much of Winnipeg's efforts are wasted in the outmoded theory of handouts complicated by absence of liaison among our rehabilitation agencies."<sup>1</sup>

In the reading done by the members of the research group, the greatest interest was engendered by the published findings of the Community Research Associates,<sup>2</sup> which indicated the presence of so-called multi-problem families and their importance in the field of social welfare services. It was found that these were beset by numerous social problems and used a large percentage of the community's social welfare services. This use of service was vastly disproportionate to the percentage of the group of multi-problem families in the community. Bradley Buell's study revealed that in St. Paul, 6% of the families using welfare services were using 50% of the community's welfare resources.

The first consideration of the research group was whether it could undertake a study in Winnipeg similar to that of Bradley Buell

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<sup>1</sup>The Winnipeg Tribune, February 17, 1962, p. 3.

<sup>2</sup>Bradley Buell, Community Planning for Human Services. (New York: Columbia University Press, 1952).

and the Community Research Associates in St. Paul. After extensive exploration and discussion it became evident that a project of that magnitude was beyond the scope of this research group. It was therefore agreed to adopt Bradley Buell's conclusion that multi-problem families exist in every community. It was decided to limit the research project to a study of a sample group of families in Winnipeg which indicate problems simultaneously in the categories defined by Bradley Buell of dependency, maladjustment and ill-health. This study was to determine the sequence of social welfare services used by the group of families and the social problems indicated by their use of agencies. The following question was then posed: Do the multi-problem families in Winnipeg show discernible patterns in their use of social welfare services and in the social problems which are indicated by this use?

The focus of the study is on the pattern of the distribution, the use of services and certain presenting problems among multi-problem families in Winnipeg.

Certain limitations were imposed on this study. The group of families to be studied had to be chosen from the active caseloads of the following four agencies for the month of September, 1962: Children's Aid Society of Winnipeg, Juvenile and Family Court, City of Winnipeg Public Welfare Department, and Province of Manitoba Department of Welfare. In order to have a more representative sample it would have been preferable to use lists of all families using social welfare



services in Winnipeg at that time. However, such lists were not available nor sufficient time or personnel.

The only sources of information as to the use of social welfare services by the sample group of families were the cards on file at the Winnipeg Confidential Exchange and the face sheets of the case files at the City of Winnipeg Public Welfare Department. The Confidential Exchange was a central registration bureau which recorded the use of member agencies by families in the community. A registration was made with the Exchange each time a case was opened or re-opened with a member agency. It should be noted that this Exchange was opened in 1908 and ceased operation December 31, 1960. No information was obtainable about the families' use of service after this closing date.

The information obtained from the Confidential Exchange provided an overall picture of the use of services by families to be studied and the presence of various social problems. The registration with a specific agency was considered indicative of a particular social problem. This equation of an agency registration with a certain social problem was based on the research group's knowledge of the service offered by each agency. More detailed and specific information concerning intensity and length of service, severity and exact nature of problem might have been obtained if material from agency records had been available. It would also have been helpful if it had been possible to obtain information through interviewing clients and/or social workers. It was hoped that the study and analysis of the

information which would be obtained would reveal certain patterns in sequence, quantity of services used and social problems indicated by the use of these services. Out of this was derived the main hypothesis which states that:

Most multi-problem families in this study will use social welfare services in a particular order, and will use a large number of services, the categories of which will indicate the presence of certain social problems.

A consideration of the main hypothesis led to a formulation of six sub-hypotheses. The first four of these are concerned with the sequence of services. The fifth is concerned with the quantity of services used by the families studied, and the sixth with presenting social problems.

In regard to the order of services, consideration was given to which agency the families would first apply for help. This consideration was based partly on the study of the St. Paul Family Centered Project,<sup>1</sup> the New York City Youth Board,<sup>2</sup> and personal experience. It is generally agreed in both reports that these families have difficulty in applying for any kind of help, but that they will recognize most readily their material needs. Hence, the first sub-hypothesis states:

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<sup>1</sup>A. Overton, K.H. Tinker & Associates, Casework Notebook (St. Paul, Minnesota: Greater St. Paul Community Chest and Councils Inc., 1959).

<sup>2</sup>H.W. Hallinan, "Co-ordinating Agency Efforts on Behalf of the Hard-to-reach Families", Social Casework, IV:1.

The first registration of these families will be with an agency giving service in the dependency category.

The research group, in attempting to determine in which category of service the second registration of these families will be, considered that:

1. They would not fully recognize the degree and pervasiveness of their problem after the first contact and would withdraw prematurely.
2. They might not have received sufficient help on first contact and would therefore have to return.

Because of these factors the second sub-hypothesis states:

The first two registrations of these families will be with agencies giving service in the same category.

The research group, in further attempting to hypothesize the order of categories of services used, considered on the basis of personal experience and the findings of such authorities as Bradley Buell that:

1. Multi-problem families are almost certain to have major problems in health which may predate the first contact with a community agency which was thought would be a financial assistance agency.
2. Problems in the health area, like those in the financial area, can cause sufficient discomfort to motivate the clients to seek assistance in the alleviation of the presenting condition by application to a health agency.

3. These problems will be among the first investigated by the initial agency contacted.
4. The initial request for service in the health or maladjustment categories indicates a diminished ability to continue to provide the basic material necessities and these families would, therefore, apply for a service in the dependency category.

From this rationale emerges the third sub-hypothesis which states:

The most prevalent pattern of services used by categories will be in the order of dependency, health and maladjustment. Where health or maladjustment is the first category used, dependency will be the second.

It was expected that the heads of these families would likely be socially inadequate and, therefore, would be unable to cope with the increased responsibilities imposed upon them by marriage and parenthood. A report on one hundred families served by the Family Centered Project in St. Paul states: ". . . the man's acting out, which implies largely a failure to function adequately as a provider for the family, did serve to intensify marital conflict".<sup>1</sup> There would likely be a significant relationship between the date of marriage and the family's first registration with a social service

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<sup>1</sup>L.L. Geismar and B. Ayres, Families in Trouble; an Analysis of Basic Social Characteristics of One Hundred Families of St. Paul. (St. Paul, Minnesota: Greater St. Paul Community Chest and Councils, Inc., January, 1958) p. 95.

agency. One of the findings of a study conducted in St. Paul by Beverly Ayres stated that: "The average family was first known to a social agency . . . one year after marriage."<sup>1</sup> It was, therefore, hypothesized that:

Most of these families will have been registered at a social service agency within one year of the date of legal marriage.

With regard to the extent of services, most multi-problem families can be expected to use a multiplicity of social welfare services. Studies made in St. Paul indicated that the Family Centered Project families were registered with an average of nine different agencies and had an average of thirteen total registrations. From this emerges the fifth sub-hypothesis which states that:

On the average, these families will have been known to nine different agencies and will have a total of thirteen registrations with the Winnipeg Confidential Exchange.

Request for service in the health and dependency categories are more clearly indicative of certain types of breakdown, for example, health and financial. However, services rendered in the category of maladjustment may be indicative of a number of different types of breakdown. Therefore, a more specific analysis in this category seemed important. The primary relationships within a family are

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<sup>1</sup>Beverly Ayres, Analysis of Central Registration Bureau Data on One Hundred Family Centered Project Families. (St. Paul, Minnesota: Family Centered Project, 1957), p. 27.

husband-wife and parent-child. Consequently, the study of social problems existing in these families was limited to these two areas.

The final sub-hypothesis states that:

Among the social problems indicated by the registrations of these families, there will be problems in the marital and in the parent-child relationships.

The three categories of services referred to previously in the hypothesis are dependency, ill-health and maladjustment. Throughout this study these terms are also used to designate categories of problems. Dependency means the problem facing families who would be without the sheer necessities of life (considered to be food, clothing and shelter) unless the community made some provision for them. For the purposes of this study a family will be considered dependent if it requires public financial assistance. Ill-health means sufficient discomfort to warrant registration with a health agency. Therefore, for the purposes of this study a family will be considered suffering from ill-health if it is registered with a health agency. Maladjustment describes a composite of behaviour disorders and socially unacceptable conduct. For the purpose of this study, a family will be considered maladjusted if it is known to agencies other than those indicating dependency and ill-health.

Families are defined as consisting of legally married parents (at least one of whom is present in the home) and one or more children. Multi-problem families are defined in this study as those families which, during the month of September, 1962, had problems in all three

areas of dependency, maladjustment and ill-health. The presence of these problems was indicated by the fact that these families were registered concurrently with three agencies each of which renders service primarily in one of these areas.

The group of multi-problem families to be studied was selected from those whose names appeared on two caseload lists which clearly demonstrated problems in the two categories of dependency and maladjustment. The names of these families were then compared with the caseloads for September, 1962 of the three main hospitals in Winnipeg-- St. Boniface General Hospital, Winnipeg General Hospital and Children's Hospital of Winnipeg. Registrations with one of these hospitals indicated the presence of a health problem. Hence, the group of families to be studied had problems in all three categories.

It is hoped that this study of the selected group will show the pattern of the use of social welfare services and the prevalence of certain social problems. Hopefully, the knowledge gained will be useful in furthering the understanding of multi-problem families in Winnipeg.

The main source of the background material has been the work of Bradley Buell and the Community Research Associates and the literature that emerged from the St. Paul Family Centered Project. Some of their findings have influenced the thinking in this study, while other findings correspond directly with it. This literature will be further explored in Chapter II.

In Chapter III of this report the method of obtaining the group of families to be studied and of collecting the data from the Confidential Exchange will be described in detail.

In Chapter IV the collected data will be analyzed in order to obtain a picture of sequence, extent of use of services and social problems of the families under study.

The conclusions derived from this study and an evaluation of it will be presented in Chapter V.



## CHAPTER II

### BACKGROUND

This study is concerned with some social problems present in a group of families and the use of services by these families. There has been an increasing awareness of professional responsibility with regard to multi-problem families and their use of social welfare services. Until recently, "possibly because of the magnitude of the challenge of the multi-problem family, we were--for a long time--content with a 'muddling through' approach. Hopefully this time is now past."<sup>1</sup>

Much of the interest in studying the use of services by multi-problem families was stimulated by the work of Bradley Buell and the Community Research Associates Study.<sup>2</sup> Their major finding was that multi-problem families exist in every community and consume a disproportionate amount of the welfare services. Three basic weaknesses were noted in the traditional methods of coping with these families. These are:

1. Diagnosis at different times by practitioners with different degrees of diagnostic competence.

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<sup>1</sup>Bert Marcuse, "The Multi-Problem Family--Its Challenge", The Social Worker, XXVIII:1 (January, 1960), p. 49.

<sup>2</sup>Bradley Buell, Community Planning for Human Services. (New York: Columbia University Press, 1952).

2. Only at a few points does a thorough diagnosis of the total family situation illuminate the behaviour of its members.
3. Treatment tends to be varied and sporadic and limited to immediate behaviour problems.

This study further revealed the need for co-ordinating and integrating community services as described in Chapter I.

From Bradley Buell's delineation of categories of social problems, three experimental projects, each based on a specific social problem, have emerged. Dependency is being studied intensively in Winona, Minnesota; ill-health is being studied in Washington County, Maryland; and maladjustment in San Mateo, California.<sup>1</sup>

Many sources in the reading material have pointed out certain social problems and characteristics in these families. Prominent among these are high incidence of divorce, absence of father, illegitimacy, child neglect, large families, disordered adult behaviour, and psychiatric and correctional institutionalizations.

One study was conducted in Vancouver on the co-ordination of services in that area.<sup>2</sup>

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<sup>1</sup>Bradley Buell, "Preventing and Controlling Disordered Behaviour", Mental Health, XXXIX:3 (July, 1955), pp. 365-375.

<sup>2</sup>Community Chest Councils of the Greater Vancouver Area, The Results of a Two Year Study by the Co-ordination of Services Committee of the Family and Child Welfare Division; a Report and Recommendations on Co-ordination of Services in the Vancouver Area. (Vancouver: Social Planning Section, Community Chest and Councils of the Greater Vancouver Area, 1959).

It indicates that the average number of children in those families using a multiplicity of services is higher than in the general population of British Columbia. It also shows that fathers are absent in 39% of these families as opposed to 8% of all the families in British Columbia.

We have, furthermore, become aware of the fact that the multi-problem family in comparison with the non-multi-problem family, not only has more children and is headed by mothers who married younger and by fathers who are conspicuous by their frequent or permanent absence, but also has more youngsters in the home who are off-springs from unions other than that of the parents heading the family.<sup>1</sup>

Although characteristics will not be studied in this particular project, they are frequently associated with social problems. In view of this, they have been briefly mentioned above.

Out of the concern about the number of services used by multi-problem families in attempting to cope with the problems besetting them and the indicated need for co-ordination of services, the Family Centered Project of St. Paul was developed.<sup>2</sup> This project began late

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<sup>1</sup>L.L. Geismar, "The Multi-Problem Family--Significance of Research Finding", Social Welfare Forum, 1960.

<sup>2</sup>L.L. Geismar and B. Ayres, Families in Trouble; an Analysis of Basic Social Characteristics of One Hundred Families Served by the Family Centered Project of St. Paul. (St. Paul, Minnesota: Greater St. Paul Community Chest and Councils, Inc., January, 1958).

in 1952, and one-half of the families came from the cases in the 1948 study of Bradley Buell and the Community Research Associates that were still active; the other half were selected from the Ramsay County Welfare Department in St. Paul. These families were further screened to meet the following conditions:

1. They must have at least one child under eighteen years in clear and present danger, either through delinquency or neglect.
2. The family had to have a problem in either the health or economic area.

In general, the findings were mostly concerned with treatment methods. Since these are not relevant to our study, they will not be discussed here. However, some of the more relevant findings will be briefly mentioned. It was found that nearly all (97%) of these families experienced a problem in family relationships and unity.<sup>1</sup>

The concern of the present group regarding family registrations with social agencies in relation to their problems, arose from some of the findings of this project. It was found in this study that the length of time a family had been registered with social agencies as well as the number of different agencies with which they were registered, were related to the amount of individual problem behaviour found in the family.

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<sup>1</sup>Ibid., p. 23.

One of the findings<sup>1</sup> of the Family Centered Project influencing our thinking in formulating one sub-hypothesis was that parents of multi-problem families would most readily apply for help from agencies (especially public assistance) soon after marriage. Thus, a short time span between the marriage and the family's first registration proved to be related to the overall problematic family functioning, to marital conflict and to the problem in the use of community services.

The studies, thus far described have dealt primarily with treatment and characteristics and to a lesser extent social problems and use of services by multi-problem families. The interest of our project is within these two latter areas of social problems and the use of services. This interest was stimulated chiefly by the St. Paul Family Centered Project. Some of the studies based on the St. Paul Project are more directly related to ours.

One of these studies of 150 of the closed cases in the Family Centered Project<sup>2</sup> revealed that 43% had one or both parents with a history of one or more divorces at the time that they were screened into the project. There had been out-of-wedlock children in 45.3% of the project families. In the health area, chronic physical diseases

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<sup>1</sup>Ibid., p. 97.

<sup>2</sup>Beulah Compton, "The Family Centered Project", Paper read before the Annual Meeting of the Children's Aid Society of Winnipeg, Winnipeg, Manitoba, April 25, 1962.

or handicaps characterized about 28% of the fathers and 26% of the mothers. In nearly one-third of the families, one or more children were afflicted by chronic disease or handicap. The mean number of different agencies with which the families had been registered from the date of marriage to the opening of the Family Centered Project was 8.8. In view of this, an attempt was made to obtain this similar information in our project. In relation to another sub-hypothesis--that families will have been registered at a social service agency within one year after marriage, as mentioned previously--nearly one-half of the families in this St. Paul study applied or were referred to a social agency for help within one year after marriage.

The New York City Youth Board substantiates this report. There was a similarity between the two groups in family structure and housing as well as in various areas of social functioning. There were 51% of Youth Board Families and 42% of Family Centered Project Families completely dependent on public funds. There was also a similarity in the pattern of agency contacts. On the average, New York families had been known to eight different agencies and St. Paul families to nine.<sup>1</sup>

One study which has been particularly pertinent to our study of the sequence and extent of services used and certain social problems

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<sup>1</sup>Geismar and Ayres, op. cit., pp. 88-90.

common to multi-problem families is the Analysis of Central Registration Bureau Data on 100 Family Centered Project Families in St. Paul.<sup>1</sup>

A Social Data Card was developed from the information of the Central Registration Bureau. It aimed at determining the basic social characteristics and providing for identifying information, family structure, nature of housing, economic functioning, health problems, social maladjustment, social breakdown and history of agency registrations. The analysis was made on one hundred cases representative of the entire caseload of the Family Centered Project.

This report contains an analysis of the history of agency registrations, and is concerned only with the incidence and type of agency registration.

Fifty-seven per cent of these families were first known to an agency in the dependency area; 25% were first registered for adjustment services; 18% were first registered for health services. In analysing their pattern of registrations with all eight agencies, it is shown that a large proportion of these families were seen by public assistance agencies and by health agencies.<sup>2</sup>

The range of the total number of agency registrations was 3-34 with the average number of total registrations per family being 13.2.<sup>3</sup>

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<sup>1</sup>Beverly Ayres, Analysis of Central Registration Bureau Data on 100 Family Centered Project Families. (St. Paul, Minnesota: Family Centered Project, 1957).

<sup>2</sup>Ibid., p. 12.

<sup>3</sup>Ibid., p. 7.

However, not all registrations were obtainable and therefore the analysis of different agencies seemed to be more meaningful. The total number of different agency registrations ranged from 2 - 19 with the average number of different agencies registered being 9.1.<sup>1</sup>

Of 100 families, only 3 had not been known to dependency agencies; 69 families were not known to public health agencies; 17 were not known to private health agencies.<sup>2</sup>

Their analysis showed that of the 100 families, 24% were active with an agency before marriage or made their first contact within a month; 51% within one year; 78% within six years; and 88% within eight years. It should be noted that not all these families have lived in the state of Minnesota since the time of marriage.<sup>3</sup>

"The average family was registered with public assistance within two years after marriage, with a private health agency within five years, and with other major agencies, (family services, services to children, probation officer) within about ten years. At the time the family was screened into the project, it was active with two agencies other than the one accepting the family for family centered treatment. These other two agencies were most likely to be public assistance and

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<sup>1</sup>Ibid., p. 8.

<sup>2</sup>Ibid., p. 8.

<sup>3</sup>Ibid., p. 5.



the probation officer. In nearly one-half of the families, one or both parents had registrations before they married, notably with correctional agencies for the man, and public child welfare services for the woman."<sup>1</sup>

As has been indicated, this study is concerned with certain patterns and sequences of services discernible in the multi-problem families. In the studies just described, some of the aspects which apply to this group's study are: sequence of services used, total number of agency registrations, number of different agencies used, time span between marriage and agency registrations, and certain social problems. The findings of the various St. Paul studies have provided significant data relevant to our study.

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<sup>1</sup>Ibid., p. 27.

## CHAPTER III

### METHOD

The sample group of families studied in this research project was drawn from the lists of the total active cases (excluding those of childless couples and single people) for the month of September, 1962, provided by the following four agencies: Children's Aid Society of Winnipeg, the Province of Manitoba Department of Welfare, City of Winnipeg Public Welfare Department, and the Juvenile and Family Court.

The research group decided to focus the project on those families in the sample which were multi-problem, and to obtain all the required information pertaining to these families from the cards on file at the Winnipeg Confidential Exchange. A multi-problem family was originally defined as one whose registration on the Confidential Exchange cards indicated problems in at least two of the categories of dependency, maladjustment, and ill-health. In order to determine the group of families from the sample which qualified under this definition, a list of all the different agencies participating in the Confidential Exchange was obtained. On the basis of a knowledge of the general kinds of problems dealt with by these agencies, by unanimous decision of the group, the agencies were divided into Bradley Buell's categories defined in Chapter I, as dependency, maladjustment and ill-health (Appendix A). This original definition of a multi-problem family proved inadequate, and later had to be modified. This

necessitated a change in the method of obtaining the sample. The reason for these changes and the revisions made, will be explained in a discussion of the pilot project.

A schedule was constructed for the purpose of recording the information on the group of families under study available from the Confidential Exchange cards. Those agencies using the Confidential Exchange were categorized alphabetically on the schedule under dependency, maladjustment and ill-health. The different names for the same agencies were grouped together. Agencies whose main function did not fall into any one of these categories were grouped under "other". On the schedule, provision was made for the family's name and address, all the registrations made with Confidential Exchange, and the dates when the first four agencies were contacted. This schedule was originally supplemented by the use of a questionnaire to ascertain the marital status of the family. The questionnaire was submitted to the current caseworker. Later, the schedule was altered and the questionnaire deleted. The reasons for this will be explained later in this chapter.

A pilot project was undertaken to determine the kind of data available at the Confidential Exchange, and the various problems which would likely be encountered in the collection and analysis of the data on the multi-problem families. Names of one hundred families were drawn on a proportionate basis from the lists of active cases provided by the four previously mentioned agencies. In the time available

sixty-one of these names were checked at the Confidential Exchange. Information concerning these families was tabulated on the schedules. It was found that nine of the families had only one registration, that being with the City Public Welfare Department which had continued to use the Confidential Exchange after the latter's official closing on December 31, 1960.

In analysing the services used by the remaining fifty-two families, it was discovered that forty-two of them indicated problems in dependency, maladjustment and ill-health, and the remaining ten had problems in at least two of the categories. Thus, according to the original definition, the entire sample were multi-problem families. This implied that all families who were registered with a social welfare agency would become multi-problem families. Consideration of the probable reasons for this indicated that the study had not been limited to a specific period of time. It did not seem illogical that families might have problems in all three categories during an extended period of time. In the light of this discovery, a multi-problem family was redefined as a family having problems in all three categories at the same time, namely, during the month of September, 1962. This new definition made it necessary to find a method of obtaining the group of multi-problem families to be studied before going to Confidential Exchange. The method used will be described later, when the actual study is reviewed.

The pilot project also revealed that there was sufficient data available to conduct the study. It was found too that the dates of legal marriage were available from the face sheets of the families' files made available to the research group by the Winnipeg Public Welfare Department. Therefore the questionnaire was not required. The schedule was revised to include the marriage date and dates of all agency contacts.

The objectives of the pilot project reached, the research group proceeded to gather the final sample. The names of families on the September, 1962 caseloads of the four agencies were placed under the appropriate problem categories. Those from the Juvenile and Family Court and the Children's Aid Society of Winnipeg were placed under maladjustment and those from the City of Winnipeg Public Welfare Department and the Province of Manitoba Department of Welfare were placed under dependency. The list of names under both problem categories were compared for duplications. The resultant 155 names were listed. This list comprised the names of families which, during the month of September, 1962 had contact with agencies which provided services in the two problem categories of maladjustment and dependency.

In order to determine whether there was a health problem in these families, their names were checked at the out-patient departments of the following three hospitals: Winnipeg General Hospital, St. Boniface Hospital and the Children's Hospital of Winnipeg. This

investigation revealed that fifty-two of these families had received service from at least one of these hospitals during the month of September, 1962. These fifty-two families then became the group of multi-problem families to be studied, as they had problems in all three problem categories during the time period specified in the definition.

The names of the fifty-two families were taken to Confidential Exchange. The cards on these families were checked there. The research group also reviewed the face sheets of the files on these families at the City of Winnipeg Public Welfare Department to ascertain the families' legal marriage date.

A number of the families' registrations were made prior to the date of legal marriage. The research group had no way of knowing what these registrations indicated. In some cases they might have been registrations made by the male family head while he was still a single man. In other cases these registrations might have indicated the existence of an irregular union, either with the same woman who was listed as the wife, or perhaps with some other woman, prior to the marriage date. It was found that three of the families were not legally married, while nine of them had no entry made on the cards between their marriage date and the official closing of the Confidential Exchange. It was necessary to delete those twelve families from the study group, leaving a total of forty multi-problem families to be studied.

Appropriate data pertaining to the forty families was recorded on the revised schedules. The data included: name and address, date of legal marriage, a list of agency contacts with dates up to the point where contact with at least one agency in each problem category was recorded (if the family had not received help in all three problem areas, all the contacts with dates were recorded), total number of different agencies contacted, and total number of registrations made with every agency.

The data recorded on the schedules will be analyzed in Chapter IV in a manner which will answer questions raised in the hypotheses.

The first step of the analysis will be concerned with the sequence of service received by the families. A set of tables will be constructed which will show: the agencies with which the families were first registered, the order of contacts with agencies in three categories of service, and the time span between marriage and the first registrations in each category of service.

The second step of the analysis will be concerned with the extent of services used by these families. Tables will be drawn up to show the following: the total number of agencies used by each family, the total number of agencies used in the different categories of service by each family, the total number of registrations each family had, the total number of registrations the families had in each category of service, and the number of times various agencies were used in the first four contacts made by the families.

The third step of the analysis will be concerned with the social problems indicated in these families. The information will be analyzed to show the percentage of families with marital problems and the percentage of families with problems in parent-child relationships.

The research project was limited to studying only the multi-problem families enrolled during September, 1962 on the four case-loads made available to the research group. It is recognized, therefore, that this sample of families might not be representative of all the multi-problem families in Winnipeg.

The size of the study group was limited as all the families had to be simultaneously active with agencies giving service for the problems of ill-health, dependency and maladjustment. The number of families registered with a health agency may have been affected in two ways. First, the hospitals recorded opening dates of each treatment period separately with the Confidential Exchange, whereas the casework agencies would not necessarily have closed their cases after each contact. Secondly, as indicated by hospital staff, there were fewer numbers of children seeking medical treatment during September than in other months, probably due to the fact of the commencement of the new school year. The smallness of the sample obtained certainly will detract from the significance of the findings.

Diagnosis of social problems entails value judgments and detailed knowledge of the family situations. The only information available to the research group was from the Confidential Exchange



cards and from the face sheets of the files on each family. This project was limited to studying the presenting problems only, as referral to certain agencies indicated broad categories of social problems in the areas of dependency, maladjustment and ill-health. An assumption was made concerning the main category of problems handled by each agency; therefore, there was no recognition given to the fact that agencies such as the City Welfare Department might handle maladjustment as well as dependency problems. Since only the opening date of the case was registered with Confidential Exchange there is no knowledge of the duration of service, nor the intensity of the problem. Agencies' use of the Confidential Exchange has been voluntary. Consequently, not all the agencies might have used the Confidential Exchange and those who did might not have used it consistently. It is known, for example, that the Child Guidance Clinic of Greater Winnipeg did not use the Confidential Exchange; therefore maladjustment in the school area is eliminated.

The official closing of the Confidential Exchange on December 31, 1960 made it impossible to study the current social problems and the sequence, distribution and extent of service rendered to these multi-problem families subsequent to that time. Thus, the study is an historical review.

This is a study with many limitations. Therefore, its general applicability to other areas is minimal. However, it is hoped that the findings, and the analysis of the data provided in more detail in

Chapter IV will add to the knowledge of the sequence, distribution, extent of services, and types of social problems in these multi-problem families. Hopefully, this study will point the way to more extensive studies in Winnipeg.

## CHAPTER IV

### ANALYSIS

In this chapter the data obtained on the forty families which comprise the final sample will be analyzed and the results presented in the same sequence as the sub-hypotheses in order that they may later be compared with the results postulated by these sub-hypotheses. As explained in Chapter III, the data to be analyzed consists only of those registrations which occurred after the legal date of marriage.

The first step in the analysis consisted of determining the agencies with which our sample of families registered first. These agencies were grouped into the three categories of service, dependency, health and maladjustment as explained in Chapter III. The findings obtained are shown in Table 1.

TABLE 1

#### AGENCY WITH WHICH FAMILIES WERE FIRST REGISTERED

Agency	No. of Families	Category Sub-Total	Category Percentage
<u>DEPENDENCY SERVICES</u>		20	50.0
City of Winnipeg Public Welfare	14		
Manitoba Department of Welfare	5		
Regional Dependents Advisory Committee	1		
<u>HEALTH SERVICES</u>		16	40.0
Winnipeg General Hospital	11		
Children's Hospital	3		
St. Boniface Hospital	1		
Municipal Hospitals	1		
<u>MALADJUSTMENT SERVICES</u>		4	10.0
Family Bureau of Greater Winnipeg	2		
Children's Aid Society of Winnipeg	1		
Family Court	1		
Total	40	40	100.0

From this table it can be seen that the category of dependency service accounted for 50% of the first registrations, which is 25% more than in the next highest category, health.

We next analyzed the second registrations of the families. This analysis was done in three parts to indicate separately the second registrations of the twenty families who had first registered with a dependency agency, the sixteen families who had first registered with a health agency and the four families who had first registered with a maladjustment agency. The results obtained are shown in Tables 2, 3 and 4.

TABLE 2

SECOND REGISTRATIONS OF FAMILIES WHO REGISTERED  
FIRST WITH A DEPENDENCY AGENCY  
BY CATEGORY OF SERVICE

Category of Service	Number of Families	Percentage
Dependency	9	45.0
Health	5	25.0
Maladjustment	5	25.0
No second registration	1	5.0
Total	20	100.0

TABLE 3

SECOND REGISTRATIONS OF FAMILIES WHO REGISTERED  
FIRST WITH A HEALTH AGENCY  
BY CATEGORY OF SERVICE

Category of Service	Number of Families	Percentage
Dependency	4	25.0
Health	8	50.0
Maladjustment	3	18.8
No second registration	1	6.2
Total	16	100.0

TABLE 4

SECOND REGISTRATIONS OF FAMILIES WHO REGISTERED  
FIRST WITH A MALADJUSTMENT AGENCY  
BY CATEGORY OF SERVICE

Category of Service	Number of Families	Percentage
Dependency	1	25.0
Health	2	50.0
Maladjustment	1	25.0
No second registration	0	0
Total	4	100.0

Table 2 indicates that the most prevalent pattern of registration for the twenty families included, was that of two consecutive dependency registrations.

Similarly, the pattern indicated in Table 3 is that of two consecutive health registrations.

The number of families involved in Table 4 is so small that we feel the results obtained are inconclusive.

It will be noted that in both Table 2 and Table 3 one family is shown as having no second registration. This is due to the fact that our sample of forty families included two families with only one registration listed on their Confidential Exchange cards in the period between their date of marriage and the closing of the Confidential Exchange.

In the analysis of the early registrations we obtained the data shown in Table 5 which provides a picture of the actual use made by the families of various agencies in their first four registrations, with no reference to sequence.

TABLE 5  
AGENCIES USED IN FIRST FOUR REGISTRATIONS  
BY NUMBER OF FAMILIES

Agency	Number of Families				
	First Contact	Second Contact	Third Contact	Fourth Contact	Total
City Welfare	14	12	14	4	44
General Hospital	11	9	8	4	32
Provincial Welfare	5	0	0	4	9
Children's Hospital	3	1	2	2	8
Family Bureau	2	3	0	4	9
St. Boniface Hospital	1	4	4	2	11
Family Court	1	3	3	2	9
Children's Aid Society	1	3	3	2	9
Municipal Hospital	1	1	0	4	6
Regional Dependents	1	0	0	0	1
Advisory Committee					
Home Welfare Association	0	1	0	1	2
Catholic Welfare Bureau	0	1	0	1	2
Victoria Hospital	0	0	1	0	1
Portage Hospital	0	0	1	0	1
Grace Hospital	0	0	0	1	1
Misericordia Hospital	0	0	0	1	1
Public Health Nurses	0	0	0	1	1
Total	40	38	36	33	147

It is interesting to note the very heavy preponderance of registrations at the first two agencies listed in the table, the City of Winnipeg Public Welfare Department and the Winnipeg General Hospital. The totals in this table decrease because some families were registered with only one agency, some with only two, etc.

The next step in the analysis was to obtain an indication of the pattern of the categories of services used. This was done by analyzing the second category of service used by each family, omitting any registrations which were in the same category as the first registration. As in Tables 2, 3 and 4 this analysis was done in three parts according to the category of service used in the first registration. The results are shown in Tables 6, 7 and 8.

Table 6 indicates that the most prevalent pattern of services by categories used by the twenty families first using dependency services, was dependency, health and maladjustment.

TABLE 6

SECOND CATEGORY OF SERVICE USED BY FAMILIES REGISTERING  
FIRST WITH A DEPENDENCY AGENCY

Category of Service	Number of Families	Percentage
Health	11	55.0
Maladjustment	7	35.0
No second category	2	10.0
Total	20	100.0

TABLE 7

SECOND CATEGORY OF SERVICE USED BY FAMILIES REGISTERING  
FIRST WITH A HEALTH AGENCY

Category of Service	Number of Families	Percentage
Dependency	10	62.5
Maladjustment	5	31.3
No second category	11	6.2
Total	16	100.0

TABLE 8

SECOND CATEGORY OF SERVICE USED BY FAMILIES REGISTERING  
FIRST WITH A MALADJUSTMENT AGENCY

Category of Service	Number of Families	Percentage
Dependency	1	25.0
Health	2	50.0
No second category	1	25.0
Total	4	100.0

Table 7 indicates the prevalence of the pattern: health, dependency and maladjustment for the sixteen families first using health services.

Once again, the small number of families analyzed in Table 8 does not permit the reaching of significant conclusions.

The next step in the analysis was to determine how soon after marriage first contact with an agency occurred. This is shown in Table 9.



TABLE 9  
TIME SPAN BETWEEN MARRIAGE AND FIRST REGISTRATION  
BY NUMBER OF FAMILIES

Time Span	Number of Families	Percentage
First year	17	42.5
Second year	4	10.0
Third year	8	20.0
Fourth year	4	10.0
Fifth year	2	5.0
Sixth year	0	0
Seventh year	4	10.0
Eighth year	0	0
Ninth year	1	2.5
Total	40	100.0

From the above table it can be seen that 42.5% of the families registered with at least one social service agency during the first year of their marriage. More than half of the families, 52.5%, were registered within two years of their marriage. All of the families had registrations within nine years of the marriage date. The median year for the first registration was the second year after marriage. These figures are even more striking when it is noted that not all of the marriages took place in Winnipeg and the figures only pertain to registrations with member agencies of the Winnipeg Confidential Exchange. It is quite possible that some families used social welfare services in other communities in the time between their marriage date and their registration with an agency participating in the Winnipeg Confidential Exchange.

It is interesting to note the significantly large number of registrations during the third year of marriage.

We next prepared a similar analysis of the time span between marriage and the first registration with agencies in the three categories of service, and obtained the results shown in Table 10.

TABLE 10  
TIME SPAN BETWEEN MARRIAGE AND FIRST REGISTRATION  
BY SERVICE CATEGORY

Time Span	Dependency Agency		Health Agency		Maladjustment Agency	
	No. of Families	%	No. of Families	%	No. of Families	%
First year	11	27.5	12	30.0	5	12.5
Second year	3	7.5	2	5.0	4	10.0
Third year	4	10.0	4	10.0	3	7.5
Fourth year	5	12.5	6	15.0	5	12.5
Fifth year	5	12.5	2	5.0	6	15.0
Sixth year	1	2.5	3	7.5	0	0
Seventh year	2	5.0	2	5.0	1	2.5
Eighth year	3	7.5	3	7.5	2	5.0
Ninth year	0	0	0	0	2	5.0
Tenth year	2	5.0	1	2.5	1	2.5
Eleventh year	1	2.5	0	0	3	7.5
Twelfth year	0	0	0	0	1	2.5
Thirteenth year	0	0	0	0	1	2.5
Fourteenth year	0	0	1	2.5	0	0
Fifteenth year	1	2.5	0	0	0	0
Sixteenth year	0	0	0	0	1	2.5
Seventeenth year	0	0	0	0	0	0
Eighteenth year	0	0	0	0	1	2.5
No registrations	2	5.0	4	10.0	4	10.0
Total	40	100.0	40	100.0	40	100.0

From the above table it can be noted that 27.5% of the families registered with a dependency agency within one year of marriage, with the median year for such registrations being the fourth.

Health agency registrations show that 30% registered in the first year after marriage and the median year was the fourth after marriage.

With maladjustment agencies, 12.5% of the registrations were made in the first year, and the median year was the fifth after marriage.

It should be noted that two families had no dependency agency registrations, four had no maladjustment registrations, and four had no registrations with any health agency. This fact would have the effect of reducing the percentage figures for each year as they are based on the total sample of forty families. Otherwise, the percentages for the first year would have been 29.0%, 33.3% and 13.97% for dependency, health and maladjustment respectively.

Table 11 shows the total number of different agencies used by each family in this study.

From this table it can be determined that the mean number of agencies used was 6.72 and the median number was 6. The range was from 1 to 15 agencies. Some 13 families, or 32.5% of the total sample, used 9 or more agencies after their marriage date.

TABLE 11  
NUMBER OF DIFFERENT AGENCIES USED  
BY NUMBER OF FAMILIES

Number of Agencies	Number of Families	Percentage
1	2	5.0
2	3	7.5
3	2	5.0
4	3	7.5
5	4	10.0
6	6	15.0
7	6	15.0
8	1	2.5
9	4	10.0
10	3	7.5
11	4	10.0
12	1	2.5
13	0	0
14	0	0
15	1	2.5
Total	40	100.0

Table 12 shows the number of different agencies used in each category of service.

From Table 12 it can be calculated that the mean number of dependency agencies used was 1.80 and the median 1.33. The mean number of maladjustment agencies used was 1.95 and the median 1.9. For health services the mean number of agencies used was 2.78 and the median 2.75. The range for dependency and maladjustment agencies was 1 to 5, and for health agencies from 1 to 7.

TABLE 12  
NUMBER OF DIFFERENT AGENCIES USED  
BY CATEGORY OF SERVICE

Number of Agencies	Dependency		Maladjustment		Health	
	No. of Families	%	No. of Families	%	No. of Families	%
1	15	37.5	11	27.5	4	10.0
2	15	37.5	10	25.0	10	25.0
3	6	15.0	6	15.0	8	20.0
4	1	2.5	8	20.0	10	25.0
5	1	2.5	1	2.5	2	5.0
6	0	0	0	0	1	2.5
7	0	0	0	0	1	2.5
No registra- tions	2	5.0	4	10.0	4	10.0
Total	40	100.0	40	100.0	40	100.0

The count of the total number of registrations listed on the Confidential Exchange card for each family is indicated in Table 13.

The range in the total number of registrations was from 1 to 84 with a mean of 23 and a median of 17; 23 families, or 57.5% of the total, had 13 or more registrations.

As in the case of total number of agency registrations we have analyzed the total number of registrations according to the category of service and have obtained the results shown in Table 14.

This table shows the range for dependency registrations to be from 1 to 38, for maladjustment registrations from 1 to 12, and for health registrations from 1 to 63. The mean number of registrations

TABLE 13

## TOTAL NUMBER OF REGISTRATIONS

Number of Registrations	Number of Families
1	2
2	2
3	1
4	1
5	1
6	0
7	2
8	1
9	2
10	2
11	1
12	2
13	1
14	1
15	1
16	1
17	0
18	0
19	1
20	1
21	2
22	0
23	0
24	1
25	0
26	1
27	0
28	1
29	0
30	0
31	0
32	0
33	0
34	1
35	2
36	0
37	1
38	0
39	0
40	1
41	1
42	0
43	1
44	1
Over 44	4
Total	40

TABLE 14

## TOTAL NUMBER OF REGISTRATIONS BY CATEGORY OF SERVICE

Number of Registrations	Dependency	Maladjustment	Health
	No. of Families	No. of Families	No. of Families
1	3	11	2
2	2	10	4
3	4	2	2
4	1	1	3
5	6	1	2
6	2	5	2
7	1	0	0
8	1	3	5
9	2	1	3
10	4	1	2
11	2	1	0
12	0		0
13	1		2
14	2		0
15	0		0
16	2		1
17	0		1
18	0		1
19	1		1
20	0		0
21	1		0
22	0		1
23	1		0
24	0		1
25	0		
26	0		
27	0		
28	0		
29	0		
30	0		
31	0		
32	0		1
33	0		
34	0		
35	0		
36	1		
37	0		
38	1		
39	0		
40	0		1
Over 40	0		1
No registrations	2	4	4
	40	40	40

with dependency agencies was 9.25 and the median 8. With maladjustment agencies, the mean number of registrations was 3.55 and the median 1.9, and with health agencies the mean was 10.35 and the median 8.

By unanimous decision of the research group it was agreed that registrations with either the Family Bureau of Greater Winnipeg, or the Winnipeg Family Court would be taken to indicate the presence of problems in the marital relationship.

On this basis our analysis of the data revealed that 30 families, or 75% of the total sample group had problems in the marital area.

The research group similarly agreed that registrations with either the Children's Aid Society of Winnipeg or the Winnipeg Juvenile Court would be an indication of the existence of a problem in the parent-child relationship. Such registrations occurred in 25 families, or 62.5% of the total sample of 40 families. It should be noted that the records of four families did not contain any registration in the maladjustment area between the date of marriage and the closing of the Confidential Exchange. This would indicate that such registrations occurred after the closing of the Confidential Exchange on December 31, 1960. It is evident that the percentages obtained above would have been higher if the Confidential Exchange had remained in operation, since we know that by September, 1962, all forty families were registered with at least one maladjustment agency in order to qualify for selection in our sample group.



## CHAPTER V

### CONCLUSIONS AND EVALUATION

Chapter V will concern itself with a summary of the findings in the analysis and an evaluation of the total study in terms of its limitations, and its broader implications.

The study has concerned itself with two main areas. The first of these was the use of social welfare services by a sample group of multi-problem families in Winnipeg. The second was the prevalence of certain social problems indicated by the use of these services. The study was basically an attempt to determine whether there exist discernible patterns in the above areas. The study consisted of the compilation and analysis of factual data obtained primarily from the Confidential Exchange cards. This data is a record of each registration by families with agencies participating in the Confidential Exchange. Therefore the study was not concerned with the exact nature of the problem, characteristics of the family and its members, or the quality and intensity of the services provided.

The hypotheses listed in Chapter I have attempted to postulate the results expected from the analysis of the data collected. It is now possible to examine the main hypothesis and the six sub-hypotheses and to see whether they have been confirmed by the study.

The main hypothesis stated that "Most multi-problem families in this study will use social welfare services in a particular order and will use a large number of services the categories of which will indicate

the presence of certain social problems".

The results seem to substantiate this hypothesis. Most families studied did use a large number of social welfare services and did so in certain discernible patterns or order. The prevalence of certain social problems was indicated by this use of services. Our evaluation of the data concerning the sub-hypotheses will indicate in detail the degree of substantiation of the main and sub-hypotheses.

The first sub-hypothesis stated that "The first registration of these families will be with an agency giving service in the dependency area".

The findings show that this was true for 50% of the families. Thus the largest single group of first registrations was with dependency agencies. The services in the health category were used first by 40% of the families and maladjustment services by only 10% of the families. These figures appear to confirm the sub-hypothesis and the thinking that led to its formulation as outlined in Chapter I. It is interesting to note that the number of families first registering with a health agency was comparable to the number of families which first registered at a dependency agency. This would appear to indicate that families recognize their health needs and apply for assistance in this area almost as readily as in the area of dependency.

The second sub-hypothesis stated that "The first two registrations of these families will be with agencies giving service in the same category".

The results obtained with regard to this sub-hypothesis were inconclusive. There was a prevalent pattern, however, since 45% of the 20 families which registered first with a dependency agency had their second registration with an agency in the same category. This was also the pattern for 50% of the 16 families which first registered with a health agency. However, the families following this pattern comprised slightly less than half of the total sample. As has been stated, the results obtained with the very small group of families first registering with maladjustment agencies cannot be considered statistically significant.

The third sub-hypothesis stated that "The most prevalent pattern of services used by categories will be in the order of dependency, health and maladjustment. Where health or maladjustment is the first category used, dependency will be the second".

This hypothesis was supported by the data. The most prevalent pattern in the use of services was that of dependency, health and maladjustment. This pattern was followed by 55% of the families registering first with a dependency agency. The largest portion (62.5%) of those families registering first with a health agency used dependency agencies second. Again, it was not possible to reach significant conclusions about those families registering with a maladjustment agency because of the small number of families involved.

The fourth sub-hypothesis postulated that "Most of these families will have been registered at a social service agency within one year of the date of legal marriage". This was true in only 42.5%

of the families, and so the hypothesis was not supported. However, more than one-half of the families were registered with at least one agency before the end of the second year of marriage. It may be of some significance to note that there were twice as many first registrations during the third year of marriage than there were in the second or fourth years. Another interesting fact is that four first registrations occurred during the seventh year of marriage, following only two registrations in the fifth year and none in the sixth year after marriage.

The figures for the time span between marriage date and first registrations with agencies in each category of service indicate that in both the dependency and health categories a significantly large number of families registered during their first year of marriage. This is not true in the case of maladjustment agencies, where the first registrations were spread fairly evenly throughout the first five years of marriage. This is further confirmation of the earlier conclusions about the primary use of dependency and health agencies by the families at the beginning of their history of contacts with social welfare agencies.

The fifth sub-hypothesis stated that "On the average these families will have been known to nine different agencies, and will have a total of thirteen registrations with the Winnipeg Confidential Exchange."

The mean number of different agencies used was 6.72, somewhat lower than was postulated. The mean number of total registrations was 23, considerably higher than that postulated. The hypothesis was based on the results obtained by a study of the use of services by Family Centered Project families in St. Paul, Minnesota.<sup>1</sup> It is quite possible that the smaller number of agencies used in Winnipeg is simply a reflection of the comparatively fewer social welfare agencies in Winnipeg. It may be speculated that the larger number of total registrations may indicate that Winnipeg agencies closed cases more rapidly (and thus re-opened them more frequently) than did agencies in St. Paul. Another explanation is that the small number of families in the sample makes it possible for a few atypical families to influence the total results unduly. In this study, one family had a total of eighty-two registrations and another had eighty-four registrations. Therefore these two families had an important effect on the mean figure obtained.

There were significantly more total registrations with health agencies than with those in the other two categories. This fact can be explained by the rapidity with which health agencies are known to close their files upon dispensing the necessary medication and/or treatment to their patients, as was mentioned in Chapter III.

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<sup>1</sup>Beverly Ayres, Analysis of Central Registration Bureau Data on One Hundred Family Centered Project Families. (St. Paul, Minnesota: Family Centered Project, 1957) pp. 7-8.

As has been stated, the data analyzed has indicated the prevalent use of dependency and health services by the families studied at the beginning of their history of contacts with social welfare agencies. The use of these agencies indicates the presence of the social problems of financial dependency and ill health. The presence of various problems in social adjustment is indicated by registrations with agencies dealing with maladjustment. The sixth sub-hypothesis attempts to point out the presence of such problems in two specific maladjustment areas.

This hypothesis stated that "Among the social problems indicated by the registrations of these families there will be problems in the marital and parent-child relationships."

This hypothesis was substantiated by the fact that 30 families (75%) had registrations at maladjustment agencies dealing with marital problems, and 25 (62.5%) had registrations at maladjustment agencies dealing with problems of parent-child relationships.

The study had several serious limitations which restricted the general applicability of its results. The first limitation was one imposed by the working definition of a multi-problem family decided upon by the research group. This defined the multi-problem family as one with problems in all three categories of service during the month of September, 1962. As explained in Chapter III, this definition led to the fact that the final sample amounted to only forty families. These families could truly be called multi-problem

families, but this method of collecting a sample was very restrictive. Therefore the sample did not contain many other families whose history of use of social welfare services would indicate that they would also qualify as multi-problem families under a different, but equally valid definition. Thus, other definitions could have led to the obtaining of a much larger sample group; for instance, a definition requiring the simultaneous presence of problems in only two of the three categories, or one defining multi-problem families in terms of chronicity in their use of services as developed by Harrison.<sup>1</sup> The sample was also limited in size because the research group had caseload lists from only four agencies available. If lists from all social agencies in Winnipeg had been available for use, the sample might have been considerably enlarged. In our sample of only forty families, each family comprises one-fortieth or  $2\frac{1}{2}\%$  of the total. Consequently, relatively small changes in the numbers of families falling into certain categories will have considerable effect upon the results obtained. Thus the confirmation, or lack of confirmation of the hypotheses is of debatable statistical significance.

Another serious limitation on the study was imposed by the considerable time lag between the closing of the Confidential Exchange on December 31, 1960, and the selection of the sample in September,

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<sup>1</sup>Ethel G. Harrison, Identifying the Potentially Chronic Case at Intake. (St. Paul, Minnesota: Amherse H. Wilde Foundation, Department of Research and Statistics, 1955).

1962. This meant there was no information available from this source about the families' use of social welfare services during the period of twenty-one months. It is likely that this period was a significant one for most of these families. This is borne out by the fact that only thirty-four of the forty families had registrations in all three categories of service by December 31, 1960. It seems safe to speculate that the sample group would have had a number of additional registrations during the above mentioned period. If data on these additional registrations had been available to the research group, the results obtained would have been affected somewhat.

The limitations considered lead to the conclusion that the results obtained by this study cannot readily be applied to all multi-problem families in Winnipeg. The study indicates that further research might well consider the formulation and use of a less restrictive working definition of multi-problem families. The use of sources of data in addition to the Confidential Exchange, such as agency files and interviews with caseworkers and the families concerned, might also prove to be beneficial in future studies of these families.

There remains a great need for deeper and more specific knowledge concerning multi-problem families. Despite the fact that this study is limited insofar as the practical application of its findings is concerned, it does in some small way contribute to the existing body of knowledge about these families, their problems and their use of social welfare services.



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## APPENDIX A\*

GROUP 3

SCHEDULE

Group Member

Initials \_\_\_\_\_

Agency \_\_\_\_\_

Initial \_\_\_\_\_

File # \_\_\_\_\_

STUDY OF DISTRIBUTION AND SEQUENCE OF SERVICES  
OF MULTI-PROBLEM FAMILIES

Surname \_\_\_\_\_

Address \_\_\_\_\_

Man's name \_\_\_\_\_

Woman's name \_\_\_\_\_

Legally married Yes \_\_\_\_\_ No \_\_\_\_\_ Not known \_\_\_\_\_

Time span in years

		1	2	3	4	5	6	7	8	9	10	10+
Date of Marriage.	Year _____ Mon. _____											
Date of first reg.	Year _____ Mon. _____											

List each registration and date until there is a registration in each of the first three categories:

Registrations	Dependency	Maladjustment	Health	Others
First _____				
Second _____				
Third _____				
Fourth _____				
Fifth _____				
Sixth _____				
Seventh _____				
Eighth _____				
Ninth _____				
Tenth _____				

\*For interpretation of abbreviations see Appendix B.

DEPENDENCY

C.C.  
 C.C.B.  
 C.W.B.  
 D.P.  
 H.P.W. 90  
 H.W.A.  
 M.A.  
 O.A.P.  
 P.B.P.  
 R.D.A.C.  
 R.O.B.  
 R.R.H.  
 S.A.D.  
 St. V.S.W.  
 S.M.R.  
 U.A.D.  
 U.A.D.(W.S.)

MALADJUSTMENT

A.P.S.  
 B.H.G.  
 C.A.S.  
 C.A.S.B.  
 C.A.S.D.  
 C.A.S.E.M.  
 C.A.S.H.  
 C.A.S.P.  
 C.G.  
 C.H.W.  
 C.P.  
 C.W.H.  
 F.B.  
 F.C.  
 H.G.S.  
 H.P.W. 37  
 J.C.  
 J.C.A.S.  
 J.C.F.S.  
 J.H.E.F.S.  
 K.S.B.  
 M.H.G.  
 P.A.  
 Psych.-Hosp.  
 P.G.  
 R.C.M.P.  
 St. J.V.S.  
 S.H.J.M.H.  
 U.H.S.S.B.

HEALTH

B.C.H.  
 (C.H.H.O.P.D.)  
 (C.H.H.S.S.)  
 C.N.I.B.  
 C.O.N.V.  
 C.R.R.l.  
 C.T.B.C.  
 D.P.H.N.  
 (Gen. S.S.)  
 (O.P.D.G.)  
 (W.M.P.)  
 Grace  
 Man. San.  
 M.C.C.  
 M. Hosp.  
 Misc.  
 M.S.N.M.  
 M.S.S.  
 O.P.D.M.  
 P.E.H.S.S.  
 P.H.N.D.  
 S.C.C.A.  
  
 S.G.H.  
 St. B.O.P.D.  
 St. R.  
 Vic. S.S.  
 V.O.N.

CalculationsAgencies

Dependency \_\_\_\_\_  
 Maladjustment \_\_\_\_\_  
 Health \_\_\_\_\_  
  
 TOTAL \_\_\_\_\_

Registrations

Dependency \_\_\_\_\_  
 Maladjustment \_\_\_\_\_  
 Health \_\_\_\_\_  
  
 TOTAL \_\_\_\_\_

## APPENDIX B

## Key to Agency Code Names

DEPENDENCY

C.C.	Catholic Charities
C.C.B.	Catholic Central Bureau
C.W.B.	Catholic Welfare Bureau
D&P.	Disability Pensions
H.P.W. 90	Manitoba Department of Public Welfare, Social Assistance Division, Unorganized Territory
H.W.A.	Home Welfare Association
M.A.	Manitoba Department of Welfare, Mother's Allowance Branch
O.A.P.	Old Age Assistance
P.B.P.	Pensions for Blind Persons
R.D.A.C.	Regional Dependence Advisory Committee
R.O.B.	Relief Officer, Brooklands
R.R.H.	Rural Rehabilitation Committee
S.A.D.	City Welfare Social Aid Division
St. V.S.W.	St. Vital Social Welfare Department
S.M.R.	Department of Public Works, Single Men's Relief
U.A.D.	City Welfare, Unemployment Aid Division
U.A.D.(W.S.)	City Welfare, Unemployment Aid Division, Women's Section

MALADJUSTMENT

A.P.S.	Providence Shelter
B.H.G.	Broadway Home for Girls
C.A.S.	Children's Aid Society of Winnipeg
C.A.S.B.	Children's Aid Society of Western Manitoba
C.A.S.D.	Public Welfare District Office
C.A.S.E.M.	Children's Aid Society of Eastern Manitoba
C.A.S.H.	Children's Aid Society Home
C.A.S.P.	Children's Aid Society of Central Manitoba

C.G.	Child Guidance Clinic
C.H.W.	Children's Home of Winnipeg
C.P.	City Police
C.W.H.	Canadian Women's Hostel
F.B.	Family Bureau
F.C.	Family Court
H.G.S.	Home of the Good Shepherd
H.P.W. 37	Manitoba Department of Public Welfare, Legal and Adoption
J.C.	Juvenile Court
J.C.A.S.	Jewish Children's Aid Society
J.C.F.S.	Jewish Child and Family Service
J.H.E.F.S.	John Howard and Elizabeth Fry Society
K.S.B.	Knowles School for Boys
M.H.G.	Manitoba Home for Girls
P.A.	Canadian Welfare Association, Prisoner's Aid
Psych. Hosp.	Psychopathic Hospital
P.G.	Provincial Gaol
R.C.M.P.	Royal Canadian Mounted Police
St. J.V.S.	St. Joseph's Vocational School
S.H.J.M.H.	Sir Hugh John MacDonald Hostel
U.H.S.S.B.	United Hebrew Social Service Bureau

#### HEALTH

B.C.H.	Bureau of Child Hygiene
C.H.H.O.P.D.	Children's Hospital, Out Patient's Department
C.H.H.S.S.	Children's Hospital, Social Service
C.N.I.B.	Canadian National Institute for the Blind
C.O.N.V.	Convalescent Hospital
C.R.R.I.	Cancer Relief Research Institution
C.T.C.B.	Central Tuberculosis Clinic
D.P.H.N.	Division Public Health Nursing
Gen. S.S.	Winnipeg General Hospital, Social Service
O.P.D.G.	Winnipeg General Hospital, Out Patient's Department

W.M.P.	Winnipeg General Hospital, Women's Pavilion
Grace	Grace Hospital
Man. San.	Manitoba Sanitorium
M.C.C.	Mount Carmel Clinic
M. Hosp.	Municipal Hospitals
Misc.	Misericordia General Hospital
M.S.N.M.	Margaret Scott Nursing Mission
M.S.S.	Multiple Sclerosis Society
O.P.D.M.	Municipal Hospitals, Out-patient Department
P.E.H.S.S.	Princess Elizabeth Hospital, Social Service
P.H.N.D.	Public Health Nursing Division
S.C.C.A.	Society of Crippled Children and Adults
S.G.H.	Selkirk General Hospital
St.B.O.P.D.	St. Boniface Hospital, Out-Patient Department
St. R.	St. Roch's Hospital
Vic. S.S.	Victoria Hospital, Social Service
V.O.N.	Victorian Order of Nurses