Part II

PREVENTION OF MATERNAL DEPRIVATION
CHAPTER 7

THE PURPOSE OF THE FAMILY

The demonstration that maternal deprivation in the early years has an adverse effect on personality growth is a challenge to action. How can this deprivation be prevented so that children may grow up mentally healthy?

It was said at the beginning of the first chapter that what is believed to be essential for mental health is that the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or mother-substitute), in which both find satisfaction and enjoyment. The child needs to feel he is an object of pleasure and pride to his mother; the mother needs to feel an expansion of her own personality in the personality of her child: each needs to feel closely identified with the other. The mothering of a child is not something which can be arranged by roster; it is a live human relationship which alters the characters of both partners. The provision of a proper diet calls for more than calories and vitamins: we need to enjoy our food if it is to do us good. In the same way the provision of mothering cannot be considered in terms of hours per day but only in terms of the enjoyment of each other's company which mother and child obtain.

Such enjoyment and close identification of feeling is only possible for either party if the relationship is continuous. Much emphasis has already been laid on the necessity of continuity for the growth of a child's personality. It should be remembered, too, that continuity is necessary for the growth of a mother. Just as the baby needs to feel that he belongs to his mother, the mother needs to feel that she belongs to her child and it is only when she has the satisfaction of this feeling that it is easy for her to devote herself to him. The provision of constant attention day and night, seven days a week and 365 in the year, is possible only for a woman who derives profound satisfaction from seeing her child grow from babyhood, through the many phases of childhood, to become an independent man or woman, and knows that it is her care which has made this possible.

It is for these reasons that the mother-love which a young child needs is so easily provided within the family, and is so very very difficult to provide outside it. The services which mothers and fathers habitually render their children are so taken for granted that their magnitude is forgotten. In no other relationship do human beings place themselves so

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unreservedly and so continuously at the disposal of others. This holds true even of bad parents—a fact far too easily forgotten by their critics, especially critics who have never had the care of children of their own. It must never be forgotten that even the bad parent who neglects her child is none the less providing much for him. Except in the worst cases, she is giving him food and shelter, comforting him in distress, teaching him simple skills, and above all is providing him with that continuity of human care on which his sense of security rests. He may be ill-fed and ill-sheltered, he may be very dirty and suffering from disease, he may be ill-treated, but, unless his parents have wholly rejected him, he is secure in the knowledge that there is someone to whom he is of value and who will strive, even though inadequately, to provide for him until such time as he can fend for himself.

It is against this background that the reason why children thrive better in bad homes than in good institutions and why children with bad parents are, apparently unreasonably, so attached to them can be understood. Those responsible for institutions have sometimes been resistant to acknowledging that children are often better off in even quite bad homes, which is the conclusion of most experienced social workers with mental health training and is borne out by the evidence of Simonsen and of Theis, already quoted. Simonsen, it will be remembered, compared a group of children aged between one and four years who had spent their lives in institutions with a comparable group who lived in their, often very unsatisfactory, homes and spent the day in day nurseries because their mothers were working. The difference in mean developmental quotient was 9 points in favour of the children living at home and attending day-nursery (see page 19). In her follow-up study Theis compared the social adjustment in adult life of children who had spent five years or more of their childhood in institutions with others who had spent the same years at home—in 80% of cases in bad homes. The results, given in table VIII (see page 40) clearly favour the bad homes, those growing up to be socially incapable being only about half (18%) of those from institutions (34.5%).

That one-third of all those who had spent five years or more of their lives in institutions turned out to be ‘socially incapable’ in adult life is alarming, and no less alarming in the light of the reflection that one of the principal social functions of an adult is that of parenthood. For one may be reasonably sure that all the 34% of Theis’ institution children who grew up to be ‘socially incapable’ adults were incapable as parents, and one may suspect that some at least of those who were not grossly incapable socially still left much to be desired as parents. Yet, incapable as parents though they may have been, it is unlikely that they were childless. On the contrary, many must have had children and many of these children must have been neglected and deprived. Thus it is seen how children who
suffer deprivation grow up to become parents deficient in the capacity to care for their children, and how adults deficient in this capacity are commonly those who suffered deprivation in childhood. This vicious circle is the most serious aspect of the problem and one to which this report will constantly revert.

Naturally the evidence from the work of Theis and of Simonsen—that bad homes are often better than good institutions—is far from definitive and in any case all depends on how bad is the home and how good the institution. Nevertheless, they serve as a reminder that there may be something worse than a bad home—and that is no home. As Spence has pointed out in his inspiring lecture, carrying a title which has been borrowed to name this chapter, one of the principal purposes of the family is the preservation of the art of parenthood. Unless this art is preserved, a function as necessary to the preservation of society as the production of food will fall into decay. Yet the merits of particular methods of child upbringing are rarely judged by the performance as parents of the children they rear; in particular this criterion seems never to have been applied to measure the success or failure of methods at present used for the care of children deprived of a normal home life.

The attachment of children to parents who by all ordinary standards are very bad is a never-ceasing source of wonder to those who seek to help them. Even when they are with kindly foster-parents these children feel their roots to be in the homes where, perhaps, they have been neglected and ill-treated, and keenly resent criticisms directed against their parents. Efforts made to 'save' the child from his bad surroundings and to give him new standards are commonly of no avail since it is his own parents who, for good or ill, he values and with whom he is identified. (This is a fact of critical importance when considering how best to help children who are living in intolerable home conditions.) These sentiments are not surprising when it is remembered that, despite much neglect, one or other parent has almost always and in countless ways been kind to him from the day of his birth onwards, and, however much the outsider sees to criticize, the child sees much to be grateful for. At least his parents have cared for him after a fashion all his life, and not until someone else has shown herself equally or more dependable has he reason to trust her. Unfortunately, he is usually right in his mistrust. Once a child is out of his own home he is lucky if he finds someone who will care for him till he is grown up. Even for good foster-home agencies the rate of replacement is deplorably high; even in good institutions the turnover of staff is a constant problem. However devoted foster-parents or house-mothers may be, they have not the same sense of absolute obligation to the child which all but the worst parents possess. When other interests and duties call the foster-child takes second place. The child is therefore right to distrust them—from his point of view there is no one like his own parents.
This conclusion was reached by the British Ministry of Health in its survey of the lessons of evacuating children from the dangers of bombing during the second World War:

"One point which all experience in the evacuation scheme has emphasized is the importance of the family in a child’s development and the impossibility of providing children with any completely adequate substitute for the care of their own parents. This has led to an increased awareness in some quarters of the importance of improving home conditions in order to keep families together instead of removing children from unsatisfactory homes."

A warning that the decision to remove a child from his own home is one of great gravity was given 20 years ago by a distinguished quartet of American psychiatrists and social workers:

"The decision which for any cause separates a child from his family is very serious; it sets in motion events which to a greater or lesser degree affect the whole of his future life. Whether the removal is due to sickness, neglect, desertion, inefficiency, or death of parents, or to the child’s conduct inside or outside the home, the transfer to the control of strangers should not be made without much forethought... Too often children are taken from their families with very little, if any, study of the causes that lie behind the situation. Many agencies mistakenly approach the problem with predetermined ideas of the conditions which would warrant removal rather than with the purpose of ascertaining whether the home of the parents can be made suitable for the child."

It is salutary to note that, though this was written 20 years ago, its message is as timely today as it was then. It is still common in Western communities to see in the removal of the child from home the solution to many a family problem without there being any appreciation of the gravity of the step and, often, without there being any clear plan for the future. It is too often forgotten that in removing a child of five from home direct responsibility is taken for his future health and happiness for a decade to come, and that in removing an infant the crippling of his character is at risk.

From all this the trite conclusion is reached that family life is of pre-eminent importance and that ‘there’s no place like home’. But, trite though it may be, its truth is often flouted and, judging by the meagre and confused literature on the subject, little attention has been given to the conditions making for family prosperity and family decay. Since the basic method of preventing a child suffering maternal deprivation must be to ensure that he receives nurture within his own family, it is necessary to consider these matters in some detail. This is a departure from the tradition set by reports on deprived children, which have given scant attention to methods by which home conditions may be improved so that families may remain together and which have, instead, hurried on to consider how best to arrange for their care elsewhere. On this topic a great literature of reports and textbooks has grown up, all assuming that homeless children are an inevitable feature of social life and most of them content to discuss their care without reference to the reasons for which they come into care. It must, of course, be recognized that on occasion children have to be cared
for outside their own homes, but let such arrangements be regarded as a
last resort to be undertaken only when it is absolutely impossible for the
home to be made fit for the child.

In pausing to inquire the reasons for family care failing, or appearing
to fail, to provide for the child, the investigator will find himself in a largely
unexplored field which can be properly surveyed only by a team possessing
more than psychiatric skills. Nevertheless, it will be found that psychiatric
knowledge is indispensable if the problems discovered are to be understood
and he will be tempted to the conclusion that it has been largely because
psychiatric understanding has not been brought to bear that so little
progress has hitherto been made.

Three interrelated circumstances in which a child suffers maternal
depprivation may be distinguished:

(a) the partial deprivation of living with a mother or permanent mother-
substitute, including a relative, whose attitude towards him is unfavourable;

(b) the complete deprivation of losing his mother (or permanent
mother-substitute) by death, illness, or desertion and having no familiar
relatives to care for him;

(c) the complete deprivation of being removed from his mother (or
permanent mother-substitute) to strangers by medical or social agencies.

Naturally cases coming under (a) above are very numerous and of all
degrees of severity from the child whose mother leaves him to scream for
many hours because the baby-books tell her to do so to infants whose
mothers wholly reject them. The partial forms of maternal deprivation,
due sometimes to ignorance but more often to unconscious hostility on
the part of the mother deriving from experiences in her own childhood,
could well form the subject of another report. Many child-guidance workers
believe they comprise a large fraction of all the cases they are called upon
to treat, and that the process of helping the mother to appreciate her true
feelings for the child and their origins in her own childhood is an essential
part of their treatment—in other words that parent treatment is an essential
part of child guidance. However, this report has for its purpose the consider-
adation of the grosser forms of deprivation and it is to the prevention of
these that attention will be given. The great majority of them are the result
of family failure, and for this reason the focus will be on cases where
the child never had a family, where his family has broken down, or where
social agencies have removed him from his home because it has been judged
to have failed. However, in addition to these, there is a sufficient number
of cases where, owing to maladjustment or physical illness, children are
removed from home under medical or legal auspices, and are thus deprived
of maternal care, for it to be necessary to give them some separate con-
sideration, even though it is not infrequent for these conditions themselves
to be the result of family failure.
CHAPTER 8

CAUSES OF FAMILY FAILURE IN WESTERN COMMUNITIES,
WITH SPECIAL REFERENCE TO PSYCHIATRIC FACTORS

Definitions which attempt to describe 'normal home life' in terms of family structure are seen to be inadequate. Not only is it clearly understood both by the Curtis 72 and the League of Nations Reports 80 that a child can have a normal home life when living with relatives other than his parents, but it is obvious that a child can be living with his own parents and yet not be getting a normal home life. It is evident that the definition must be in functional terms.

It is because a young child is not an organism capable of independent life that he requires a special social institution to aid him during his period of immaturity. This social institution must aid him in two main ways: first, by helping in the satisfaction of immediate biological needs such as nutrition, warmth and shelter, and protection from danger; secondly, by providing a milieu in which he may develop his physical, mental, and social capacities to the full so that, when grown up, he may be able to deal with his physical and social environment effectively. This demands an atmosphere of affection and security.

Traditions as to who normally performs these indispensable functions of child care vary from community to community. In most, the child's natural mother and father play leading parts, though even this is not always the case. Traditions vary especially in regard to the extent to which there are accepted substitutes for mother and father readily available. In many of the less-developed communities, people live in large family groups comprising three or four generations. Near and known relatives—grandmothers, aunts, older sisters—are thus always at hand to take the maternal role in an emergency. Economic support, moreover, is forthcoming if the breadwinner is incapacitated. The greater family group living together in one locality provides a social insurance system of great value. Even in Western communities, there are many rural pockets in which close-knit and much inter-married village groups provide similar social services for their members. It is probably only in communities in which the greater family group has ceased to exist that the problem of deprived children is found on a serious scale. This condition characterizes many communities of Western industrialized culture, in which it is usual for young men and women to migrate far from their birthplaces and, not infrequently, to move many times in the
course of their married lives. As a result of such migrations very many families have such loose ties with their local societies that for whole communities it has ceased to be a tradition to help a neighbour in distress. As a result of this social fragmentation, of which Mumford and others have written, a far heavier responsibility for child care is placed on the father and mother than is the case in more primitive, close-knit communities. Not only does such a fragmented community provide no substitutes should the mother or father be temporarily or permanently incapacitated but, by putting this great load on parents, it may disrupt a family which in better circumstances could hold together.

In Western communities today it is the tradition that ‘normal home life’ is provided by the child’s mother and father, which is conveniently described as the child’s ‘natural home group’. Despite social fragmentation, it still remains the tradition (though less strong than formerly) that, if this group fails for any reason, near relatives take responsibility for the child. In any analysis of the causes of children becoming deprived, therefore, it has to be considered not only why the natural home group has failed, but also why relatives have failed to act as substitutes.

**Causes of the Natural Home Group Failing to Care for the Child**

These are conveniently grouped under three heads according to the state of the natural home group:

1. **Natural home group never established**:
   - Illegitimacy

2. **Natural home group intact but not functioning effectively**:
   - Economic conditions leading to unemployment of breadwinner with consequent poverty
   - Chronic illness or incapacity of parent
   - Instability or psychopathy of parent

3. **Natural home group broken up and therefore not functioning**:
   - Social calamity—war, famine
   - Death of a parent
   - Illness requiring hospitalization of a parent
   - Imprisonment of a parent
   - Desertion by one or both parents
   - Separation or divorce
   - Employment of father elsewhere
   - Full-time employment of mother.

Any family suffering from one or more of these conditions must be regarded as a potential source of deprived children. Whether or not these children actually become deprived will depend on (a) whether both or only one parent is affected, (b) whether, if only one parent is affected, help is
given to the other, and (c) whether relatives or neighbours are able and willing to act as substitutes. The causes leading to deprivation in any particular case cannot be regarded as adequately presented unless information is available on all these points.

It is at present impossible to obtain even reasonably satisfactory figures giving the proportions of children deprived of a normal home life on account of these different conditions and of combinations of them. The obscurity is particularly notable in the second group where the natural home group is still in existence but for some reason not functioning effectively. Terms such as sloth, neglect, destitution, lack of parental control, cruelty are used, which do little more than describe the symptoms of the failure without in any way accounting for it. Notes of the factors responsible for such conditions, especially ill-health and mental instability, both of which are now known to be of great importance, are conspicuous by their absence. Similarly, under the third heading, death of a parent or desertion is frequently regarded as sufficient without even stating whether it is the father or the mother who has died or deserted, let alone the circumstances preventing the other caring for the child. It is very much to be hoped that as a result of the report of the Social Commission of the United Nations on this subject it may be possible to design more adequate categories of the causes of deprivation and of relatives failing to act as substitutes, and so to collect figures which are at once informative and comparable with others.

It is not possible in this report to attempt a thorough survey of whatever statistics exist. To obtain some idea of the proportions of the problem, however, certain figures which happened to be easily available, comprising four samples from the United Kingdom,24, 29, 109, 110 two (one unpublished) from the USA,100 and one from Sweden140 are given in Appendix 4.1 The main conclusions to be drawn from them, and from discussions with experienced social workers, appear to be as follows:

(a) The death of one or both parents is no longer of overriding importance, largely due to low death-rates for adults of child-bearing age and schemes of assistance for widows with children. Such cases probably account for less than 25% of all cases. In two of the largest samples, one British and the other American, the percentages were 10 and 6 respectively.

(b) Illegitimacy features prominently in all sets of figures, varying from about 10% to 40%. In homes for infants and children under 6 in Denmark in about 1945 the percentage was 80.130

(c) The natural home group being existent but not functioning effectively, resulting in 'neglect', 'destitution', 'lack of parental control', or 'maladjustment of child', is prominent in all but one set of figures and shows this condition to be the greatest single cause today. Poverty, neglect,
and lack of parental control account for 60% of cases in one large British sample while maladjustment of the child is responsible for 26% of cases in a New York sample.

(d) Where the natural home group is broken up, separation and divorce are common factors, varying from about 5% to 25% of all cases.

(e) Another important cause of the break-up of the natural home group is prolonged illness of a parent, necessitating hospitalization (or, in the case of mental defectives, institutionalization). Mental illness and defect predominate and probably account for some 5% to 10% of all cases.

(f) A situation has arisen in the United Kingdom in which it is now legally possible for parents who have been evicted for not paying their rent to leave the children in the care of a local authority and to find accommodation for themselves where children are not accepted. In one area this accounts for about 33% of the children in care.

Most of these immediate causes of children needing care have hitherto been accepted fatalistically as an inevitable part of social life, and until recent years no attempt was made to look beyond them into the underlying factors at work. Are illegitimacy, neglect, maladjustment, and desertion to be accepted as unavoidable social evils, or is there some prospect of understanding the forces promoting them and of combating them? It is the thesis of this report that the present increased knowledge of human nature and of the part which family life plays in its development gives many and valuable clues to the understanding of the forces at work. The totality of these forces can be grouped broadly under the headings economic, social, and medical: the economic comprise the opportunities, or lack of opportunities, the family has for earning an adequate livelihood; the social, the social system within which it lives and which provides greater or less support; and the medical, the mental and physical health of the parents which determine what use is made of the opportunities offered. It is at once evident that the relative contributions of these three sets of forces will vary enormously from one community to another and, in the same community, from one period of time to another. Sometimes the economic forces will preponderate, sometimes the social or the medical, and at all times they will interact. No attempt is made here to discuss the economic forces at work. In what follows an attempt has been made to explore the nature and effects of the social and medical forces and to give special attention to psychiatric factors.

There is no group of children in danger of deprivation in whose production psychiatric factors play a larger part than illegitimates. For this reason, and because the care of illegitimates raises special problems, a separate chapter has been given to them. The present chapter will be concerned with the psychiatric factors conducing to the natural home group either breaking up or, although intact, failing to function effectively.
Considering that personality disturbances, especially in mothers, almost certainly play the principal part in a majority of the cases coming into care in Western communities today, it is remarkable that so little attention has hitherto been given to them. They are of particular importance in contributing to such diverse conditions as neglect, cruelty, the prolonged ill-health of a parent, lack of parental control, unhappy marriage, desertion, separation, and divorce. Each of these will be discussed in turn, noting being taken of the contributions to their origin of psychiatric disabilities in the parents and the part played by deprivation and unhappiness in the childhoods of those parents.

**Neglect**

Cases in which parents are deemed to be neglecting their children are heterogeneous. Often the failure is in respect of physical care only and many experienced social workers have testified to the frequency with which children who have been ‘neglected’ in the sense of their being dirty and ill-nourished are in excellent mental health and have clearly not suffered from the deprivation of love. Unfortunately, so preoccupied with physical health, and it might be added physical appearance, have workers sometimes been that the paradox has been witnessed of expensive social action being taken to convert a physically neglected but psychologically well-provided child into a physically well-provided but emotionally starved one.

At least two forms of neglect can therefore be recognized—physical neglect and emotional neglect—and, though they may often co-exist, it is of prime importance to distinguish them since they need very different therapeutic measures. Broadly speaking it will be found that, while physical neglect is most often due to economic factors, the ill-health of the mother, and ignorance, emotional neglect is the result of emotional instability and psychopathy in the parents. Mental defect may contribute to both.

The causes of parents who are living together neglecting their children was the subject of a report published in 1948 by a group of English women under the chairmanship of the late Eva Hubback. While it is suggested that in England in the years 1946-1947 external and economic factors were not the principal cause, and that personal factors in the parents were of more substantial importance, it unfortunately failed to discuss these personal factors in much detail. Though the data on which its conclusions are based are far from satisfactory, there is no evidence of undue preoccupation with psychiatric factors—indeed the reverse is probably the case.

External and economic factors are discussed under four main heads, the principal conclusions being as follows:

Poverty: “Insufficient income was not generally considered to be directly responsible for neglect in the larger number of cases”, though “complete inability . . . to manage the household budget . . . clearly may be a cause, and there were many examples of foolish spending”.


Size of family: "Most witnesses were of the opinion that child-neglect in large families is no greater than in small", but "there is abundant evidence... that pregnancies too close together" can undermine the mother's health.

Bad housing conditions: Though "there can be no doubt that bad housing can accentuate difficulties already existent", it was none the less reported "that the homes where child-neglect was frequently found were not slum property nor poky hovels".

Mother normally working: They found "no conclusive evidence that this was a cause of neglect" (pages 55-59).

In other Western communities it may well be that unemployment with inadequate insurance systems and consequent poverty are a major cause of a family going downhill, ultimately leading to neglect, but such conditions were apparently not common in England when this report was written. On the other hand, the report emphasizes the importance of physical and mental ill-health, both of which, it believes, have been greatly underestimated in the past.

"There is reason to believe that a wider study of women guilty of neglecting their children would confirm that not only do they not enjoy the kind of robust good health which would make their task possible, but that many would be in very poor health indeed.... There is... a widespread failure to recognize psychological factors. People look for bad housing, poverty, and overcrowding as reasons for neglect. Too seldom do they take into account emotional conflict or abnormality" (page 60).

These are also the conclusions of the various medical officers of health who have investigated 'problem families', namely families which exhibit a multiplicity of social problems, among which persistent child neglect is prominent, and which do not respond to ordinary measures of social aid. Blacker has presented a useful review of the English literature and also refers to Querido's work in the Netherlands. The parents in problem families, especially the mothers, are found to be characterized by ineducability and instability of character. Though mental defect is not infrequent —both Wofinden in an urban district of England and Savage in a rural one found mental defect or near mental defect in about 25% of the mothers of problem families—it is agreed that this is not the major problem. Both Blacker and Mrs. Hubback's group point out that many borderline defectives make satisfactory parents if circumstances are reasonably favourable and familiar and they do not have too many children. "Distinguishable from the mental subnormality", writes Blacker, "there is often present in either or both parents, but commonly in the mother, a temperamental instability which expresses itself in feebleness, irresponsibility, improvidence and indiscipline in the home." In more theoretical terms it may be said that what is lacking is the capacity to adopt the abstract attitude. Describing the situation in the home, Querido writes: "There are no papers, no books, no clock or calendar or other things of rule or order..."
There is no attempt at planning or saving. When money is obtained, it is immediately expended, often on expensive delicacies." It is clearly this fundamental inability to function abstractly, to consider matters other than those of the moment, which explains much of the instability and psychopathy and which accounts for their lack of response to education and other measures designed to help them. Both Querido and Wofinden state that, in their experience, bad housing has very little to do with the problem—it is the ineducable psychopathic character which is the heart of it.

Apart from these unchanging character disorders, which may lead to gross neglect, are the more transient conditions of anxiety and depression which, if present in a mother, may lead her to neglect her household duties, resulting in the home gradually deteriorating into a slum. Her loving feelings for the children may cease or may become infused with impatience and bitterness. Though such a condition is really an illness requiring medical attention, it frequently goes undiagnosed until the home has sunk below tolerable limits, in which circumstances it is more likely to be regarded as a social offence.

Discussions with social workers prominent in child care in the USA have again and again emphasized the importance of the emotional problems in the parents as being a major cause of children being in need of care and have emphasized, too, the extent to which deprivation and unhappiness in the parents' own childhoods have been the cause of their present problems. The psychopathic and unstable parent met as the cause of child neglect is clearly as often as not the grown-up affectionless psychopathic child, who has been discussed at length as being the typical product of maternal deprivation. Here again are the fickleness and irresponsibility, the inability to adopt an abstract attitude or to learn, the inaccessibility to help, the superficial relationships, the promiscuous sexual behaviour, with all of which the reader will have already become familiar. Admittedly, many such problem parents do not show all these features—in some the disability may be only partial—but of the basic identity there can be no doubt. This social succession—of the neglected psychopathic child growing up to become the neglectful psychopathic parent—has hitherto received little attention: on the contrary, the impression is given that those investigating problem families have been more concerned with possible heritable characteristics as accounting for the psychopathy of parents than with the events of their early childhoods. Because research workers have not so far given attention to this aspect of the matter, well-authenticated data are scarce. The main thesis is borne out, however, by the analysis of 234 pairs of parents who had contributed 346 children to Dr. Barnardo's Homes in the years 1937-1939. It is true that in 60% of the mothers and 76% of the fathers no information regarding the parents' background was available, but this in itself is an important pointer, because, as the investigators state: "We have the impression that this type of parent has led an unsettled life, lacking
permanent connexion, which makes a full case history impossible" (page 49). In the cases where some information is available the results are as set out in table XI.

**TABLE XI. CHILDHOOD CIRCUMSTANCES OF PARENTS OF CHILDREN COMMITTED TO CARE (DR. BARNARDO'S HOMES)**

<table>
<thead>
<tr>
<th>Childhood circumstances</th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illegitimate</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Institution</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Abnormal childhood</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Normal childhood</td>
<td>49</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>42</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

| Number of cases         | 97      | 53      |

"Abnormal childhood", it is stated, "refers to parents who were reared in an atmosphere not conducive to healthy development, such as a broken home or dire poverty. Generally they would have come into our categories N[eglect], W[illful] N[eglect], or C[ruelty], during childhood. The majority in this class are physically or mentally handicapped" (page 49). Thus 58% of the mothers and 31% of the fathers about whom there is information are known to have been deprived of a normal home life in their own childhood. Though these data are by no means wholly reliable there is no reason to suspect that they err on the side of exaggerating factors of psychiatric significance. It is to be hoped that this lead in the understanding of the origins of problem parents will be given due attention in future research.

**Physical cruelty**

Mercifully this is rare, accounting for no more than 3% to 5% of children in care. Though no psychiatric study of the personalities and childhood histories of parents guilty of this behaviour seems to have been undertaken, clinical experience of schoolchildren referred on account of their cruel behaviour to others shows them to be suffering from severe maladjustment, almost always resulting from gross deprivation or rejection. Cruelty to animals and other children is a characteristic, though not common, feature of the affectionless psychopath, and occasional outbursts of senseless cruelty are well known in schizophrenics and pre-schizophrenics. It is, therefore, probably safe to predict that when a study of parents guilty of physical cruelty to their children is made, personality disturbances
will prove the rule, either following a history of deprivation or rejection in childhood, or associated with a schizoid illness.

**Prolonged ill-health of a parent**

The contribution of chronic ill-health in a parent, especially the mother, to the causes of children becoming deprived has been much underrated in the past. Once again, moreover, attention must be called to psychiatric factors since, as a leading American authority, Hopkirk, has stated: "mental disease of a parent is one of the most common of the factors leading to child dependency." (page 8), whether the mother is in a mental hospital or not. Because of its frequency and long duration, mental illness often plays an even larger part than physical illness in leading children to become in need of care; for not only does undiagnosed neurosis and psychopathy in the mother underlie much neglect of children in their homes, but, when the condition is diagnosed, her prolonged convalescence or hospitalization may necessitate special measures for their care elsewhere.

It is unnecessary here to rehearse the evidence pointing to unhappy childhood relationships being a major factor in the etiology of neurosis and to some extent also of psychosis. Some of the evidence relating these conditions to broken homes is reviewed in Appendix 1.¹

**Lack of parental control**

In many countries legal machinery exists for removing children from their parents' care, either with or without parental consent, on the grounds of their being "out of control." Most of such children are neglected, maladjusted, or both. Since it is often a matter of chance under which designation a child is dealt with and since in any case maladjustment and lack of parental control are but the two sides of a single coin, no separate consideration will be given to this heading. Maladjustment is dealt with in chapter 14.

**Unhappy marriage, desertion, separation, and divorce**

Though a happy stable marriage is clearly a prerequisite for the effective family care of children, comparatively little research has been undertaken into factors contributing to it. The two most thorough inquiries were both carried out in the USA in the 1930s. Since in neither case was a psychiatrist or psycho-analyst engaged, there are no studies of the personalities and mental health of the couples. On the other hand, the conclusions regarding the influence of childhood factors are all the more striking as coming from an unexpected source.

Terman conducted a statistical study of questionnaires completed by 792 couples in California. The three factors found to have the highest positive correlation with marital happiness were: marital happiness of the

¹ See page 161.
causes' parents; happiness of childhood; no conflict with mother. Naturally any study which relies on the questionnaire method and is dependent on the couples' reports is open to some doubts on the score of reliability. This is offset, however, by Burgess & Cottrell reaching an almost identical conclusion from an independent inquiry. They also analysed questionnaires, in this case of 526 couples, mostly young middle-class Americans, in Illinois. From this part of their inquiry they conclude:

"The most significant association of any childhood familial factor with marital accord or discord established in this study is that of the reported happiness of the marriages of the parents of the husband and of the wife. Next in significance appear to be the closeness of attachment of the husband and the wife to their parents."

(For both wife and husband attachment to mother showed a higher positive correlation with marital happiness than that with father.) The identity of these findings with those of Terman is especially noted.

Burgess & Cottrell proceeded further, however, by adding to their statistical study a detailed clinical study of 100 couples. From this they conclude:

"The affectional relationships of childhood condition the love-life of the adult. The response patterns of relationships established in childhood appear to be the dynamic factor determining the expression of affection in adult life. This finding... corresponds more or less closely to the conclusions reached by other workers in their clinical analysis of material obtained over a prolonged period by intensive psychiatric interviews."

These conclusions arrived at independently by psychologists and sociologists of high standing must be taken as important confirmatory evidence of the main propositions underlying this report and of the particular proposition of this chapter—that deprived and unhappy children grow up to make bad parents.

Causes of Relatives Failing to Act as Substitutes

It has already been pointed out that it still remains the tradition in Western communities for near relatives to care for children when the natural home group has for any reason failed, and that no account of the causes of a particular child becoming homeless is complete unless the reason for relatives failing to act in this way is given. The usual reasons for failure are:

(a) Relatives dead, aged, or ill
(b) Relatives living far away
(c) Relatives unable to help for economic reasons
(d) Relatives unwilling to help
(e) The parents never had relatives (namely, were brought up in a series of foster-homes or an institution from early years).

It may well be that in present Western communities relatives are fewer, older, and less available for emergency aid than formerly owing to the
combined effects of a lower birth-rate, higher age of marriage, the employment of women, and the fragmentation of society. Even so, there are probably few families which have no relatives and failure to help is likely often to be due to distance, lack of accommodation, or other economic difficulty. When this is so, judicious material aid could in many cases ensure that the child remained within his greater family group.

The conditions giving rise to most difficulty fall under heads (d) and (e) where relatives are either unwilling to help or have never been available.

Not infrequently the state of affairs which causes the failure of the parents to provide for the child is also the cause of relatives being unwilling to substitute. For instance, the unmarried mother not only has difficulties economically but may also be alienated from her relatives. The mental instability and psychopathy which frequently leads to poverty and neglect on the one hand, or to desertion on the other, is also likely to be associated with bad relations with relatives and neighbours. Brill, Children’s Officer for Croydon, writes (personal communication): "I always find out why the applicant cannot get help from relations and neighbours, and almost invariably it is because he himself is an unneighbourly person who has alienated the willingness of others to help." Personality factors may thus play an important part in destroying both the first and second line of defence against 'homelessness'.

Those who are fortunate to belong to large and united families are aware of the great sense of security they get from the knowledge that, should death suddenly overtake them, relatives willing to care for their children are certainly available. The absence of such a greater family is one of the many handicaps from which the child deprived of a normal home life suffers when he grows up and becomes a parent.

Though it is of the greatest importance to know the relative proportions of each of these five causes in a given community (since without such knowledge it is impossible to know in what fraction of cases better methods of work would permit the mobilization of relatives to help and in what fraction there is no alternative but community care) no studies appear to have been published.

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From the foregoing, it is evident that in a society where death-rates are low, the rate of employment high, and social welfare schemes adequate, it is emotional instability and the inability of parents to make effective family relationships which are the outstanding cause of children becoming deprived of a normal home life. This itself is an important conclusion, but it is perhaps even more important to note that the origin of adults being unable to make effective family relationships is not infrequently itself the result of their having been deprived of a normal home life in their own childhood. Thus the investigator is confronted with a self-perpetuating
social circle in which children who are deprived of a normal home life grow up into parents unable to provide a normal home life for their children, thus leading to another generation of adults unable to do the same for theirs. Most workers in child care regard this vicious circle as playing an important part in the total problem. It is a matter which clearly requires much further investigation.
CHAPTER 9

PREVENTION OF FAMILY FAILURE

Since the basic method of preventing a child suffering maternal deprivation must be to ensure that he receives nurture within his own family, measures which promote this must be encouraged. On the probable success of such measures the League of Nations report of 1938 is encouraging. After reviewing the resources available to a skilled case-worker, it concludes that "in the vast majority of cases, the careful use of such methods and resources ensures a quality of child care sufficient to meet the minimum requirements of the community and there is no need to remove the child from his own home" (volume 1, page 9). Such measures commonly comprise active assistance to the parents, economic, social, and medical.

Three objections are commonly lodged against a society making itself responsible for such action. The first is that of economy. Against this must be considered the immense cost to the community in ill-health, poor work, crime, and the breeding of further deprived children, all of which follow failure to take appropriate measures. The second objection is that providing parents with help undermines their initiative and self-reliance and makes them dependent. Such, of course, may follow if the help is given without enlisting the active participation of those helped. This, however, need not be. Skilled social workers have learnt to work with their clients, thereby developing their capacity for self-help. Only if the worker permits or encourages dependence by arbitrarily doing things for her clients, without their participation, need a dependent attitude result. Finally, there is the argument that the State should not intervene in family life. This raises broad issues, but it should be noted that just as children are absolutely dependent on their parents for sustenance, so in all but the most primitive communities are their parents, especially their mothers, dependent on a greater society for economic provision. If a community values its children it must cherish their parents.

Measures to prevent family failure are conveniently discussed under the three main headings which were recognized when considering its causes—economic, social, and medical. Since, however, any given measure frequently involves action under more than one of these it is preferable to fuse the three headings into two—socio-economic, and socio-medical. A further subdivision is useful—that between measures which may be applied immediately to a family in trouble and measures which have the long-term
purpose of developing the community in such a way that family life is
given the most favourable conditions in which to grow. There are thus
the following four divisions:

- Direct aid to families
  - socio-economic
  - socio-medical including psychiatric
- Long-term community programmes
  - socio-economic
  - socio-medical including psychiatric.

Direct Aid to Families

*Socio-economic aid*

Although the League of Nations report 90 laid it down that

"it may therefore be regarded as an axiomatic principle of child care that no child
should be removed from the care of an otherwise competent parent when the granting
of material aid would make such removal unnecessary" (volume 1, page 8),

it is clear that this principle has yet to be acted upon in most countries.

There are today governments prepared to spend the equivalent of up to
30 dollars a week on the residential care of infants who would tremble
to give half this sum to a widow, an unmarried mother, or a grandmother
to help her care for the baby at home. Indeed, nothing is more character-
istic of both the public and voluntary attitude towards the problem than
a willingness to spend large sums of money looking after children away
from their homes, combined with a haggling parsimony in giving aid to
the home itself. Many examples of this could be given, from the large
sums spent to keep a child in hospital compared with the much smaller
sums required to treat him at home, to the power of a British local authority
to spend up to, say, £5 a week providing residence for a child, while being
without the power to spend 30 shillings or so on bedding to enable him to
live at home. Difficulties in regard to differential treatment of families
there may be—if Mrs. Smith gets blankets why should not Mrs. Jones?—
but these difficulties must be solved by methods other than retaining
the children in an institution.

In particular, far too little attention has been given to the needs of the
home which has lost one parent only through death, illness, or other cause,
a condition which characterizes about one quarter of all children in care ;
clearly every effort must be made to help the other parent care for the
children.

Husbandless mothers of children under five, and especially those under
three who are still unfitted for nursery school or any form of community
life, have the greatest difficulty in most countries in both making a living
and caring for the children—activities which are incompatible when
the children are very young. Though direct assistance to the mother is
commonly meagre, in many cases public or voluntary funds are spent on
the provision of day nurseries, which in parts of England, for instance, cost
over £3 per head per week. This is not a fruitful way to spend the money,
from the point of view either of health or of industrial production. As
regards health, day-nurseries are known to have high rates of infectious
illness and are believed to have an adverse effect on the children's emo-
tional growth. As regards production, there is little net gain in woman-
power, since for every 100 mothers employed 50 workers are necessary
to care for the babies and, as every industrialist knows, mothers of young
children are unsatisfactory employees and often absent on account of minor
illnesses at home. For these reasons day care as a means of helping the
household mother should be restricted to children over three who are
able to adapt to nursery school. Until the child has reached this age, direct
economic assistance should be given to the mother.

In the case of fathers who are left with motherless children, either
temporarily while the mother is in hospital or permanently, the provision
of a housekeeper service is much preferable to removing the children.
This service, which has been developed by agencies in Canada and the
USA, is described by Baylor & Monachesi: 15

"The time given by the housekeepers varies from two hours a day to resident service,
but in several instances the housekeeper has continued with one family for several years.
Before housekeeper service is given, the agency requires that the family shall have one
reliable member, usually a father or an older child. . . . It has been said that house-
keepers are 'foster mothers in reverse'. In the case of a foster mother youth is an asset,
but with a housekeeper it is a liability. Another striking difference is that while the
foster mother spends her own money, the housekeeper spends another person's money . . .

"The advantages arising from the housekeeper service have been summarized by
the Protestant Children's Home of Toronto as follows:

"Holds the father's interest and sense of responsibility.
"Gives the children more security in their family relationships.
"By preserving the home and equipment it avoids the prolonged break-up which
generally results from boarding-home placement no matter how devoted the
father may be.
"Less expensive than boarding care in large families.
"More normal relationship and status for a child in the community than if he is
in a boarding home.
"Avoids the real tragedy that occurs when a child grows into a boarding-home
family and has to be uprooted " (pages 38, 39).

It will be observed that, at least with large families, this method of care
is actually cheaper than removing the children, yet, apart from the home-
help schemes in Britain and Sweden, it does not seem to be common in
European countries at present.

On grounds of financial economy as well as the child's mental health,
then, it is to be hoped that governments and voluntary agencies alike will,
before allocating further funds for the care of children away from their
homes, consider whether everything possible has been done financially
to assist parents to care for them at home. Spence\textsuperscript{131} puts the matter pithily when he remarks: "Much that passes for social aid to mothers is construed in a way which raises their fears and undermines their confidence. They are relieved of their children when they should be relieved of their chores" (page 50).

\textit{Socio-medical aid}

Essential though socio-economic aid frequently is, it is often useless unless help of a socio-medical kind is given as well. In many cases there would be no economic problem at all were it not for physical or mental illness, psychopathic character, or conflict in the home.

Although the provision of services for the care of the physical health of parents, especially the mothers of young children, is of the utmost importance, this has now become accepted practice in many Western countries and so need not detain us here. A special service which has not yet received the recognition which it deserves is the provision of rest homes to which mothers may go with their younger children. Such a home has been established near Manchester, England, since the end of the late war, and is described at some length in the report of Mrs. Hubback's group.\textsuperscript{110} To this home, a mother who is either in physical ill-health or on the verge of a mental breakdown may go for weeks or months to recuperate, without the problems of having to arrange for the younger children's care or the anxiety of wondering how they are faring—an anxiety both inevitable and proper for the mother of small children. Moreover, if such a home is run with insight into the emotional problems of mothers and children, much quiet help can be given to the mothers to establish a relationship of security and mutual affection on which, as has been seen, the child's future mental health depends.

Another service which is only as yet in an embryo stage in most countries is that of marriage guidance. Before effective measures to help married couples who are in difficulties can be devised, there must be a sound understanding of the causes of marriage failure. In several countries there has been considerable emphasis laid on ignorance of the physical side of marriage and of sex technique, but most with experience now realize that this is only a small—and an easily remedied—part of the problem. Far more important are the personalities of the partners. Burgess & Cottrell,\textsuperscript{36} it will be remembered, concluded as a result of their inquiry that "the affectional relationships of childhood condition the love-life of the adult", and it is this basic truth which underlies modern techniques. Berkowitz,\textsuperscript{34} in his contribution to a useful symposium by American social workers on the diagnosis and treatment of marital problems, remarks: "We see that people who come to us because of marriage difficulty have carried over unresolved childhood problems into the marriage to an extensive degree." Unless these are clearly recognized and attention given to them, little
progress in better adaptation can be effected. In particular, it is necessary for the social worker to be aware both of the strong unconscious drives which lead husbands and wives to create the very problems of which they complain and of the distorted light in which they see the behaviour of their spouse. Not only may husbands and wives provoke a marriage partner to unkind behaviour, but they may genuinely believe that their behaviour is far worse than it really is. The difficulties are thus the difficulties of one or both partners in making satisfactory human relationships and as such are to be understood in psychiatric and psycho-analytic terms.

Although these personality difficulties stemming from childhood must be counted as the most frequent and weighty factors in marital maladjustment, faults in the social matrix within which the couple live must not be overlooked. Reference has already been made to the social fragmentation which characterizes many Western communities of the present day and this, as Wilson points out, is apt to force husbands and wives to seek within the family the satisfaction of personal and social needs which are by their nature impossible to satisfy there. In these circumstances the family ties are, as it were, carrying an amount of "current" for which they were not designed, and it is not surprising that what corresponds to "failing" is a not infrequent occurrence.

Marriage guidance to be effective must therefore take account of both broad sociological factors and internal psychological ones. The practitioner must be trained to see the particular marital problem presented as but a symptom of a socio-psychological maladjustment, and to treat not the symptom but the pathological processes lying behind it.

The same considerations apply when there is friction between parents and children, a not infrequent cause of children being removed from home. The particular problem—bedwetting, stealing, aggressiveness, or whatever it may be—is to be conceived as merely the presenting symptom in a far more complex and often partially hidden situation in which the psychopathology of the parents usually plays a major part. Child-guidance workers clearly recognize this and, despite the name, nowadays give as much time to the therapy of the parents as to that of the children. It is true that at one time child-guidance services themselves were all too frequently the cause of children being removed from home, but the leading clinics in Europe and America no longer look on the removal of the child from home as a wise step. Naturally there are cases where a temporary change may be of value, and others where the child's home is un mendable, such as, for instance, when the mother is a prostitute. However, greater understanding of the psychodynamics of family relations, combined with greater technical skill in handling them, have gone far to change policy in the direction of mending the home instead of disrupting it. Many seemingly intractable problems when approached with insight and skill are found to be treatable, since there is in almost all families a tremendous need to live together in greater accord, and this provides a powerful motive
for favourable change. It is the task of the therapist, whether medical or not, to help provide conditions in which this drive can re-assert itself so that, though all may not be perfect, the essential features of a good home are restored. The provision of child-guidance services on a generous scale must therefore be regarded as a major contribution to the maintenance of family life and so to the promotion of mental health. Furthermore, it is now agreed that work of this kind is of particular value in the case of young children and their mothers, since it is in the first few years of life that the pattern of later parent-child relationships is laid down. The troubles of adolescents are no more than the reverberations of conflicts which began in these early years. Difficulties which are insoluble at 13 may be handled quickly and effectively at three. It is by giving priority to work in these early years that our best hope of prevention lies.

Special educational arrangements for maladjusted children are also of value. Since 1939, the City of Amsterdam has provided one or two specially staffed day-schools to which children are referred by its mental health division after thorough psychiatric investigation and diagnosis. There is close contact between teachers and psychiatrists, and special efforts are made to work with the children's parents and to arrange vocational guidance and after-care. More recently the County of London has followed Amsterdam's lead.

In the case of older children—eight years and over—the use of expedients such as boarding-schools may be of value. If the child is maladjusted, it may be useful for him to be away for part of the year from the tensions which produced his difficulties, and if the home is bad in other ways the same is true. The boarding-school has the great advantage of preserving the child's all-important home ties, even if in slightly attenuated form, and, since it forms a part of the ordinary social pattern of most Western communities today, the child who goes to boarding-school will not feel different from other children. Moreover, by relieving the parents of the children for part of the year, it will be possible for some of them to develop more favourable attitudes towards their children during the remainder.

Finally, there is the question of problem families. Querido has divided them into three groups:

(a) those which, provided economic and medical help can be given, can become once again effective social units;

(b) those which may require some degree of permanent help but which can respond favourably to it;

(c) those which all ordinary social measures are powerless to assist.

The work required for the rehabilitation of the first two groups has been well described in the report of Mrs. Hubback's committee. Experience has shown that the combination of insight into causes, sympathetic contact, and hard manual work, with medical and financial aid, can save many
homes which in other hands would have involved moral condemnation and no social action but their destruction. Such help is of particular value where ignorance, poverty, and physical ill-health have been the causes of the family failure. Where temperamental instability or psychopathy of the parents is the root cause, such measures commonly fail, and for this reason workers need psychiatric insight if they are to avoid breaking their hearts on cases they cannot help.

There is as yet no agreed plan for tackling families where failure is due to parental psychopathy. Probably the most realistic and constructive proposal at present under discussion is that of Querido for placing whole families under supervision and restraint by providing for them special units each of which could accommodate a small number of problem families and which would be the responsibility of trained workers. He argues that, just as it is regarded as necessary for the sake of their own well-being and the well-being of others to place under supervision individuals who are mentally ill, so is it reasonable to place under supervision psychopathic families which are endangering the well-being of their own members and others. A programme of this kind would in almost all countries require legislation and this is now being drafted in the Netherlands. Querido has recognized that his proposal involves a serious infringement of personal liberty and offers possibilities of abuse but, as he himself emphasizes, problem families constitute a very serious and self-perpetuating danger to social progress. Until more effective measures for rehabilitating psychopathic characters can be found or until long-term measures of mental hygiene have proved successful in preventing their development, this indeed may be the right solution.

Long-Term Community Programmes

Socio-economic developments

The fragmentation of society in Western industrialized communities and the break-up of the greater family pose grave problems. To discuss how these basic social trends should be reversed or their effects on family life mitigated is outside the scope of this report. Nevertheless, a comprehensive policy for the prevention of children becoming deprived cannot afford to ignore them, and in this field the less-developed communities may well have much to offer the more-developed ones. One point should be noted—the great economic vulnerability of the family with children. Beveridge has reported that in England "a family still remains the greatest single cause of poverty", a condition which clearly holds true elsewhere in the Western world. This has led in many countries to the provision of family allowances, a vital step in the right direction. Even so, it must be considered whether some specially increased provision should not be made for children under five or three. It has been seen that it is at this age that they are at their
most dependent and from a mental health point of view at their most vulnerable. The mother of young children is far more tied than is the mother of school-age children, for whom part-time work is quite possible. Since the mother of young children is not free, or at least should not be free, to earn, there is a strong argument for increased family allowances for children in these early years.

Socio-medical developments

An additional reason for adequate and graded family allowances is that poverty, with resultant overwork and under-nourishment, is a potent cause of parental ill-health, both physical and to a lesser degree mental, and this, as has been seen, is a major cause of children becoming deprived. But even if the basis of preventive health is an equitable social and economic system, personal health services have much to contribute. Here again parents, and especially mothers of young children, must have priority if family failure is to be avoided.

A special word is appropriate here on the need for long-term programmes of mental hygiene. Hitherto, these have been difficult to plan because of a lack of agreement regarding the origins of mental ill-health. For long it has been known that certain relatively rare conditions are caused by infection and that a few others are inherited. The vast majority of cases, however, comprising all the neuroses and so-called personality disturbances have remained a mystery and the source of controversy. This is now changing as evidence accumulates pointing to the child’s experience in his family in his early years as being of central importance for his healthy emotional development. The outstanding disability of persons suffering from mental illness, it is now realized, is their inability to make and sustain confident, friendly, and co-operative relations with others. The potential ability to do this is as basic to man’s nature as are the abilities to see or digest, and, just as we regard failing vision or indigestion as signs of ill-health and the results of trauma, so have we now come to regard the inability to make reasonably co-operative human relations. The growth of this ability, as has been seen, is determined in very high degree by the quality of the child’s relation to his parents in his early years. It is on the basis of this theory of etiology that the report of the Expert Committee on Mental Health of the World Health Organization on its first session 157 emphasized “the desirability of concentrating especially on the therapeutic and preventive psychiatry of childhood”.

In practice, this means not only treating children but the giving of psychiatric help to parents, especially the parents of very young children, who are in a plastic phase of emotional development and who therefore respond rapidly. Since the need for psychotherapy vastly outstrips its supply and an order of priority is unavoidable if rational use is to be made of what exists, pride of place must go to patients who are both of key
importance and respond in a quick and lasting way. Those who have worked with the parents, especially the mothers, of young children believe that there is no more fruitful mental hygiene work than this.

In addition, preventive mental hygiene demands early and effective aid to families who have already got into difficulties, including measures to avoid the removal of children from home, and, finally, the best possible provision for children who for any reason cannot remain at home. By such measures it may, in the course of two or three generations, be possible to enable all boys and girls to grow up to become men and women who, given health and economic security, are capable of providing a stable and happy family life for their children. In this way, it may be hoped both to promote mental health and to eliminate very many of the factors which at present cause children to be deprived of maternal care.

The long-term programme of mental hygiene is thus seen to be the psychiatric care of individual families writ large.

This programme for the prevention of family failure, it is recognized, demands great effort. That part of it primarily concerned with social and psychological services, such as marriage guidance, child guidance, and work with the parents of very young children, requires large numbers of skilled workers. Their training and maintenance will take time and money, but is likely in the long run to be a far cheaper and more efficient method of solving the problem of "homeless children" than the mere provision of foster-homes and institutions.

One question which is likely to be asked is in regard to the position in this programme of professional personnel without a psychiatric training—physicians, nurses, social workers, and others. Are they to be excluded from participating? On the contrary, the answer is simple and clear: only if all these workers are trained can the work be done on the necessary scale. The stage has been reached in preventive medicine in Western countries where disorders springing from infection and malnutrition are, to a large extent, conquered and where health workers are free to give time and energy to mental health. This is admirable, but, before these workers can be effective, extensive retraining and radical changes in outlook and attitude will be necessary. The principles and practice of psychological medicine and preventive mental health cannot be learnt in a few weeks or even a few months any more easily than can the principles and practice of physical medicine and preventive physical health be learnt in this time. Unless the amount of training and change of attitude which are required are clearly recognized and tackled, the devolution of this work to the non-specialist will prove abortive. All those aspiring to work in this field must become thoroughly familiar with the psychology and psychopathology of human relations, alive to unconscious motivation, and able to modify it. Such widespread professional training and retraining is today the foremost need both in mental hygiene and the preservation of the family.
CHAPTER 10

ILLEGITIMACY AND DEPRIVATION

In Western communities two types of illegitimacy are distinguishable, the first of which is socially accepted and the second of which is socially not accepted. Among the illegitimacy which is relatively accepted in certain Western communities can be placed the convention that, before it is wise to marry her, the girl should demonstrate her fecundity. Another example is the convention for a couple to live together as though married despite not having gone through a legal ceremony. Finally, there are subcultures, usually among the poorer classes, where the possession of an illegitimate child is not held against the mother and both are given support within the greater family.

Unfortunately, official statistics relating to illegitimacy do not make this vital distinction and are consequently of little use. From the point of view of the prevention of children growing up deprived of a normal home life, it is imperative to have accurate figures showing the rates of illegitimacy of the socially unacceptable kind, since it is only these children who are at risk. This report will be concerned only with such cases.

Character and Home Background of Parents of Illegitimate Children

Until recently, the fact that some girls become pregnant illicitly was looked upon somewhat fatalistically and dismissed as just human nature. Apart from moral exhortation, little attention was given to prevention. Studies carried out in America make clear, however, that the girl who has a socially unacceptable illegitimate baby often comes from an unsatisfactory family background and has developed a neurotic character, the illegitimate baby being in the nature of a symptom of her neurosis.

Young, for instance, carried out a study of 100 unmarried mothers between the ages of 18 and 40, who, although representing wide variations in intelligence, education, and social and economic backgrounds, were if anything rather above average in intelligence. She found that 48 of these girls had dominating and rejecting mothers and another 20 had dominating and rejecting fathers, and that the girl's relation to the dominant parent "was a battleground on which a struggle was fought, and the baby was an integral part of that struggle". No fewer than 43 of the 100 girls had been brought up in broken homes, a finding confirmed by a Toronto study which gives a figure of 30 broken homes in the histories of 57 unmarried
mothers, and a further 10 with quarrelling parents. All the girls studied by Young had grown up to have

"fundamental problems in their relationships with other people. Some of them could not carry on even superficial contacts successfully; others did well with casual acquaintances and friends but were unable to enter into a close or intimate relationship with anyone . . . The problems followed them into their work and few of them were able to use more than a small part of their native intelligence and ability . . . All these girls, unhappy and driven by unconscious needs, had blindly sought a way out of their emotional dilemma by having an out-of-wedlock child. It is not strange that one finds among them almost no girl who has genuinely cared for or been happy with the father of her baby."

Practically none of these girls was promiscuous and only one-quarter of the group had had more than a fleeting relationship with the father of the child. In all of them there appeared a strong unconscious desire to become pregnant, motivated sometimes by the need for a love-object which they had never had and sometimes by the desire to use the shame of an illegitimate baby as a weapon against their dominating parents. It was noteworthy that a large group insisted in a rigid and irrational way on their mother looking after the baby, despite her objections. Running side by side with the need to use the baby as a weapon against the parents was the need to use it as a weapon against themselves.

"One of the most frequent tendencies to be found in their personality patterns was that of self-punishment. Almost none of the cases was completely free of it and with many of them it represented the major force in their lives. So deeply ingrained and so powerful was this force that often the girl would permit nothing and nobody to interfere with its self-destructive progress."

Though it is impossible to know how typical Young's findings are, it is the opinion of many social workers with psychiatric knowledge and experience of this problem that with many girls becoming an unmarried mother is neurotic and not just accidental. In other cases the girls are psychopathic or defective. For instance, of 93 unmarried mothers whose children were in the care of Dr. Barnardo's Homes,\textsuperscript{110} 25 are described as moral defectives, and were no doubt promiscuous, a further 10 were dull and backward, mentally defective, or insane. No particulars are given regarding the others, though some, no doubt, were similar in character to those described by Young.

The character of the unmarried father is rarely studied and not much is known of him. It is the opinion of experienced social workers that many are unstable and that they often promise marriage irresponsibly. Compared to the unmarried mother, they are more often promiscuous and get several girls into trouble within a short time. The psychology of habitually promiscuous men has been studied in connexion with the prevention of venereal disease. Wittkower,\textsuperscript{102} after studying 200 soldiers suffering from this disease and a control group numbering 861 matched for age, army service, and location, suffering from impetigo, concluded:

"The all-round picture which emerges is that venereal disease patients are often emotionally, sexually, and socially immature, whereas physically and intellectually they
may have reached full maturity. As may be expected, evidence of immaturity is more striking in habitually promiscuous than in occasionally promiscuous individuals . . . Fifty-nine per cent. of our venereal disease patients, against 19% in the control series, were found to be emotionally immature. Only 11% of the venereal disease patients, as compared with 62% in the control series, could be regarded as mature personalities.

Among factors which make for promiscuity, Wittkower lists the need for affection, situations which arouse anxiety, and situations which arouse resentment. "The so-called biological sex-urge, strange though it may appear, plays a minor part in most cases of promiscuity ", in the same way that thirst has little to do with chronic alcoholism.

In seeking to understand the origins of these unstable, immature characters, whose antisocial behaviour brings so much misery in its train, one is led back, as in the case of many of the unmarried mothers, to their childhoods and their relationships with their own parents. Abstracts of two studies relating promiscuity to broken homes are given in Appendix 1, but for completeness sake are repeated here. In their study of 255 promiscuous males, Safer et al. discovered that 60% came from homes which had been broken by death, separation, or divorce, the average age of the child when the home broke up being six years.

"Among the patients whose homes had been broken, it was not unusual for the patient to have been placed in boarding schools, foster homes, institutions, or in the homes of relatives. A number of the patients had had a series of such placements. Some patients had had no care by either parent from birth or shortly thereafter. Some of those had been born out of wedlock. In other instances one or both parents had remarried and the patients were reared in homes with stepfathers or stepmothers. The patients reported difficulties in adjusting to successive changes in the family pattern. Inconsistencies in training and discipline were frequently the result of constant shifting from the care of one parent to that of another . . . Conflicts were most pronounced in the cases where the family life had been unstable and the patient had been entrusted to the care of first one person and then another " (page 10).

This picture is confirmed by Bundesen et al. who, with a group of 50 similar patients, found evidence of abnormal childhood conditions leading to a broken home in 56%.

Preliminary studies such as these go far to demonstrate that, in a Western community, it is emotionally disturbed men and women who produce illegitimate children of a socially unacceptable kind. Moreover, they give further prominence to the social process already emphasized as being of the greatest consequence for the production of children who will grow up deprived of maternal care—the process whereby one generation of deprived children provides the parents of the next generation of deprived children.

**Care of Illegitimates**

There are two ways of approaching the problem of preventing the illegitimate child becoming in need of care away from home—to prevent his

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1See page 161.
being conceived and to make realistic plans for his care if he is. The reduction of the birth-rate of socially unacceptable illegitimates is a matter for long-term measures of mental hygiene which are discussed later. Meanwhile it seems likely that for many decades to come Western communities will have to face the problem of how best to care for such children. Though it is evident that in this, as in all problems, the most effective measures are possible only if there is real knowledge and understanding, the absence of studies on how illegitimates may best be cared for is conspicuous.

In several countries of Europe, e.g., the Netherlands, Sweden, and the United Kingdom, policy is strongly in favour of the unmarried mother keeping her child. For instance, in a circular issued by the British Ministry of Health, the duties of a social worker in helping the unmarried mother are stated as, first, "whenever possible to persuade the girl to make known her circumstances to her parents and, if the home is likely to be a satisfactory one, to persuade the grandparents to make a home there for the little one", to continue by considering alternatives such as residential employment, day nurseries, foster-homes, or residential nurseries, and only "in special cases, e.g., where the mother is very young or is the wife of a man not the father of the child, to give advice about legal adoption". In the Netherlands adoption is not legal. Yet when one inquires in these countries for studies of how the illegitimate child who is not adopted actually fares, none seems to be available. Reports such as that of the Medical Officer of Health for Willesden are far from reassuring, however. In a very disturbing account of the hazardous and ever-changing lives of foster-children in the borough in 1939, he writes:

"The majority of foster children are illegitimate. Their mothers are frequently in employment and may work up to a month before confinement. During this last month when they are not employed they must keep themselves and make some provision for the child. They are generally confined in hospital. At the end of ten days or a fortnight they are discharged. They have no money left. They have nowhere to go. They are handicapped by the child. It is important that they get work at once. What often happens seems to be that such a mother finds some woman who, perhaps out of kindness or perhaps in hope of money later on, takes the child whilst the mother searches for work. The child may be well cared for or not, but in any case the mother probably in the circumstances does not inquire too closely. She is glad to get anybody to take the child. If she gets work and pays the woman it may be that the child stays on for a time but if the payments are small and irregular the child may be passed from one woman to another, finding no stability in life at all."

There is no reason to suppose the position in Great Britain to have changed in the past decade. One London agency concerned with the care of unmarried mothers, reporting on the placement of over 1,000 babies in the period 1949-1950, shows that 22% were placed with foster-parents or in a residential nursery soon after birth. Only 17% were adopted. The bulk of the remainder were living with their unmarried mothers. That many of these will sooner or later also find their way into foster-homes or nurseries is indicated by another London agency which, stating that it
Illegitimacy and Deprivation

is its policy in all suitable cases to encourage unmarried mothers to keep
the custody of their children and to give the mothers, when necessary,
financial and other assistance to make it possible, proceeds: "It has to
be faced however that lack of accommodation makes it increasingly difficult
for an unmarried mother to have her baby with her continually from its
birth, and during some considerable part of its childhood it is more than
likely to be fostered or placed in a residential nursery" (personal commu-
nications).

The absence of satisfactory figures for any country of Western Europe
is a measure of their neglect of this problem, while such information as
is available makes it clear that in some countries at least a large fraction
of illegitimates, perhaps more than half, under the present haphazard
arrangements grow up suffering from some degree of maternal deprivation
and into characters likely to produce more of their kind. The absence of
studies of the later development of unmarried mothers (despite strong
opinions being expressed about this or that course being in their best
interests) is also symptomatic of the absence both of public concern and
of a scientific approach to the problem.

The picture in Canada and the USA is rather different. In the last
decade there have been a few studies of what has actually happened to
illegitimates who have not been adopted. In 1943, the Welfare Council of
Toronto and District 148 published a study of the history and adjustment
of illegitimate children aged 14 and 15 years who had remained with their
mothers or relatives. Of the 92 children studied (49 boys, 43 girls) only
25 had remained with the same family group since birth, though a further
19 had been accompanied by their mothers through a variety of changing
circumstances. The remaining 48 (52%) had changed their mother-figures
—usually two, three, or more times. The study goes further, however, in
that it demonstrates first that a large proportion of these children (47%)
are showing signs of maladjustment and secondly that this is related to
their experiences. This is shown clearly in table XII, which relates the

<table>
<thead>
<tr>
<th>Adjustment of child</th>
<th>Age in years by which settled</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>before 5</td>
<td>4-7</td>
</tr>
<tr>
<td>Maladjusted</td>
<td>33</td>
<td>50</td>
</tr>
<tr>
<td>Adjusted</td>
<td>67</td>
<td>50</td>
</tr>
<tr>
<td>Number of children</td>
<td>65</td>
<td>18</td>
</tr>
</tbody>
</table>

Note: P is less than .01.
incidence of maladjustment to the age at which the child became a permanent member of a family group.

From this it is evident that the earlier the child is settled the better—hardly a surprising conclusion. In 21 cases (17 boys, 4 girls) their maladjustment took the form of delinquency, mostly stealing and truancy. One girl of 15 had already run away and become pregnant—another example of the vicious circle of the deprived reproducing themselves. How many of the other 20 delinquents—nearly one-quarter of the whole group—will grow up to produce illegitimate or deprived children?

The report states that with few exceptions the homes from which the delinquents came were unstable and unhappy. "Children were taken out of homes where they were happy and thought they belonged into homes where they were not wanted. Others have been rejected practically since birth by the people with whom they lived." Here is more evidence, if it is still needed, that deprivation causes maladjustment.

The Toronto inquiry reveals a sorry state of affairs, which its authors relate directly to the policy pursued by the agencies advising these unmarried mothers at the time of the children's births—that the unmarried mother should look after her own baby. It was clear that this rather rigid policy had over-influenced many of the mothers, some of whom having cared for their babies during the period of greatest dependency found it impossible to release them later, even when they learned that the future offered little opportunity for satisfactory living for themselves and little chance of normal growth for their children. Others had quickly rebelled against the agencies' rulings and had got rid of their children as best they could. In other cases again the mother's parents had been forced, urged, or encouraged to provide homes, despite the relationship between the mother and her parents having for long been unhappy, with the result that the baby became the cause of yet further friction. Naturally there were cases where the arrangement of the mother or her parents looking after the baby had worked well, but this seems to have occurred only when the mother was stable, had good relations with her parents, and was fond of the baby and his father—not a very frequent set of circumstances.

A little earlier, in New York, Rome had studied 30 mothers who had committed their illegitimate babies to an institution pending a final decision, and had come to a similar conclusion. Of the 30, only 8 were finally taken home by their mothers, 4 were adopted and, after a lapse of three years, 15 remained in the institution or in foster-homes. But not only does she demonstrate that, after three years, half these mothers were still unable to come to a long-term decision, but she points to the fact that the outcome could with a high degree of certainty have been predicted from the time of the baby's birth. Only if at least four of the following conditions are present is the mother likely to take the baby home: that she is of stable personality, takes a realistic attitude towards her problem, is loving and accepting
of the child, had a positive relation to the putative father, and has a family which does not insist on the child being disposed of. If Young’s findings regarding the psychology of unmarried mothers are typical, and the Toronto study suggests that they may be, it will be seen that such conditions are present in only a minority of cases.

Of the group of children whose mothers neither relinquish nor take responsibility for them, Embry has written:

"The child continues in an institution or foster home, or more likely a series of foster homes, a tragic example of nobody’s child. The mother visits occasionally. She may bring him presents. Rarely she pays a little for his board. When asked about plans for him she always reiterates that some day she will take him, but that some day never seems to come. By the time the agency is convinced of the need for an enforced surrender, the child has probably grown beyond the age when he can be easily placed for adoption."

In a booklet published by the Children’s Bureau of the US Department of Labor, Morlock gives an illustration:

"One such child at 10 years of age is a disturbed, bewildered boy with many behavior problems. He has lived in 20 foster homes. At the time of his birth his mother was a docile, receptive girl who agreed with the philosophy of the maternity home that she should keep her baby. Her parents refused to allow her to live at home if she kept him. She went to work in a store, paid the child’s board regularly, and visited him in the foster home every 2 weeks. Gradually, however, her payments stopped. Twice she attempted suicide. Either the original plan was an unsuitable one for both her and the child, or the mother was not given enough case-work assistance in carrying out the plan." (page 28).

As a result of data such as these, progressive policy in the USA in regard to illegitimates has changed abruptly in the last ten years and far more adoptions are being arranged. Social workers now conceive it to be their duty to help the unmarried mother face the real situation before her, which so often is that of an immature girl, on bad terms with her family, with no financial security, having to undertake with little or no help the care of an infant for whom she has mixed feelings, over a period of many years. If this is in fact the real situation and it is put before her in a sympathetic way by someone whom she has learned to trust, the majority of girls recognize that it is in the interest of neither themselves nor the baby to attempt to care for him, and are prepared to release him for adoption. As a valuable paper by Young and the booklet by Morlock & Campbell go to show, American social workers have become self-critical of their previous inclination to avoid responsibility for making a long-term plan and for unwittingly helping the unmarried mother herself to evade it. For this is in fact what voluntary and public agencies are doing when they receive illegitimate children into care without insisting that the mothers either make realistic long-term plans to provide care themselves, or else permit others to do so—by arranging adoption. In some countries, e.g., Great Britain, the law is such that authorities have no option but to accede to the mother’s temporizing measures, compelling them to care for the child while at the same time permitting the mother
indefinitely to refuse consent for adoption. In framing laws of this kind, the paramount consideration is clearly the parents' right to the possession of the child, the child's welfare taking second place.

Unfortunately, instead of considering objectively what is best for the child and what is best for the mother, workers of all kinds have too often been influenced by punitive or sentimental attitudes towards the errant mother. At one time the punitive attitude took the form of removing the baby from his mother as a punishment for her sins. Nowadays this punitive attitude seems to lead in the opposite direction and to insist that she should take the responsibility for caring for what she has so irresponsibly produced. In a similar way, sentimentalism can lead to either conclusion. Only by getting away from these irrational attitudes and preparing to study the problem afresh is a realistic set of working principles likely to be adopted. It is urgently necessary in many countries to make studies of what in fact happens to the illegitimate children of today—how many achieve a satisfactory home life with their mothers or immediate relatives, how many eke out their existence in foster-homes or institutions, and how many are adopted and what is the outcome. Furthermore, it is necessary to study the development of the unmarried mother and to devise means of helping her avoid such tangles in the future and to achieve a more satisfactory way of life. It may perhaps be that, in some cases, encouraging her to take the responsibility for her baby will help her become a more responsible citizen, but to act on the assumption that this is always the case is not only to be unrealistic but to be socially irresponsible ourselves. For it is a very serious thing to condemn a child to be parked in an endless succession of foster-homes or to be brought up in an institution when there are long waiting lists of suitable parents wishing to adopt children.

Hitherto most nations have preferred to forget the existence of illegitimate children or, in so far as they have aided them, it has been too little and too late. If a community is to remove this source of deprived children, it will have to be more realistic in its handling of the problem, both by providing economic and psychological assistance to the unmarried mother to enable her to care for her child and by providing skilled services to arrange for the adoption of those children who cannot be so cared for.
CHAPTER 11

SUBSTITUTE FAMILIES. I: ADOPTION

"The central paradox of work for deprived children is that there are thousands of childless homes crying out for children and hundreds of Homes filled with children in need of family life." This situation, graphically described in the annual report of the Children's Officer of an English borough, obtains in many Western countries. Yet very little serious study has been given to the problems of adoption, and it is only gradually becoming recognized as a process requiring scientific understanding and professional skill. Too often the baby's future is the concern only of a well-meaning amateur or of a health visitor trained to consider no more than physical hygiene. Once again scientific studies of the subject are conspicuous by their scarcity.

The process of adoption concerns three sets of people—the mother, the baby (almost always illegitimate), and the prospective adopters. There is skilled work to be done with each. First, help must be given to the mother to enable her to reach a realistic decision; this requires skill in making a relationship of mutual confidence with her, in understanding her personality and her social situation, and in helping her face unpalatable facts in a constructive way. Secondly, there must be an ability to assess the possibilities of the baby—no easy task and one about which there are many ungrounded assumptions. Finally, there must be an ability to predict how a couple will care for children, often in the absence of any direct demonstration of their capacities, and to help them in the initial adjustments. These are formidable tasks. Furthermore, they must be discharged reasonably quickly since all with experience are agreed that the baby should be adopted as early in his life as possible.

The evidence given in Part I of this report points unmistakably to its being in the interests of the adopted baby's mental health for him to be adopted soon after birth. No other arrangement permits continuity of mothering and most other arrangements fail even to ensure its adequacy. If the baby remains with his mother, it is not unlikely that she will neglect and reject him. The work of Rheingold and Levy has shown that if he is parked temporarily in a nursery or group foster-home his development will often suffer in some degree (see page 18). Nothing is more tragic than good adoptive parents who accept for adoption a child whose early experiences have led to disturbed personality development which nothing
they can now do will rectify. Very early adoption is thus clearly in the interests also of the adoptive parents. Moreover, the nearer to birth that they have had him the more will they feel the baby to be their own and the easier will it be for them to identify themselves with his personality. Favourable relationships will then have the best chance to develop.

The arguments against very early adoption are three in number:

(a) it requires what might be a precipitate decision by the mother
(b) the baby cannot be breast fed
(c) there is less opportunity to assess the baby’s potential development.

Of these the first argument is the most weighty. It is clearly of the greatest importance not only that the right decision should be reached by the mother but that it should be reached by her in a way which leaves her convinced that she has decided wisely. This may take time, though, as Rome has shown, no good comes from prolonging the period of indecision indefinitely. If the mother has sought care reasonably early it should be possible for the experienced case-worker to help her reach a realistic decision either before the baby is born or soon after, since most of the factors which matter (e.g., stability of personality, realism towards the problem, and attitude towards the putative father) will be evident in her life before the birth of the baby. If all of these are adverse the baby’s birth will not change them, and the likelihood is small of the mother making a success of looking after the child. More knowledge, skill, and realism on the part of case-workers could undoubtedly lead to wise and emotionally satisfactory decisions being reached fairly early in a large proportion of cases.

Moreover, it is in the mother’s interest to make the decision to keep or part with her baby early rather than late. Unless it is reasonably clear that she will be able to care for the child, it is no kindness to permit her to become attached to him; parting is then all the more heart-breaking. Some unmarried mothers decide, after reflection, that they would prefer not to see their baby, a decision which should be respected. Rigid policies that all unmarried mothers must care for their babies for three or six months and must breast feed them can have no place in a service designed to help illegitimate babies and their unmarried mothers to live happy and useful lives.

It is, of course, only when a baby is likely to be breast fed that the interruption of breast-feeding is an argument against early adoption, since if the mother is averse to such feeding or if the baby is to be deposited in a nursery or foster-home the matter becomes irrelevant. If early adoption does in fact mean depriving a baby of breast-feeding it is, of course, a serious matter. Even so, to reach the correct decision regarding the best age for the child to be adopted requires the weighing of one set of medical
disadvantages against another and only far more research than has been done into the adverse effects of each can permit the decision to be realistic. Meanwhile, it is unwise to assume that breast-feeding and later adoption is better for the baby's future welfare than early adoption and affectionate artificial feeding.

The third argument against early adoption—that there is less opportunity to assess the baby's potential development—is commonly used by psychologists but is the weakest of the three. It rests on the assumption that the various tests of development available in the first year of life have predictive value for the child's later mental development. In an exhaustive inquiry Bayley 11 has shown that this assumption is not justified. She shows that the correlation of test performance at nine months of age with that at four years is zero and that "scores made before eighteen months are completely useless in the prediction of school-age abilities". This same conclusion is reached by Michaels & Brenner 102 in one of the comparatively few pieces of systematic research on adoption. They carried out a follow-up of 50 adopted children when they were four years of age or over both to discover what proportion had proved successful and what were the most reliable criteria for making predictions. They conclude rather sadly that "the psychologist's findings, in this and other studies, suggest that the case-worker's tendency to assume that infant tests provide a safe index of potential development is not warranted". 10 Not only is this so but, as has been seen, there is a very serious danger that keeping a baby in a nursery awaiting adoption in the belief that in a few more months an accurate prediction can be made will itself produce retardation, which is then taken as evidence that the baby is inherently backward. Hence there develops the paradoxical situation in which misguided caution in arranging adoption creates a baby which at first appears, and ultimately becomes, unfitted for it.

Probably the best guide to potential intelligence is the intelligence of the parents, though for many reasons this can be no more than a very rough guide and adoptive parents like natural parents must be prepared to take a normal biological risk.

It will be seen, therefore, that the arguments against early adoption are far less strong than they appear at first sight. On psychiatric and social grounds adoption in the first two months should become the rule, though some flexibility will always be necessary to permit mothers to work their way to a satisfactory decision. If during the waiting period the baby is not cared for by his mother it is preferable for him to be cared for in a temporary foster-home rather than in an institutional nursery.

10 The failure of infant tests to predict the future does not of course rob them of their value as an index of present development, a value which may be compared to that of the weight-chart which, irrespective of any predictive value it may have for the infant's future physique, remains a valuable guide to his physical progress during infancy.
To dub a baby unfit for adoption is usually to condemn him to a deprived childhood and an unhappy life. Few are qualified to reach this decision and the grounds on which it is commonly reached today in Western countries are more often well-meaning than well-informed. For instance, many adoption agencies place an absolute bar on the children of incestuous relationships, however good the stock. Naive theories of genetics may also lead to a child being blackballed for such reasons as having a sibling mentally defective or a parent suffering from mental illness. In the days when it was the accepted psychiatric view that all mental illness was hereditary this may have been a reasonable policy. Now that this is no longer so it is unreasonable, except in those cases where the incidence of mental defect or illness in the family is clearly much above the average. It has already been remarked that mental tests have no predictive value in the first 18 months of life, so that some retardation, even in the absence of deprivation, need not be taken seriously unless it is very marked. Finally, the widespread assumption that children with certain physical handicaps are unfit for adoption is ungrounded, as Wolkonir has shown in his interesting paper "The unadoptable baby achieves adoption".

Three principles thus emerge from discussion of a baby's suitability for adoption:

(a) that an assessment of the child's genetic potentialities requires the opinion of a person with training in human genetics and that in no case should an adverse decision be reached without the opinion of a competent person;

(b) that psychologists should be thoroughly familiar with the predictive value of their tests and with the effects of deprivation, illness, and other environmental factors on test performance;

(c) that even if the child's state, or prognoses about his future, are not wholly favourable an attempt should still be made to see whether there may be adoptive parents who, after being given full knowledge of the facts, are prepared in a realistic mood to accept him.

The third area in which knowledge and skill is required is in the appraisal of prospective adoptive parents and in helping those who are suitable to adjust happily to the intense emotional experience of adopting a baby. Here there is no place for the amateur, whose only criteria can be outward signs of respectability, or the worker trained only in physical hygiene with the criteria of income, cleanliness, and cubic feet of air space. These criteria have led to irrelevant and fancy standards. The baby's mental health will depend on the emotional relationships he will have the opportunity to develop; and their prediction requires good knowledge of the psychology of personality and skill in interview techniques. The principles of the work are admirably discussed by Hutchinson, whose book *In quest of foster parents* should be consulted. She emphasizes the cardinal importance
of estimating the real motivation behind the mother's desire to adopt a baby (it being almost always the mother rather than the father who is the architect of the plan). This motivation is often not what it appears to be and its true nature may be largely concealed from the woman herself.

"That foster parents are often searching for love or more love or a different kind of love is not disqualifying, but it is a significant clue to a richer understanding of them. The crux of the matter lies in the degree of normality and reasonableness of their love specifications. An adoptive mother may insist, in highly rigid and explicit terms, on the qualifications which she wants and must have in a baby. It must be a girl, of specified colouring, age, intelligence, parental status, nationality and temperament. The striking factor is the tenacity with which she may cling to these specifications even after she learns that, practically speaking, her conditions are unreasonable and a hindrance. A prospective adoptive father may be unwilling to deviate from his determination to have a boy who at all costs will fulfil his own frustrated ambition. Such inflexible and narcissistic requests are in contrast to the requests of the foster parent who can easily consider a reasonable range of children and does not come with terms too preconceived or irrevocable."

Those adopting these rigid and inflexible attitudes are doing so for reasons connected with their own emotional conflicts deriving from their own childhoods. In such a case the child is needed not for himself but as the solution of a private difficulty in the parents and, as might be expected, more often than not provides no such solution. The woman who has always felt unloved and who seeks love and companionship from the baby will not wish him to grow up, make friends, and marry. The woman who seeks a little girl who will achieve all that she has failed to achieve is likely sooner or later to be disappointed and to turn against her. Many other unsatisfactory motives may underlie the demand for a child. In the same way satisfactory motives may masquerade under exteriors which seem unpromising. The woman with a gauche brusque manner or the easy-going, untidy, and not too clean couple may none the less have warm hearts and prove loving and effective parents. If their motives are right much else can be overlooked.

How is the social worker to discover their true motives? Partly by inquiring how it was that they first thought of adopting a baby and partly by learning more about them as people, especially their capacity to make easy and loving relationships with others. In assessing these, three principal opportunities offer—the way they speak about other people, especially their relatives, the way they treat each other, and the way they treat the social worker. The value of these last two criteria are attested in the follow-up conducted by Michaels & Brenner [100] who conclude: "‘the most fruitful area of exploration in these home studies was the marriage; the needs it filled for both partners, and the way they achieved their own satisfactions and met each others' needs within it’. Yet, as Hutchinson has pointed out, this is precisely the area most commonly evaded by the interviewer who, unless thoroughly trained, feels, and is, quite incapable of making
inquiries which are both useful and yet not embarrassing. Michaels & Brenner proceed:

"The relationship between client and worker also had diagnostic importance. Families who resented the worker’s interest in their intimate lives, or felt that their references, position, or deep need for parenthood entitled them to a child with no questions asked, often were reflecting underlying problems bearing an important relation to parental capacity. Often, too, the families who easily established a relationship with a worker, who recognized the agency’s need to choose good parents for children and admitted to human qualms, problems, and imperfections, were revealing deep assets for parenthood."

The capacity to face difficulties in a courageous way and to consider soberly how best to meet them is indispensable in adoptive parents for "the ability to take some risks is essential for adoptive parenthood" as it is for natural parenthood.

"The question is not whether we can match their need surely in a child’s infancy; for we plainly cannot. The question is rather what they would do with disappointment; and whether they could still function as loving parents, satisfied in their parenthood. There is no such thing, unfortunately, as a "guaranteed adoption"; no children an agency can safely mark "Certified". It is vital, therefore, that parents be able to accept a child whether or not he can measure up to their hopes and wishes for him "(Hutchinson 88).

Flexibility and the capacity to face the truth are clearly also desiderata if the parents are to tell the child of his adoption, a practice which all are agreed is essential since sooner or later the truth will become known. Provided the parents can themselves admit the truth and do not have to cling for personal reasons to the fantasy of having produced the child themselves, there need be no great difficulty in bringing the child up from earliest years in the knowledge that he has been adopted. Complications will arise only if the natural and adoptive parents know each other. Reputable agencies usually preserve absolute secrecy on this matter, and there seems no doubt that this is essential if the adoption is not to be jeopardized.

The intense emotional experience of a parent who adopts a baby is often overlooked. Hutchinson has spoken of the "excitement, urgency and deep feeling" which often characterize the adoptive mother's attitude. To her it means not only taking possession for better or for worse of a human life and with it all that the possession of a baby means to a woman, but it may signify also the final acceptance both for her and her husband of the painful fact that they will never have a baby of their own. These are difficult and conflicting emotions which if not worked through adequately may linger to mar the parents' feelings for the baby. Once again insight based on knowledge and skill based on training are required. Similarly, knowledge and skill are necessary in the social worker when she has to tell parents that they are not suitable. Naturally, she will try to put it to them in the most palatable form to avoid distressing them more than necessary, but her principal aim must be to help them see the truth for themselves, for unless this can be achieved the prospective parents will not only feel disgruntled, but will persist in their search for a baby to adopt.
Not much is heard of the black market in babies—the process whereby would-be adopters who have been refused by reputable agencies succeed, sometimes by the payment of large sums to third parties, in securing a baby for themselves. In most countries at present this can be done by people whom all would agree are quite unfit to care for a child. It is a social and legal problem which one day will require attention, but it would be foolish to tackle so thorny a problem before the recognized machinery for adoption is in the hands of qualified people who can be relied upon to make realistic assessments of prospective parents. This will take time.

**TABLE XIII. INCIDENCE OF FAVOURABLE ATTITUDES AMONG PARENTS OF ADOPTED CHILDREN AGED FOUR YEARS PLUS (MICHAELS & BRENNER)**

<table>
<thead>
<tr>
<th>Attitude of parents</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favourable</td>
<td>26</td>
<td>62</td>
</tr>
<tr>
<td>Fairly favourable</td>
<td>18</td>
<td>36</td>
</tr>
<tr>
<td>Unfavourable</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

It has already been remarked that prediction of how a baby will develop is an exceedingly difficult task and for this reason the matching of baby and parents is more easily desired than achieved. Moreover, so long as there are queues of parents waiting for a trickle of babies, the parents may feel thankful to get any child. Race and to some extent colouring can be matched fairly easily, and by matching social class the securing of comparable intelligence is the more likely. Until predictions of other characteristics can be validated, time spent on assessing them is largely window-dressing.

Finally, it may be asked what is the proportion of adoptions which are successful? This, of course, is a relative question, the results depending largely on the skill of the agency arranging them. What one needs to know is the proportion of successes when adoption is carried out by skilled workers. No such study seems to be available, even that by Michaels & Brenner being concerned with the outcome of adoptions arranged during a period when the agency was changing from a volunteer to a professional basis. The results of this study are given in table XIII.

Regarding the unsuccessful cases, they note “No child... is poorly housed, clothed or fed, or treated cruelly or irresponsibly by adoptive parents. In this sense none of these homes is bad. The six homes considered
unsuccessful are, rather, homes where the child is either rejected, or excessively over-protected and infantilised. In assessing the meaning of these figures variables such as the age at which the children were adopted and the criteria of success used by the investigators must be taken into account. They must be compared, also, with similar assessments of parents caring for their own children. Judged by the latter standard, so far as it is known, the proportion of successful and unsuccessful adoptions does not seem unsatisfactory. This result is in accordance with clinical experience which does not suggest that an undue proportion of adopted children are referred to child-guidance clinics. From these meagre data it may tentatively be inferred that in skilled hands adoption can give a child nearly as good a chance of a happy home life as that of the child brought up in his own home. Even so, the data are deplorably inadequate and if these problems are to be taken seriously will need to be greatly amplified.
CHAPTER 12

SUBSTITUTE FAMILIES. II : BOARDING-HOMES *

It has been insisted throughout this report that the right place for a child is in his own home, or, if he is illegitimate, perhaps in an adoptive home, and because of this measures for preventing family failure (or for arranging permanent and early adoption) have been explored at some length. These must always be utilized to the full before other substitute homes are considered. It is recognized, however, that there are bound to be a few children who will need emergency or more prolonged care outside their homes, and attention must now be turned to the best methods for its provision. First, emergency care will be considered.

Emergency Care

There are many unforeseeable events such as death or sudden illness of the mother which require immediate action for the care of the children. In others, for instance when the mother is going to have a baby or an operation, the need for temporary care is foreseeable. Such cases represent a very high proportion of all those needing care. In England, the Curtis Report 72 quotes them as being about 60% of all children requiring care, while at the Nybodahemmet, through which pass all children over 12 months coming into care in Stockholm, 70% stay from one to eight weeks only (personal communication). Since the circumstances of such children should be well known and the future arrangements either already settled or about to be settled, they are to be sharply distinguished from cases where family discord, delinquency, or neglect pose complex social and psychiatric problems and the future is obscure. The building of large reception homes to which children of all kinds coming into care must go for observation and sorting is not to be recommended, although this is the pattern of the Nyboda in Stockholm and is the pattern recommended by two recent British reports (Blacker 22 and Curtis 72). The main arguments against such an arrangement are:

(a) that two essentially different problems are confused;
(b) that there are better alternatives for short-stay children;

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*This is the term used throughout America and by the League of Nations report to denote private homes which care for children in return for subsistence allowances, but which do not take over legal guardianship. In both these respects they contrast with adoptive homes. In America, the term 'forter-home' is commonly used to cover both types of home, though in England it is usually confined to boarding-homes.
(c) that observation and diagnosis of the potentially long-stay case is usually best done on an outpatient basis (see chapter 13, page 135); and

(d) that the size of the institution required to deal with both short-stay cases and observation cases together becomes unwieldy.

There is, however, a place for the small reception centre restricted to taking children over five years of age who unexpectedly require immediate shelter. Their stay should be thought of in terms of a few days only.

There are various alternatives for handling these temporary emergency cases, and different methods need to be employed for different age-groups. For children over six or seven years, especially adolescents, group care in small centres, described in the next chapter, is satisfactory. Children of these ages can fend for themselves for a short time in such an atmosphere and are better not subjected to the strain of having to develop a relationship with the members of an unknown foster-home for a brief time. This consideration, however, does not apply to infants and young children, who all the evidence demonstrates are unable to adapt to group conditions. For them it may be recommended that the plan adopted by several American agencies should become general—the maintenance of a register of foster-mothers who are qualified and willing to take a couple of infants or toddlers for brief periods, and who are paid a retaining fee so that vacancies are always available at short notice. Work of this kind might solve the economic problems of many widows with young children.

It may well be, however, that a better solution for all age-groups lies in mobilizing relatives and neighbours. It has already been remarked that governments and voluntary bodies are slow to support children in their own families and relatively quick to spend money on institutional care. A similar lack of wisdom in spending money is shown when children are taken into care without every effort being made to mobilize relatives to act as substitute parents. It may be that they live far away or that they are not well-off financially. But the cost of railway fares for even some hundreds of miles, together with the payment of maintenance costs, is as nothing to the cost of providing full care for a child. In this connexion, the provision in English law whereby a relative may be officially registered as a foster-mother and paid as such is a most valuable one. Naturally, discretion must be used before mobilizing relatives. If they are complete strangers to the child their value is thereby greatly impaired, while if one of a married couple is opposed to it the child becomes the centre of friction in the new family. Nevertheless, close relatives known to the children are far more likely to have a strong sense of obligation to them than are strangers, and the value of familiarity to the child is boundless.

For the same reasons neighbours may be especially valuable as temporary foster-parents. Not only does the child remain with familiar faces in a familiar place, but the neighbours themselves, because they know the
children and their parents, are likely to give the children a warmer welcome and greater security than would strangers. It is thus most important that any child-care agency should do its utmost to foster in each small community a sense of neighbourly pride in the provision of temporary care for its children. Parents should be helped to realize that it is in the children's interests to remain with friends and that it is in their own interests to participate in an arrangement whereby all householders give aid to each other in a family emergency. In fostering such a spirit the agencies themselves must be realistic about standards of physical hygiene. Sometimes it is difficult in a given locality to find houses which meet the usual standards in this respect, but since it is probable that the child himself comes from such a substandard home, no great harm will be done if he spends a few weeks in another such. If, for purposes of temporary care, it were accepted that, provided the foster-home was equal to or better than the child's own home in respect of physical hygiene, no further questions need be asked, many more temporary homes would thereby become available and many more children would be cared for in emergency within sight of their own homes.

Moreover, neighbourhood care of short-stay children would obviate one of the greatest dangers attending the removal of children from their homes—that of the children remaining in temporary care for an indefinite period. To those unfamiliar with the problem this may seem odd, but the reality of the danger is attested by social workers both in America and Europe. Scrutiny of children in institutions and foster-care has on many occasions revealed that a majority of them have lingered on for months and years after the emergency has passed and could have returned home long since. Such inaction appears to spring both from the parents' side and from that of the agency. Some less responsible parents are content to let things slide and, if the case is neglected long enough, come to adapt their way of life to the absence of the children, making conditions increasingly difficult for the children's return. Other parents, of the more simple-minded kind, are impressed by the generous material conditions in which the children are placed and modestly feel they are better off where they are. This attitude, it must be admitted, is sometimes encouraged by agencies, whose pride in the services they render may blind them to the vital need of the child for a continuous intimate relationship which it is so difficult to provide outside his own home circle. This blindness, if coupled with a lack of skilled case-workers, can very easily lead to the agency itself contributing greatly to the very problem it is designed to solve. In the words of an English Children's Officer: 47 "A long-stay case is generally a short-stay case which has been mishandled."

The need for the earliest possible return home of all children placed away is now clearly recognized by all competent agencies, and to enable this to be done it has become axiomatic that a large part of the work of a
child-care agency, whether responsible for children in foster-homes or institutions, will lie with their parents. This is particularly important when the child comes from a home where there is family discord and neglect and where evasions of parental responsibility are too often aided by well-meaning but unskilled methods.

Some Principles of Child Care

In the past, and far too often even now, there has been a reluctance on the part of agencies to recognize the following three principles:

(a) A clean cut cannot be made between a child and his home.

(b) Neither foster-homes nor institutions can provide children with the security and affection which they need; for the child they always have a makeshift quality.

(c) Day-to-day ad hoc arrangements create insecurity in the child and dissatisfaction in the foster-mother; realistic long-term plans are essential from the beginning if the child is not to suffer.

An exceedingly common mistake has been the assumption that removing a child from his home will lead him to forget it and to start afresh—and the worse the home, it has been presumed, the more easily will he do so. This erroneous belief has led to the practice of forbidding parents and children to see each other in the belief that the children will then settle better. These assumptions flout all that is known about young children and fly in the face of well-attested evidence. Two studies may be quoted. In the survey of children evacuated to Cambridge during the second World War, Isaacs and her colleagues found that parents’ visits were not detrimental to satisfactory foster-home adjustment and indeed that the reverse seemed to be the case. Even before this, Cowan & Stout had carried out a systematic study in which they compared the degree of security shown in the behaviour of children who were permitted some contacts with their previous homes (either their own or a foster-home) with that of those who were not. Their results, using the records kept by the social workers responsible for visiting their homes, are presented in table XIV.

It will be observed that the difference in the behaviour of the children according to whether or not they had contact with their previous environment was fairly marked and is in fact statistically significant. This is the more striking inasmuch as the contact with the previous home was in many cases comparatively tenuous and was not the systematic relationship which would nowadays be recommended. A particularly interesting subsample consisted of a group of 30 children all of whom had experienced both sorts of change, namely, at least one change where contact with the previous home had been maintained and at least one other where it had not. The personalities of the children are thus held constant. The results for this subsample are shown in table XV.
### TABLE XIV. COMPARISON OF BEHAVIOUR OF 100 CHILDREN FOLLOWING CHANGES IN HOME ACCORDING TO WHETHER THEY DID OR DID NOT HAVE CONTACT WITH PREVIOUS HOME (COWAN & STOUT)

<table>
<thead>
<tr>
<th>Type of behaviour</th>
<th>Contact with previous home</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>some</td>
<td>none</td>
</tr>
<tr>
<td>Insecure</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Secure</td>
<td>54</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Number of changes</td>
<td>117</td>
<td>430</td>
</tr>
</tbody>
</table>

Note: \( P \) is less than .01.

This confirms that the behaviour of the children depends partly on whether or not they maintained contact with their previous environs and is not merely the result of their being different personalities. That this is the case is further demonstrated by case-histories of children whose insecure behaviour had changed to more secure behaviour after contact with the previous home had been permitted.

### TABLE XV. COMPARISON OF BEHAVIOUR OF 30 CHILDREN: (a) AFTER CHANGES OF HOME BUT MAINTAINING SOME CONTACT WITH PREVIOUS HOME, AND (b) AFTER CHANGES FOLLOWED BY NO CONTACT (COWAN & STOUT)

<table>
<thead>
<tr>
<th>Type of behaviour</th>
<th>Contact with previous home</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>some</td>
<td>none</td>
</tr>
<tr>
<td>Insecure</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Secure</td>
<td>55</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Number of changes</td>
<td>65</td>
<td>112</td>
</tr>
</tbody>
</table>

Note: \( P \) lies between .05 and .00.

These studies confirm what is already known about children—namely that they are not slates from which the past can be rubbed by a duster or sponge, but human beings who carry their previous experiences with them and whose behaviour in the present is profoundly affected by what has
gone before. It confirms, too, the deep emotional significance of the parent-child tie which, though it can be greatly distorted, is not to be expunged by mere physical separation. Finally, it confirms the knowledge that it is always easier for a human being to adapt effectively to something of which he has direct experience than to something which is absent and imagined.

It is the realization that the child in a foster-home (or institution) is living in two worlds—the foster-home (or institution) and his own home—which has led to the new outlook on child care. No longer does the social worker imagine that it is possible to find a home which the child will regard as a complete substitute for his own. However good the foster-mother or house-mother, the child will regard her as a more or less poor makeshift for his own mother, to be left as soon as possible. Only if the child is placed before the age of about two is he likely to feel otherwise. And, because the social worker knows how the child will feel, she is able to help the foster-mother to understand the temporary nature of the situation and to adapt to it; for to encourage a foster-mother to believe that she will get all the satisfactions of a real mother is merely to raise hopes which will be dashed. Moreover, the social worker, realizing the significance which the child's own parents have for him, will realize the necessity, if his future is to be assured, of helping them too. Before, therefore, considering the long-debated issue of how to care for the child away from home, it is necessary to consider some of the essential work which must be done with parents if placement anywhere outside his natural home is to be a constructive step in the child's life and lead to his future happiness, and not to a long-drawn-out period of uncertainty and indecision during which his misery and sense of insecurity lead him either to shut himself in a shell or to become actively troublesome.

Case-work with Parents

Perhaps no child-care practice has been more common or more damaging than that of agencies accepting children from 'bad' parents on a 'temporary' basis without plan for the future. This system of indefinite care and uncertain responsibility has been discussed by Gordon [1] on the basis of replies by American agencies to an inquiry.

"This pattern was based on the belief that the parent unable to provide a home could contribute nothing to his child's well-being. Thus agencies felt their duties were discharged when they provided food, shelter and 'training'. Because of this attitude they prolonged temporary placements, discouraged a relationship between parents and their children, ignored the child's need to be deeply loved and to have deeply rooted ties in a family ... The reports show how little case-work help was available to the parents applying for long-term care. One report runs: 'In very few cases have we discussed at the time of placement the specific reason for placement and how long placement should last. In so many cases it would appear that it has seemed "to be the thing to do" to offer foster home placement. The timing has been indefinite."
Clearly no system is better calculated to discourage the half-hearted parent or to depress a precarious sense of responsibility than to permit an indefinite postponement of decision while relieving the parents of immediate care. This is reminiscent of the hand-to-mouth methods so common in the management of illegitimates.

Instead of unwittingly aiding irresponsibility for the child’s future, agencies, whether voluntary or governmental, must make it their first task to help the parents recognize the origins of the problem and make a realistic plan for the future. This means that the agency gives its help conditionally—conditionally on the parents maintaining responsibility for the child’s future to the utmost of their capacity. As in all case-work service, the process must begin at the first moment of contact, when the parent’s need makes him most ready to face unpalatable truths.

“The parent is held to the need to examine the nature of the neglect, to determine what he can do about it, to explore whether that will help meet the child’s needs, and to recognize how the agency stands ready to help him achieve for the child the needed care and security... [He] must be helped to know the limitations as well as the advantages of boarding care as the case-worker knows them” (Gordon 72).

Here, perhaps, is the crux of the matter—“as the case-worker knows them.” So long as case-workers do not know these limitations but live, as some do, in the sentimental glamour of saving neglected children from wicked parents, they will act impetuously in relieving parents of their responsibilities and, by their actions, convey to the parents the belief that the child is far better off in the care of others. Only if the case-worker is mature enough and trained enough to respect even bad parents and to balance the less-evident long-term considerations against the manifest and perhaps urgent short-term ones, will she help the parents themselves and do a good turn to the child.

Naturally, by the time parents come to the point of handing over their children, or authorities deem the children to be in need of care, the home situation is likely to be very bad. Immediate and realistic decisions about the long-term future may consequently be impossible. But if the social worker, by her initial handling of the case, makes it apparent that her help is contingent on a long-term solution being found within a reasonable time, and that this can only be one of two alternatives—the parents resuming care for the child at home or releasing him for permanent placement—and that in her view the parents themselves are vital people in the child’s life and so must participate in the planning of his future, all but the genuinely psychopathic parents will respond.

Only if the parents are treated in this way, moreover, are they likely to play a useful part in any foster-care arrangements which the agency may make. So long as they are left out of planning, they will either relinquish all responsibility and disappear from the child’s life or else interfere in a haphazard and unpredictable way. Such interference is extremely common
and constantly complained of; but it is inevitable when agencies leave the parents out of the planning and leave them also to face alone the complex emotional problems which have so often led to the placement—and the additional problems to which it may give rise, in particular a sense of guilt at having rejected their children and social inferiority at being inadequate parents.

The records of all agencies are full of evidence of the difficulties created for children in long-term care by their parents’ inability to permit them to settle in the foster-home and to feel part of it. Parents feel jealous of the foster-parents and make trouble, or they resent them and refuse to visit. The children are left in a turmoil of conflicting loyalties. Pollock & Rose have reported that by far the most difficult cases of disturbed foster-children they were called upon to treat in a child-guidance clinic were those whose parents remained in a conflict of feeling about placement and “carried on an active but irregular connexion with the child.” Of 50 disturbed foster-children attending the clinic in Philadelphia, 17 fell into this category; they showed a great variety of problems—truancy, stealing, lying, overt sex behaviour, enuresis, speech defects, psychosomatic disorders, severe temper tantrums. In only 4 was successful treatment possible. Pollock & Rose give a full description of the tangled and contradictory motives impelling the parents (the mother in 16 cases and the father in 1):

“Although the parent voluntarily seeks placement he denies his desire for it from the outset. He sees himself and his child as the helpless victims of unfortunate circumstances created by the death or desertion of the other parent. He protests his love for the child and his interest in obtaining through placement the opportunities for the child which he cannot himself provide. His attitude toward the child may be strongly proprietary, and he is threatened by foster-home placement because he fears the foster-parents may come to ‘own’ his child and thereby dispossess him. Or he may project his own need on to the child, identify deeply with it, and try to make the foster-mother serve him, as well as the child, as a good parent. He is critical of the agency’s visiting regulations, often complains that they are too restrictive, and then fails to visit as often as it is permitted. He continually assures the child that placement is a temporary arrangement, but always postpones the termination of it. He makes lavish promises and plans extravagant excursions, but they seldom materialize.

“The child, for his part, lives for the visits and gifts from his parent, and has the bitterest kind of rejection or complete indifference towards the placement situation. He refuses to let himself get engaged in any meaningful relationship with foster-parents, and makes it clear that he regards the placement situation as a temporary affair, even though it may go on for years. His attitude toward the placement agency is that it is responsible for his difficulties, since it is, in fact, the agency which has found a place for him to live apart from his parent, with whom he wishes to be. Parent and child form an alliance against the agency, and the latter, in its efforts to aid them in accepting the reality of placement, finds itself carrying a negative, depriving function for both parent and child.”

It is evident from this account that the child-care agency had signally failed to deal with the parents’ confused feelings—with the most destructive effects on the children. Admittedly such parents are very difficult to manage
and it is because of this that case-workers of the highest skill are required at intake, which, as already emphasized, is by far the most hopeful moment for influencing them. And it will be readily observed that the skill required is skill in handling contradictory and unconscious motivation. Only if such skill is available is one of these neurotic parents likely to collaborate effectively with the agency and make the child's placement a fruitful period instead of a pathogenic one. This is a principal reason why child-care agencies are appointing psychiatric consultants to aid them.

**Case-work with Foster-Parents**

We have emphasized the importance of case-work with parents because, despite its being the key to success and despite its having been strongly advocated in such classics as *Reconstructing behavior in youth*, by Healy et al. (1929), and *Institutions serving children*, by Hopkirk (1944), it is still greatly neglected. Case-work with foster-parents and with foster-children is also vital. Apart from the obvious importance of selecting suitable foster-parents and the need to know both the foster-parents and the child so that they may be sensibly matched, there is the need to prepare foster-parents realistically for the behaviour which the selected child is likely to show. This is too often evaded because of the pressure to find foster-parents and the reluctance to discourage any who may seem appropriate. Yet, unless the case-worker takes the foster-parents into his confidence about the children and their parents, he can hardly be surprised if they are frequently disappointed later and ask for the child’s removal—the well-known bugbear of those who arrange foster-home care. They will not behave responsibly towards the agency if the agency fails to behave responsibly towards them. Kline & Overstreet, who have given especial attention to this matter, state that

"it is through the preplacement interviews [numbering usually from two to four] with foster-parents, related to a specific child, that a sufficiently full picture of the personality of the foster-parents is available to enable us to confirm or reject the plan ", and that " the preplacement preparation of foster-parents to receive a child plays an essential role in determining the success of the placement ... Anticipating problems and describing the child's usual patterns of behaviour serve to cushion the reactions of the foster-parents when problems arise. Sharing this information at the outset makes the foster-parents aware that they alone are not responsible for deviant behaviour when it appears and tends to free them from the need to conceal and struggle with the problems alone."

A special part of these preplacement discussions will be concerned with explaining the child's relation to his own parents, the need for them to visit and how they are likely to behave, and the fact that the foster-parents must not expect the child to behave as though he were their own. The nature of the probable long-term plan will be broached, the foster-parents' comments invited, and their participation in planning the future welcomed.
This emphasis on regarding foster-parents as partners in a difficult professional task is comparatively new and is in marked contrast to the traditional relationship in which the child-care worker treats the foster-mother rather as she would a patient. This new professional partnership, moreover, uncovers afresh the running sore of the problem of payments for foster-care. Here the tradition has been to pay a bare subsistence allowance, based usually on the cost of living of some few years previously. There has been much resistance to the idea of a real service fee being paid to the foster-parent and the argument still continues to be used that to do so creates the danger for the child that foster-care may be given for money instead of for love. This hoary argument, which obtains no support from professional social workers, is clung to by governmental agencies for reasons which it is difficult to dissociate from their desire for economy. As Gordon remarks:

"The fear that paying the foster mother will affect the natural affection and concern she has for children is as unrealistic as believing that one's doctor or dentist is less interested in his patient if he may anticipate being paid for his services" (page 216).

Social workers are unanimous that caring for a foster-child is a real job to be paid for, and point out that in days gone by the children used to make their stay economically worth while through work. Moreover, it must be recalled that the letting value of an extra bedroom and the earning possibilities for a housewife through part time work are both profitable alternatives to taking a foster-child. In this refusal to pay foster-parents a proper service fee, coupled with the substantial sums which voluntary and governmental agencies pay for care in institutions, are seen once again the contrasting degrees of generosity with which they support respectively family and institutional care.

In developing the quasi-professional status of foster-parents, it is recommended that they be treated as external members of staff of the agency. It is confidently believed that if this were done, and if they were paid for their services, more responsible foster-parents with better educational background would be forthcoming. Until measures of this kind are taken, national administrations will continue to bemoan the difficulty of finding foster-parents—the universal complaint today.

**Case-work with Children in Placement**

So far work with parents and foster-parents has been discussed; but it is time to consider the child, who, as previously remarked, is too often treated as an inanimate object to be posted from one place to another, in the belief that he will not even carry with him the postmarks of the places to which he has previously been sent. The evacuation survey of Isaacs and the follow-up of Cowan & Stout have already been quoted to show that links with previous homes are best maintained and that the idea of 'clean
breaks ' is illusory. Much other evidence shows that the more actively
the child can be helped to participate in the plans being made for him
and the more he is helped to understand what they are, for how long they
will last, and the reasons for them, the more likely is the placement to be a
success. In an attempt to evaluate the quality of service given by the
Maryland Children's Aid Society, Malone followed up 209 children
who had been discharged from foster-home care. Table XVI shows plainly
the increased likelihood of success in foster-care when the child accepts
the placement made for him than when he rejects it.

TABLE XVI. SUCCESS AND FAILURE OF FOSTER-PLACEMENT ACCORDING
TO ATTITUDES OF PARENTS AND CHILDREN (MALONE)

<table>
<thead>
<tr>
<th>Attitude towards placement</th>
<th>Number of children</th>
<th>Number of successes</th>
<th>Success %</th>
</tr>
</thead>
<tbody>
<tr>
<td>child</td>
<td>parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>accept</td>
<td>accept</td>
<td>147</td>
<td>120</td>
</tr>
<tr>
<td>accept</td>
<td>reject</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>reject</td>
<td>accept</td>
<td>31</td>
<td>14</td>
</tr>
<tr>
<td>reject</td>
<td>reject</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>200</td>
<td>152</td>
</tr>
</tbody>
</table>

Two points stand out from this table:

(a) the extent to which child and parent adopt the same attitude;
(b) the importance of the child's attitude, irrespective of the parent's.

The first point is shown by the fact that in 161 of the 209 cases (77%) the
parent and child are in agreement in their attitude and that, of 132
children who accept placement, only 12 (9%) do so against their parents'
wishes. The second point is shown by the proportion of successes being
nearly double when the child accepts the scheme (80%) than when he
rejects it (44%)—a difference which is statistically significant (P is less
than .01).

In her discussion of her findings, Malone remarks particularly on the
difficulty of making successful placements in the case of children removed
from neglectful parents by order of court. In such cases there is usually
no opportunity to prepare the child for placement and it is difficult for
him to understand why he is being removed from home. "He may be
resentful and is certainly not ready nor willing to accept substitute parents."
These facts merit more attention than they have received from those respon-
sible for making court orders.

Because of the great importance of the child's attitude for the success
or failure of his placement, social workers are now giving much time and
attention to discussing with him both the present position and future plans.
This may be done in various ways. One technique is to be particularly recommended—that of the social worker holding joint interviews with parents and child, in which the whole situation is exhaustively reviewed and a common plan reached. Bowlby \(^28\) has advocated this as a method of reducing family tensions and has pointed out that the joint interview, stormy though it often is, is a first-hand demonstration to both parties that the professional worker is neutral and is not arranging things privately with one party behind the other's back, a suspicion which is very likely to arise after individual interviews. Another useful point of procedure is for the child to be given the chance to know something of his new foster-parents before placement is made, a technique complementary to foster-parents being given the chance to know something about the child. This information may be conveyed both by verbal description and by personal visits, which may be several in number and include, perhaps, a week-end or two when the child stays with the foster-parents and each gets to know the other. This introductory process is not to be neglected in even young children. Right down to the age of two a phase of mutual introduction is necessary and valuable, for, as is known, nothing alarms a young child more than being left with strangers.

Furthermore, social workers and psychiatrists emphasize how the child needs to be helped in his new relationship if he is not to jeopardize it. In an insightful and clear account of this problem, illustrated by a brief case-history, Baker \(^6\) writes:

"For the child, separation and placement are fraught with emotions of fear, apprehension, anger, despair, and guilt which may be expressed in as many ways as there are defences ... Unless the child can accept the necessity for placement, he cannot use his foster home experience. In his denial of his situation, his energies, either in reality or fantasy, are bent on getting back to his parents."

She describes how the trained case-worker with psychological insight into these complex and conflicting emotions can go far to help the child verbalize these feelings and work through them to an integrated response. Left to himself he may well remain in the confused emotional conflict which results in an incident such as that which she quotes—of the child who proclaimed to the worker on Tuesday that he never wished to see his mother again—his foster-family was his home; and on Wednesday ran away to his mother!

Not only must the social worker do her best to inform the child of what is going to happen and the reasons for it, but she must not forget that one explanation alone may not suffice nor that the truth which she thinks she has conveyed one day may be overwhelmed the next by misconstructions based either on fantasies or on remarks by parents and foster-parents which have been misleading. The experienced social worker will, therefore, never assume that one explanation is enough—the matter needs to be talked over often, and all the misconceptions dealt with sympatheti-
cally. Not infrequently, for instance, children will assume that the home has broken up because of their bad behaviour or that they have been sent away as a punishment—ideas which, if left to embed themselves, can make it impossible for the children to settle in the best of foster-homes and cause great difficulties in later life. In handling these perplexities of children the social worker needs much skill, for children are notoriously chary of confessing their true feelings and adept at camouflage. An apparent desire to go home may cover a fear of returning, and an external equanimity hide a broken heart. Once again psychological skill of a high order is required if the work is to be well done.

The extent to which children grieve over separation from their parents has been little appreciated—indeed it is only in the past decade or so, largely as the result of the work of Klein,66 that grief in early childhood has been given the central position in psychopathology which it now holds. For long it has been the tradition that the less children were encouraged to express their distress at death or separation the better—they would then get over it more quickly. This view is not supported by modern knowledge. "If the sorrow of death falls upon a family", writes Spence,181 "it should not be hidden from the children. They should share in the weeping naturally and completely, and emerge from it enriched but unharmed" (page 38). In helping the children experience their grief, the grown-ups have a vital role to play, whether it is death or absence which is being mourned. As regards absence, Burlingham & Freud,37 drawing on their residential nursery experience, write:

"Mothers are commonly advised not to visit their children during the first fortnight after separation. It is the common opinion that the pain of separation will then pass more quickly and cause less disturbance. In reality it is the very quickness of the child's break with the mother which contains all the dangers of abnormal consequences. Long drawn-out separation may bring more visible pain but it is less harmful because it gives the child time to accompany the events with his reactions, to work through his own feelings over and over again, to find outward expressions for his state of mind, i.e., to react slowly. Reactions which do not even reach the child's consciousness can do incalculable harm to his normality."

The tears renewed at each visit are always distressing to the grown-ups, who constantly feel that the child is best sheltered from these upsetting events. Only insightful understanding of the part they play in his future emotional development will enable the grown-ups to realize that they are worth while, an understanding made easier by recalling the value to adults of being able to weep over a bereavement.

These emotional responses of children to separation, together with the conflicting feelings which parents often have about relinquishing their children, have led some agencies to place all their new admissions in temporary homes. As Gordon 19 remarks:

"This affords parents and children an opportunity to experience separation and to come to grips with what is involved in this new relationship, by way of preparation for
the more extended period of care in a boarding home... Since the agency can come to
know the child and his situation and can help him and his parents to accept the separation
with a degree of willingness, the boarding home, to which the child is transferred for more
permanent care, is put under less strain and children need fewer replacements" (page 214).
Such a scheme, on the other hand, has the disadvantages of uncertainty,
which will be referred to again in discussing observation centres, and it is
not easy at present to see where the balance of advantage lies.

The Child of Psychopathic Parents

There is one particular type of child with whom special work is required
—the child of parents who are psychopathic and actively bad influences.
In handling them the case-worker must first disabuse himself of the notion
that because of 'bad heredity' these children are likely to turn out less
favourably than those without such a supposed handicap. Reference has
already been made to Theis' follow-up in adult life of children placed away
from home and note taken that heredity, so far as it could be determined,
had no effect on success or failure: her results may now be given more
fully. There were 492 children about whose families something was known.
These were divided into three groups according to whether the parents
were both fairly satisfactory characters (good), one satisfactory and one
unsatisfactory (mixed), or both unsatisfactory (bad). By unsatisfactory is
meant parents who were feebleminded, epileptic, alcoholic, immoral,
shiftless, etc. The results are given in table XVII.

<table>
<thead>
<tr>
<th>Adjustment in adult life</th>
<th>Parentage</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>good</td>
<td>mixed</td>
</tr>
<tr>
<td>Socially capable</td>
<td>83</td>
<td>80</td>
</tr>
<tr>
<td>Socially incapable</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>Number of cases</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Though the trend is towards those of bad parentage turning out less
socially capable in later life, it is only slight and is not statistically significant.
(P is greater than .2). It is thus in conformity with the too little known
principle of human genetics—that the external characteristics of parents
are not a poor guide to the genetic endowment of their children. Healy
et al., though they used a much less reliable criterion of success, had
very similar results. They followed up 501 children, 80% of whom were delinquent, to determine how they settled in the foster-homes to which they were sent. They divide them into those with a clear heredity, 105 in number, and those, numbering 396, whose siblings, parents, or grandparents were guilty of crime, gross sex offences, and alcoholism, or suffered from epilepsy, mental deficiency, or mental illness. Their results are presented in table XVIII.

<table>
<thead>
<tr>
<th>Adjustment in foster-home</th>
<th>Heredity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>clear</td>
</tr>
<tr>
<td>Success</td>
<td>74</td>
</tr>
<tr>
<td>Failure</td>
<td>26</td>
</tr>
<tr>
<td>Number of cases</td>
<td>100</td>
</tr>
</tbody>
</table>

It will be noted that the 396 children of 'bad heredity' are represented in the table as 817 cases, which is explained by many of them appearing more than once because of their having 'bad heredity' in more than one aspect, e.g., alcoholism and crime. The percentages would be little changed, however, if each child were counted only once since percentage success varies hardly at all from aspect to aspect. As regards results, it will be seen that, once again, though the trend is slightly towards the greater failure of those of 'bad heredity', it is not statistically significant. (P lies between .1 and .2).

In working with children of apparently bad stock results almost as successful as in the case of those from good stock may therefore be confidently expected. This is encouraging. The task, however, remains of discussing with them, or of weaning them away from, parents who are psychopathic and actively bad influences. Once again the tradition has been one of evasion and secrecy and once again it is now known that success demands realism and truth. It might, for instance, be asked, how can the fact that his parents are in gaol, or his mother is a prostitute, be discussed with a child? The problem becomes less difficult if the worker is not afraid of these

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*To dub a child whose sibling, parent, or grandparent is socially unsatisfactory or mentally ill as being of bad heredity is to make an unwarranted assumption, since such data provide no reliable evidence of the genes he carries. For this reason the term 'bad heredity' is placed within quotation-marks.*
topics herself and recalls that the child, having lived with such proceedings all his life, may know more about them than she herself does, although he may well be unable to adapt to the manifest conflict between his parents’ standards and those he meets elsewhere. Only when the worker can discuss the parents without judgement, spoken or implied, can she help him to consider the problem and understand its implications; and she needs to realize that one of the principal reasons for his conflict is his determination to see his parents as good figures and his corresponding reluctance to recognize other people’s standards as better. This is so important as to warrant a digression.

Throughout this report it has been emphasized that the young child is wholly dependent for his welfare and for life itself on the care bestowed on him by grown-ups, and that, since his parents normally fill this role, it is his parents who are all-important to him. No great war leader saving his country from defeat is more revered than a father or a mother, and it is an inherent characteristic of children to defend their parents’ power for good if this is assailed. This was forcibly shown by a group of school-children who were shown a film, designed to teach road safety, in which the father made a traffic error and was corrected by his son, the hero of the story. All the children, despite having identified themselves with the boy-hero who had many feats to his credit, strongly objected to the father of the hero making a dangerous traffic mistake. The father had to be a good and capable father who would not endanger his son’s life.

It is this spirit of loyalty and this need to see the parent as good which demand respect and understanding if we are to help a child gradually to grow away from parents who are unmistakably bad influences. If criticizing a parent may lead to a passionate defence and the child’s removal to a romantic idealization of the parent, what, it may be asked, is to be our policy? This has been well described by Jolowicz44 in her paper “The hidden parent”, in which she discusses the secret influence on a child of a parent who, though apparently out of the child’s life, is none the less recalled and admired. She gives two case-histories of children from really bad homes who had been with foster-parents from an early age; though they had appeared to settle down and progress well, both in adolescence had developed all their parents’ faults. In neither case, Jolowicz remarks, had anyone dared to talk to them about their parents. Speaking of the girl, whose mother was a prostitute, Jolowicz comments:

“...She should have been not only allowed but even encouraged to ask questions, and to speak of her mother. Someone should have acknowledged to her that of course she loved her. Almost everyone loves his mother; in fact there’s something wrong if you do not, not if you do. Once then the child learned that no one would condemn her for wanting to love her mother, and that she no longer had to defend her against the criticisms of people, she could be encouraged to talk of her resentment and anger over the fact that her mother had let her down, had failed to be the kind of mother that she should have been. Through such steps, it would not have been necessary for the child to have
repressed her love and hatred to such an extent that they operated like a fifth column within, undermining all the good toward which our efforts were directed. Talking would have released some of the tensions associated with these two feelings and left the child freer to pattern her life after that of the foster-mother’s."

This is in fact the experience of those workers who have used this technique with skill. At first the child can admit of no defects in his parent. Then he begins to vacillate between defence and criticism, with outbursts, perhaps, of very bitter feeling. Later again he is able to take a more objective view—to see her as someone with shortcomings as well as virtues, even to understand her as an unhappy person who has made a failure of life. This is often the easier for him if the parent’s unsatisfactory behaviour can be related to the difficult childhood she may have had, since the child has first-hand experience of the way in which difficult home situations can create emotional problems for people. By working through violent and contradictory feelings to a more sober and objective view, the child ceases to be the victim of irrational ties to an unsatisfactory parent and is able to make a realistic adjustment to the brutal truth—that his parent is no good to him and that he must seek affection and security elsewhere.

It must be admitted that helping a child in this way is not easy and requires of the social worker not only understanding but emotional toleration of many feelings which are personally upsetting—angry feelings for good parents or foster-parents, admiration for bad ones. Yet, difficult and upsetting though these things may be, they are the forces which will mar the child’s life, the time fuses which will lead to explosion if they are not rendered inactive.

This discussion has led time and again to recognition of the need for honesty, for frankness in facing unpalatable truths, and for calling spades spades. Parents need to be encouraged to realize that because of the nature of children’s feelings for them they have a tremendous power over their happiness, a power which they cannot abdicate try as they will. Foster-parents are to be helped to recognize the ties which bind children to neglectful parents and to tolerate the cool ingratitude with which the children respond to their beneficence. Children are to be encouraged to express both affection for bad parents and anger for their neglectfulness, emotions which seem either irrational, unnatural, or mutually contradictory. Moreover all three parties, however irresponsible, however ill-educated, however young, are to be encouraged to take part in the planning of the future on a level of equality with the mature, educated, and benevolent social worker. All this may seem topsy-turvy to those still working in the spirit of the nineteenth century, yet these are the great lessons which psychological knowledge has to teach. To Freud is due the credit for discovering not only that human beings nurse in their hearts many fearful and horrifying emotions and are prone to wish outrageous things, but that they have also tremendous capacities for good and, above all, that human nature
can master the most distressing facts and the most appalling calamities if it is helped squarely to face the truth.

In discussing foster-placement the emphasis has deliberately been laid on the psychological techniques which should be employed. These techniques of working with parents, with foster-parents, and with the children themselves may seem time-consuming and even fancy, but the issues at stake—the child’s future health, happiness, and usefulness as a citizen—and the manifestly unsatisfactory results of more slapdash methods must be remembered. It must be recognized, too, that failure is as often due to lack of skill in planting the child in a new home as it is to the unsuitability of one to the other—the usual reason given. Moreover, it is because the subject has been so neglected that it has been considered essential to discuss the techniques of placement before the methods of selection. To the latter brief attention must now be given.

Matching of Child and Foster-Home

Probably the most important single factor to be borne in mind when selecting temporary foster-homes is that of the motivation of the prospective foster-parents; this was emphasized also in selecting homes for permanent adoption. Naturally, where temporary placement is the plan and the child is to keep in touch with his own parents, who will be encouraged to visit him, the motives will be different from those found in adoptive parents, but the social worker has to be equally clear about their nature and will find the same techniques of inquiry applicable. Childless couples are not usually very well suited to be temporary foster-parents as they are likely to become too possessive, and success is more common with parents whose children are beginning to grow up. On the other hand, foster-parents over 60 are less likely to be successful than younger ones. But perhaps more important than these criteria is the need for selecting foster-parents who are able to work in close association with a social worker and who are not too proud to ask for and to accept help.

Apart, however, from the question of whether a given foster-home should be used at all is the important matter of matching child and foster-parents. Isaacs and her colleagues, who conducted a survey of over 700 children evacuated to Cambridge during the war, remark that “a great deal of billeting difficulty would have been obviated if the human relationships involved in placement had been given as much thought as the administrative ones”.

In listing a few of the principles to be borne in mind, the conclusions of Isaacs and those which Mulock Houwer drew from his follow-up of 222 children in 152 foster-homes in the Netherlands (personal communication) have been of especial value.
Among favourable conjunctions are:

(a) The presence of other children in the home, especially the siblings of the foster-child. In Cambridge, it was found particularly important for girls over 12 to be placed with other children.

(b) Mulock Houwer found the most successful placements to be where a difference of four years or more (in either direction) existed between the foster-child and the foster-parents' own child of the same sex.

(c) Mulock Houwer also found that the placing of a child of the opposite sex but of the same age as the foster-child worked well.

(d) Finally, Isaacs found that nervous anxious children were best placed in quiet conventional types of home while the active aggressive children were best in free and easy homes with companions, though wherever placed it was this type which gave rise to most difficulty.

Situations to be avoided wherever possible include:

(a) The older the child the less suitable is he for a foster-home. This is especially true of children over 13 years.

(b) Young children (under 10 years) are not well suited to elderly foster-parents (over 45 years).

(c) A foster-child of the same age and sex as a child of the foster-parents gives rise to friction. Such a child is thought of too much for his uses as a playmate and too little for himself. Moreover, situations of jealousy and rivalry are apt more often to arise than where age or sex are different.

(d) Large divergences in standards of living and social class between foster-family and real family have sometimes been found to prove a strain for the child and to make for resentment or jealousy in the real parent. This, however, was not confirmed in the Cambridge survey.

On this matter there are, of course, more-detailed studies available though there does not appear to be a comprehensive review. These limited conclusions are given both as guidance for practice and as an illustration of what can be confirmed or discovered by careful scientific surveys.

The cardinal mistake of placing severely maladjusted children in foster-homes before they are well on the way to recovery has been widely remarked. Some of the first investigators to report it were Healy et al., who analysed the results of placement of 501 cases. "It is striking to find", they report, "that in 52 per cent of the failures diagnoses had earlier been made of abnormal mentality or personality... and 20 per cent more showed personality difficulties." The same was found in the Cambridge survey of evacuated children: of the 46 cases where placement proved thoroughly unsatisfactory, in 29 (63%) the children had severe emotional disturbances needing treatment. These disturbances were mostly reactions of anxiety
and aggression: none was of the shut-in type. Mulock Houwer's findings were similar:

"It appeared that even with the best selection and preparation both of the child and of the parents 20% of the children had difficulties of adjustment in the new family. These difficulties were noted specially with children who in their earliest years had not had contact with their own family or a strong relationship with their mother."

These, of course, are the severely deprived children discussed in Part I.

Binning in Canada (personal communication), on the basis of growth studies using the Wetzel Grid, has emphasized the importance of placing the disturbed child in a suitable institution until growth lag has improved.

The layman has had great difficulty of recent years in accepting the opinions of mental health workers that a very large fraction of children coming into care are emotionally maladjusted. He has complained that psychiatrists and their colleagues see disturbances where none exists and have protested that in any case provided such children are given care and kindness time will heal their troubles. It cannot be too strongly emphasized that those with training in mental health do not share this optimism; the findings, for instance, of Theis—that 34% of children who had spent five or more years in institutions turned out socially incapable—do nothing to support it. The truth is that in peacetime a child needing prolonged placement is as likely as not to be a maladjusted child and that, unless this maladjustment is recognized and plans for his placement made appropriately, the tragic procession from one foster-home where he fails to settle to another is likely to follow. Foster-mothers cannot for long give loving care to a child who fails utterly to respond. This, as Richman, has emphasized, leads to

"a terrific waste in the loss of foster homes... In the attempt to have the foster home serve all child-placement needs lies, in great measure, the cause for the present break-down of the foster-home program throughout the country [USA]. A serious by-product of this kind of placement is the discouraging effect it has on potential foster-parent applicants."

Though it is universally agreed that foster-home care is, in general, greatly to be preferred to group care, the unsuitability of certain children for foster-homes makes it necessary to provide group care for them. The following chapter is, therefore, devoted to the principles which should underlie its provision.
CHAPTER 13

GROUP CARE

The controversy over the merits of foster-home care and of institutional care can now be regarded as settled. Though there is no one who advocates the care of children in large groups—indeed all advise most strongly against it, for reasons which will be evident to the reader of the first part of this report—there is widespread agreement regarding the value of small specialized institutions. These have been found to serve best many of the following types of children:

(a) The seriously maladjusted child who is unable until improved to make an effective relation to foster-parents. The organization of treatment centres for such children is discussed in the next chapter.

(b) Adolescents who are no longer dependent on daily personal care and who, partly because they can so easily maintain an emotional relation with their own parents, even in their absence, do not readily accept strangers in a parental role. An exception to this is the adolescent who is leaving school and starting work and who may, as part of the process of earning a living and growing up, settle down easily in a foster-home.

(c) Children over the age of six or seven who are in need of short-term care only.

(d) Children whose parents feel threatened by the relationship between their child and foster-parents and who may need an interval before deciding whether to take their children back home or to release them to live in a foster-family.

(e) Large groups of siblings which might otherwise have to be split up among several foster-homes. (An important exception to this principle of keeping groups of siblings together is in the case of infants and toddlers who cannot in such circumstances obtain the essential individual care they need. This is discussed fully later.)

So many wise books and reports have appeared of recent years on the principles which should be followed in organizing institutions for children (for instance, Hopkirk's in the USA, and the Curtis Report in England) that little discussion is called for here. All are agreed that institutions should be small—certainly not greater than the 100 children suggested by

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This list has been taken, with slight modification, from Gordon.
the Curtis Report—in order both to avoid the internal regimentation which is inseparable from large establishments and to permit the children to attend the local schools and in other ways to participate in the life of the local community without flooding it. All are agreed, too, on the need for the children to be split up into small ‘family’ groups of varying ages and both sexes, each in the charge of a house-mother and preferably also of a house-father, an arrangement which not only encourages some of the emotional atmosphere of a family to develop but also permits of brothers and sisters remaining together to give each other comfort and support. (Nothing is more tragic and destructive of mental health than the system, still all too frequent, which divides children by age and sex and thus splits up families of brothers and sisters.) ‘Family’ groups must be kept small; the Curtis Report recommends 8 as ideal and 12 as the maximum. Informal and individual discipline based on personal relations instead of impersonal rules is possible only in these circumstances. It must be recognized, however, that even in such relatively favourable circumstances it remains very difficult to avoid some of the undesirable characteristics of the institution—uniform regulations between cottages, personal friction between members of staff, and some measure of divorce from the rough and tumble of ordinary social life. Flexibility and allowance for personal idiosyncrasy is apt to be lost and the children have little opportunity for taking part in creating the conditions in which they live. This deadening of initiative and removal of responsibility for creating their living conditions has been too little recognized as an insidious and adverse influence in institutional life.

To overcome it, the scattered cottage-home is widely advocated, an arrangement which can also be described as a large professional foster-home. Thus, local authorities in England are adapting for this purpose pairs of ordinary semi-detached houses on new housing estates and placing a married couple in charge of each. The husband goes out to work, the wife housekeeps, the children mix with the local children and differentiation from the lives of ordinary children is kept at a minimum. For its success this system needs foster-parents of good quality, able to bear considerable responsibility, and these, it must be emphasized, cannot be obtained cheaply. Where foster-parents have not these qualities, and perhaps usually where unmarried foster-mothers are employed, the group of cottage-homes may be better, since it provides more support. Whichever system is adopted certain central services can be provided with attendant saving of labour and cost, though their provision must always be considered against the danger of taking too much personal choice out of the hands of foster-parents. For instance, the central provision of stores removes the need for shopping and the possibility of choice—vital parts of domestic life. A compromise between the extremes of central economy with monotony and peripheral variety with increased work needs to be effected.
The responsibilities of house-parents, especially their relations to the children and their parents, are admirably described by Stern & Hopkirk. Among other things, it is emphasized that they must not attempt to own the children and must encourage parents to visit and so promote parent-child relations. That house-mothers require training and that their work should be put on a professional basis is now recognized. It is important, too, that their role in relation to other professional workers—social worker, psychiatrist, and others—should be clarified, so that good team-work is possible. Regular discussions regarding the children in their care should form a recognized part of their duties, and they should be encouraged to discuss their problems with psychiatric consultants, who must of course also be trained for this work.

The medical care of the children must in future include care for their mental health, and in this connexion further experiments are needed in the uses of the Wetzel Grid (for plotting weight and height) as a quick and simple index of emotional well-being. If the findings of Fried & Mayer (see chapter 2, page 29) are confirmed, here is a most valuable tool for detecting emotional disturbance underlying apparent adjustment. These hidden disturbances, often of grave psychiatric significance, are common in institutions. All with mental health training emphasize the deceptiveness of the children's behaviour, especially when it consists of passive conformity. Mulock Houwer, for instance, speaks (personal communication) of the double standard of morals which children in institutions tend to develop: an external conformation with regulations and an internal standard which may be thoroughly delinquent and which only declares itself later. Lawrence in Chicago (personal communication) describes how, when children who had long been in an institution and who there seemed nice and polite were distributed to foster-homes, it was apparent that they were afraid of close personal contacts and seemed to prefer living in an emotional vacuum. They evaded making decisions, resented suggestions of independence, and made excessive material demands. It is important to recognize that these unfavourable traits emerged only when they left the institution—while they were in it all had seemed well, at least to the superficial eye. Similarly Bettelheim & Sylvester have reported on their routine psychiatric examination of a group of six- to eight-year-old children, none of whom was considered in any way abnormal by those who managed the institution in which they lived. Though the first impression of them was rather favourable—"they seemed to have an unusual amount of group spirit"—further examination showed them to lack all adaptability, and both toy-hunger and touch-hunger were prominent. "In spite of psychometrically good intelligence, all conception of coherence of time, space, and person was lacking..." Here, in fact, were affectionless psychopathic characters masquerading as normal children; as might be expected, they had been brought up in the institution from an early age. This leads back to the central theme of this report—the care of infants and young children.
Residential Nurseries

Unfortunately the idea is still prevalent that institutional conditions
do not matter in the case of babies and toddlers. It is therefore vital to
note that there is no support among those with mental health training for
this complacent view. All are strongly opposed to it. Clear statements
to this effect are to be found in the writings of all those psychologists and
psychiatrists who have undertaken research on the problem. As long ago
as 1938 the matter was publicly discussed in the League of Nations report,90
which tells of the difficulties which institutions experience in caring for
"infants and very young children [who] appear to thrive better and to
develop more quickly and vigorously under individual attention and in an
atmosphere of family affection" (volume 1, page 124). It is therefore
distressing to find that eight years later, when much more scientific information
was available, the Curtis Committee78 (which reported to the British
Government on the principles to be followed in the care of deprived children)
advocated "residential nurseries for all children up to 12 months and
for older infants not over 2½ years and not yet boarded out or placed in a
family group" (page 160). Clearly this must be regarded as a most serious
shortcoming in an otherwise progressive report. It is much to be hoped
that this particular recommendation will not be followed either in Britain
or elsewhere, and it is satisfactory to find that the official policy of the
Children's Bureau of the US Federal Security Agency is against residential
nurseries and in favour of the care of infants and young children in
foster-homes.

It cannot be too strongly emphasized that with the best will in the world
a residential nursery cannot provide a satisfactory emotional environment
for infants and young children. This is no mere doctrinaire statement
resulting from an excessive preoccupation with the theoretical aspects of
the problem: it is the considered opinion of prominent practical workers
in many different countries. For instance, in England, Burlingham & Freud
reached it as a result of their experience in running a residential nursery
during the war. At first they were hopeful of solving the problem, but as
time progressed they became increasingly aware of the evil effects of
maternal deprivation and of the difficulties of providing substitute care in
an institutional setting. Ultimately they concluded (personal communica-
tion) that so many helpers were necessary if their infants and young children
were to receive the continuous care of a permanent mother-substitute
which their observations showed to be essential, that it would be preferable
to arrange for each helper to take a couple of children home with her and
close the nursery. In the USA Richman181 came to the same conclusion.
After giving details of the nursery and its staff, he ends:

"The number of personnel required to give adequate care to children ranging in
age from 9 months to 3 years is greater than for a group of older children; the expenses
of this type of plan, therefore, are very high. The experience with this project supports the evidence reported in child-welfare literature that young children thrive best under individual rather than under group care."

From the Netherlands another practical worker, Mulock Houwer (personal communication), writes strongly criticizing the placement in homes of children under the age of five.

The reasons why the group care of infants and young children must always be unsatisfactory is not only the impossibility of providing mothering of an adequate and continuous kind, but also the great difficulty of giving a number of toddlers the opportunity for active participation in the daily life of the group, which is of the utmost importance for their social and intellectual development. Even in a family with only two or three under-fives and a full-time mother caring for them, it is very exhausting for her to permit the children to 'help' her in the daily tasks of feeding, washing, dressing, dusting, and so on. When there are many it is almost inevitable for the children to be excluded from these activities and to be expected to be obedient and quiet—namely passive and non-participating. The frustration to which this can give rise is shown by the alternative responses of apathy and violent aggression, the extent of which is not easily believed by those without experience of what can go on in such circumstances. This deprivation of the institution child of participation in the daily round of family life and of continuous social intercourse with grown-ups is fully discussed by Isaacs, whose comprehensive account should be read.

Unfortunately national policy in many countries still tolerates residential nurseries, the ill effects of which it is sometimes attempted to mitigate by regulations which, so long as nurseries remain in existence, may perhaps be better than nothing. To avoid the worst effects, the nursery, helpers and children, must be split up into small stable family groups, each preferably with its own pair of rooms—for sleeping, and for eating and playing. Ample toys must be provided with plenty of opportunity for the children to keep some for their very own. A description of these and other techniques for the children's emotional care will be found in the publications of Burlingham & Freud and of Isaacs. Medical inspection, especially against the very prevalent infectious diseases, is now taken for granted, but it is to be hoped that in future this inspection will include also care for mental health. It should become accepted practice that children in nurseries should have psychological tests at regular and frequent intervals, much as they now have their temperatures taken. To make this practicable the present tests might conceivably be abbreviated without losing too much of their reliability, a technical task which it is hoped psychologists will undertake. If such tests were in use, or if the Wetzel Grid were proved to be a reliable index for very young children, at least there would be knowledge of any psychological damage which was being done instead of, as at present, those responsible remaining in ignorance of the matter and
able blandly to affirm that the children are ‘perfectly all right’. The result of such regular testing may also be expected to hasten the day when residential nurseries, except for the most temporary emergency case, will be commonly recognized as incompatible with sound national policies of mental hygiene.

**Study Homes or Observation Centres**

All concerned with the care of children away from their own homes have been impressed by the necessity of a thorough knowledge of the child if the right provision is to be made for him. There is much less agreement, however, as to how this knowledge is best obtained.

There are two principle schools of thought: either that there should be residential observation centres, or, on the other hand, that the work is best done on an outpatient basis. The first solution has been accepted in two European countries with national policies for the care of homeless children—Sweden and the United Kingdom. The Child Welfare Board of Stockholm has laid it down that all children needing foster-care must pass through their large centre, built in 1938, which also houses short-stay children. Observation and diagnosis are carried out during a stay of some weeks or months with the assistance of a full-time child psychiatrist and a number of kindergarten teachers trained in play techniques. In the last two years the United Kingdom has also officially adopted this policy, partly as a result of Swedish experience. The Curtis Report 72 has an important paragraph on the subject:

> “We do not consider that children who come into the charge of the authority above the nursery age should be immediately placed in the Home in which they are to remain. We have received almost unanimous recommendations from our witnesses in favour of what are variously described as reception homes, sorting homes, or clearing stations. The need for these is, according to witnesses from the Ministry of Health, one of the important lessons learnt from evacuation experience” (page 161).

Following this report and the Children’s Act which resulted from it, a memorandum has been issued by the British Home Office 73 stating, in regard to children over two years of age likely to need care for more than six months:

> “in order to obtain the fullest possible knowledge and understanding of a child’s health, personality, conduct, intellectual capacity, emotional state and social history, provision must be made for his reception and temporary accommodation in a place where facilities are available for enquiry into these matters and for observation by a skilled staff.”

There are many workers with mental health training in both Sweden and the United Kingdom who believe that a policy whereby all such children

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7 These terms are used here to denote centres which have as their purpose the observation and diagnosis of children. The term ‘reception centre’ is also used for this purpose, e.g., by the British Home Office, 73 but is not used in this sense here to avoid confusion with centres having the very different function of providing emergency shelter to which it is also applied (see p. 110).
have to pass through an observation centre is greatly mistaken, and this view is sustained by many with experience of the matter in the USA. Those who take this opposite view believe, first, that it is better for the child not to be subjected to an inevitably unsettling experience and, secondly, that diagnosis can be made as well or better by outpatient methods. They believe that the Curtis Committee and its witnesses, though right in stressing the need for accurate diagnosis, were wrong in jumping to the conclusion that this could be arrived at only under residential conditions. In particular, they believe that the lessons of wartime evacuation experience, when large numbers were being dealt with in a large-scale emergency, were misleading when applied to peacetime conditions.

The first question must be: can accurate diagnoses be made under outpatient conditions? If they can, the expense and effort of setting up observation centres is clearly unjustified—and many child psychiatrists and social workers with experience believe that they can. Clothier,44 a child psychiatrist with extensive experience of the problem in Boston, writes: "Ordinarily study cases are best studied in outpatient clinics against the background of their own homes." Richman,128 a child caseworker in Cleveland, after remarking on the artificiality of separating study from treatment and the unsettling effect of study homes, comes to the same conclusion. Finally, Wildy & Gerard report (personal communication) that the agency of which they are director and consultant psychiatrist respectively, the Illinois Children's Home and Aid Society, closed its observation centre as a result of experience. They had found that the most relevant diagnostic information was contained in the social history taken by a skilled social worker, to which could be added a psychological and physical examination carried out in an outpatient clinic. Information, obtained at first hand by the social worker, on the child's behaviour in his home and on his relation to herself during a brief outing made for the purpose, they believe, is more reliable for prognostic purposes than that obtained in the conditions of a reception centre.

One of the difficulties in reaching a diagnosis is, of course, that of deciding whether difficult behaviour or neurotic symptoms are reactions to present adverse circumstances or are already embedded in the child's personality. In tackling this problem it is possible, in addition to clinical examination, to proceed along two different lines—(a) that of taking a detailed history of the child's behaviour and symptoms in all known situations, present and past (at home, in school, with relatives, with foster-parents, etc.), and of his personal experiences in relation to grown-ups, especially parents, and (b) that of removing him from his home and placing him in an entirely new environment. Those with experience regard the former line as the more reliable since it taps a much wider variety of information. Moreover, the second method is deceptively simple and can be very seriously misleading, since it is notorious that children are apt
to behave in an uncharacteristic way in strange surroundings. This is particularly true of children under five, as every nursery-school teacher knows and as Murphy demonstrated in her well-known study. Overt behaviour in this age-group, she showed, depends on factors such as space, personality of grown-up, and the number, age, and sex of other children: "a child may be extremely sympathetic one day in one group and very aggressive the next day with a different combination of children." Moreover, children are bound to be affected by the situation in which they find themselves at the time, or more precisely which they believe they are in at the time, which may be very different and very difficult to discover. In this connexion, Wollen, a psychiatric social worker with experience in a pioneer observation centre in England, has remarked:

"In some cases their behaviour is controlled by fear of the possible consequences of misbehaviour repercussions unfavourably on their future. They are also anxious to be accepted by the adults, purchasing favour and, as they hope, security. It is impossible to convince the children that by being good they will not be able to remain indefinitely at the Centre. In others, personal anxieties temporarily distort their behaviour. The neurotic and maladjusted child, who can be diagnosed in a psychiatric interview, is not always obviously disturbed in his behaviour in the Centre."

So far from recognizing the elementary error of supposing that a child's behaviour in what is apt to be described as a 'neutral and friendly atmosphere' is characteristic of him, the inexperienced observer is apt to cling with extraordinary tenacity to the view that what he happened to see of the child is of tremendous significance. Tommy was seen to hit another child three times—therefore he is an aggressive boy. Mary spent hours sitting by herself in a corner—therefore she is a solitary child. Such conclusions may, of course, be true, but it is known they are sufficiently often false to call into question the whole value of observations made in these artificial surroundings.

Wollen also points to the danger that a stay in a reception or observation centre may come to be regarded by administrators as a quick and easy solution of family difficulties and that children will consequently be unnecessarily removed from their homes. As such it may become a bad substitute for thorough social investigation and family case-work. This is, no doubt, a grave danger. Indeed, it is probably only because of the lack of adequate social and child-guidance services that the belief in the necessity for widespread observation centres has developed.

Further, the danger that a stay in an observation centre will have an adverse effect on the child and his parents must be noted. Psychiatrists in Stockholm have been concerned to find that some children passing through the city's observation centre show signs of 'hospitalism' on reaching their foster-homes (personal communication). The pioneer centre in Kent, England, reports that "removing a child from its home, even for a short period of investigation, can have an adverse effect upon his relationship with his parents, especially when the removal comes after a
family crisis which may have made him feel hostile to them or rejected by them". Children under five or six, of course, are particularly vulnerable to these experiences. The report rightly emphasizes that "any effective attempt to reassure the child must be based on an understanding of his private terrors and regrets, which he may hardly have recognized clearly himself". It underlines the need for "as early and close a contact as possible between the child and the social worker or official who will be dealing with him after he leaves the Centre". In all this, needless to say, absolute frankness with the child regarding his position and his future is essential. With all these provisos, however, it is exceedingly difficult to make the stay a therapeutic and constructive one and not just one more period of unsettlement and anxiety. Neither should the adverse effect on parents be forgotten—family ties and the sense of responsibility are not encouraged by the children's removal.

Though the conclusion may be drawn that for the great majority of children observation centres are unnecessary and for children under five a danger, there will always be a small minority for whom temporary care for investigation is needed. These are particularly children who have no home whatever or about whom it is impossible to obtain a reasonably adequate history, conditions which are apt to coincide. In the USA, the practice has grown up of placing these children in temporary foster-homes specially selected for the purpose. In such conditions there is greater opportunity to reach a sound appraisal of the child's capacity to make relationships with parent-substitutes and, therefore, to assess his potential development. Some foster-parents, especially those who have had children of their own, are interested in this special work, for which they must, of course, be properly paid.

Children who are clearly very disturbed emotionally are best placed at once in a treatment centre for child psychiatric cases, more of which are needed in all countries. Children deemed by the courts to be in need of care and protection are usually best observed while remaining at home. Another week or two in unsatisfactory conditions is unlikely to make a difference to their future, and a smooth and planned transfer to other conditions will make for successful placement. The impetuosity and impatience of the outraged official must be resisted.

It is probably only for the older boy or girl who is a delinquent and a danger both to himself and to others that observation centres are really needed; these are usually called remand homes and their consideration lies outside the scope of this report.

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To sum up, then, it may be said that group residential care is always to be avoided for those under about 6 years, that it is suitable for short-stay
children between 6 and 12, and for both short-stay and some long-stay adolescents. It is also indispensable for many maladjusted children, with whose care the next chapter deals.
CHAPTER 14

CARE OF MALADJUSTED AND SICK CHILDREN

Care of Maladjusted Children

There are three groups of children away from their homes who need special psychiatric care:

(a) Those who are suffering from psychiatric disability and who are removed from their homes by legal, medical, or social agents for reasons either of therapy or social restraint. Such disabilities may or may not be the result of bad home conditions.

(b) Those, such as were described in the last chapter, whose psychiatric disabilities have been caused by their experiences in institutions and foster-homes.

(c) Those whose disabilities have resulted from the adverse experiences in their own homes which were the cause of their coming into care—for instance, cruelty, broken homes, and emotional neglect.

The first group, it will be seen, is to some extent the obverse of the third, depending on whether it is the maladjustment of the child or the unsuitability of the home which is chiefly emphasized.

It has already been remarked that in the early years of the child-guidance movement workers were apt to remove children from their homes too lightly, that in some quarters the whole movement had come into bad odour for this fault, but that methods were now changing. Many leading workers today regard the removal of the child as a last resort and a confession of failure, for what removal by itself can never do is to solve the underlying emotional conflict. Too often the results of such a policy are to hide the real problem and to create new ones. Moreover, only two outcomes are possible; either long-term care has to be provided, which is known to be both difficult and expensive, or else the child has sooner or later to be returned to the same conditions from which he came. These long-term considerations are too often ignored in face of the temptation to use a relatively easy short cut. Only if the social worker, the doctor, or the magistrate has a well-considered long-term plan for the child is it permissible to remove him from his home for his own good. Without such a plan his removal is merely the creation of yet another deprived child.

But even if great caution is exercised in removing children from their homes and even if far better measures are introduced to prevent
children becoming maladjusted, there will be a need for many years to come to care for many maladjusted children away from their homes. Though many with less overt difficulties and even some delinquents may be handled in foster-homes (Kline & Overstreet give an interesting case-history of a disturbed 15-year-old girl helped in this way), it is widely agreed that the majority of the more aggressive and delinquent characters must first be helped to a better social adjustment. How is this to be done and in what conditions?

Clothier, in a useful paper, has reviewed the variety of residential accommodation necessary if all children—those of different ages and with different disturbances—are to be catered for. This report will do no more than formulate certain general principles to be followed when dealing with children aged six years and over.

First, all the specifications described for institutions in general apply. Children must be split into small groups which are best housed in separate cottages or flats, with their own house-mother or father. Sometimes these will be grouped together as a "village", as for instance at Skå in Sweden or at the Hawthorne-Cedar Knolls School outside New York; or as in Chicago where an urban experiment is being made by the Jewish Children’s Bureau and a small building containing three flats has been erected so that it merges into its surroundings, each flat being in the charge of house-parents who care for six children. An alternative arrangement is for cottages to be scattered over a limited area, as in the case of the war-time hostels in Oxfordshire described by Winnicott & Britton. Each plan has its advantages, the main one of the scattered arrangement being that each hostel or cottage can develop its own private way of living according to the personalities of the house-parents and without awkward comparisons being made by the children.

In regard to the mixing of sexes and ages, there is considerable diversity of practice, in the case of maladjusted children the trend being towards separating pre-adolescents from adolescents, and separating the sexes also once adolescence is reached. Not all would accept the desirability of these divisions however. But there is no divergence regarding size of group: all agree it must be kept small. Winnicott & Britton state that 12 children seems the ideal number; though at Skå the number is 7 and at Hawthorne-Cedar Knolls, where many of the children are adolescent, as many as 16. Clothier, in discussing arrangements for pre-adolescents, has proposed 6 to 10. These variations are probably not as contradictory as they may at first sight appear and are dependent largely on the age of the children for whom provision is being made. The younger the fewer is a sound principle. It will be seen in any case that none of those professionally concerned recommends more than about 16 children in a cottage, even in the case of adolescents, and the maximum of 25 suggested by the British Ministry of Health on the basis of experience with wartime hostels for difficult
children, cannot be endorsed. Such a number may be compatible with tolerable custodial care, but is too many if therapy is to be attempted, unless, of course, broken up into subgroups, each with its own houseparents.

Nomenclature, it will be observed, varies—foster-home, hostel, treatment unit, school, are all in use. Probably treatment unit is the most satisfactory, provided that treatment really is provided. It highlights the real problem, namely that the child is psychiatrically ill and requires treatment, and has also been found (by the Jewish Children’s Bureau of Chicago, personal communication) to be more acceptable to parents than other terms, because it makes it clear that something more is provided than could be expected of the parents themselves. The terms ‘foster-home’ or ‘hostel’ lack this implication.

As in the case of normal children, it is imperative that maladjusted children should be kept in touch with their parents, both by receiving visits from them and by making holiday visits to their home. Moreover, there is the same need for case-work with parents—a need too easily neglected. Robinson 134 of Wilkes-Barre, Pennsylvania, USA, has emphasized this need and also the need for a properly considered long-term plan, in the making of which the child and his parents should participate. As regards parents’ difficulties, he writes:

“The child’s progress, especially as it is reflected in behaviour, will often uniquely arouse the feelings of parents. It is challenging to see a child realize accomplishment which he could not reach at home and the parent may respond in a variety of ways. He may, for example, feel more intensely the separation which he has arranged between himself and his child and want to re-establish the closeness out of which so much of their difficulty had grown. He may feel antagonistic to the treatment center and attempt to project on the center the responsibility for his child’s being away from him. He may be unable or unwilling to recognize changes in the child. His feelings of rejection may come frankly to the fore. He may at once experience a new measure of common feeling with his child. Whatever the parent’s response, it brings into relief the quality of parental nurture which has complemented the child’s development. Work with the parent needs to be closely related to what he encounters in the child’s newly emerging self and the manner in which he can more satisfactorily fulfill his parental role.”

Because of the necessity of closely integrated work with parent and child, treatment centres should confine themselves to taking children from within a reasonable distance of the centre, a consideration which demands that such centres be scattered widely throughout a community.

All are agreed that the success or failure of the centre will turn on the personalities of the house-parents, on the selection of whom Winnicott & Britton 130 have many wise things to say:

“We find that the nature of previous training and experience matters little compared with the ability to assimilate experience, and to deal in a genuine, spontaneous way with the events and relationships of life. This is of the utmost importance, for only those who are confident enough to be themselves, and to act in a natural way, can act consistently day in and day out. Furthermore, wardens are put to such a severe test by the children coming into hostels that only those who are able to be themselves can stand the strain.”
Though Winnicott & Britton, and also the British Ministry of Health,\textsuperscript{76} have been inclined to regard previous training and experience as of secondary importance, this is probably because hitherto there has been no training which has had much relevance to the work to be done. Once it is recognized that the task is one of making skilled human relationships with children who have had their capacity to do this greatly impaired, the need to train house-parents, practically as well as theoretically, in the psychology of human relations and of child development is discerned. This work must certainly be professionalized—just as nursing has become professionalized—and all workers must become proficient in the principles and practice of mental health. Only with such training is it possible to expect them to tolerate the triad of symptoms which all must understand—aggression, depression, and regression—and to acquire skill in handling them. And not only must the house-parents understand these things, they must also be able to teach their domestic staff about them, since in a small unit all must follow similar principles and the relations of the children to the domestic staff are of the greatest importance.

The children's need to test the hostel staff to see if they really are good and really can tolerate and manage their aggressiveness and greed has been discussed fully by Winnicott & Britton: \textsuperscript{168}

"Each child, according to the degree of his distrust, and according to the degree of his hopelessness about the loss of his own home (and sometimes his recognition of the inadequacies of that home while it lasted), is all the time testing the hostel staff as he would test his own parents. Sometimes he does this directly, but most of the time he is content to let another child do the testing for him. An important thing about this testing is that it is not something that can be achieved and done with. Always somebody has to be a nuisance. Often one of the staff will say: 'We'd be all right if it weren't for Tommy . . . ', but in point of fact the others can only afford to be 'all right' because Tommy is being a nuisance, and is proving to them that the home can stand up to Tommy's testing, and could therefore presumably stand up to their own.'"

Because of this type of behaviour and because of the intensely personal relationships necessary, it is widely recognized that house-parents must be given the choice of accepting or refusing a child. A warm personal relationship with tolerance of much difficult behaviour cannot be provided to order. Moreover, each pair of house-parents will find one sort of difficulty easier to handle than another. For these reasons the policy of organizing groups of hostels, permitting each to be a little different, such as those described by Winnicott & Britton, has much to recommend it.

Much has been written on methods of discipline in treatment centres of this kind, and the literature has been usefully reviewed by Brosse.\textsuperscript{31} All are agreed that methods must be informal and relatively free and based essentially on close personal relationships between grown-ups and children instead of on impersonal rules and punishments. Democratic regimes in which the children themselves play a major part in the control of the community are often practised with advantage, but they must not be
thought of as sufficient in themselves, while several limitations in their use need to be observed. First, the growth of self-government cannot be forced and must be built step by step with the help of adults skilled in community work. Secondly, children under 11 cannot manage self-government, except in minor matters, and should not be exposed to the strain and chaos which is likely to ensue if it is tried. Vulliamy believes that it is only when the group contains a number of children over 14 years that anything extensive can be made to work. Thirdly, as Winnicott & Britton have remarked, children who have been deprived of a satisfactory early home experience have not the inner resources necessary to enable them to participate in self-government. Self-government is thus no panacea, though appropriately introduced it can be of great value.

As regards education, it is desirable, whenever possible, for children to go to the ordinary local schools, but it must be recognized that many of them are too ill psychologically either to benefit from or to fit into such schooling. In these cases tuition must be provided on the premises, which is, of course, more easily done if the centres or cottages are grouped as a "village" than if they are scattered.

In this as in other matters a good deal of flexibility is necessary and rigid administrative machinery which divides schools from hostels is to be deprecated.

Treatment

So much for the general background for the caring of maladjusted children over the age of six or seven years in groups. What of treatment? It has three aspects:

(a) the utilization of the total social group for therapeutic ends;
(b) the development of a therapeutic relationship with a staff member;
(c) the provision of individual psychotherapy or counselling.

Different workers in this new and developing field hold rather divergent views on the relative balance of these three therapeutic forces, though all would agree that each has its place. Much has been written as regards the first by those concerned in the development of self-governing communities, which are of especial value for adolescents who are not too disturbed. A different aspect of the value of the group is the way in which children act as alter egos for each other, a process which has been noted by Winnicott & Britton and also by Bettelheim & Sylvester, who give a case-history illustrating it. Bettelheim & Sylvester also demonstrate the way in which other children can by their behaviour to a newcomer help him to get insight both into his behaviour and into his fantasies. They emphasize especially how "the emotionally disturbed child frequently mistrusts verbal statements. It is the actuality of the child's experiences within the group which achieves therapeutic results."
Probably all would agree that, therapeutic though relations with other children can be, it is the relations with grown-ups which carry the main therapeutic load. In utilizing these there is some divergence of practice, some workers advocating an identity between house-parent and therapist and others, probably a majority, preferring the roles to be filled by different workers. The advantages and disadvantages are partly technical and partly those of expediency and it would be out of place to argue them here, though there is some ground for thinking that more adequate attention is given to the parents’ problems and the parent-child relationship by workers who separate the roles than by those who fuse them. When roles are separated the therapist is usually the social worker who has handled the case from its inception and who has therefore made relations with both child and parents. She may well have entered into a therapeutic relationship with the child before he has left home and may continue treatment after he has returned, a plan which a house-parent is unlikely to be free to follow. By so doing she acts as a continuity figure of great importance.

In all countries there is much debate in medical circles regarding the therapeutic role of non-medical workers, but, though they still have their critics, it is safe to say they have come to stay. Those psychiatrists who have actually had experience of working with social workers and psychologists in this way are almost unanimous regarding their value, though they would emphasize the need for them to be properly trained and to work in close collaboration with an experienced medical psychotherapist. It is interesting to note that one of the great pioneers of psychologically-based residential work with deprived children, the Austrian psycho-analyst Aichhorn, was himself non-medical. His book, *Wayward youth*, has been an inspiration in many countries.

The relation of the child to therapist and house-mother can run the whole gamut of maladjusted behaviour—remoteness and refusal of contact, hostility, clinging babyishness, and every combination of them. Of the three, remoteness is the most pathological, clinging babyishness the most hopeful, for the basic need which has been repressed as a result of frustration is the intense oral dependence on the mother and the need to have her always there—in short the need for mothering. Once the child has been able to trust a mother-figure sufficiently to permit himself to express this need and to regress to an infantile relationship, a major step has been taken, though to the uninformed his behaviour may seem deplorable. The rationale for this treatment has been well described by Winnicott & Britton:

**In the majority of cases children who were difficult to billet had no satisfactory home of their own, or had experienced the break-up of home, or, just before evacuation, had to bear the burden of a home in danger of breaking up. What they needed, therefore, was not so much substitutes for their own homes as primary home experiences of a satisfactory kind.**
“By a primary home experience is meant experience of an environment adapted to the special needs of the infant and the little child, without which the foundations of mental health cannot be laid down. Without someone specifically orientated to his needs the infant cannot find a working relation to external reality. Without someone to give satisfactory instinctual gratifications the infant cannot find his body, nor can he develop an integrated personality. Without one person to love and to hate he cannot come to know that it is the same person that he loves and hates, and so cannot find his sense of guilt, and his desire to repair and restore. Without a limited human and physical environment that he can know he cannot find out the extent to which his aggressive ideas actually fail to destroy, and so cannot sort out the difference between fantasy and fact. Without a father and mother who are together, and who take joint responsibility for him, he cannot find and express his urge to separate them, nor experience relief at failing to do so. The emotional development of the first years is complex and cannot be skipped over, and every infant absolutely needs a certain degree of favourable environment if he is to negotiate the essential first stages of this development.”

In addition to the work of Winnicott & Britton in England, now unfortunately brought to an end, treatment based on these conceptions is proceeding in Sweden and the USA. Reference has already been made to that by Jonsson at Skå, where children are given opportunities for highly regressive behaviour including taking all their food from a baby’s feeding bottle. The same permissive atmosphere is described by Bettelheim & Sylvester with the same hopeful results. In one of their papers they give in some detail the case-histories of two children grossly deprived in early childhood who regressed to babyish ways before getting better. One boy of ten, who had been brought up in various institutions and had attempted suicide, began after some weeks to behave like a small child to his house-mother who was also his therapist (or counsellor).

“In baby talk he called her his mother, saying, ‘My mamma washes my hands for me. She gets me clean socks’. He asked her to help him dress and to spoon-feed him. He was permitted to experience this primitive child-adult relationship. Two months later, baby talk and desire for spoon-feeding were given up spontaneously and new aspects appeared in his relationship with his favorite counsellor.”

Later, however, he regressed temporarily once more and this time discovered a baby’s bottle and fed himself from it. This process of reverting to infantile ways in order to restart the growth of primary relationships from a new and better basis takes time, so that stays in treatment centres are matters of years not months. This impresses once again the overriding necessity of preventing these conditions developing.

Finally, the great problem of dealing with severely maladjusted children between the ages of three and six who cannot remain at home must be noted. Group care is clearly unsuitable and the provision of clusters of small homes where skilled professional foster-mothers can care for them in tiny families of one or two while they receive treatment is probably the answer. This is inevitably expensive, but the returns for money expended on therapy in these early years are so infinitely greater than at any other age that it would almost certainly prove the wisest of investments.
Developmental work in this field is called for. It is to be hoped that it will appeal to institutions and foundations in a position to sponsor it.

**Care of Sick Children**

It will be evident that all the principles for the prevention of deprivation in children apply equally to the physically sick as to the physically fit, yet this has been all too little recognized by the medical profession and bad cases of deprivation are still to be found in children’s hospitals. It is true that leading paediatricians in many countries—among them Debré in France, Wallgren in Sweden, Bakwin and, until he died, Aldrich in the USA, Spence and Moncrieff in Britain—are alive to the problem, but there remains a great lag in reform. More serious, some paediatricians are still unaware of the importance of the matter, though their number is dwindling.

Spence, in his lecture on “The care of children in hospital”, has given a vivid picture of deprivation in children’s wards, fully as bad as that to be found in the worst of the large institutions now universally condemned. He refers especially to the isolation, aimlessness, and uncertainty of children in long-stay hospitals. Referring to his service on the Curtis Committee, he says:

> "I have had to listen to a great deal of evidence from men and women who spent much of their childhood and adolescence in these institutions. The sensitive and intelligent witnesses recalled with nightmare memories the long hours of winter evenings which pressed upon them in their adolescence, the aimlessness of their existence, the uncertainty of their future. They had their lessons each day, and raffia work and entertainments, but there was no intimacy with anyone who could explain to them the purport of their illness or encourage them with plans for the future. The fault lies in the form and arrangement of most of these long-stay hospitals. They have been conceived too much as medical institutions and arranged too much as hospital wards."

What are the solutions? As usual, the first must be to keep the children at home whenever possible. In this connexion Spence writes:

> "I have experimented in the domestic care and treatment of children with active abdominal tuberculosis, of children immobilized by orthopaedic appliances, of children with chronic disease which requires frequent observation and examination; and from these experiments I am convinced that too often and too lightly is the decision made to confine children in long-stay hospitals."

Medical officers in the English county of Middlesex have for some years advocated treating young tuberculous children in their homes and believe better results are obtained than by sending them to sanatoria. In this connexion the remarkable development of home care for chronically ill patients by the Montefiore Hospital in New York City may well be relevant. This hospital has set out to treat as many patients in their own homes as in its wards, and has organized for this purpose a major department with its own medical and nursing staff, social workers, equipment to send out on loan, motor transport, and a housekeeper service. The
medical director, Bluestone, claims that this has been an unequivocal success, with especial "value to the patient and his family derived from the patient's ability to participate in normal family living despite the limitations imposed by his illness" (page 17). Costs per head per day of care are no more than 25% of what they are in hospital. Although comparatively few children have been treated, since it is not primarily a children's hospital, the same principles apply. Indeed, the very fact that almost all children have an adult to care for them at home means that the housekeeper service, which is an indispensable part of the home medical care of many adults, especially women, is less necessary. This pioneer work of the Montefiore Hospital may well lead to a great revolution in hospital practice and one which, from the point of view of the prevention of children being deprived, would be of the utmost value.

In those cases where children must come into hospital much can be done to minimize the emotional shock. In the case of children under three, Spence has long advocated whenever possible the admission of the mother with her baby.

"I have worked under this arrangement [in the hospitals at Newcastle-upon-Tyne] for many years, and I count it an indispensable part of nursing in a children's unit. Nor is it a revolutionary idea. By far the greater part of sick children's nursing is already done by mothers in their homes. Not all illnesses will be suited to this nursing, but the majority of all children under the age of 3 derive benefit from it. The mother lives in the same room with her child. She needs little or no off-duty time, because the sleep requirements of a mother fall near to zero when her own child is acutely ill. She feeds the child; she tends the child; she keeps it in its most comfortable posture, whether on its pillow or on her knee. The sister and nurse are at hand to help and to administer technical treatment to the child. The advantages of the system are fourfold. It is an advantage to the child. It is an advantage to the mother, for to have undergone this experience and to have felt that she has been responsible for her own child's recovery establishes a relationship with her child and confidence in herself which bodes well for the future. It is an advantage to the nurses, who learn much by contact with the best of these women, not only about the handling of a child but about life itself. It is an advantage to the other children in the ward, for whose care more nursing time is liberated."

In New Zealand, in 1942, Pickerill & Pickerill built a plastic-surgeon unit for babies and toddlers especially planned with bed-sitting-rooms by which the mothers could nurse their children themselves. Though this was done principally to prevent cross-infection, in which it has been wholly successful, Pickerill & Pickerill are also greatly impressed by its value for both mothers and babies.

"These babies want mothering more than expert nursing. With their mothers they are happier, more contented, and are able to have more constant attention day and night, and an operation for a contented baby is much more likely to be successful... The mother is just as proud of the result as we are."

This arrangement is increasingly approved by paediatricians and it is to be hoped that new hospitals for babies and young children will all be built on this principle. Fortunately, many of the less-developed countries have never forsaken this natural arrangement.
A complementary service which should, of course, be available when required is a housekeeper service to care for other children who may be left at home.

Older children who must be admitted to hospital can be prepared for their stay and accompanied to the hospital by their mothers, who will undress them, put them to bed, and see them off to sleep. Nothing is worse than telling the child a fairy tale, perhaps about a party, followed by the sudden disappearance of the mother leaving the child aghast, either silent or screaming, in the hands of a stranger. Regular visiting by the parents is to be encouraged (fortunately it has been found not to increase cross-infection), since it not only increases the child's happiness and sense of security while in hospital but reduces emotional disturbances after his return. Children between the ages of three and six need frequent visiting, daily if possible; older children can manage longer intervals. Regular formal visiting-hours, it has been found, are a mistake. Instead it is better to encourage mothers to drop in frequently and casually, perhaps when they are out shopping, and stay for relatively brief periods during which they should be allowed to feed and bathe their children and to give them small presents. An interesting account of some of the difficulties of arranging visiting in a children's ward and of how they can be overcome in the case of children over three has been given by Sharp.

Though maintaining his contact with his parents must be regarded as the first principle in the psychological care of the sick child, much else can be done for him. Nurses can be assigned to particular children to care for them in all ways, so that each child may feel he has a secure relationship with one real person. Wards can be small, both to make them feel homely and to permit of easy discipline, which is impossible to maintain in a friendly way with large groups of children. MacLennan in discussing these matters emphasizes that there must be far more appreciation of child psychology amongst those administratively responsible for children's hospitals, and that it should be some one person's business to provide for the emotional needs of each child. Speaking of discipline, she remarks: "punishment is rarely necessary at all, if the nurses have the time and the knowledge to investigate the situation properly, and if they do not go in such fear of higher authority that they themselves become tyrannical." She recommends experiments in organizing staff and children in family groups, a theme which Spence develops in his recommendations for the reform of long-stay hospitals:

"It would be better if the children lived in small groups under a house-mother, and from there went to their lessons in a school, to their treatment in a sick-bay, and to their entertainment in a central hall. There would be no disadvantage in the house-mother having had a nursing training, but that in itself is not the qualification for the work she will do. Her duty is to live with her group of children and attempt to provide the things of which they have been deprived."
It is necessary to emphasize that these principles apply with equal force to convalescent-homes and to psychiatric units for children. If young children are to get the benefits of convalescence without the ill effects of maternal deprivation they must be sent to homes which accept both mothers and children, as recommended for a different reason in chapter 9 (see page 87). Older children must not be sent so far away that parents cannot easily visit them, while their organization in 'family' groups under house-mothers should become accepted practice. Unfortunately, psychiatric units for children are themselves still too often patterned on the old hospital plan of gigantic wards and impersonal corridors. Such units should be situated in buildings like ordinary large houses and run on hostel lines.

Finally, let the reader reflect for a moment on the astonishing practice which has been followed in maternity wards—of separating mothers and babies immediately after birth—and ask himself whether this is the way to promote a close mother-child relationship. It is to be hoped that this aberration of Western society will never be copied by the so-called less-developed countries!
CHAPTER 15

ADMINISTRATION OF CHILD-CARE SERVICES, AND PROBLEMS FOR RESEARCH

Administration of Child-Care Services

"First and last, our concern is with the family as an important primary group, of which the child is or was a part". Any administrative structure which fails to recognize this is in danger of doing more harm than good. That this is so is testified by the authors of two of the most thorough surveys of foster-placement, both conducted in the USA. The authors of the above quotation, Healy et al., 77 conclude:

"The failure of agencies, both public and private, as also of juvenile courts, training schools, etc., to lay proper stress on the fact that they are dealing with individuals who are members of families, is one answer to the question why much of the work done for these children is unsuccessful".

Ten years later, Baylor & Monachesi 12 write:

"A notable weakness in the work of child-placing agencies is the lack of constructive case work with the families of the children concerned. The findings of this study furnish ample evidence of this. Delay in the return of children to their own homes may be the result, or, even more disastrous, the permanent separation of parents and children" (page 51).

Yet, though those agencies which deal only with limited aspects of the problem must be regarded as anachronisms, for historical reasons this is still too often the pattern. In most Western countries the care of neglected and homeless children has grown up piecemeal, in the face of public apathy, as the result of the single-minded energies of a few devoted people. A multitude of private charities has thus arisen, originally devoted to providing food and shelter for children who might otherwise have died. Though the result is patchy and inadequate, this record should not be forgotten, and in criticizing the way in which these ancient charities and large institutions have been run, the devoted service they have given while the public at large stood idly by must be remembered.

In most Western countries, recent decades have seen a clear trend towards the merging of agencies and the setting-up of consolidated services. In the USA, family welfare agencies and child-placing agencies have sometimes been united. Describing the effects of this in St. Louis, Alt (quoted by Baylor & Monachesi 12) writes:

"There has been an enrichment of the point of view of the family agency's staff expressed in an increased awareness of issues involved in the foster care of children.
Within the children's agency we see an appreciation of the possibilities of work with families which have been previously regarded as hopeless. The experience of the year... has indicated the possibilities of a more productive division of labor between workers with families and workers with children, which might not otherwise have been attained until many years later" (pages 53, 54).

Unfortunately, this merging of child-placing services and family services has not always occurred in the welfare states. For instance, in Great Britain, where, as a result of governmental authorities taking responsibility for the homeless child, there has been a great revolution in the child-care services, they still remain more or less divorced from family services. This is the direct result of the Curtis Committee, whose advice the Government accepted, having been confined to considering the symptoms—homeless children—and having been, by its restricted terms of reference, curbed from studying the more profound social disturbances lying behind these symptoms. As a result, in the United Kingdom, a confused situation persists in which no one authority has clear responsibility for preventing the neglect or ill-treatment of children in their own homes or of preventing family failure. Yet, as all administrators know and as the Curtis Committee itself recognized in its restricted field, divided responsibility is synonymous with inaction.

Thus the two first lessons to be drawn from these experiences are:

(a) Family welfare and child welfare are the two sides of a single coin and must be planned together.

(b) Responsibility for both must be clearly defined and unified.

A third principle which has been touched on many times is that:

(c) Family and child welfare is a skilled profession for which workers must be thoroughly trained.

A child-care service should be first and foremost a service giving skilled help to parents, including problem parents, to enable them to provide a stable and happy family life for their children. As subsidiary services, it will care for the unmarried mother and help her either to make a home for the child or arrange for his adoption, help mobilize relatives or neighbours to act as substitutes in an emergency, provide short-term care in necessary cases, while working towards the resumption of normal home life, and finally provide long-term care where all else fails. Only if it has legal and financial powers to do all these things, together with social workers equipped to put them into effect, can a service discharge its functions efficiently. As regards staff, it will require specialists as well as general practitioners—specialists in rehabilitating problem families, specialists in adoption, specialists in long-term care, to name but a few—but it would be a mistake for specialization to be carried too far or for each type of specialist to lose touch with the others. For all are concerned with the same essential problem and all are dependent on the same fundamental sciences—sociology and the psychology of human relations. By working together as
partners in a family and child-care service, an integration of thought and practice can be achieved.

In all these respects the recommended trend may be likened to the trend which medicine has followed over the past centuries. Initially there was piecemeal charitable provision for the sick and needy, often little more than custodial in character, though as time progressed treatment for established conditions was added. The great revolution in medicine did not occur, however, until the causes of certain illnesses came to be known and broad preventive measures became possible. Though therapeutic and preventive medicine are still too often divorced from each other, there is a growing recognition of the need for integrated health services, the administrative responsibility for which is being vested largely in professional workers trained in the medical and allied sciences. It is to be hoped that progress in family and child welfare will follow a similar course. Where voluntary agencies are at present giving only a part of these services, especially where they are providing care for children away from home while taking no steps to prevent their removal or to reconstruct the family, they should consider a radical revision of their programme. Where government services are planned, it is imperative that they should be comprehensive and be given full responsibility for helping children within their families as well as outside them.

Throughout, this report has stressed the cardinal significance of maternal care for the preservation of mental health. It is, therefore, apparent that family and child-care services must in future be closely associated not only with each other but with mental health services; for the ultimate aims of all three are identical, their techniques are growing more alike, their activities are becoming inextricably intertwined, and each is able greatly to aid the others. In countries which have not already differentiated health services from family and child welfare services—a pattern which characterizes certain well-developed countries of Western Europe, as well as less-developed countries—there is much to be gained from retaining all these services within one department. In many countries, however, where differentiation is already far advanced, this unification is barely possible. In either circumstance the mental health worker and the child-care worker must learn to work together. For this to be effective, changes will often be required in both. Not only is it necessary for child-care workers to be as proficient in the principles of mental health as they already are in the principles of physical hygiene, but mental health workers must take the trouble to learn far more than they now know about the problems of families and children and about the work of those concerned with their welfare. Only if a psychiatrist, a psychologist, or a psychiatric social worker is really familiar with day-to-day conditions is his advice likely to be useful. It is for this reason that the best work is now being done by family and child welfare agencies which have as staff members workers trained in
mental health or which have been wise and fortunate enough to appoint psychiatric consultants who give much time and thought to the work. Only by such constant co-operative effort towards a common goal is it possible to develop the mutual respect and understanding necessary for success. The occasional referral of isolated cases to a psychiatrist busy with other problems is futile and apt to breed ill-will on both sides.

In this connexion may be noted the principles which the Lasker Mental Hygiene and Child Guidance Centre in Jerusalem is striving to follow in providing a mental hygiene service for immigrant children in Israel. The principal duties of the mental health worker are to help the staffs of the institutions to understand the disturbed children and themselves to act as therapeutic agents.

"The application of the principles of mental hygiene... demand not the setting-up of great numbers of sheltered environments and elaborate services for intensive work with individuals, but rather a scientific effort to adjust the greatest possible number of children in the existing environment, or rather, the adjustment of the environment to the child with emotional problems, by imparting or developing in the community insight and tolerance in respect of such problems. The great advantage of this approach is that it benefits not only the individual child, but all the children in the community, and therefore combines a therapeutic with a preventive function" (Caplan, personal communication).

As an instance of the success of this approach, an incident is described in which a group discussion of one case of bedwetting produced altered handling and symptomatic 'cure' of a number of similar cases in the same institution. Such events, resulting from the combined operations of child-care and mental health workers, illustrations of which could be found in several other countries, lead to mutual understanding and real partnership. These conditions are essential, moreover, not only for good work but for fruitful research.

Research into Methods of Preventing Maternal Deprivation

There is hardly a topic touched on in the second part of this report around which there is not a shroud of ignorance. Here and there, thanks to the patient and painstaking work of an individual, there is a chink of light, but for most of the time the investigator must fumble in the dark, guided, if lucky, by the carefully formulated but unverified hypotheses of the observant worker, and at the worst confused by crystallized tradition and unwitting prejudice. These are not the conditions which make for effective and economic measures for preventing deprivation in childhood, nor are they the conditions which have led to the triumphs of the siste-science of preventive medicine. There will be no triumphs in preventive mental hygiene to compare with diphtheria immunization or malaria control without sustained and systematic research carried on over a long period and in many countries.
Though much of this research will necessarily be applied and operational in character, there are certain basic hypotheses which need testing; the first being that the grown-up's capacity for parenthood is dependent in high degree on the parental care which he received in his childhood. If this proves true, with its corollary that neglected children grow up to become neglectful parents, understanding of the problem will be far advanced. Speaking of the great significance of this theory in understanding adjustment in marriage, Burgess & Cottrell have remarked: "Its validation would greatly simplify the understanding of a great field of behaviour that otherwise seems to be hopelessly complex, complicated and often contradictory." In an understanding of maladjustment in marriage, of problem parents, promiscuity, and illegitimacy, with all their attendant neglect and rejection of children, this hypothesis is basic.

Even when it is proven true, however, as all the evidence at present suggests it will be, there remain many other factors—economic, social, and medical—which lead to children becoming deprived. As regards the social aspect, basic studies are required on the different patterns of family life and association, especially the forces which cause some families to live as isolated units unconnected with relatives and neighbours, and others to become parts of larger social groupings from which they get, and to which they give, support. In the analysis of these forces it is likely that comparative studies would be fruitful, both as between different cultures and as between subcultures of the same community.

In addition to these basic studies in personality development and social dynamics, the results of which might be expected to hold true for all societies, surveys are required in each community to determine the number of children suffering from deprivation and the nature and relative influence of each of the known factors. Such surveys would seek to elicit (a) the causes of the natural home group being unable to provide care for the children, and (b) the reasons why relatives are unable to act as substitutes. To be useful they would need to be as detailed as the schedule set out in Appendix 4, and to cover, moreover, all the children in the community and not merely those who had come to the notice of the authorities or agencies, since, unless they did so, children neglected in their own homes and children living with relatives would be excluded. Their conduct—to take account of the age of the child, the social and economic class of the parents, and similar variables—requires technical skill in survey methods as well as in social case-work, medicine, and sociology. For these reasons they would probably need to be undertaken by a university or a government department.

The carrying-out of such surveys in different communities and contrasting parts of the same community should be regarded as priority tasks since on their results will depend an understanding of the forces at work and the ordering of priorities for preventive action.
Research is also urgently required into the most suitable method of caring for children outside their own homes. Only by constant evaluation of their outcome can confidence be had in methods, and it is sad to reflect that, since the study of Theis 25 years ago, there have been few large-scale follow-ups of children brought up outside their own homes. The League of Nations Committee 39 found cause to bemoan this sorry state of affairs.

"Although twenty-five countries [in replying to the questionnaire regarding the results of boarding in families] stated that, on the whole, the system had been satisfactory, such a statement is too general to be accepted as representing the opinion of all or even a considerable proportion of those engaged in the work. Statistics of its extent and critical judgment based on observation and study of achievements, especially in relation to other types of child care, will be needed before an estimate can be made" (volume 2, page 10).

It is hoped that this neglect will be speedily rectified and that voluntary agencies and government departments will compete with each other to provide the most accurate and comprehensive data.

Unfortunately, there are serious technical difficulties in assessing the degree of success attending different methods of care. Apart from the great number of variables of which account must perforce be taken, there is the difficulty of finding reliable criteria of success or failure. This report has many times pointed to the apparent adjustment of children in institutions or foster-homes which has been belied by subsequent events. One notorious psychopathic English murderer was, while receiving training in an Approved School, so highly regarded that he was made the equivalent of head boy! Short-term overt behaviour cannot, therefore, be accepted as a satisfactory criterion. Instead it is necessary to use (a) psychological tests which reveal personality at a more profound level, e.g., the Rorschach, and (b) long-term follow-up studies. In using the follow-up method, the 15 criteria of social adjustment elaborated by Curle & Trist 40 would be appropriate and valuable. Especially relevant are those concerned with the individual's skill as marriage partner and parent, since there is so much reason to fear that present methods of caring for children away from home fail in this all-important respect.

Lastly, it must be recognized that not only is research difficult, but there is often active or passive resistance to its being undertaken. Hopkirk, 38 with long experience in the problem, notes that: "Trustees and executives are inclined to protect the work which they have established and the traditions which they have inherited and cherished" (page 208). As a result, difficulties, real and imaginary, are elaborated—conditions, it is said, have changed since these children were cared for; it is unfair to submit them to an inquisitorial follow-up; and in any case, remember, they were of bad heredity! These defensive arguments, the invalidity of which has been demonstrated, are the result of fear, a fear which springs from the expectation that the research worker will be no more than a hostile critic.
The solution, of course, lies in the social scientist occupying a collaborative role in the agency, a role which the field workers accept as likely to lead to the greater understanding of their problems and the greater effectiveness of their work.
CONCLUSION

The proper care of children deprived of a normal home life can now be seen to be not merely an act of common humanity, but to be essential for the mental and social welfare of a community. For, when their care is neglected, as happens in every country of the Western world today, they grow up to reproduce themselves. Deprived children, whether in their own homes or out of them, are a source of social infection as real and serious as are carriers of diphtheria and typhoid. And just as preventive measures have reduced these diseases to negligible proportions, so can determined action greatly reduce the number of deprived children in our midst and the growth of adults liable to produce more of them.

Yet, so far, no country has tackled this problem seriously. Even in so-called advanced countries there is a tolerance for conditions of bad mental hygiene in nurseries, institutions, and hospitals to a degree which, if paralleled in the field of physical hygiene, would long since have led to public outcry. The break-up of families and the shunting of illegitimates are accepted without demur. The twin problems of neglectful parents and deprived children are viewed fatally and left to perpetuate themselves. It seems probable that the main reasons for this fatalism are three in number: the assumption that a large proportion of these children are orphans and have no relatives; an economic system which from time to time creates unrelieved poverty on a scale so great that social workers are powerless to help; and a lack of understanding of psychiatric factors and a consequent impotence in managing cases where they predominate. In many Western countries, however, these three conditions no longer hold, but two others remain which hinder progress. In the first place, there is still a woeful scarcity of social workers skilled in the ability to diagnose the presence of psychiatric factors and to deal with them effectively. From what has been said hitherto, it is evident that unless a social worker has a good understanding of unconscious motivation she will be powerless to deal with many an unmarried mother, many a home which is in danger of breaking up, and many a case of conflict between parent and child. A particularly impressive feature of the past decade has been the extent to which the psycho-analytic approach to case-work has developed in the American schools of social work and the extent to which social agencies are employing child psychiatrists to aid their case-workers. Nevertheless, despite these hopeful signs, there is a tremendous task before all countries to train social workers in appropriate methods and child psychiatrists to aid them.
The second factor which still operates is a lack of conviction on the part of governments, social agencies, and the public that mother-love in infancy and childhood is as important for mental health as are vitamins and proteins for physical health. This lack of conviction has two roots—emotional and intellectual. A strong prejudice against believing it is not infrequently found in people who are heatedly preoccupied by the alleged inadequacy of children's own parents and who have a conspicuous need, of which they are not always aware, to prove themselves better able to look after the children than can their own parents. Members of committees, too, in contemplating the fruits of their labours, are apt to find more personal satisfaction in visiting an institution and reviewing a docile group of physically well cared for children than in trying to imagine the same children, rather more grubby perhaps, happily playing in their own or foster-homes. One must beware of a vested interest in the institutional care of children!

The intellectual doubts are more easily dealt with and may perhaps have been influenced by the scientific data reviewed in Part I of this report.

To those charged with preventive action the present position may be likened to that facing their predecessors responsible for public health a century ago. Theirs was a great opportunity for ridding their countries of dirt-borne diseases; some took it, others remained hypercritical of the evidence and inert. True, the evidence presented in this report is at many points faulty, many gaps remain unfilled, and critical information is often missing; but it must be remembered that evidence is never complete, that knowledge of truth is always partial, and that to await certainty is to await eternity. Let it be hoped, then, that all over the world men and women in public life will recognize the relation of mental health to maternal care, and will seize their opportunities for promoting courageous and far-reaching reforms.
APPENDICES
APPENDIX 1

VARIOUS RETROSPECTIVE STUDIES RELATING MENTAL ILLNESS TO DEPRIVATION AND BROKEN HOMES

In the main text, reference has been made to some of the most significant retrospective studies relating mental illness, especially psychopathic personality, to maternal deprivation. There are a great number of other studies, the conclusions of which, either explicitly or implicitly, are the same. A few of these are noted here.

In discussing his general thesis regarding the interrelation of the affectionless character, persistent delinquency, and prolonged separation of child from mother, Bowlby \(^{36, 37}\) remarks that he is a little astonished to find how lightly early separations had been treated by most workers in his field. Burt,\(^{44}\) for example, placed these early separations among the minor factors in the origin of delinquency. His actual figures hardly warranted such a conclusion. Thus he had found that 23.5% of the boys and 36.5% of the girls had suffered prolonged absence from their parents. This contrasted with figures of 1.5% and 0.5% respectively for the controls. The results of investigations into broken homes were usually useless for comparison for reasons already given. Two investigations were worth mentioning, however, because they both illustrated the great importance of disturbances during the early years. In one of the investigations by Glueck & Glueck \(^{49}\) the age of the child when the break in the family occurred was given. Out of 966 juvenile delinquents, 429 had come from broken homes. In 40% of the 429 (about 19% of the total) the break had occurred before the child was five years old. A similar analysis by Armstrong \(^{5}\) had given comparable results. Of 660 runaway children, 29% had their homes broken before the age of four, and a further 28% between four and six years. Of 30 'incorrigibles', 12 (40%) had suffered broken homes before they were four years and a further 6 between the ages of four and six years.

Further indirect evidence is afforded by the research of East & Hubert.\(^{51}\) Out of 26 cases illustrative of Borstal boys and adolescent prisoners who appeared specially difficult and either would not profit or had not profited by training, exactly half had probably suffered early separations. Details are not given of all the cases and the actual proportion may have been higher.

Powdermaker et al.\(^{117}\) found that of 81 delinquent girls aged between 12 and 16, 33 (or 40%) came from broken homes.

Two elaborate studies of delinquency made in Sweden in the past decade point in the same direction. In both cases the sample has the defect
of being concerned only with children who had been removed from home, the decision to do which may have been due as much to the bad home conditions as to the character of the child. Ahnsjö found that, of 1,663 girls committed to institutions for delinquency in the years 1903-1937, only 75% were looked after by both parents at the time of their birth, and that the homes of nearly half of the remainder were broken through divorce or the death of one or both parents at the time the child was admitted to the institution. Largely no doubt as a result of these conditions, very many of the children had lived with more than one set of relatives or foster-parents in the course of their lives. In the case of 550 in detention homes for severe and abnormal cases, admitted at an average age of about 16 years, no less than 30% had experienced such changes and separations.

Otterström, in her study of 1,315 boys and 300 girls who had either required special educational measures on account of delinquency or had been convicted of crimes, found that in the case of 42% of the boys and 65% of the girls the homes were broken when the child was admitted (inclusive of children whose parents were neither married nor cohabiting at the time of their birth).

Findings similar to those of Ahnsjö and Otterström emerge from the survey of children in hostels for difficult children who had been evacuated from the cities of Great Britain during the late war. They comprised over 400 children (80% boys, 20% girls), aged between 6 and 14, the great majority of whom were in the hostels on account of stealing or being otherwise unmanageable, or for enuresis. Of 418 children about whose homes something was known, no less than 45% came from broken homes—one or both parents dead, a parent deserted, or the child illegitimate. Of the remainder nearly one half (about 25% of the whole) came from homes where, although the parents were living together, conditions were very bad, including cruelty, immorality, mental instability, unhappy family relationships, neglect and harsh treatment, and rejection. Only 30% came from homes which were complete and reasonably happy.

Bowlby has discussed the probability of affectionless characters being responsible for sexual offences. Evidence of this connexion comes from several sources. In the League of Nations study of prostitutes, the findings were as follows:

"Apart from the small percentage who were illegitimate, in most of the lists between one-fifth and one-third had lost one parent through death or separation while they were still young. In addition, the percentage brought up in institutions, by foster-parents or relatives, is 20% or more in four lists, and over 10% in thirteen of the sixteen lists which give information on this point" (page 31).

This general picture is confirmed by Safier et al. who have studied some hundreds of promiscuous men and women:

"About 60% of both the men and women came from broken homes occasioned by death, separation, or divorce. In the case of one-half of all the men the home was broken before the age of 13, and for one-third before the age of 7. The median age for the break-up
of the home for those whose homes were broken was age 6... Among the patients whose homes had been broken, it was not unusual for the patient to have been placed in boarding schools, foster homes, institutions, or in the homes of relatives. A number of the patients had had a series of such placements. Some patients had had no care by either parent from birth or shortly thereafter. Some of these had been born out of wedlock. In other instances one or both parents had remarried and the patients were reared in homes with stepfathers or stepmothers... Conflicts were most pronounced in the cases where the family life had been unstable and the patient had been entrusted to the care of first one person and then another."

A small sample of 50 promiscuous males examined by Bundesen et al. confirms these findings, 56% showing evidence of abnormal childhood conditions.

Studies of neurosis among soldiers in the second World War also revealed the high incidence among them of broken homes. Thus McGregor, in analysing the findings in 2,228 consecutive patients admitted to a military hospital for neurosis, found that 48% formed a personality group having the traits of timidity, immaturity, dependence, and frustration. "They came from broken homes or homes where there had been much emotional stress in early life. On the whole, this group revealed marked evidence of love-deprivation in childhood." Madow & Hardy confirmed this. Of 211 soldiers suffering from war neurosis, 36% came from homes which had been broken before the patients were 16.

Even with schizophrenics broken homes are a common and probably significant feature of the history. Pollock et al. found a broken home in the history of 38% of 175 patients suffering from dementia praecox. Lidz & Lidz, in studying 50 schizophrenics who had become psychotic before the age of 21 years, found an almost identical percentage—40%. These high figures for schizophrenics contrast with a figure of only 17% found by Pollock et al. for a group of 155 patients suffering from manic-depressive psychosis, a percentage little if at all above that of the ordinary population.

Another study, this time from Hungary, relates to accident proneness. In tracing the histories of 100 cases admitted to the surgical wards on account of recurrent accidents, Csillag & Hedri found that no less than 54% had either lost their parents in childhood or had parents who were separated.

Finally, there is a study carried out by Mulock Houwer in the Netherlands after the war of the home background of children found guilty of treason during it. Of 275 children, 52% came from broken homes.

For various reasons the figures given in these different studies are not strictly comparable, a special difficulty being divergences of practice regarding the inclusion or not of illegitimate children brought up by their mothers only. It is none the less useful to tabulate some of these figures. They are therefore set out in table XIX.
TABLE XIX. INCIDENCE OF BROKEN HOMES AMONG PATIENTS SUFFERING FROM VARIOUS FORMS OF NEUROTIC DISABILITY

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<tr>
<th>Author</th>
<th>Country</th>
<th>Nature of disability</th>
<th>Number of patients</th>
<th>Percentage from broken homes before the age of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6 years</td>
</tr>
<tr>
<td>Glueck &amp; Glueck</td>
<td>USA</td>
<td>juvenile delinquency</td>
<td>966</td>
<td></td>
</tr>
<tr>
<td>Armstrong</td>
<td>USA</td>
<td>running away</td>
<td>660</td>
<td>19</td>
</tr>
<tr>
<td>Powdemark et al.</td>
<td>USA</td>
<td>delinquent girls</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>Ahnsjö</td>
<td>Sweden</td>
<td>delinquent girls</td>
<td>1,500</td>
<td></td>
</tr>
<tr>
<td>Otterström</td>
<td>Sweden</td>
<td>delinquent boys</td>
<td>1,315</td>
<td></td>
</tr>
<tr>
<td>Menut</td>
<td>France</td>
<td>children with behaviour disorders</td>
<td>830</td>
<td></td>
</tr>
<tr>
<td>Ministry of Health and Wales</td>
<td>England and Wales</td>
<td>maladjusted children</td>
<td>418</td>
<td></td>
</tr>
<tr>
<td>Safier et al.</td>
<td>USA</td>
<td>promiscuous men</td>
<td>255</td>
<td></td>
</tr>
<tr>
<td>Bundesen et al.</td>
<td>USA</td>
<td>promiscuous woman</td>
<td>355</td>
<td></td>
</tr>
<tr>
<td>Madow &amp; Hardy</td>
<td>USA</td>
<td>neurotic soldiers</td>
<td>211</td>
<td></td>
</tr>
<tr>
<td>Pollock et al.</td>
<td>USA</td>
<td>dementia praecox</td>
<td>175</td>
<td></td>
</tr>
<tr>
<td>Lidz &amp; Lidz</td>
<td>USA</td>
<td>young schizophrenics</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Cellag &amp; Hedri</td>
<td>Hungary</td>
<td>accident proneness</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Mulock Houwer</td>
<td>Netherlands</td>
<td>reason in children</td>
<td>275</td>
<td></td>
</tr>
</tbody>
</table>

Though it is unfortunate that most of these studies lack controls, such control figures as exist are consistent. Menut found the percentage of broken homes in his very large Parisian control group to be 12%, while Madow & Hardy quote three different American sources which show the percentage to lie between 11 and 15. It seems virtually certain, therefore, that the incidence of broken homes in all these studies is significantly higher than would be found in a normal group drawn from any of the populations concerned.

Once again, of course, there is always the possibility of the results being due to heredity and not to environment. Often the home is broken because one or other parent is psychotic or psychopathic. May it not be that it is the bad genes inherited by the offspring which account for their turning out badly? This is a matter which both Ahnsjö and Otterström discuss at length, though their own samples do not permit of their giving an answer.
Apart from the evidence already given dealing with this issue, there are two interesting studies by Barry regarding the incidence of bereavement in patients suffering from psychosis in adolescence or early adult life, which bear on it. In his earlier study, concerned with 549 patients (306 male, 243 female) admitted between the ages of 16 and 25, he shows that, whereas the incidence of paternal deaths runs parallel with the incidence in the general population, the incidence of maternal deaths is significantly higher. (15.7% of his patients suffered the death of their mother before they were 12, in contrast to 5.3% of the general population.) The fact that death of mothers is frequent in such cases while that of fathers is not makes it virtually certain that hereditary factors are not the explanation of these data, but is, on the contrary, important confirmatory evidence of the central value to the small child of his relation to his mother and the emotional trauma which he sustains at her loss. In a later statistical study, Barry concludes that the critical period for separation from the mother is before the age of eight years.

So far as is known there has been only one study which has set out to test the hypothesis that the broken home is an important factor in a child's development. This was carried out by Wallenstein, who surveyed the whole school population of part of New York. Of 3,000 boys and girls, 550 were from broken homes. Over half the total were examined psychologically and careful comparisons were made, many of which showed the children from broken homes to have developed less favourably than the others. Wallenstein concludes quite rightly, however, that the concept of the broken home is not satisfactory for scientific purposes.
APPENDIX 2

DIFFERENCES IN RORSCHACH RESPONSES BETWEEN INSTITUTION CHILDREN AND OTHERS

So far as is known only two workers have done systematic work with institution children using the Rorschach test—Loosli-Usteri in Geneva in the late 1920s, and Goldfarb in New York during the past decade.

Goldfarb’s work 84 was undertaken on the same sample of children as that for which results in respect of other tests are presented in tables VI and VII. This consisted of 15 pairs of children who at the time of the examination ranged in age from 10 to 14 years. One group of 15 was in the institution from about 6 months of age to 3½ years; the other group had not had this experience. He found that the institution children did not differ from the controls in the number or location of the responses or in the main determinants (with the exception of C), which means that the quantity of output and the attempted methods of organizing perceptions

### TABLE XX. DIFFERENCES IN RORSCHACH RESPONSES BETWEEN CHILDREN WHO HAD SPENT THEIR FIRST THREE YEARS IN AN INSTITUTION AND CONTROLS WHO HAD NOT (GOLDFARB)

<table>
<thead>
<tr>
<th>Significance of response</th>
<th>Classification of response</th>
<th>Result expressed as</th>
<th>Results</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Institution group</td>
<td>control group</td>
</tr>
<tr>
<td>Loose perceptions</td>
<td>W —</td>
<td>mean percentage scores</td>
<td>47</td>
<td>19</td>
</tr>
<tr>
<td>poorly seen, arbitrary</td>
<td>F +</td>
<td></td>
<td>43</td>
<td>75</td>
</tr>
<tr>
<td>tray responses</td>
<td>O —</td>
<td></td>
<td>91</td>
<td>20</td>
</tr>
<tr>
<td>Confabulations and</td>
<td>Presence of D/</td>
<td>number of children</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>poor organization</td>
<td>W Beck’s Z score</td>
<td>showing responses</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>below 20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of control over</td>
<td>At least one C</td>
<td>&quot;</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>emotional responses</td>
<td>CF + C &gt; FC</td>
<td>&quot;</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Diminished drive to</td>
<td>Less than three</td>
<td>&quot;</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>social conformity</td>
<td>popular responses</td>
<td>&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Original responses</td>
<td>mean percentage</td>
<td>24</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>scores</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Total number of children in each group is 15.
were similar. The two groups were also similar in their tendency to see movement, and animal and human percepts, and in their use of shading.

The two groups differed markedly, however, in the quality of their responses. For instance, while attempting similar perceptions, the institution children’s responses were much less accurate and tended to have less relation to the blots. They tended to be poorly organized and often confabulated so that an idea suggested by one part of the blot would be extended arbitrarily to the whole, the resulting percept having little relation to the actual stimulus. A preponderance of pure colour responses—that is, responses determined solely by colour without being organized into any form, e.g., blood—demonstrated the poorer emotional control of the institution children. Moreover they showed few of the popular responses (i.e., those given by the majority of subjects) and a greater number of original ones, though the latter were poorly seen. This indicates that they were less in touch with reality and with popular modes of thought, and may also suggest a lack of social conformity. Most of these differences are summarized in table XX.

Goldfarb also compared the institution children with schizophrenics of the same age. Rorschach responses were remarkably similar in many respects, the most evident difference being the relative absence of anxiety in the institution children and its presence to a profound degree in the schizophrenics.

Loosli-Usteri’s work was undertaken much earlier than Goldfarb’s when different methods of Rorschach scoring were in use. The data presented are different and items which Goldfarb found to show significant differences were not used in the analysis. Moreover, the sample studied was different in respect of the children’s institution experiences; all the children were actually in the institution when studied, in contrast to Goldfarb’s who were in foster-homes, and many had probably not spent their first three years in the institution as Goldfarb’s had. The results of tests of the statistical significance of differences are not given. As a result, comparisons are not easily made, though several of Loosli-Usteri’s findings appear to confirm Goldfarb’s.

She compared a group of 21 boys aged 10 to 13 years from an institution in Geneva (length of time in the institution unstated) with 63 primary schoolboys of the same city who were living with their families. Like Goldfarb, she found that many of the institution children showed poor abstract ability—“their mode of thought is infantile and autistic”. She also found that there was an inverse relation between this feature and the presence of neurotic symptoms. The institution children were much more introverted than the controls, lacked emotional response, and tended to be depressed. They also showed a lower number of ‘popular’ responses. In these respects the results confirm or are concordant with Goldfarb’s. However, she did not find a lowered emotional control, while positive
findings not mentioned by Goldfarb were a marked tendency to contrasuggestibility and a tendency of institution children with neurotic symptoms to refuse to give responses.

From this it may be inferred that Loosli-Usteri's sample was heterogeneous in regard to institutional experience and that, while some of the children had been in the institution during their early years and had developed along psychopathic lines, others had entered the institution later and had developed reactions of a more neurotic kind. Nothing in Loosli-Usteri's data contradicts Goldfarb's conclusions. Her findings are some of the earliest to call attention to the high incidence of psychiatric disturbance among children in institutions.
APPENDIX 3

NOTE ON GOLDFARB’S STUDY OF SOCIAL ADJUSTMENT IN RELATION TO AGE OF ENTRY TO AN INSTITUTION

Goldfarb bases his views on the importance of deprivation in the first year of life on an interesting study carried out with his usual care. He took for his sample children aged 12 years and over (average age about 14½) who had been in an institution for varying periods of time during their first three years of life. All these children were then assessed by case-workers for their present social adjustment. Omitting those of uncertain adjustment, he selected 15 pairs of children matched for age and sex, half of whom were socially well-adjusted and the other half severe problems. The majority had been consistent in their behaviour ever since being placed. Goldfarb then demonstrates that the differences in these children’s behaviour cannot be accounted for by their heredity, or by the attitude of their parents or of their foster-parents. On the other hand, there was a significant difference between the groups in respect of the age of admission to the institution, the mean age of the well-adjusted being 10.9 months and that of the badly adjusted 5.8 months (P lies between 0.02 and 0.05).

Though the general importance of these figures is clear, it is unfortunate that Goldfarb has not given us his data in more detail since it is not easy to be certain of their precise significance. It does not appear that Goldfarb’s own conclusion—that “the lasting importance of the first half year in the child’s life is strikingly indicated”—is warranted, because the badly adjusted group were not in the institution for much of their first half year of life, the average age of entry being all but six months. No conclusions regarding the first half-year are therefore possible. The legitimate and very important conclusion appears to be that deprivation in the second half-year of the child’s life has more far-reaching consequences than deprivation occurring later.
APPENDIX 4

NOTE ON STATISTICS REGARDING CAUSES OF CHILDREN BEING TAKEN INTO CARE AWAY FROM HOME

The figures quoted in chapter 8 are based on seven studies from three different countries which happened to be readily available. It is not known how representative they are of the countries concerned and they are used here merely as pointers.

United Kingdom

(i) 1,195 children in the care of three county authorities in England, representing urban, semi-urban, and rural communities. Date 1945. Reported by Brockington.\(^{29}\)

(ii) 346 children from 234 families in the care of a large voluntary agency (Dr. Barnardo’s Homes). These cases are stated to represent about 10% of the 2,000 admissions to the Home between January 1937 and January 1940. Reported in *The neglected child and his family*.\(^{110}\)

(iii) 500 children admitted to the care of another voluntary agency (National Children’s Homes) in the years 1940-1941. Reported in the annual report for 1948.\(^{109}\)

(iv) 51 children in the care of 12 different homes comprising all types of institution existing in Britain in 1946. Reported by Bodman et al.\(^{24}\)

United States of America

(i) About 500 requests for help to a large private agency in New York in the year 1949 (not published).

(ii) 209 children discharged from foster-home care by the Maryland Children’s Aid Society in 1940-1942.\(^{100}\)

Sweden

73 children in the care of six homes, two long-term and four short-term, about 1946-1947. Reported by Thyssel.\(^{140}\)

Unfortunately the form in which the data are given is very varied. Often the state of the natural home group is not given explicitly, though in some instances it can be deduced. The underlying reasons for neglect, etc., are never shown, nor is any attention given to reasons for relatives being unable to act as substitutes.
The figures given in table XXI are believed to be tolerably accurate translations into a common form of the raw figures. Although in certain cases more information was available under the heading 'Natural home group not functioning effectively', it is not sufficiently detailed to be useful and has therefore been omitted.

**TABLE XXI. CAUSES OF CHILDREN BEING DEPRIVED OF A NORMAL HOME LIFE**

<table>
<thead>
<tr>
<th>Country</th>
<th>Sweden</th>
<th>United States of America</th>
<th>United Kingdom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Thyrell</td>
<td>New York agency</td>
<td>Malone</td>
</tr>
<tr>
<td>Number of children</td>
<td>73</td>
<td>500</td>
<td>209</td>
</tr>
<tr>
<td>Approximate date</td>
<td>1946-1947</td>
<td>1949</td>
<td>1942</td>
</tr>
<tr>
<td>(a) Natural home group never established: illegitimacy</td>
<td>½</td>
<td>½</td>
<td>½</td>
</tr>
<tr>
<td>(b) Natural home group not functioning effectively: poverty or neglect by parents</td>
<td>25</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>maladjustment of child</td>
<td>40</td>
<td>4</td>
</tr>
<tr>
<td>(c) Natural home group broken up: death of one parent</td>
<td>3</td>
<td>26</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>death of both parents</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>physical illness of parent</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>mental illness of parent</td>
<td>23</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>desertion, separation, divorce</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>(d) Others and unknown</td>
<td>3</td>
<td>22</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

* Figures for these groups cannot be analysed so that the percentages total 100.

The great differences in these figures are due partly to a lack of uniformity in their presentation but probably more to real differences in the samples reflecting, almost certainly, radical differences in policy of admission. For instance, much will depend on whether aid is given to widows or relatives to help them care for children at home or whether all such children are collected and put in an orphanage.
One difficulty in the tabulations on this subject in existing publications is that data describing the present state of the home, e.g., neglect, cruelty, poverty, etc., are mixed up with more basic data referring to the state and capacity of parents. These are of course largely independent variables—neglect and poverty can characterize the home of an unmarried mother, a widow, and of parents living together. For this reason two main groups of data referring to the home are needed:

(1) Data referring to the presence or otherwise of an emergency situation requiring action.

(2) Data referring to the state of the natural home group.

Certain items, such as ‘hospitalization of mother’ would appear in both categories (1) and (2); others, such as ‘neglect’ or ‘mental instability of father’, would appear in only one (neglect in (1), instability in (2)).

In addition to these two groups, there are needed:

(3) Data referring to the availability or otherwise of aid from relatives.

The following is a rough draft of headings under each of these three main variables:

(1) Emergency situation
   - Mother dead
   - Mother in hospital
   - Mother in prison
   - Mother deserted
   - Immorality in home
   - Cruelty
   - Gross neglect
   - Family without house
   - Children found wandering or abandoned
   - No emergency

(2) State of natural home group
   (a) Presence and capacity of father
       - present and effective
       - present but incapacitated by:
         - physical ill-health
         - mental ill-health
         - instability of character
         - mental defect
       - absent on account of:
         - not being married to mother
         - death
hospitalization (physical)
hospitalization (mental)
mental defective colony
prison
desertion, separation, divorce
employment elsewhere

(b) Presence and capacity of mother
   as for father, substituting 'full-time employment' for
   'employment elsewhere'

(3) Availability of aid from relatives
    available from...
    not available because of:
    relatives dead, aged, or ill
    relatives living far away
    relatives unable to help for economic reasons
    relatives unwilling to help
    parents never had relatives

Only if data are given with this degree of detail can the problems to be
faced be understood and effective measures be devised for meeting them.
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