

# ANNOTATIONS

## DEPRIVED CHILDREN<sup>1</sup>

AN experimental center for reviewing the needs and making recommendations for proper care of delinquent, maladjusted, homeless or neglected children was established at Mersham in Kent, England, in 1947 with financial support from the Nuffield Foundation and cooperation of Kent County authorities. This was the first center of its type and an early decision was made to assess the value of the work. In the book, *DEPRIVED CHILDREN*, Hilda Lewis, psychiatrist at the Centre, describes the family and social background and the mental condition of 500 children admitted between 1947 and 1950, and reports the findings of a follow-up study two years after admission for 240 children.

The Mersham Reception Centre was a clearing or sorting station to which the County authorities and the education committee sent the most difficult cases. Twenty-five children were in residence at one time and remained several weeks. Forty-seven per cent stayed three to six weeks, 30 per cent less than three weeks, and 23 per cent more than six weeks, usually because facilities were not immediately available for recommended placement. A complete dossier of every child was sent by the referral agency and supplementary data were collected by the social worker. In the Centre, a daily record was kept of general habits and of social and emotional responses. Each child was given a number of psychological tests and examined by the psychiatrist. The data obtained from these sources, together with material from the follow-up inquiry, are

<sup>1</sup> Lewis, Hilda, M.D.: *DEPRIVED CHILDREN*. Oxford University Press, 114 Fifth Avenue, New York, N. Y., 163 pp. \$1.55.

presented in 71 tables which Dr. Lewis discusses and interprets in an interesting and informative text.

The causes for referral to the Centre give an indication of the family background and previous personal experience of the 500 children whose social adjustment and mental and psychiatric status are studied. The largest group (40 per cent) became public charges because of family neglect, cruel treatment or loss of parental care; 18 per cent were uncontrollable at home or at school; about 25 per cent had a record of delinquency, pilfering or truancy; and about 8 per cent were mal-adjusted or neurotic children. Furthermore, it was noted that 23 per cent of the children were illegitimate, approximately four times the percentage for the general population.

Classification according to type of behavior by the author after assessment in the Centre resulted in 24 per cent normal, 21 per cent with slight neurotic symptoms, 18 per cent neurotic, 4 per cent psychopathic or psychotic, and 21 per cent delinquent though with essentially normal personality. On the Stanford-Binet test (revised) there was a slight preponderance of dull children, the I.Q. was less than 90 for 28 per cent and 110 or above for 23 per cent.

At time of reception, children were classified as normal (24 per cent), mildly disturbed (31 per cent), and definitely disturbed (45 per cent). Results of statistical tests for association of the child's condition and nineteen features related to the home and upbringing are of interest. Association at the 5 per cent level was found for eleven items: mother's neglect, father's neglect, mother's over-indulgence, father's over-indulgence, lack of mother's affection, mother dull or defective, other mental disability of mother, separation from mother before age 5, previous history of public care, mother long dead or unknown, and dirty home. It is noteworthy that a significantly higher proportion of children from dirty homes than from clean homes was well-adjusted. Likewise, a higher proportion of children neglected by their mothers was normal than of children with attentive mothers; and a higher proportion of children of dull mothers was normal. On the other hand, lack of affection or separation from the mother at an early age was associated with a very high percentage of disturbed children. Over-indulgence

of the mother and of the father also were associated with disturbed behavior of the child.

The pattern of the child's disturbed behavior was classified as unsocialized aggressive, socialized delinquent, and inhibited-neurotic and the association of these patterns of behavior with home and upbringing was examined. Only five of the nineteen items were significantly associated, namely, lack of affection of mother or of father, mental ill-health of mother, illegitimacy, and history of public care. A neurotic disturbance was more likely if the mother was mentally unhealthy; but in the other four instances, the association indicated an increased tendency toward "unsocialized aggressive" behavior.

The follow-up made two years after discharge from the Reception Centre covered 240 children. Of these, 63 per cent had improved in some degree; 29 per cent had not changed; and 8 per cent were worse. Generally, the children placed in accordance with the Centre's recommendations had a better adjustment than those not placed as recommended. Although no type of placement had special precedence, it was noted that the child's adjustment was much better when placement was with parents or relatives. About one-third of the children separated from their mothers before 5 years had a satisfactory condition at this time, contrary to expectations. However, the outcome for those children who at reception showed affection for their parents was better. Children who demonstrated aggression, delinquent behavior, or neurotic conduct at reception, did not fare well. On the other hand, 55 per cent of the children who had come from problem-type families made a good adjustment compared with 24 per cent at reception.

In 1948 the Children Act required that reception centres be established, and in 1950 the Children's Department of the Kent County Council assumed the control and leadership of the Mersham Centre. There were critics. Some thought that a stay at a reception centre was harmful both to the child and parent, and that these social data could best be obtained from an out-patient clinic. Dr. Lewis pointed out, however, that even a protracted stay at the Centre did not disturb the children, that most of them seemed to enjoy their stay, and actually for most of them it carried them over a painful period in a move

from one home to another, to a school, or foster placement home. On the second objection, Dr. Lewis indicated that in such a setting as Mersham, the children could be observed and evaluated better in their social relationships with their peers, siblings, and those in authoritative positions. It was noted that permissive situations were arranged so that the children could display fully all their aggressions, ambivalences, etc. Despite some objections, Dr. Lewis felt that reception centres are necessary with these precautions: retain the child in the home whenever possible, if suitable tests can be administered there; psychiatric facilities at the centre must be adequate; exchange of interagency information; and nonadmission of children under 5 years unless the family situation demands otherwise and then only if adequate facilities and staff are available.

Dr. Lewis is very cautious in drawing conclusions, especially with respect to the effectiveness of the Reception Centre and the adjustment of the children, since only two to three years of a child's life were covered. It would be of interest to know whether these children become useful, productive citizens and make a satisfactory adjustment to the demands of family life and society. Whether the children placed after evaluation in the Reception Centre made a better adjustment than a comparable group not cleared through a Centre was not studied. Such a comparison would permit more definite conclusions concerning the effectiveness of the Centre.

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### THE "ONLY" CHILD<sup>1</sup>

ACCORDING to a recent public opinion poll, 75 per cent of the general public and 60 per cent of the Onlies themselves consider "being an only child a disadvantage." The only child has been the subject of more than 200 special investigations. "Unfortunately, the overall results are not conclusive." Most of the studies are vitiated by sampling errors and the findings

<sup>1</sup> Cutts, Norman E. and Moseley, Nicholas: *THE ONLY CHILD: A GUIDE FOR PARENTS*. New York, G. P. Putnam's Sons, 1954, 245 pp. \$3.50.