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INDICATORS OF RISK IN FAMILIES RECEIVING ATTENTION FROM SOCIAL SERVICES

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This article presents a psycho-social-epidemiological study using family social risk indicators, carried out within an ecological and systemic framework that considers social risk as a circumstance resulting from interactive dynamics within a human community. 296 reports were selected from a total of 500 sent during 1995 by the community social services of the province of Seville to the Family Assistance Programmes of the provincial council. The sample included those reports that contained sufficient information to analyse all of the 45 previously defined risk indicators and their interactions. The result is a profile of the families targeted by the programme, characterized by the presence of social and economic problems, problems in the family structure, housing difficulties, health problems, drug abuse, low educational level and family violence.

Desde una perspectiva ecosistémica, considerado el riesgo social como una circunstancia resultante de una dinámica interactiva en el seno de una comunidad humana, se ha realizado un estudio psico-socio-epidemiológico mediante "indicadores" sobre "familias en riesgo social". Del total de 500 informes sociales, remitidos por los servicios sociales comunitarios de la provincia de Sevilla al Programa de Atención Familiar de la Diputación de Sevilla durante el año 1995, se seleccionaron 296, que son los que contenían información suficiente, y se analizó la frecuencia con que aparecía cada uno de los 45 "indicadores de riesgo social" previamente definidos y sus interrelaciones. Lo que ha permitido obtener un perfil de las familias atendidas, que se caracterizan por la presencia de problemas socioeconómicos, de configuración familiar, de vivienda, de salud, de consumo de drogas, de bajo nivel educativo y de violencia en el hogar.

The concept of *social risk* depends on the theoretical framework from which we start out. From the approach adopted (Casas, 1989), social problems would be situated in the context of the psychosocial study of human development and socialisation processes, within a set of perspectives on the well-being and quality of life of human groups and on social change aimed at their improvement.

Interest in *risk* has paralleled the growing interest in prevention or, what amounts to the same, the increasing efforts made at avoiding the appearance or escalation of certain problems (Granell, 1986, cf. Casas 1989). In this sense, the notions of prevention and risk are coincident.

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Risk also denotes a relationship with something undesirable. It is assumed that risk factors pave the way for, or at least may favour the appearance of a problem (Castel, 1981, cf. Casas, 1989).

However, as it is being recognised more and more, *social risk* is not merely a personal attribute of an individual, but rather a social circumstance resulting from an interactive dynamic within a human community. This is the perspective defended by the ecological and systemic paradigms (Barker, 1968; Wicker, 1979, cf. Casas 1989).

From this perspective, and with an historical and cross-cultural approach, Brofenbrenner (1979) contributed the idea that the human being not only has the capacity to adapt to the environment or tolerate diverse situations, but also to *create the ecology in which it lives*. The articulation of the different levels of factors that affect human development shape the structure of the ecological environment, which can be explained topologically as a serial disposition of concentric systems or structures.

The ecological approach, useful in a variety of fields, has been applied to social intervention in the community in general (Rappaport, 1977), and to some more specific ecological and socio-community areas (see, among others, Garbarino, 1992; Belsky, 1980; De Paúl, 1988).

From this perspective, any community is a system that contains a greater or lesser number of cohabitation units, of heterogeneous composition, which we call family units or microsystems, and which constitute a space of crucial importance for the people that comprise them, given their contribution to personal realisation, interaction among generations and support during life transitions (Rodrigo, 1995).

Within this approach, the contextualised study of human behaviour must consider behaviour as resulting from the interaction between the set of variables making up one's human individuality (capacities, life experiences, learning, life options, etc.) and the set of variables that constitute one's environment (psycho-social environmental, social climate, interpersonal relation variables, etc.).

Meanwhile, the notion of *family destructuring,* related to the above perspective, has frequently been associated with the material or human configuration of family units (such as the lack of a member, scarce social and economic resources, etc.). This is, undoubtedly, a quite limited view of the problem, as it reduces the difficulties of a family to its material expression and labels as negative certain situations that do not by themselves have a negative effect on its members. Difficulties and conflicts may be enriching and growth-producing experiences, depending on factors of personal resistance and, especially, on the environmental and relational totality in which one lives. Thus, it is preferable to speak, in positive and contextualised way, of the *structuring of the family environment* (Lautrey, 1985), both objective and experienced –the latter being related to the family social climate to which Moos, Moos and Trickett (1987) refer.

With regard to intervention, the majority of preventive programmes developed from psycho-socio-community approaches are aimed at deploying social actions that have an indirect effect within the family nuclei of a community. Here too, systemic and ecosystemic approaches are becoming more and more accepted (see, among others, Campion, 1985, cf. Casas, 1989), and have produced, in Spain, some studies on the characteristics of families with children and/or adolescents with social problems (Alvira and Canteras, 1986, cf. Casas, 1989; Escartí and Musitu, 1987; De Paúl, 1988). The data obtained allows us to argue that there exists a set of socio-familial factors that ostensibly favour situations of psychosocial difficulty, that is, risk situations.

The growing interest in psychosocial epidemiology, which attempts to describe relationships among factors leading to an undesirable situation, has incorporated in recent decades the study of a series of variables, related to the contextualised history of the individual's personal development, called *life events*. Their inclusion is intended to contribute to the discovery of the *individual risk profiles* of certain undesirable behaviours or situations, that is, *individual vulnerability*. However, criticism of preventive public programmes based on individual risk profiles (Castel, 1981, 1983, cf. Casas, 1989), has obliged interventions to be directed more towards *risk populations*.

Nevertheless, the complexity of social and psychosocial realities prevents direct study of phenomena, obliging researchers to use approximations to reality, that is to say, *indicators*. In descriptive and comparative psycho-social-epidemiological research, such as that pretended here, it is appropriate to use a set of psychosocial indicators that allows us to study social community problems, in our case *families at social risk*.

Although knowledge of risk situations is based, in principle, on the accumulated experience of professionals in specific and individualised situations, subsequent interest may emerge in carrying more systematised studies, in which it is confirmed whether there exist relationships between factors that *coincide* or *accumulate*. In family intervention programmes carried out by community social services in the context that concerns us here, there is growing interest in discovering specifically the most common social risk factors, and which of them combine to form the profile of the families studied. Recently, the Family Assistance Programme team of Seville's Provincial Council has shown interest in this matter and taken on the task. Starting out from the theoretical framework summarised above, of the possible (theoretical) indicators of psychosocial risk, it has been attempted to select the empirical indicators most in accordance with the characteristics of the study, its objectives and the reports available. These have constituted the axis of a study that allows us to analyse the profile of the families involved in the research. Subsequently, with the data obtained, it will be attempted to make decisions regarding the search for strategies for reinforcing and/or treating these families. This article reports on the study carried out.

Within the Family Assistance Programme, or PAF (*Programa de Atención Familiar*) of Seville's Provincial Council, a study was planned of families with social problems receiving assistance. Its objectives were as follows:

1º To identify in a specific and contextualised way which are the social risk factors affecting the fami-

lies referred to the PAF by the field social services.
2º To study the incidence of and the relationships between these social risk factors, which allows us to establish a profile of the risk population.
3º Subsequently, to use the conclusions obtained to make decisions with respect to the strategies of prevention and/or treatment to be applied to the families with social difficulties.

Some of the hypotheses underlying this study are as follows:
1ª The social difficulties of the families targeted by the PAF can be explained from an ecosystemic perspective, identifying and relating the personal, familial and environmental variables that exert influence.
2ª The group of families in social difficulty targeted by the PAF constitutes a risk population, having certain characteristics that can be analysed by means of data that reflect the reality of their situation (*social risk indicators*).
3ª From among the possible theoretical social risk indicators, some empirical indicators can be selected. These can be studied through an analysis of the documentation presented by the community social services to the PAF of the Seville Provincial Council.
4ª Some empirical indicators of social risk coincide or accumulate, allowing the establishment of a basic profile of social risk in families, useful for making decisions with regard to the selection of strategies aimed at the prevention and/or treatment of the social difficulties of the families receiving assistance.

Method

Subjects

In order to carry out the study we selected all of the cases referred by the community social services to the Family Assistance Programme of the Seville Provincial Council in the course of a year (1995). The total number of files registered and analysed was 464.

Instruments

The analysis of the files was made through a closed questionnaire. This questionnaire has its origins, as a result of a request by the community social services, in a proposal of social risk indicators inspired by previous works (especially Casas, 1989). Recently, the initial questionnaire was revised in order to adapt it as far as possible to the objectives of the present study. After its preparation it was discussed by experienced professionals. Thus, considering the revised possible theoretical indicators, a selection was made of those most pertinent to the study, taking into account the nature of the context and the professionals' opinions on their relevance. The definitive questionnaire included 45 risk indicators which could be present or not in the families studied.

In order to specify the reach and meaning of the variables, we give below a definition of the indicators used in the questionnaire, divided in two large groups, referring, respectively, to the physical environment and the objective social environment:

I. Indicators of the physical environment. Included three types of indicator:
1. *Family overcrowding*, an indicator reflecting the presence in the home of an excessive number of people, in relation to the inhabitable area available.
2. *Uninhabitability of the dwelling*, which included four non-exclusive indicators: *dwelling without water* (understood as the absence of running water); *dwelling without toilet* (absence of at least one WC in the house); *dwelling without electric light* (absence of at least one electric light); and *dwelling without ventilation* (only ventilation is the door of the house).
3. *Isolation of the dwelling*. This indicator refers to the fact that the dwelling is more than two kilometres from the nearest population nucleus, or that it is less distant, but said nucleus is inaccessible by the shortest route due to some natural obstacle.

II. Indicators of objective social environment. This is an extensive group of variables divided into six subgroups (family structure, socio-economic situation, educational level, social problems, health problems and social support). These subgroups are in turn divided into several sub-categories, with one or more indicators each:
1. Family structure that may lead to difficulties:
   A) *Family group with several family nuclei*, an indicator referring to the cohabitation of several nuclear families in the same home.
   B) *Parents with excessive responsibilities*, which includes: a) *Large family* (comprising parent/s plus three or more children); b) *One-parent family*: category that contains three exclusive indicators: a single *unmarried* parent; a single *separated or divorced* parent; a single *widowed* parent; c) *Premature family*: when one or both spouses is under 18 years old.

2. Socio-economic situation. This subgroup is made up of three exclusive categories:
   A) *Low income*: refers to a family in which at least one of its members works, but where the family income is lower than the official minimum wage.
   B) *Pension*: where the family income derives from the pension of one or more members.
   C) *Unemployment*, which includes two exclusive indicators: *unemployment with benefit*, when the jobless situation is alleviated by receipt of benefit on the part of one or more members, and *unemployment without benefit*, when the situation is aggravated by the fact that no family member receives benefit.
3. Educational problems, estimated from the presence of three non-exclusive indicators: *Illiteracy* (one or both parents cannot read or write), *school absenteeism* (frequent failure to attend school on the part of at least one child of obligatory school age) and *premature school leaving* (one or more children leave school before official school leaving age).
4. Social problems. There are four categories here:
   A) Drug dependence. In this category, of especial interest in the context of the study, care has been taken to distinguish between addiction affecting different members of the family (one or both parents and/or children) and the type of addiction found. Among the most frequent are: a) Addiction in parents, comprising two exclusive categories: a1) *Addiction of one parent*: with three non-exclusive indicators: *one parent addicted to heroin*; *one parent addicted to alcohol*; and *one parent addicted to gambling* a2) *Addiction of both parents*: understood as the presence in each parent of at least one of the addictions described (heroin, alcohol or gambling). b) *Addiction of one or more children*: understood as the presence in one or more children of at least one of the addictions described (heroin, alcohol or gambling).
   B) Serious social problems that may produce social maladjustment. In this category it has been considered pertinent to indicate which member/s of the family the problem affects (adults or children): a) *Serious anti-social behaviour in adults*, referring to the presence of delinquent behaviours for which they may or may not have been convicted: a1) *Presence in the family of one or more adults with a criminal conviction*. This comprises two exclusive indicators: *adult/s in prison* and *adult/s on conditional release or probation*; a2) *Presence in the family of one or more adults presenting delinquent behaviour for which they have not been convicted*. Most frequent are the two non-exclusive indicators *drug vending* and *other forms of crime*; b) *Situation of minors that may produce social maladjustment*: *minors in institutions for protection or reform* and *minor/s presenting anti-social behaviour* (theft, vandalism, assault, etc.).
   C) Presence of abuse or abandonment affecting one or more members of the family. This may take the form of abuse (physical, psychological and/or sexual) of partner or abuse/abandonment (physical or psychological) of child(ren): a) *Abuse of partner*. Here we differentiate between type of abuse, resulting in several non-exclusive indicators: *physical abuse of partner, psychological abuse of partner and sexual abuse of partner*; b) *Abuse of child(ren)*. Here we again distinguish type of abuse/abandonment, giving rise to a similar series of non-exclusive indicators: *physical abuse/abandonment of child(ren)*, *psychological abuse/abandonment of child(ren)* and *sexual abuse of child(ren)*.
   D) Uprootedness (*immigrants with income lower than the minimum wage*). This indicator aims to detect situations of social isolation produced when difficulties of integration resulting from a family originating from another region or country coincide with economic precariousness (income inferior to official minimum wage).

5. Health problems. Within this subgroup we distinguish between problems of physical and psychological health and the presence of disability among the family members. Each category includes two non-exclusive indicators, according to the member/s affected by the problem:
   A) Physical health problems. This category refers to the presence of illnesses that affect family life over a long period: *invalidating illness in parent/s* and *serious illness in child(ren)*.
   B) Mental health problems. Referring to the presence of mental illnesses or disorders that affect family life over a long period: *parent/s receiving treatment at a mental health centre* and *child(ren) receiving treatment at a mental health centre*.

C) Disability. These indicators attempt to detect the presence of physical, sensorial or mental incapacity of sufficient seriousness to permanently affect family life: *disabled parent/s* and *disabled child(ren)*.

6. Lack of social support. This subgroup includes indicators related to the absence of the natural support provided by relatives or friends. There are two non-exclusive indicators: *lack of contact with the extended family* and *lack of contact with neighbours or friends*.

PROCEDURE

The analysis of the files was carried out by two Social Work students as a practical, during the first semester of 1996, under the supervision of the practicals tutor and the co-ordinator of the study. It consisted in the examination of 500 requests made through social reports. When the file lacked sufficient information, the case was excluded from the study. When the cases were long-standing, current data was completed with that from previous reports.

The difficulties most frequently encountered by those reviewing the reports were the heterogeneity of the documents' content, the imprecision of some of the references, the identification of some of the indicators and/or the maintenance of constant criteria for interpreting the indicators. The greatest obstacle of all derived from the need to link up the social reports, which had an open structure, with a closed "yes/no" type questionnaire. Thus, the case reports frequently mentioned the presence of risk factors; however, when there was no mention of a certain factor, it was difficult to discriminate whether that risk situation did not occur in the family, or whether reference to it had simply been omitted. The study team tried to overcome these problems through constant supervision and frequent discussion meetings.

The computer processing of the near-297 questionnaires obtained consisted in their manual input and the subsequent application of statistical analysis and graphics programs for the percentile and correlational studies of the values obtained.

RESULTS

The presentation of the results follows the order of the questionnaire. In the first place we present and discuss the percentage obtained by each indicator. We present only the frequency with which it appears in the social reports. As pointed out earlier, when the indicator does not appear, it may be due either to its absence in that particular case, or to its omission in the report. Nevertheless, our experience in the reading and interpretation of social reports suggests to us that the omission of a fact in the report should be understood as meaning that it is not present in the family, given that, in general, the professionals involved are sensitive to the identification of negative factors in the family environment. Subsequently, we show how each indicator crosses with other indicators, pointing out only those with which it correlates significantly. After each group or category we discuss the relationships between the group or groups of indicators in question.

Indicators of the physical environment

Overcrowding. Of the total of 296 families, 24.3% (72 families) live in situations of overcrowding. Overcrowding relates significantly with *plurinuclear families* (correlation coefficient r=0.314).

Uninhabitability of the dwelling. *Dwelling without water* appears in 6.8% of the families (20 cases). Some relationship exists between *dwelling without water* and *dwelling without ventilation* (r=0.224). *Dwelling without light* is found in 5.1% of families (15 cases). *Dwelling without toilet* appears in only 3.7% of families (11 cases). *Dwelling without ventilation* exists in only 2.4% of families (7 cases). There is a degree of significance in the relationship between *dwelling without ventilation* and *dwelling without toilet* (r=0.204). Grouping all of the figures corresponding to *conditions of the dwelling*, it is found that almost one in five families (17.91% of cases) presents some important insufficiency in the dwelling that makes it uninhabitable (*dwelling without water*, *dwelling without toilet*, *dwelling without light* and *dwelling without ventilation*).

Isolation of the dwelling. 4.4% (13 cases) live in conditions of social isolation. Taking together the data for the three types of dwelling problems analysed (*overcrowding*, *uninhabitability* and *isolation*), one in three families (95 cases, 32.1%) is found to have some type of serious housing inadequacy.

Indicators of the objective social environment

Family structures that may result in social difficulties. 34.2% of the families (97 cases) are *plurinuclear*, that is, several family nuclei live under the same roof. 46.6% of the families (138 cases) are *large families*, that is, with three or more children. 19.9% of the families analysed (59 families) have as their head a single *separated parent*, almost always the mother. 5.1% of cases (15

families) are headed by a *widowed parent*, usually a woman. 8.8% of families (26 cases) have as the parental figure a *single (unmarried) parent* without stable partner, which again is usually a woman. 15.5% of families (46 cases) are *premature families*. In summary, one-parent families (generally unmarried, separated or widowed women) constitute 33.8% of the cases (100 families). Grouping all of the data related to family structures that may –not necessarily– produce social difficulties (the indicators *plurinuclear family*, *large family*, *single parent, separated parent, widowed parent* and *premature family*), the majority of the family nuclei studied (78.71%, 233 families) present at least one of these situations.

Socio-economic situation. 18.6% (55 families) have *work income inferior to the official minimum wage*. In 16.9% of families (50 cases) there is a situation of *unemployment with benefit*; 45.3% of families (134 cases) are in a situation of *unemployment without benefit*. Lastly, 34 families (11.5%) live off some kind of *pension*. Taking together all of the data related to socio-economic situation (*income inferior to minimum wage*, *unemployment with or without benefit*, *and pension*) 89.5% (265) of the families studied are found to be in a precarious economic situation.

Educational problems. *Illiteracy of parent/s* is found in 11.5% of cases (34 families). In 10.5% of the cases (31 families) *school absenteeism* is found in one or more children. In 4.1% of cases (12 families) there is a situation of *premature school leaving* (one or more children have left school before the appointed age). Grouping the data for educational level (*illiteracy of parent/s*, *school absenteeism and premature school leaving*), we find 21.63% (64 families) with this type of problem.

Social problems:

1. *Drug dependence*. One of the parents is addicted to heroin in 15.2% (45 cases). The father is usually the habitual consumer. There is an alcoholic parent in 9.5% of cases (28 families). Also in these cases the father is generally the habitual consumer. This variable is related to *physical abuse of partner*. *Parent addicted to gambling* occurs only in 0.7% of cases (2 families), while the incidence of *both parents addicted to drugs* is only 1.4% (4 cases). There is a correlation between *both parents addicted* and *sale of drugs* (r=0.302). *Addicted child* occurs only in 1.7% of families (5 cases). This last variable correlates with *anti-social behaviour* (r=0.282). Grouping together the information obtained on parents, one in four of the families studied presents at least one drug-dependent parent (75 cases, 25.34%). Grouping all the cases where there are problems of addiction (one or various, in one or more members, be these parents or children), we find 28.4% of cases with some member of the family with addiction (84 cases).
2. *Crime*. *Adult/s in prison* appears in 4.1% of families (12 cases). *Adult/s on conditional release* is found in 2% of cases (6 families). The indicator *sale of drugs* was only found to be present in 3.4% of the studied families (10 cases (r=0.255), and with *physical abuse of children* (r=0.208). *Other forms of crime* is found in 1.4% of families (4 cases). *Minor/s in institutions for protection or reform* is found in 5% of families (15 cases). *Minor/s presenting anti-social behaviour* occurs in 3% of the studied families (9 cases). *Official crime* (understood here as the sum of *adult/s in prison* and *adult on conditional release* indicators) is found in 6.1% of families (18 cases); *submerged crime*, meanwhile, understood as anti-social behaviour in adults that goes unpunished (the indicators being *sale of drugs* and *other forms of crime*) is present in 10.8% of the families (32 cases). Crime among the members of a family (which includes the variables *adult/s in prison, adult/s on conditional release, sale of drugs, other forms of crime, minor/s in institutions for protection or reform* and *minor/s presenting anti-social behaviour*), occurs in a total of 45 (15.20%) of the studied cases.
3. *Abuse in the family*. *Physical abuse of partner* is found in 16.9% of families (50 cases), and is a variable that correlates strongly and significantly with *physical abuse of child(ren)* (r=0.465), with *psychological abuse of partner* (r=0.564) and with *psychological abuse of child(ren)* (r=0.273). Also, as it was noted earlier, *physical abuse of partner* correlates moderately and significantly with problems of *alcoholism* in the abusing partner (r=0.255). *Psychological abuse of partner* is found in 6.1% of families (18 cases), and correlates significantly with *physical abuse of partner*, *with physical abuse of child(ren)* (r=0.349) and with *psychological abuse of child(ren)* (r=0.449). No case of *sexual abuse of partner* is mentioned. *Physical abuse of child(ren)* is found in 7.8% of families (23 cases); with regard to its correlation with other indicators, we have already referred to that with *abuse of partner* and with *psychological abuse of child(ren)*, and with the moderate and significant correlation with *alcoholism in the abusive partner* (r=0.208). *Psychological abuse of*

child(ren) is present in 4.1% of cases (12 families), while only one case (0.3%) of *sexual abuse of child(ren)* is mentioned. The group of indicators related to abuse (*physical, psychological and sexual abuse of partner and/or child(ren)*) affects a total of 59 families, 19.94% of the studied cases.

4. *Uprootedness*. 1.4% of families find themselves in a situation of uprootedness with scarce economic resources (4 cases). Predictably, *uprootedness* correlates significantly, though moderately, with *lack of contact with the extended family* (r=0.260).

Health problems. In 10.1% of cases (30 families) we find *illness of parent*. This variable correlates strongly and significantly, as we would expect, with family income derived from a *pension* (r=0.546). *Serious illness of child(ren)* is present in 13.2% of families (39 cases). *Parent/s receiving treatment at a mental health centre* is found in 7.1% families (21 cases). *Child receiving treatment at a mental health centre* appears in only 2.7% of cases (8 families). *Disabled parent* is present in 3.4% of cases (10 families), while *disabled child* is found in 5.7% (17 families). Physical health problems (in parents and/or children) are present in a total of 23.3% of families (69 cases); mental health problems, meanwhile (in parents and/or children) occur in 29 cases (9.8% of families studied). Grouping together all of the variables related to health (*illness of parent and/or child*; *parent and/or child receiving treatment at a mental health centre*; *disabled parent and/or child*), we find 32.1% (95 families) with some member whose faculties are affected by illness or disability.

Lack of social support. 4.4% of cases (13 families) are found to have *lack of contact with the extended family*. As stated above, this indicator, predictably, correlates with *uprootedness*. *Lack of contact with neighbours or friends* is mentioned in only 2% of cases (6 families), and correlates moderately but significantly with *school absenteeism* (r=0.264).

CONCLUSIONS

The quantitative data, its interpretation and some qualifying remarks follow (see also Table 1 and Figure 1):

Overcrowding. This situation is very frequently found in the families studied (one in four families). The most widespread cause is the fact of several family nuclei living under the same roof. This type of overcrowding facilitates the appearance of relational problems within the cohabiting groups.

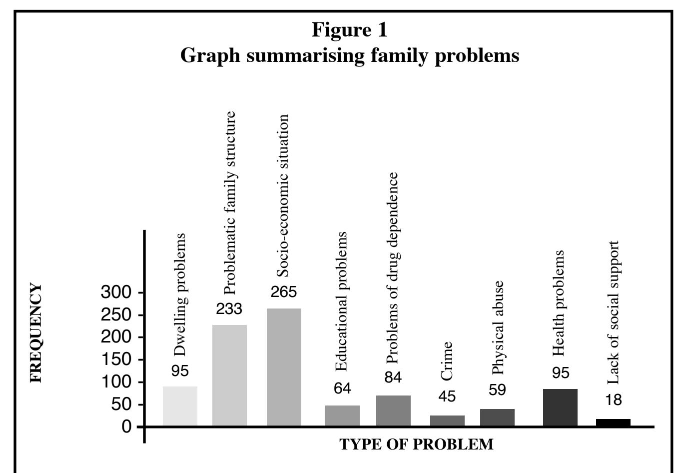
Conditions of the dwelling. The presence of at least one indicator of uninhabitability of the dwelling (absence of running water, of toilet, of electric light or of ventilation) is found in more than one in ten families. Some inadequacies tend to be found jointly (lack of running water and toilet; lack of electric light and ventilation). These poor conditions are usually due, among other factors, to the rudimentary nature of the housing, its location in rural (or at least not strictly urban) areas, failure to pay bills to suppliers or negligence of the inhabitants. It should be stressed that adequate housing is a basic necessity that is not covered in many of the families targeted by the PAF community programmes. In the reports, this section is usually completed with the comment that the housing fulfils the minimum conditions of habitability and hygiene, without further specification.

Isolation. This is not a particularly frequent indicator (one in twenty families), and tends to derive from the rural/non-urban environment in which many of the studied families live. It should, however, be considered a socially relevant factor, since it contributes to the limitation or hindrance of access to the facilities and services of the community, to a lack of integration and to social exclusion. Some relationship exists, although slight, bet-

Table 1
Summary of problems found in the families studied (n=296)

Indicators	Frequency	%
Dwelling problems	95	32,1
Problematic family structure	233	78,7
Socio-economic situation	265	89,5
Educational problems	64	21,6
Problems of drug dependence	84	28,4
Crime	45	15,2
Physical abuse	59	19,9
Health problems	95	32,1
Lack of social support	18	6,1

Figure 1
Graph summarising family problems



ween isolation of the dwelling and its uninhabitability (lack of water, light and ventilation). *Isolation of the dwelling* is a variable barely reflected in the reports analysed.

Family structure. Most of the families studied (eight out of ten) have a structure that may (though not necessarily, nor in an isolated way) produce social difficulties. These are *large families* (one in two), *plurinuclear families* (one in three), *one-parent families* (one in three) and, to a lesser extent, premature families (one in seven). The existence of several family nuclei in the home, frequently in situations of overcrowding, results from the cohabitation of three generations: parents, children (some of whom are single or separated with child(ren), or prematurely married and with child(ren)) and grandchildren. This situation may be related to the difficulties experienced by some of the children to become independent on reaching adulthood, due to economic problems or lack of maturity (they often lack the maturity to fulfil the role of parent).

Some instances, albeit uncommon, are found of an entire plurinuclear family living off one or more pensions, or in a state of unemployment without benefit. The one-parent family (usually the wife, and as a result of separation) with child(ren) is the most frequent structure found in the studied population (one in five). A frequent cause of separation mentioned in the social reports is addiction (to alcohol or drugs) of one of the spouses. In the cases of separation studied, the other spouse never pays maintenance for the children, and usually shows total neglect for their upbringing. It has been observed that in the case of widowed parents (found in one in twenty families), many do not receive a pension for their condition, usually due to previous debts to Social Security. In some instances the social reports refer to the fact that one or more children have been taken into the care of relatives, a circumstance which, regrettably, was not taken into account in the study design, despite its relevance as a risk indicator in minors.

Economic situation. Almost all (nine out of ten) of the studied families find themselves in a precarious economic situation: they are in a situation of unemployment (two in three), their income is lower than the official minimum wage (one in five) or they live off one or more pensions (one in ten). The majority of the unemployed are not receiving benefit (three out of four), usually because they have not kept up their Social Security payments. *Unemployment without benefit* (found in one in two of the families studied) is, without doubt, the most frequently found economic situation, and at the same time the most serious. The economic situation appears quite clearly reflected in the social reports analysed, being one of the basic categories in any protocol of social analysis, given that in most of the families referred to the social services there is an underlying economic problem.

Educational problems. Around one in five families presents difficulties related to the level of education of its members: parents' illiteracy (one in ten families) or child(ren)'s non-attendance (total or partial) at school (one in seven families). School absenteeism in children is found to be related, though weakly, to parents' illiteracy and to the consumption of drugs by children. The incidence of school absenteeism, despite its relevance as an indicator of child welfare, is barely reflected in the social reports.

Drug dependence. Almost one in three of the families studied presents some kind of addiction problem in one or more of its members. The problems encountered are addiction of an adult to heroin (one in seven families) or to alcohol (one in ten families). Heroin consumption is frequently associated with sale of drugs, presumably to finance personal consumption and/or due to environmental "contagion". Alcoholism in one or both parents (generally the father) contributes to the deterioration of family relationships and the incidence of physical abuse of the other parent or of the children. Very few cases of addiction to gambling were found among parents. Also scarce were cases of drug addiction in both parents. The few cases found were usually related to the indicator *sale of drugs*. The social reports analysed reflected clearly the consumption of any type of drug, and even suspicions of addiction, for both parents and child(ren).

Anti-social behaviour. One in ten families has an adult member presenting anti-social behaviour; the most common indicators found in this regard are *adult/s in prison* and *sale of drugs*. Where delinquent behaviour is found, it is almost always in males. One in twenty families has one or more of its children in an institution for protection or reform.

Abuse. In almost one in four families abuse of the other parent is found (most frequently physical abuse). The woman is usually the victim. Psychological abuse and physical abuse are frequently found in conjunction, while alcoholism in the father is often encountered in this scenario of domestic violence. Abuse (mainly physical) of children occurs in one in eight of the studied families. Frequently, abuse of the other parent and of the children are found to occur together in a family. Family violence (understood as the presence of one or more of

the abuse indicators of our study) appears in more than one in three of the family situations analysed. In many cases various categories of abuse occur jointly within a family unit. The relationship existing between *physical abuse of partner* and *psychological abuse of child(ren)* suggests that when one parent mistreats the other in the children's presence, it is assessed, correctly, as a form of psychological abuse of the children. The information relating to the different forms of abuse is treated in different ways in the social reports. Physical abuse is reflected clearly; psychological and sexual abuse are mentioned less often. This may be due to difficulty of detection, to omission, or to the scarce awareness of these factors on the part of the family members (for example, and especially, in the case of sexual abuse of spouse).

Uprootedness. The number of families that presents uprootedness is very small. This factor usually applies to immigrant families with low income living far from their place and/or family of origin.

Health. In almost half of the studied families there is some member with a serious illness or disablement. Physical illnesses are the most frequent (one in four families), while problems of mental health and disablement are found in around one in ten families, in either case. The small number of family members found with mental health problems may be related to the type of indicator used (*parent and/or child receiving treatment at a mental health centre*), so that the frequent cases of untreated psychological problems will fail to show up in the reports. Families with one or both parents with health problems (one in five) live off pensions as the main source of income, so that, in addition to health problems, they have economic difficulties. Families with one or more children suffering from some kind of illness or handicap also make up more than one in five of the sample analysed, with serious physical illnesses being the most frequent (one in seven families). This situation results in costs –often considerable– to the family economy that are not covered by the health service or by invalidity benefit (special food, adaptation of living conditions, special travel permits, disposable sanitary material, etc.), and families affected in this way frequently apply for financial assistance, either for a period or for specific emergencies. The social reports usually reflect quite thoroughly the social-health situation of the family, together with its socio-economic situation, with which it tends to be related.

Lack of social support. One in fifteen families lacks adequate social contacts (family or friends and neighbours). Lack of contact with the extended family (found in only one family in twenty-three) frequently coincides with uprootedness (immigrant families with scarce economic resources). Very often, in cases of parents' illness or drug dependence, grandmothers have to take partial or total responsibility for the care of children. In spite of the many problems experienced by the families studied (some of which, such as isolation, uprootedness, lack of economic resources, illness, drug dependence, legal problems, etc., may lead to social exclusion), very few of them lack some contact with friends and neighbours. A certain relationship exists between lack of social contacts and some other variables, such as school absenteeism (significant) and sale of drugs (non-significant).

DISCUSSION

Relating these results with the hypotheses initially put forward, we can state that:

1. The study of the families targeted by the Family Assistance Programme from an ecosystemic perspective is viable. We feel this to be the case given that there is a relationship between the personal characteristics of their members, the characteristics of the family microsystem, the social and cultural problems of their environment, the social support available and the life events experienced and/or perceived, which frequently determine situations of family dysfunction.
2. The social risk indicators selected allow, in general, the identification of the social risk population included among the addressees of the programme, a population characterised by the frequent and accumulated presence of a number of the variables used.
3. Social reports are appropriate instruments for the detection of social risk families, even though the information they provide on the indicators is inconsistent and, on occasions, employs imprecise criteria.
4. There exists a profile that sufficiently characterises the families targeted by the PAF. This profile (summarised in Table 2) includes the characteristics most commonly attributed to families at social risk: overloaded family structure, precarious economic situation, low educational level, health problems, serious difficulties in family relationships, serious social problems, etc. Our findings also indicate the existence, however, of other contributory factors that occur in smaller measure: uninhabitability of housing, school absenteeism or lack of social support.

Strategies for prevention and/or intervention

The actual profile obtained suggests the implementation of some strategies of prevention and/or intervention for those of the families in the study considered to be at greatest social risk:

To guarantee adequate housing to all of the families as a basis for the solution of, above all, problems of overcrowding and family relationships. Measures should be focused on eliminating sub-standard housing and providing the opportunity for new family nuclei to live independently. Local authorities should be responsible for facilitating these measures (through rehousing programmes and the construction of low-cost dwellings).

To avoid situations of school absenteeism and/or premature school leaving, co-operating with the education authorities in the search for customised solutions, especially in the difficult cases of pre-adolescents.

To promote educational and professional qualification in young parents and older children, as well as providing work opportunities, in order to avoid the situation of living off benefit or pensions in which many families find themselves.

To act preventively with regard to health problems in families and to co-operate with other services (health, specialised social services) in the search for individualised solutions to problems of addiction and chronic social-health problems.

Table 2
Profile of the families studied

a) Family group characteristics:
- Large family, plurinuclear, with some monoparental nucleus formed by woman with child(ren) in her care and without support.
- Parents aged between 30 and 45 years.
- Low educational level, with possible illiteracy in parents and premature school leaving/school absenteeism in child(ren).
- Low- or unskilled occupations: agricultural labour, housewife, often unemployed.

b) Dwelling conditions:
- Frequent overcrowding, due to cohabitation of several family nuclei in same dwelling.
- Although sufficient conditions of habitability predominate, there is a persistence of sub-standard dwellings in isolated locations or marginal neighbourhoods.

c) Economic situation:
- Economic conditions always precarious.
- Chronic unemployment, frequently without financial assistance, due to lack of contributions.

d) Health situation:
- Health cover by Social Security.
- Frequent physical problems, which qualify subjects for disability pensions and lead to expenses not covered by the health and social security system.
- Drug problems, with high incidence of parents abusing heroin or alcohol.

e) Family relationships:
- Conflictive marital and paterno-filial relationships, with incidence of physical abuse, related to economic, social and health problems.

f) Social and neighbourhood relationships:
- Maintenance of relationships with families of origin, which provide help with economic, social and/or health problems.
- Relationships with friends and neighbours maintained, in spite of social difficulties.
- Demands to social services made by the woman, with strong disposition to co-operate.

To mediate in situations of family conflict, acting in a preventive way to avoid deterioration of relationships, and in support of the weaker members of the family group.

In working with families, to take advantage of and to foment the existent natural networks of support, and the co-operative attitude that usually characterises those applying for assistance.

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