THE PUBLIC COST OF LARGE FAMILIES

This paper by Professor Sargant Florence is recommended to members of the Economic Research Council by its Publications Committee (Mr Patrick de Laszlo, Dr P. F. Knightsfield, Mr D. R. Stuckey, and Mr E. Holloway). Once again he has examined social problems through the eyes of an economist. Both his conclusions and his treatment of the material are likely to provoke lively controversy.
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The paper is of great interest and should stimulate constructive debate. Many people have responsibilities in this field, and the paper touches on matters of deep and general importance.

By P. Sargant Florence

An unexpected phenomenon of the 1960's is the rise in the birth rates of developed countries, and the continued high birth rates in developing countries in spite of a great reduction in infant mortality. This has led to population 'bulges' or 'explosions' all over the world. People in all countries want higher standards of living and improved standards of care for children. How is this to be achieved?

It is often maintained that the combined effect of birth control and longer expectation of life is bound to place an extra financial burden on a country because it will lead to a higher proportion of non-productive old people. In fact, in a welfare state, young people are more costly than the old people, and developing countries are severely handicapped in their welfare programmes by the higher proportion of children. Thus, in 1951, 22 per cent. of the population of the U.K. was under the age of 15; the corresponding proportion in Pakistan was 42 per cent. (Kiser (Ed.) *Research in Family Planning*, p. 142).

The argument, so frequently repeated, that developing countries are largely rural, and that children of the tenderest ages are productive because they can help on the farm, is shown to be unsound by three facts: there is severe underemployment of adults on those farms; developing countries are being increasingly urbanized; and, as in developed countries, the children are now being sent to school.

This Occasional Paper is concerned with home, not foreign, affairs. But in view of last year's cam-

paign against hunger and this year's campaign for international planned parenthood, it is important to bear in mind the worldwide overtones of its theme: the cost to a 'welfare' state of excessive families.

Children living at public cost mostly come from large families

There are ample grounds for believing that some large families impose on the community a cost out of proportion to their size. Perhaps the most telling evidence was disclosed by inquiries sponsored in five separate areas by the Eugenics Society (U.K.) in the years 1948-50 – North Kensington, the West Riding, Rotherham, Luton, and Bristol, where the greatest number of families were investigated—155 against 274 for the other four put together.

All these were 'problem families', identified as such by being 'known' to the social agencies of the area. The most obviously costly case is a child taken away from home and supported at public expense in a foster home or institution; but other forms of social help were also covered. It is significant that most of the problem families were known to several social agencies. If the experience of all five areas is combined, just over a quarter of the families were known to two agencies, just under a quarter to three, 17 per cent. to four, and 8 per cent. to five or more. These families, identified as 'problems', were probably only the most serious cases, since in no area did they number more than 6.2 per cent. of all families: Luton 6.2 per cent.; Rotherham 3.5 per cent.; North Kensington 7.6 per cent.; Bristol 1.4 per cent.; West Riding 1.2 per cent.

Now the average size of these costly 'problem families' was very much larger than the national average. Bristol's 155 families had 764 children living at home, 208 away, and at least 20 that had died; a total of 902 children born alive, or 5.8 per family. Some of these families were not completed, because in 38 per cent. the housewife was under 38 years old. During the same period the Royal Commission on Population found that for manual workers the average family had only 2.5 children, even where it was complete. As the report on Bristol pointed out, the problem 'group of families . . . are reproducing at a rate at least twice as high as the rest of the (working-class) population.'

In the other four areas much the same conditions were observed. Table A shows the distribution of family size for the five areas put together and compares this distribution with *all families in the population in the* census of 1951.

The conclusion from Table A is that problem families needing public support are, as a rule, much larger than the general run of families. The census shows that only a very small number of the families have five or more children. In vivid contrast, nearly *half* the problem families have five or more children.

Table A understates the case for equating problem families with large families because children away from home were not included in the household. Some of those away were supporting themselves; but if these and all whose whereabouts were not

TABLE A: Number of problem families (with number of children in household) compared with all families in the census (Great Britain)

PROBLEM FAMILIES IN FIVE AREAS			CENSUS OF 1951		
No. of children in household (excluding children away from home)	*No. of Families*	*Percent. of families with children*	*No. of Families*		*Percent. of all families with children*
None	13		8,228,100		
One	27)		3,079,900)		
Two	46)		1,997,800)		
Three	49) 187	51.5	)	6,087,700	97.35
Four	65)		1,010,000)		
Five	53)		)		
Six	45)		)		
Seven	36) 176	48.5	165,700)		2.65
Eight	17)		)		
Nine	13)		)		
Ten or more	12)		)		
Total with at least one child	363	100.0		**6,253,400**	**100.00**
Children in care (NOT in household)	243			57,477	

known are subtracted, we are still left with 243 supported wholly at public expense. Among the 333 families where it is known if children are away, a child in (public) care is found in about three families out of four. For the country as a whole the children in care number 57,477, or less than one in every 100 families.

To sum up: I am not arguing that all large families are problem families, but that problem families do tend to be large.

A more recent inquiry throwing light on the public cost of large families is Harriett Wilson's DELINQUENCY AND CHILD NEGLECT (1962). Out of the 157 cases referred to the Medical Officer of Health of 'Seaport' during three years, Mrs. Wilson interviewed all the 52 families who could be traced and who showed certain failings that could be noted objectively as characteristic of child neglect: shortage of clothing; children dirty, verminous or nitty; bad school attenders; house dirty and smelling; mother not cooking.

The rate of delinquency among these families was (p. 122) eight times as high as the general rate for boys in the town. Searching for the causes of neglect, Mrs. Wilson found a bad working record for the father, or physical or mental ill-health in the mother. But she did not find, as prevailing theory contends, that living in

a certain neighbourhood made for delinquency. Instead, the third factor was size of family. In eight neglected families both father's work record and mother's health were favourable, and no neglect need have been expected. But six of them had more than 10 children, one had 8, and the other 7. As Mrs. Wilson puts it (p. 43-6) herself: 'The main disabling factor for these healthy mothers with steady incomes is an unusually large family.' In other words, although large families are not necessarily problem families, some families that might otherwise have coped become problems when they reach a certain size. Forty-nine out of Mrs. Wilson's 52 neglected families had five or more children.

In the five-area problem-family inquiries sponsored by the Eugenics Society, the public statutory agencies which helped to identify problem families were in particular the health departments (sanitary inspectors, mental health workers, domiciliary midwives) and the Education departments (school medical service, school inquiry officers). In addition, certain voluntary bodies dispensing private funds also helped, in particular the National Society for the Prevention of Cruelty to Children, the Councils of Social Service or Family Welfare Association, and the Housing Trusts. But many public social agencies did not co-operate, though they are concerned mainly, or partly, with children and adolescents. A list of all the departments of the Birmingham City Council so concerned is worth surveying in Table B, to indicate how varied are the activities affecting children of a fully-developed local authority. To this list may be added national social agencies, some voluntary agencies, and also some police organizations – between 1938 and 1959 the total of juveniles found guilty of *indictable* offences alone rose from 28,116 to 53,183 a year.(8TH REPORT ON THE WORK OF THE CHILDREN'S DEPARTMENT, 1961.)

The local and national agencies disburse, of course, very different amounts of the taxpayers' or ratepayers' money. It is surprising to note that specific disbursements for children appear more than twice as great as for old people. Table C makes the calculation for 1961-62. The four items that are incurred specifically for children, and the three for old people, are added together with a rough estimate of the share of national health expenses attributable to the two age-groups.

The high public cost of children compared with that of old people is not just a phenomenon of a particular year. It is confirmed in other years. But it is worth noting that the public cost of both old and young people has increased rapidly in the five years – about 66 per cent. – far more rapidly than can be explained by inflation and the rise in population put together. The retail price index between these two years 1956-7 and 1961-2 rose by 17½ per cent., the population by 3¼ per cent.

The conclusion to be drawn from the statistics quoted in Table C is that the public cost of children is, contrary to popular belief, much higher than the cost of old people (apparently more than twice as high). If we look at similar statistics for earlier years, we must conclude that this cost is rising far beyond any rise accounted for by inflation and population, and indeed faster than the total national income.

TABLE B: Agencies concerned with children

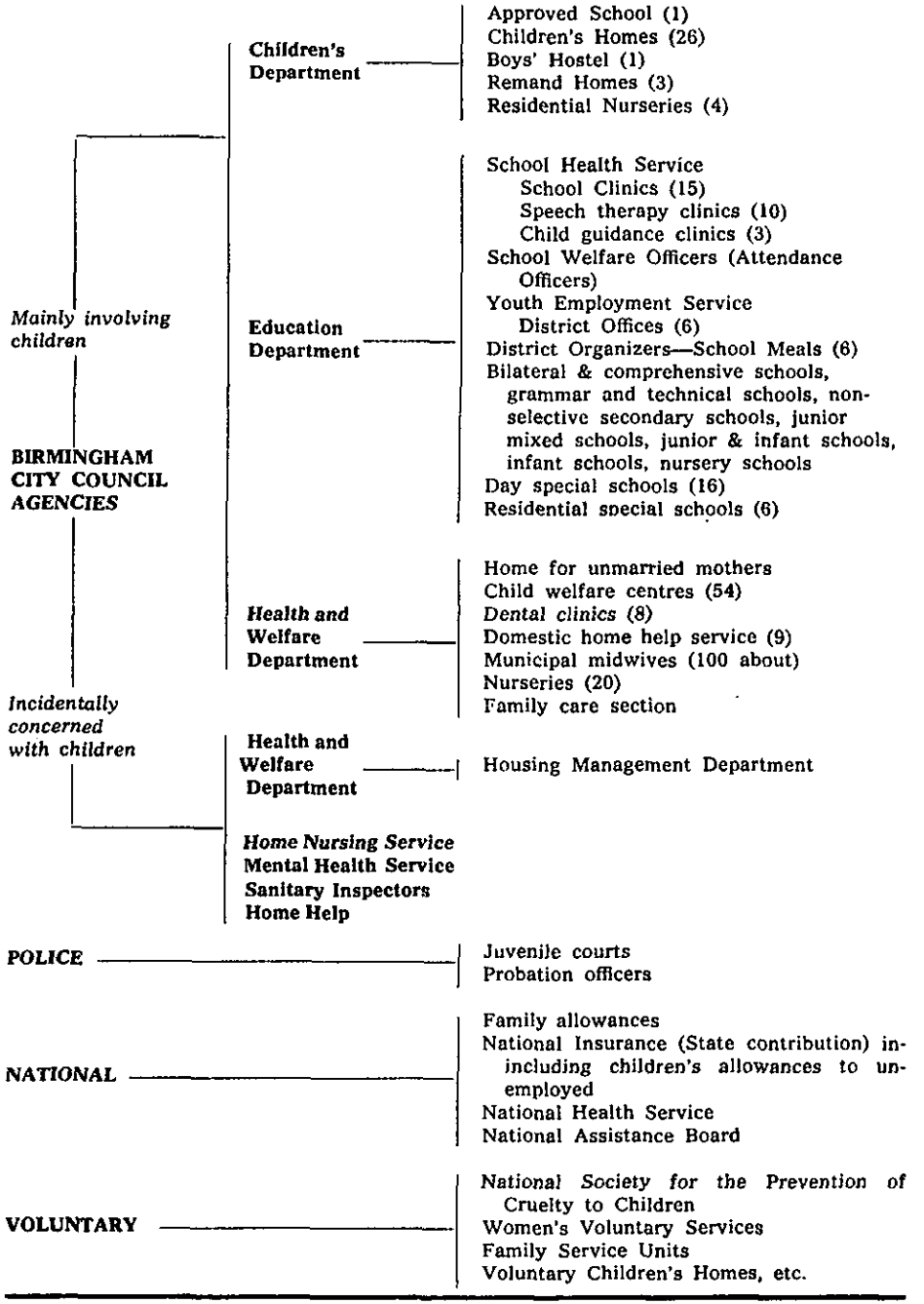

TABLE C: Major Current Government Expenditure on Children compared with that on Old People, 1961-2

For Children	£000,000	For Old People	£000.000
Family Allowances	144.1	Nat. Assistance Grants to Old People	89.4
Child Care (Total Cost)	27.8		
Education (Local Govt.)	812.4	Non-Contributory Old-Age Pensions	8.5
School Meals and Milk Less payment by parents (Local Government)	64.8	State Grant to National Insurance Fund for Retirement Pensions	136.0*
Share of National & other health services attributable to Children	155.0**	Share of National & other health services attributable to Old People	292.0**
	1,204.1		525.9

(Source: ANNUAL ABSTRACT OF STATISTICS 1963. H.M.S.O. TABLES 39, 40, 42)

These items, including the total for the National Health Service, represent a substantial coverage. They amounted in 1956-7 to 68 per cent. of the total amount officially recorded as the current expenditure on social services: by the Central Government £1,537.4m. and by the local authorities £780.9m., a total of £2,318.3m.

* 5/7ths of the total of £191.7m.: this is the proportion retirement pensions, and pensions to widows over 60, form of contributory benefits.

** The total current expenditure for the National Health and other health services in 1961-2 was £859.5m., and the age group 1-15 23 per cent., 11-65 65 per cent., and 65 upwards 12 per cent. of the total population. If those over 65 are each estimated to cost medically four times as much as those below 65, the shares of the total cost become 18 per cent., 48 per cent., and 34 per cent., amounting respectively to £155m., £412.5m., and £292m.

TABLE D: Weekly cost for each child 'in care' 1959-60

	Children in Residence 1960	£	s.	d.
Boarding with foster parents	28,684	2	2	2
Local authority children's homes	19,732	8	11	5
Approved Schools	8,084	9	14	9
Remand homes	977*	12	17	6
	57,477			

* Estimated from 15,633 admissions and average length of stay 23 days; no discontinuity assumed.

(8TH REPORT ON THE WORK OF THE CHILDREN'S DEPT.)

The cost per child is particularly heavy when a child cannot be boarded out with foster parents and is in an 'institutional home'. It is precisely the large families for whom foster parents cannot easily be found. Table D represents these costs and also the costs of delinquent, or possible delinquent, children in approved schools and remand homes.

Two somewhat philosophical factors are worth considering at this point.

First, the cost of educating children is perhaps eventually repaid by the greater efficiency of a nation's manpower, whereas the support of old people has no such reward. But this paper is only concerned with the existing pattern of the national commitment.

Second, on a wider front, I am not urging that less be spent on the children's needs. On the contrary, I am certain that the full needs of these unfortunate children are not adequately covered. The family allowance of 8s. for the second child and 10s. for subsequent children is probably insufficient at today's prices, so is the National Assistance scale for those in need. And though there is so much public financial help, it can never compensate for psychological deprivation and parental neglect. What I am urging is that *if the numbers of children were reduced public funds could be more usefully spent on improving the environment and education of a greater proportion of children.*

To sum up again: Misery and unhappiness are gradually being reduced in our Welfare State, but there are still two interconnected areas where *avoidable* misery persists: that of housing and of excessive families. The present Occasional Paper is an attempt to lay the foundations for tackling one at least of these recalcitrant problems.

Measuring the cost of large families

The five-area inquiry for the Eugenics Society showed that many families were 'known' to several social agencies. This recurrence in the records of different agencies suggests that, for a research project, samples of specific families should be selected, 'matched' in all characteristics except for being small or large, and that these families should be 'followed through' the various agencies. The attempt was made in Birmingham in 1962-3. Birmingham is the largest one-tier local government unit in the country, and the costs incurred by the social agencies should show up clearly.

Some types of costs caused by large families need no detailed analysis because they are incurred automatically: for instance, benefit for children of the unemployed or widows, and family allowances.

The particular agencies that are likely to show disproportionate cost when a detailed analysis is made are marked with an asterisk in Table B. Certain city council agencies, though only incidentally concerned with children (Table B), are included for good reasons. Probation and approved schools are included because of the connexion already observed (e.g., by Harriett Wilson in 'Seaport') between large families and delinquency. Housing management is included because of the apparently disproportionate difficulty of housing large families

and the relative frequency with which large families have to be evicted, because they have not paid the rent, and somehow resettled.

The common-sense test of how far public costs were disproportionate to the size of family met an unexpected difficulty. Detailed data of public costs were unavailable, at least locally. This barrier to public accountability seems so serious that an Annexe has been added to this paper describing the agencies that were tackled and the various reasons why information was not available.

In spite of the difficulties caused by lack of records, one fact has become clear: that families, even at the same level of poverty, vary greatly in their public cost per child. Indeed, one might speak of a 'public cost proneness' similar to the well-documented 'accident proneness' found among individual factory workers. (Florence, *Labour*, pp. 133 ff.) Within the problem family group some will take up a great deal of the time, effort, and cost of agencies' staff, often quite out of proportion to the severity of their problem.

An example of this proneness (and of the difficulties of costing) is illustrated in the Family Service Units' records of a Mrs. X with seven children. In the period of a year Mrs. X paid some 80 visits to the Unit, each taking up staff time; and 34 visits were paid by the staff to her house. These visits engendered other related work. Consultations with thee National Assistance Board were necessary – 14 occasions were recorded – and about 15 consultations in total with the Electricity Board, the Gas Board and the City Housing Department. Also involved were consultations with the Women's Voluntary Service, the Youth Employment Bureau, the Probation service, the health visitor, and the Children's Department. Many of these occasions were trivial, yet they occupied the time of the private agency officers as well as public officials.

More complete and accessible records would enable us usefully to distinguish, among problem families requiring the attention of social agencies, those 'prone' to need a great deal of attention and thus public expense. The difficulty of obtaining the basic data has serious consequences for several reasons:

We boast of modern techniques for computing; but if the data fed into the machines are inadequate it is not only a waste of time but may well be positively misleading. Results appear exact that may be fundamentally false.

Absence of knowledge may lead social services to be ruled by theories that are unverified. For instance, it is held by many sociologists that both in developed and developing countries 'motivation' is the main factor in large families. But motivation as a source of action is particularly weak in persons of low mentality.

I am not advocating research for the sake of research, but for the practical purpose of reducing social misery and unhappiness to a minimum with the resources at the disposal of the community. The absence of information about the clients of social work prevents us from finding some of the root causes of misery. It is probably true, for instance, that large families increase

misery and also increase the cost of curing this misery. Prevention is better than cure, and it is of the greatest importance to know how far the problems of the problem family could be prevented instead of partially relieved.

The question of low mentality is particularly relevant to continuing cost. Social policy should seek out and try to break vicious circles of misery and public cost. Now it is a probable hypothesis (but one that calls for further research) that children of large families tend to breed further large families, and that this is to some extent associated with inferior mentality. Certainly two-thirds of the housewives of the problem families analysed in the five areas were assessed as below normal (including 7.4 per cent. as mentally deficient). Only 0.3 per cent. of housewives (and 1.5 per cent. of male heads) were assessed as above normal.

Facilitating voluntary control of large families

If much of the heavy public cost of problem families arises because they are large, and if large problem families tend to reproduce further large (and thus costly) problem families, a vicious circle in public expenditure is set up which must, at some point, be broken. The obvious solution is to control the procreation of large families likely to become problems.

Recent research in Britain discloses that birth control in one form or another was, and is, practised at one time or another by some 65 per cent. of the couples married between 1930 and 1939. Among the non-manual middle classes 44 per cent. started birth control on marriage, 36 per cent. did so among the skilled, and only 30 per cent. among other manual workers.

There was an even wider difference between the couples who married in 1950-60. The percentage starting birth control on marriage was then 59 per cent. of non-manual, 43 per cent. of skilled, and 32 per cent. of other manual workers. A further section of the population whose fertility may well give rise to problems and public expense, are the post-war Commonwealth immigrants, and more so now that the wives are migrating to join their husbands.

A pioneer research is being undertaken in Sparkbrook, an immigrant quarter of Birmingham, by Dr John Waterhouse and Miss Diana Brabham, under the auspices of the university. A comparison of West Indians with a somewhat similar number (56-69) of similarly aged Indians, Pakistanis, and Irish and (rather older) English couples remaining in the area (mostly matched by similar occupation) shows considerable differences.

A summary of certain of the facts disclosed is given in Table E. Compared with the English group the number of pregnancies when the families were complete (i.e., the woman was 45 years old) was higher in all three immigrant groups. But the size of family which each group, on an average, thought ideal was little higher, except among the Irish. Indeed, the most remarkable fact emerging from Table E is perhaps the discrepancy among the immigrants between the ideal size of family, as stated by themselves to the interviewer, and the

TABLE E: Comparison of knowledge, attitudes, and behaviour among different races.

	Racial Group*			
	English	*Irish*	*West Indian*	*Indian and Pakistani*
No. in sample	54	69	56	69
Average of wimen in sample	41.0	31.7	30.8	30.4
Av. No. of pregnancies by the age of 45	3.0	6.9	4.0	5.5
Ideal size of family	3.2	4.1	3.2	3.4
% with knowledge of family planning	90.7	92.8	87.5	68.1
% using family planning out of those knowledgeable	63.3	43.8	42.9	70.2
Main reason for not using family planning	want more children	religion want more children	'laissez-faire' attitude	lack of knowledge

Summarized from The Eugenics Review, April 1964.

* Because of the relatively small number of Indian and Pakistani families, all in the area were included; families of other races were a random selection.

average number of pregnancies among the women who had reached the age of 45, when the family had presumably been completed. This discrepancy, together with the proportion ignorant of any sort of family-planning method (which was particularly high among the Indians and Pakistanis), indicates the need for teaching family planning so that couples may fulfil their own ideal.

The proportion of those with knowledge of family planning who yet do not use it is increased by the number of younger women who have not yet completed their ideal number. But it also includes couples, particularly West Indians, with what the investigators call a 'laissez-faire' attitude, and others, especially the Irish, with religious beliefs opposed to effective birth-control methods.

The Family Planning Association is the main organization for disseminating birth-control information. In December, 1960, it had 271 local branches operating 336 clinics employing 460 doctors and more than 560 paid nurses. This association has recently been examined, at its own request, by a 'working party' under the chairmanship of François Lafitte, Professor of Social Administration and Policy at the University of Birmingham. Their very thorough report, which I will call the 'Lafitte' report, was published in October, 1963. Its recommendations were debated and approved at the annual conference in June.

Effective prevention of large problem families will depend on two conditions: finance to expand family-planning advice; and finance to continue research into better and more acceptable methods of birth control. Since the cost of large problem families falls on public authorities, it seems logical that public authorities should contribute to the cost. The Lafitte report shows that in 1960 local authorities contributed only £8,000 and the central authority nothing. It is only fair to say that local authorities often assist by the loan of buildings. The rents charged are 'nearly always small and often the merest token payments;* but though local authorities may be most generous in providing equipment, the family-planning clinic may well receive nothing much beyond space to work in. I contend that the cost of more help to family-planning clinics would be more than offset by a fall in the public cost of problem families.

This claim was substantiated by Dr Dorothy Morgan at Southampton in 1960, in an extensive experiment with a domiciliary birth-control service to 55 actual, and 55 potential, problem families. The service cost £1,000 for the year (or just over £9 a family), but, according to Dr Morgan, saved the addition of 110 babies to the already large problem families. Among these, more than one child in five was on average already in local authority care, in about equal proportions in foster homes and a children's institutional 'home,' costing for the younger children respectively £2 10s. and £8 5s. a week. Applying this ratio of one-in-five to the unborn children, Dr Morgan estimates that her service saved over £5,600 a year on child care alone.**

The general implication of Dr Morgan's claim can be seen from Table A, where it was shown that almost half the problem families, and presumably almost half the cost, arose from families with five or more children. If the present proportion of large families can be reduced, problem families would be reduced by a much larger proportion. Suppose families with more than four children were reduced over the whole country by 25,000, or as little as 0.4 per cent. of the total of 6,253,400 families with at least one child, the 165,700 large families would be reduced to 140,700, or by 16 per cent. Assuming that the large problem families were reduced by an equal proportion, they would fall, in the five areas of Table A, from 176 to 148, which is 40.8 per cent. instead of 48.5 per cent. of all the 363 problem families. In short, if some

* Professor Lafitte estimates this concealed subsidy as at least £40,000 in 1960.

** 11 children at £2 10s. and 11 at £8 5s. a week × 4 = 4(£27 10s. + £90 15s.) = £473 a month.

0.4 per cent. of *all* families can be prevented from becoming large, this should result in a reduction of 7.7 per cent. in problem families.

The present inaccessibility of the detailed records is discussed in the Annex of this paper. It is at present difficult to assess the precise saving that could be achieved by the control of large families. Much of this excess is the cost of children in care for longer than a few weeks, a cost given by Dr Morgan (Table D) as £5 to £6 a week. We also know (Table A) that a child in care occurs on average in three problem families out of four. Thus, on average each problem family costs the public on this score alone three quarters of £5 to £6, say £4 5s. a week, or £220 a year.

There are other items as well. Dr Morgan mentioned that problem families do not willingly attend ante-natal clinics, so that special costs are involved in the midwife's monthly visits. There is also the increased National Assistance (where the father is not earning) to the larger families and their greater demands on child welfare centres and the police, including juvenile courts and the probation service. It may be recalled that problem families were, in the five-area inquiry, identified by the very fact that they were known (and cost money) to these social agencies.

Against these costs must be set those incurred in avoiding large families. Dr Morgan went after problem families with a 'domiciliary service.' The normal clinic, to which patients have to report, is less expensive per patient but, of course, less selective of problem families. The annual cost per patient in clinics has been calculated at £2 for an average patient. If only one of the category of *non-paying* patients is a potential problem-family mother, the cost of preventing a problem family is £20 a year, against the £220 for a child in care.

Public authorities are therefore justified, on purely economic grounds, in taking a greater part in subsidizing birth control. Several States in America offer free birth-control advice and supplies to families on relief. So does Tokyo municipality. Why not Britain?

Larger public aid is not, however, the end of the matter. Medical research is leading to the invention of cheaper and more effective methods. But unless a special approach is worked out, the sociological factor of 'acceptance' is likely to prove a lasting obstacle for the problem families at home, as it is proving in most developing countries abroad. It is becoming clear that research into birth control must be carried out at three levels. The more obvious, technical level is the discovery of new methods. But there must also be a continuous search for methods of producing appliances and drugs at a lower cost. Besides this technical and economic research, sociological research into acceptability is needed.

In considering empirical research at the sociological level, to which the Lafitte report draws attention, one must remember the limitations of mere deductive reasoning based on man's rationality. It cannot be stated too emphatically that there are in every community a number of couples existing in a limbo of ignorance, fecklessness, and irrationality to whom mere giving of information is of little help, however much they want it. They are not 'motivated' towards

large families and not unwilling to limit the number of their children. They have, in fact, often been informed, at their own request, how to limit their families, or at least where to go to get the information and know-how. But they seem incapable of acting, or of acting persistently, on this information. It is relevant here to quote from the conclusion of Pauline Shapiro's article *The Unplanned Children* (New Society, November, 1962) in which, among 101 Birmingham families, those 'coping' with their problems are distinguished from the 'non-coping'.

> *The whole battery of social services, from hospitals, clinics, and general practitioners to a host of social agencies, was concentrated on the women. A few, when medical reasons and religious belief, or lack of it, permitted, were sterilized. Many others begged unavailingly for such certitude. The majority were given information about the Family Planning Clinics, which for various reasons, they did not use.*

These 'reasons' Mrs. Shapiro illustrates by a number of cases.

> *When these matters were intimately discussed, the reasons chiefly given were acute embarrassment, dislike of the method, and lack of belief in its reliability .. . Many women were embarrassed about one or other aspects of contraception. Undressing in front of doctors, submitting to internal examinations . . .*

An extension of services and more research will involve expenditure that will, directly or indirectly, have to be met from rates and taxes. But the cost of prevention is likely to be lower than the cost of cure or of palliatives.

Before the public authorities shoulder more of the expense of financing birth-control clinics, they will certainly want to have wider and deeper information not only about the effectiveness but also about the 'acceptability' of various alternative methods to the problem families, where the parents are likely to manifest irrational and feckless attitudes. But as the public authorities are unlikely to shoulder the cost of the necessary sociological research themselves, we must look to private sources to support it. The Family Planning Association will probably be fully committed financially if it is to conduct the unpaid propaganda and advice the Lafitte report recommends. It is therefore to be hoped that public-spirited individuals and institutions will come forward to fill the research gap. The Oliver Bird Trust, which was left £30,000 in 1957 for research into contraceptives, points the way.

Summary

The purpose of this paper is not to urge less public expenditure on children's needs. Its purpose is to improve the quality of the environment and education of a greater proportion of children by reducing the number of children on whom a given sum is spent.

To achieve this improvement more light must be shed on the specifically *problem* families, including many of the growing number of immigrant families. Though these problem families are relatively few, they cost the community heavily – often without

achieving a normal family life. And the great public cost results not in cure but only in partial palliation.

An outstanding characteristic of problem families is that they are large. In fact, if they were not so large they might not become 'problems.' Therefore the main recommendation of this paper is that local authorities should more generally subsidize family-planning clinics. It also gives reasons for privately, if not publicly, subsidizing sociological research into the 'acceptability' of birth-control methods to the less rational couples who loom large among problem families.

Details of the costs of public social agencies should be more accessible to the public, which pays the costs. Meanwhile it is hard to assess the amount that will be saved by supporting facilities for limiting families. However, a rough estimate suggests that the cost to the public of large families of five children or more is many times greater than the cost of teaching these families to limit their children. And it must be repeated that all the public costs incurred in coping with problem families cannot recreate a normal family.

Annexe: The difficulty of access to data

The difficulties of obtaining the data required to estimate accurately the public costs of large families are so serious that they should be considered in greater detail. Out of the social agencies with asterisks in Table B a short list of eight were considered for more intensive analysis. The short list comprises:

The Mental Health Service;

The Parent Guidance Clinic;

The Family Care Section;

The Probation Service;

The Children's Department;

The National Assistance Board;

The School Welfare Service (e.g., School Attendance Officers);

Among the private agencies the Family Service Unit, whose type of work is somewhat similar to the Public Family Care Section*.

The apparently common-sense method of following a sample of 'matched' smaller and larger families through these social agencies, though logical and apparently simple, ran into surprising difficulties. But the difficulties are far from insuperable, and I suggest that certain elementary procedures could be adopted to make such research possible.

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* The particular costs of large families for two of these short-listed agencies are not immediately obvious and require explanation.

(1) The National Assistance Board, though spending most of its funds on supplementing the income of the aged, finds, in applying its means test, that large families need considerable assistance. In 1960, for instance, it had to assist the following numbers of families of different size: with one child 77,000; two children 95,000; three children 90,000; four children 64,000; five or more 111,000. The proportion of large (5+ children) to all families with at least one child that are assisted at public cost is thus 25 per cent., compared with the 2.65 per cent. in the population generally, shown in Table A.

One might expect that local authorities would keep a central file in which the various agencies concerned with each problem family would be brought together, so as to avoid overlapping and to obtain co-ordinated knowledge. This unfortunately is not the case.

At the suggestion of the Home Office and the Ministries of Health and Education, most local authorities have set up co-ordinating committees between the various child-care agencies, with representatives of the Children's Department, the National Society for the Prevention of Cruelty to Children, the health visitors, the school attendance officers, probation officers, and so on. But there is as yet, in most localities, no index of 'problem' children as such. However, under Section 7 of the 1963 Children and Young Persons Act, the Children's Committee have a duty to ensure that child services are co-ordinated. A conference between interested bodies is to take place in the near future to consider, among other things, the establishment of a central register. *It is up to the public to press for such registers in each locality.*

Failing a central co-ordinated register, information should be available in the files of the individual social agencies. But difficulties were encountered in gaining access to the required information, even in individual agencies, as a result of at least seven causes:

- Flat refusal of some agencies to co-operate, at least at local level;
- *Refusal to co-operate, if results to* be published;
- Agreement to co-operation in the office, but clients not to be interviewed;
- Agreement to co-operate, but past records destroyed. (Some agencies do not keep their records after one year.)
- Agreement to co-operate, but records incomplete:
  (a) The family name of the client appears on the record card but no first name or even initials. Dozens of Smiths, Browns, and Robinsons *may appear. And changes of* address may not be noted;
  (b) Mother's age not recorded;
  (c) No record of the size of the client's family. In the rare case where this information is given, it was often found defective. Records were not always kept of deaths of children, or whether children were being cared for away from home;
  (d) No record, however rough, of the time officers of the social agency spent on each case, even when this involved long journeys or interviews. Since officers are paid salaries on a time basis, such

(2) The Mental Health Service is involved indirectly because (as the inquiry in the five areas shows) a considerable proportion of the mothers of problem families were of subnormal mentality. It might be expected therefore that particular care would be exercised by the relevant agencies to put current information on the record. Subnormality would be costly to the communities in two ways: (a) subnormal women would take no effective measures to limit their family; and (b) they would be less able to cope than women of normal mentality with the consequent large family. From these two probabilities follows a third. The next generation is likely to have a greater proportion of subnormal mothers—rendered subnormal by heredity and environment and so on from generation to generation.

a record is essential in estimating the public cost;

- Agreement to co-operate and the required records available, but scattered among many divisions or branches. If there is a *central* file as well, it may not record the relevant detail;

- Agreement to co-operate and the required records available and centralized, but physical conditions and accommodation make research difficult, if not impossible. Cards were wanted by the officers in the course of their current duties, and/or there was no room in the office for looking at the records. If, instead of being destroyed, old record cards had been filed away as archives, this conflict of research with immediate current use would not arise, since the researcher could work in the archive room.

It is clear enough that many social services are operating under great pressure of time and space. But neglect of space and time to make records available is, though penny-wise in the short run, pound-foolish in the long.

To sum up: Several important scientific and practical reasons exist for an overhaul of official record-keeping, so that the public may know how its money is spent and may use that knowledge to prevent unnecessary costs. Many public agencies could certainly learn from one another in this matter of record-keeping, and could learn too from private agencies. In our survey, the Family Service Unit was found to keep the most useful records and the Unit did not discard records. Costing of a crude type was possible because records were kept of visits to clients, of clients' visits to the Unit, and, on occasion, of the time actually involved.

It is true that clients are treated confidentially, and that disclosure of the case histories of particular persons must not be allowed to investigators other than officials. The solution to this non-disclosure rule is for government departments to include within these organizations a research unit to review the facts and consequences of their own work by random sampling. Such a suggestion was made to the Heyworth Committee by the Birmingham University Faculty of Commerce and Social Science. The cost to the public of large families now partly supported through Public Assistance grants, and through the services of local authorities, was, in fact, quoted as an example of the need for internal research units. Incidentally, it was pointed out that these built-in research units could always call on university or independent experts if required; they would be duly sworn to secrecy.

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