

# PROBLEM FAMILIES:

## Five Inquiries

*Edited by*

C. P. BLACKER, M.A., M.D., F.R.C.P.

EUGENICS SOCIETY LONDON

69 ECCLESTON SQUARE, S.W.1.

## PROBLEM FAMILIES COMMITTEE

*Chairman:* C. P. BLACKER, M.A., M.D., F.R.C.P.

*Organising Secretary:* C. G. TOMLINSON, M.A. (Admin.).

---

WILLIAM BARR, M.D., D.SC., D.P.H.

MISS J. BARRACLOUGH.

PROFESSOR C. FRASER BROCKINGTON, M.A., M.D., D.P.H.

MISS F. A. CARTER  
(joined on 26th March, 1949).

JAMES FENTON, C.B.E., M.D., D.P.H.  
(resigned on 14th October, 1948).

PROFESSOR F. GRUNDY, M.D., M.R.C.P., D.P.H.,  
Barrister-at-Law.

THE LORD HORDER, G.C.V.O., M.D., F.R.C.P.

DAVID JONES  
(joined 29th October, 1948).

D. CARADOG JONES, M.A.

E. O. LEWIS, M.A., D.SC., M.R.C.S.

A. E. MARTIN, M.D., D.P.H.

S. W. SAVAGE, M.A., M.D., D.P.H.

C. O. STALLYBRASS, O.B.E., M.D. (deceased).

R. C. WOFINDEN, M.D., D.P.H.

## CHAPTER TWO

### FIVE INQUIRIES

#### 1. ORIGINS.

When, in early 1947, it was first proposed that the Eugenics Society should sponsor pilot inquiries into problem families, it was clear that these families were becoming an increasing source of pre-occupation to medical officers of health, several of whom had, on their own initiatives, promoted investigations. The integration of health and social services which was then impending, and a growing solicitude for the welfare of children, were likely to stimulate further interest. Hence it was desirable to try to standardise a serviceable procedure of investigation or, as this is sometimes called, a methodology, which, if used as a basis of further inquiries, would facilitate comparisons. It was not, at this stage, desired to discuss or recommend *policies* for the reclamation or social control of problem families.

In June 1947 a Problem Families Committee was therefore called together which included those Medical Officers of Health who had themselves taken an interest in problem families and had promoted investigations. The names of the committee are given at the beginning of this volume. A method of investigation (described below) was agreed and six of the Medical Officers of Health who were members of the committee undertook to give the method a trial by promoting new inquiries. For reasons given later, these separate inquiries took longer and proved more difficult than was expected. Indeed, the difficulties were, in one area, such that the inquiry had to be abandoned. In the other areas, they caused delays. The report on the last-received inquiry was not sent in till June 1950.

#### 2. AREAS SURVEYED.

The five areas, their Medical Officers of Health, and populations are shown below.

M.O.'s H. AND POPULATIONS OF AREAS SURVEYED

<i>Area</i>	<i>M.O.H. or Deputy</i>	<i>Population</i>
North Kensington	Dr. James Fenton	90,000
Bristol	Dr. R. C. Wofinden	440,000
West Riding	Dr. (now Professor) C. Fraser Brockington	996,217
(Nineteen Divisions participating in survey)	Dr. J. Wood Wilson	
Rotherham	Dr. William Barr	82,800
Luton	Dr. (now Professor) Fred Grundy	110,000
	Dr. R. M. Dykes	
		1,719,017

These areas were not selected because they constituted a fair sample of the country as a whole, but because their Medical Officers of Health were interested in problem families. They comprise a metropolitan borough (Kensington), a port (Bristol), an administrative county containing urban and rural districts (the West Riding), a county borough in the midlands (Rotherham), and an actively growing industrial town (Luton). It will be seen that more than half the total population of these five areas is located in the West Riding. The difficulties there encountered are therefore of special interest and are fully discussed below.

### 3. METHOD.

The method used was essentially based on the conclusion of the Mental Deficiency (Wood) Committee (1929), quoted on page 10, that the problem family exhibits miscellaneous anti-social features which may present multiple problems to the authorities and voluntary organisations of the areas in which they live. The essential principle was to try to pool the experiences of these "agencies" (as they are collectively called below), and to compile therefrom a consolidated list of "possible problem families" which had presented difficulties to one or more of these agencies; and thereafter to exclude from this list those "biological or social casualties" whose standards had been lowered by extraneous misfortunes over which they had no control (*see* pages 19 and 21).

The remaining families were to be visited by an investigator (usually a health visitor) who recorded particulars set out on a specially designed card (Appendix 4). If the investigator, as a result of her direct contact with the family, assessed it as a biological or social casualty, she counted it out of the inquiry.

Another feature of the method was that the Medical Officer of Health, who acted as director, called a conference of representatives of the "agencies" whose collaboration had been invited. These conferences met with varying success. In some there was active collaboration on the part of the agencies; but in others reluctance was shown to divulge information which was regarded as confidential, so that little was gained or learned from them.

It was recognised from the start that the method was not ideal, in that the standards used in the five inquiries would not be strictly uniform. The five sets of findings would have been more consistent if a single investigator could have visited the five areas in turn and conducted his own ascertainment in them all. This was the method employed by the Mental Deficiency Committee, whose investigators conducted ascertainment of mental defectives in six separate and selected areas.

But such a method would have been costly and it would scarcely have provided the pilot experience required to enable local authorities, with the staffs at their disposal, to make their own ascertainment. If, later, a national policy for the care and supervision of problem families

were initiated, the local authorities would presumably be expected to make the ascertainment.

The defects arising from diversity of standards were, as far as possible, surmounted through the co-ordinating activities of the Committee's organising secretary, Mr. C. G. Tomlinson. He paid visits to the five areas when inquiries were in progress, attended several conferences of interested "agencies", and, in discussions, resolved doubtful points.

Though it is not claimed that the five directors and their field-workers followed exactly similar standards throughout (indeed the tables given below show that they did not), yet we think that there was sufficient agreement on general principles to make the five inquiries comparable.

It was originally planned to ask each of the five directors to submit reports on not more than one hundred families; where more than this number had been ascertained, an unselected sample was asked for. But for reasons given below, the Bristol area exceeded this number. The numbers of families of which reports were submitted in the five areas are as follows:

North Kensington	...	...	36
Bristol	...	...	155
West Riding	...	...	93
Rotherham	...	...	50
Luton	...	...	45
			<hr/>
			379
			<hr/>

#### 4. DIFFICULTIES.

The five inquiries described below are therefore to be regarded as pilot surveys whose object was to test out a method of "ascertaining" problem families. Defects in the method were found by the investigators themselves and they emerged from comparison of the five inquiries.

Two major difficulties were clearly revealed which it should be the main object of future investigators to circumvent. The first arose from the imperfect co-operation of the authorities; the second from the characteristics of the families themselves. There were also special difficulties of the moment.

##### (a) *Imperfect co-operation of authorities.*

Investigations of problem families can have several purposes from which two may be singled out. The first is that of ascertainment: an answer may be desired to the simple question how many problem families exist in an area. The second purpose is research, particularly into causes: what are the factors which reduce certain families to problem status?

The fullest co-operation from statutory authorities and voluntary agencies is essential to both types of inquiry. If for various reasons these agencies refuse to assist, the number of

problem families which are ascertained will fall short of the realities. There will be an underestimate of their number. If a particular inquiry yields a surprisingly small number of problem families in an area, two questions should be examined: the definition of a problem family used in the inquiry, and the degree of co-operation given by the agencies who are normally aware of the presence of such families.

This co-operation is no less important if the object of the inquiry is to discover causes of the problem status. As mentioned below, problem families are poor informants; the particulars they give about themselves are often seriously untrustworthy and therefore need to be supplemented by the factual information at the disposal of the "agencies" on whom they have impinged.

A difficulty affecting all the inquiries was that certain "agencies" regarded the information at their disposal as confidential and would not therefore co-operate. Other difficulties were that some child guidance authorities felt that investigations of the families comprising children on their lists should be conducted by their psychiatric social workers; and some organisations appeared to feel that to name certain families as presenting problems reflected somehow on the work of their own personnel. Hence arose a situation which has much complicated the preparation of Table 1 (page 44). The "agencies" who were invited to co-operate were asked to furnish to the director of each inquiry the names of families which had presented a "chronic or intractable problem" which they had found difficult to deal with or ameliorate (*see* Appendix III). In preparing the card used in the field inquiry (Appendix IV), the investigator was asked to record the "authorities, departments or organisations to whom each family was 'known'." Difficulties of analysis arose through the interpretation of what was meant by a chronic or intractable problem. Many problem families, while "known" to various authorities, departments or organisations, did not necessarily present what were felt to be, or what it was decided to acknowledge as, chronic or intractable problems.

(b) *Characteristics of the families themselves.*

Two characteristics which cause difficulties are noteworthy. The first is the complexity of the households of many problem families. This feature is connected with the frequent instability of the sexual lives previously led by the head of the house and the housewife. A problem family may contain, in addition to the joint offspring of the male head and housewife, children of diverse parentage. The male head or housewife, if cohabiting, may each have been married before and may have had children by one or more legitimate spouses; these children may be inmates of the household when it is visited. In addition, there may be illegitimate children by one or more earlier unions of both the male head and the housewife. When these are aged over forty, there may also be grandchildren, joint or separate, of legitimate or

illegitimate parentage, of the male head or housewife. There may be children of near relatives who have been imprisoned, or deserted, or who are chronically ill, insane, or dead. Occasionally the household may be counted by the investigator as containing two problem families, belonging to an earlier and a later generation, with children in various ways related. The early age at marriage combined with the high and continuing fertility of these families results in the double household sometimes containing children whose uncles and aunts, younger than themselves, are also members of the household. There may be other complications.

These complexities make it desirable that investigators should clearly decide who are to be counted "children" in problem households. In the five inquiries here reported, grandchildren of the head of the household and of the housewife, and also children of relatives, were excluded.

The second characteristic of problem families, which makes difficulties, arises from the frequently poor intelligence and the unwillingness to co-operate of the housewife and the head of the house. Accurate reproductive histories—including particulars of miscarriages, still-births, deaths in infancy and surviving children—are sometimes difficult to obtain from normal women of high fertility. These difficulties are much increased when the housewife is of subnormal intelligence and dispirited by her mode of life. It is likewise difficult to obtain accurate particulars about changes of home. If there have been many evictions, they easily escape the memory. Willingness to co-operate is also variable. On several cards used in the five inquiries reported below, a note was made by the investigator about how she was received by the housewife when the home was visited. Housewives are, from this standpoint, classifiable into three groups, namely those who felt themselves to be in need of help and took the investigator into their confidence; those described as "plausible", "glib", or "untruthful", who seemed to mistrust the investigator, suspected her motives, and were unlikely to be reliable in their answers; and those who were openly hostile, offensive, and rude. The impression is received, from notes made by the field workers in the "remarks" column of the card, that many housewives in the last two groups, while prepared, sometimes reluctantly, to give information about members of their household, perhaps in the hope of drawing some sort of relief or benefit, regarded questions about children who are dead or away from home as inquisitive or "nosy". They suspected some catch.

It is for these reasons that the full co-operation of all "agencies" with knowledge of problem families should be enlisted if accurate information is to be obtained. Without this co-operation, the complexities of the "problem" household and the unreliability of the housewife as an informant are likely to lead to serious omissions and inaccuracies.

(c) *Difficulties of the moment.*

For reasons which were but partly foreseeable when, in mid 1947, the inquiries were planned, serious difficulties presented themselves in the following year. In 1948 came into force the National Health Service Act, the National Assistance Act, and the Children Act. The developments under these and other enactments, the transfer of local Government functions, and radical changes in County Administration, both delayed and complicated the field surveys.

## 5. QUESTIONNAIRE.

A facsimile of the questionnaire used in the five inquiries is given in Appendix IV. This took the form of a card of ten inches by eight inches which was filled in by the field workers who visited the families. The information recorded thereon provided the material for the twenty-eight tables which follow. Distributed with the cards were accompanying instructions not here reproduced.

It will be seen that the card consists essentially of three parts. The first is comprised by the upper half of the front page, where various questions are asked about the household. The second part (lower half of front page) gives spaces for particulars about each separate occupant of the dwelling; here are recorded each person's relationship to the head of the house and, under eight columns, further particulars are sought. The third part takes up the back page of the card; it consists of questions about other blood relations of the head of the house or the housewife.

The main defect of the card proved to be that it asked for more information than could be easily elicited. Indeed particulars asked on the back of the card about blood relations *other than children not resident at home* were found so difficult to obtain that no attempt has been made to summarise them in the tables which follow.

It will be noticed that at the bottom of the back page is a space for remarks. Some good first-hand descriptions were here given by the field-workers, some of which were supplemented by further particulars on additional sheets. The entries under this heading make clear the difficulties which the field-workers encountered and they sometimes provide a commentary on the trustworthiness of the replies elicited to the different questions.

In the comments on the twenty-eight tables which follow, attention is drawn to certain defects which came to light in the wording of some of the questions and of the accompanying instructions.

## 6. NOTES ON EACH OF THE FIVE INQUIRIES.

Some remarks on each of these will now be made, and the observations of some of their directors quoted.

### NORTH KENSINGTON.

The inquiry in Kensington was confined to that part of the Borough north of Notting Hill Gate comprising almost entirely



houses of the tenement type each occupied by three or four families of the working classes.

In its initial stages the inquiry was under the direction of Dr. James Fenton the Medical Officer of Health; after the transfer of maternity and child welfare services to the London County Council in July 1948 it received the sympathetic interest of the late Dr. Harry Smith and of Dr. Violet Russell, divisional medical officers of the County Council. The survey was carried out from beginning to completion by Miss F. A. Carter, a health visitor transferred in 1948 from the Kensington Borough Council to the London County Council, and a member of the Problem Families Committee.

Of the eighteen agencies approached in Kensington fifteen co-operated and gave much valuable help.

Eighty-five families came to light, of which forty were mentioned more than once, and forty-five once only. Sixteen of the latter were rejected. There remained sixty-nine families of which, because of pressure of other work, only thirty-six could be visited; and it is in respect of these that information is given in the following tables.

#### BRISTOL.

The inquiry was here held in two stages, of which the second was the circulation to all "agencies" of a list of families which had been prepared in the first stage. There came to light two hundred and twelve families. Of these Dr. R. C. Wofinden, the director of the inquiry, threw out forty-two on his own initiative; in conference with Mr. C. G. Tomlinson, the Committee's Organising Secretary, he later rejected another eight: finally, the field-worker, Sister Comer, as the result of her personal visits, excluded another seven. There remained one hundred and fifty-five families.

Dr. Wofinden has published elsewhere (30) a full account of these one hundred and fifty-five families. In order that his independent account might match the figures here given, it was decided not to reduce the number to the prearranged sample of one hundred.

A feature of Dr. Wofinden's inquiry is that co-operation was at first withheld but later generously given by the Education Department. Indeed, head-teachers in schools were kind enough to provide assessments of the educational levels of some of the children in his families, and to make available the I.Q.'s of a smaller sample.

Dr. Wofinden received unequal co-operation from the "agencies" in Bristol, some of whom refused to participate. For this reason he does not think that "plurality of mentions" has provided a valid index of the problem status of his families. But he thinks that if full co-operation were obtainable from all the local "agencies", this information might prove a useful index.

In a letter written after the completion of his survey, Dr. Wofinden states that he had thought that most of the worst families had been included in his list, but that at least a dozen had

subsequently come to his notice. These were not new arrivals, but had existed for years and had been overlooked. He adds:

“The fairly rapid building-up of a reasonably complete register of such families is, however, obviously facilitated by such an inquiry”.

#### WEST RIDING.

It has been remarked above that the West Riding Administrative area included in this survey contains a population of 996,000 or more than half the total population comprised in our five areas. The West Riding Administrative area consists of aggregates ranging from small townships of a population of 40,000 to districts with sparse and scattered populations.

The organisation of this inquiry over such an extended area was a big task which found in Professor C. Fraser Brockington and Dr. J. Wood Wilson energetic and capable sponsors.

An explanatory memorandum was sent out from the County Medical Officer's Department to twenty-two Divisional Medical Officers whose help was enlisted. Nineteen responded. A full report of this complex inquiry is available. It is of interest to all who may later wish to promote similar inquiries, and parts are therefore quoted verbatim. It will be noticed that the process of ascertainment was unequally carried out in the nineteen divisions, wherein a total of five hundred and sixty-four possible problem families came to light. From this total, two hundred and fifty-two families were rejected, leaving (after further pruning) a total of three hundred and two probable problem families. Of these a sample of a hundred was made by the selection of every third family. The passages which immediately follow relate to the five hundred and sixty-four and the three hundred and two families; the tables below refer to the sample of one hundred (which was reduced to a slightly smaller number by departures from the district).

The following are *verbatim* extracts from the report. They deal with the procedure and results of the survey.

#### *Procedure adopted in survey.*

The Divisional Medical Officers were asked to distribute inquiry forms to members of various organisations, etc. On these forms it was requested that the name and address of possible problem families be entered, together with a description of the home and the nature of the problem. Supplies of these forms were sent to medical officers to be distributed by them to the following: school teachers, school attendance officers, probation officers, health visitors, police, district welfare officers, sanitary inspectors, labour exchanges, inspectors N.S.P.C.C., midwives, school medical officers, various voluntary societies.

It is clear that many of the organisations or individuals approached refrained from completing the forms; difficulties

were found with the Police (no returns), the N.S.P.C.C. (few returns), and labour exchanges (no returns), evidently in some instances owing to reluctance to disclose confidential information.

In certain instances there is no doubt that refusal to co-operate arose, in addition to the previous reason, because of some lack of interest in or sufficient appreciation of the issues involved. It is thought that co-operation would be more readily forthcoming if copies of other reports of this nature illustrating the grave circumstances of problem families and their need of sympathy and assistance could be circulated prior to the request for information.

Generally speaking the highest percentage of individuals making returns were health visitors, head teachers and sanitary inspectors. These, therefore, represented the most helpful organisations. A reasonably high percentage of returns were made by nurses, including midwives, and occasionally by school inquiry officers.

In all, five hundred and sixty-four *possible* problem families were notified and out of this number three hundred and two were considered to be *probable* problem families.

Except in one division, it was found impossible, owing to extreme pressure on the time of the Divisional Medical Officers, to hold local conferences. Of the possible problem families two hundred and sixty-two were therefore rejected as a result of consultation with Mr. C. G. Tomlinson, organising secretary, and repeated scrutiny by the field worker.

The divisions were arranged in numerical order and each probable problem family was given a serial number. To obtain a smaller random sample for more detailed investigation by the field worker, every third family was taken. Visits by the field worker were then made to each of these randomly-selected families, in some instances on two and even three occasions, to obtain all the information required to complete the card.

### *Results of Surveys.*

#### (a) *Plurality of mention.*

An attempt has been made to determine the incidence of plurality of mention, and in Table A will be found a classification of returns in this respect. This covers 556 of the 564 total possible families and 294 of the 302 probable problem families, eight cases not being available at the time of writing. It will be seen that the two cases originally reported by five authorities were found to be authenticated, eighteen reported by four authorities were also authenticated, whilst of the twenty-eight cases originally reported by three authorities twenty-six were authenticated.

TABLE A

## PLURALITY OF MENTIONS: West Riding Inquiry

Possible Problem Families:		Problem Families confirmed as authentic		Percentage of original reports confirmed as authentic	
Number of authorities reporting	Number of families				
5 authorities	2 families	5 authorities	2 families	2/2	100.0%
4 "	18 "	4 "	18 "	18/18	100.0%
3 "	28 "	3 "	26 "	26/28	92.8%
2 "	80 "	2 "	65 "	65/80	81.2%
1 "	428 "	1 "	183 "	183/428	42.8%
	556 families		294 families	294/556	

Subsequent closer scrutiny revealed that six of the two hundred and ninety-four probable problem families listed above did not satisfy requirements; these have, therefore, been rejected. Four of these had received single mention and two had been reported twice.

If all cases with at least three original mentions are collected together, namely forty-eight families, it will be seen that forty-six have been authenticated, or 95.8 per cent. This represents approximately nineteen out of twenty, or a probability of twenty to one that an original report by three authorities is sufficient for acceptance as a probable problem family. Of the eighty cases reported originally by two authorities, it is seen that fifteen have not been authenticated. This represents a fairly considerable error, and it is concluded that a total of at least three mentions must occur before plurality of mention can be accepted as a valid basis for authentication.

(b) *Response by various organisations.*

Examination of the returns clearly indicates the prominent part played by health visitors (one hundred and sixty families), head teachers (one hundred and thirty-six families), and sanitary inspectors (eighty-nine families) in notifying possible problem families. In one instance the Clerk to the Urban District Council reported fifty-eight families, but this was a very exceptional return, only one return (two families) being made by another clerk to an Urban District Council. Other useful returns were made by midwives (thirty-one possible families), N.S.P.C.C. (twenty), district welfare officers (thirty-three), school nurses (thirty-eight), school inquiry

officers (forty). The remaining returns are relatively insignificant.

(c) *Locality.*

The reports made by the different divisions show considerable variations. The number of probable problem *families* (each containing on average seven individuals) per ten thousand *individuals* ranges from 0.3 in division 24 and 1.0 in division 8, to 6.5 in division 7 and 7.5 in division 11. Examination of the figures discloses no correlation between type of division, urban as against rural. Of three predominantly rural divisions, namely 7, 23 and 28, the first two show figures greater and the third smaller than the average.

(d) *Special comments by divisional medical officers.*

Several divisional medical officers, when sending their returns, made special comments, extracts from which have been thought to be of value and which are given at this stage.

(i) "As a preface to my remarks, it is only right to stress the fact very definitely that in no one group of people selected to give the necessary information relative to the Pilot Survey has there been any marked degree of enthusiasm. In view of the vast amount of benefit that could be expected to emerge from such a survey, taking either the long or the short term view of the subject, it is to be regretted that such a general attitude should have been adopted. Before the survey could be completed, memories had to be jogged, whilst in other cases friendly persuasion had to be exercised as well as a definite assurance given that information volunteered was entirely confidential. In a small number of cases there was a polite but firm refusal to supply any information at all, notably in the case of the managers at the Labour Exchanges where I am told a clear-cut line of policy had been laid down by head office against the giving of such information. Sometimes the information given is inclined to be sketchy confirming the feeling of reluctance to co-operate, whilst in others it was satisfactory. Such then briefly is the background atmosphere which has pervaded the whole of this survey".

(ii) "All the people mentioned were written to. The Police and Ministry of Labour officials did not obtain permission from their superiors to give us any information and it will be seen that our main source of supply has been from health visitors, school nurses, medical officers, and head teachers".

- (iii) "The divisional education officer was approached with a view to enlisting the co-operation of head teachers. He kindly circulated a letter to all head teachers, giving particulars of the investigation, including a definition of a 'Problem Family'.

"I understand from him that the head teachers as a body decided that it was unwise to co-operate in the investigation, they being afraid of repercussions. No replies therefore were received from head teachers.

"Approach was made to the local inspector of the N.S.P.C.C. His first reaction was to the effect that all information he received was confidential and could not be passed on to third parties without the consent of the headquarters staff.

"Later he informed me that he had received such consent, but, however, supplied no particulars of any problem families.

"The County Superintendent of Police for the Division was interviewed and the investigation explained to him. He promised to co-operate, subject to the approval of the Chief Constable, which, I understand, was eventually received.

"No cases, however, were brought to notice by the Police.

"So far as this division is concerned, the results of the inquiry have been disappointing. It has been exceedingly difficult to arouse any enthusiasm for the investigation and many of the sources which one would have expected to provide the information have failed to do so".

- (iv) "Forty-five persons were asked to co-operate in the investigation, the object of which was explained in a detailed covering letter sent with the Eugenics Society's pamphlet and a supply of forms P.F.C./3\*. Many of those asked to co-operate were seen by myself personally and given a further explanation on the purpose of the investigation. The results judged by the interest shown in the investigation are most disappointing and hardly commensurate with the work involved. Of the forty-five people asked to co-operate, eight only replied and sent in case records. Only two districts in the division were covered and no replies were received from——or——neither of which districts can justly lay claim to be without problem families. Large groups of people who from the very nature of their positions must possess wide knowledge of problem families,

\* Reproduced in Appendix III.

failed to co-operate, most notablè being teachers, Ministry of Labour officials, Police and Probation Officers”.

- (v) “ The Police were unable to co-operate as they had instructions from county headquarters not to do so. “ Some time after the notifications had been received, it was suggested to me that the clergy would be suitable persons to approach. I think this is worthy of attention in any future survey made ”.

#### ROTHERHAM.

The inquiry was sponsored by Dr. William Barr and Miss Jessie Barraclough; the visits were done by Miss Sarah Alice Simm. Co-operation from local “ agencies ” was imperfect: no names of families were received from seven which had been approached.

One hundred and three families came to light. Of these twenty-five were rejected as social or biological casualties, because of insufficient information, or for other reasons. There remained seventy-eight families of which a random sample of fifty were visited. These form part of the tables which follow.

#### LUTON.

Shortly before the present inquiry was carried out, Mr. C. G. Tomlinson had surveyed the problem families in this town. Two hundred and fifty-one families had then come to light of which eighty-four were rejected for various reasons, leaving one hundred and sixty-seven problem families which formed the basis of his report (1946) (29).

The fact that the present inquiry constituted a repetition of one so recently carried out and the fact that staffs were more than usually busy with problems of reorganisation militated against the thoroughness of the survey. The following is an extract of a report by Professor Fred Grundy. (The random sample of forty-five, out of one hundred and seventy-four families, mentioned by him are reported in the tables below):

“ The pilot survey of problem families was begun in Luton in accordance with the methodology agreed on by the Problem Families Committee. Fourteen\* departments and organisations were invited to submit names of problem families known to them, and thirteen of these were represented at a preliminary conference.

The most helpful were:

- School Attendance Officers.
- Sanitary Inspectors.
- Health Visitors.

\* Clergy of all denominations have been counted as one organisation for this purpose.

The police and some clergy declined to co-operate. Other clergy were silently unco-operative.

The method adopted had no fair trial because it followed too closely on Mr. Tomlinson's survey of 1945-46. Several officials who had been exceedingly helpful in that inquiry said that they had nothing to add to the information previously given, and others found themselves too busy to co-operate. Pressure of work on senior officers of the health department, arising out of the National Health Service Act of 1948, prevented them from following up the inquiry in other departments and with other organisations where sustained pressure might have yielded additional information.

Only eleven new families were added to the 167 found in Mr. Tomlinson's survey; four of the original list had disappeared from the town; and several others had moved to new addresses but were still living in Luton.

The total number of authentic problem families was 174. Reports have been submitted on a random sample of forty-five.

The conclusion to be drawn from this pilot survey, combined with the experience of Mr. Tomlinson's previous inquiry, is that most of the basic information can be obtained from—

The N.S.P.C.C.

The Public Health Department (especially sanitary inspectors and health visitors).

The School Attendance Officers (but their data requires pruning).

Additional information may be obtained from other departments and organisations if the investigator is able to establish good personal relationships with the different principals and to maintain a gentle pressure upon them. Probation officers, for instance, are acquainted with many problem families but are over-worked, and some persistence is needed to obtain histories ”.

## 7. COMMENTS ON THE TABLES.

An elementary point should be made about the way in which the following tables are to be interpreted. The entries made by field-workers on the cards used in the five inquiries (which entries form the basis of the twenty-eight tables) fall into four general groups.

- (a) Entries which record immediately verifiable facts. Of such a kind are the sex of the head and other inmates of the household; also the number of persons and rooms in the household. Tables based on such data approximate closely to the realities.
- (b) Entries which record the information (usually uncorroborated) which the field worker obtains from the housewife, head of house, or other member of the household interviewed. This information may be difficult to verify. Of this kind are particulars about still-births, deaths of children in infancy, children away from home; also about weekly income, marital status (co-habitations may be represented as marriages), and number of