

TREATMENT OF MALADJUSTED CHILDREN IN HOSTELS

By

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DURING recent years a number of Local Education Authorities have opened Hostels for Maladjusted Children but few have been open long enough for any adequate review of their work to be undertaken, or for principles of working to be clearly formulated. Winnicott and Britton (1944, 1947) have discussed their work in Hostels for evacuated children during the War, and the Ministry of Health (1944) also reviewed their war-time experience in similar Hostels. Little however has been written on the work of Hostels for Maladjusted Children as part of the ordinary peace-time work of a Child Guidance Service. This paper reviews the work done during the five years 1946 to 1951 in two Hostels in a Midland City and comments on the experience gained. It is felt this may be of general clinical interest, and of value for comparison with observations being made in other areas. As part of the review a study has been made of 50 unselected children who, having been in the hostels, had been discharged during that period, and whose subsequent progress it has been possible to follow.

ORGANIZATION OF HOSTELS AND RELATIONSHIP TO CHILD GUIDANCE SERVICE

Each Hostel took boys up to school-leaving age, one having accommodation for 15 boys and the other having 6 to 8 boys who it was felt specially needed to be in a smaller group. While in Hostel the boys all attended the ordinary local school. The Hostels were situated within reasonable travelling distance of the Child Guidance Clinic, so that children could attend at the Clinic for regular individual treatment if needed, and so that Clinic Staff could visit the Hostels regularly, with the minimum interference to their work. The Consultant Psychiatrist paid regular visits to each Hostel once a fortnight. On these visits he did not interview the children but spent the time instead discussing the children with the Hostel Staff, and helping them to work out and understand the individual and group problems which they had encountered. It was also valuable to be present at activities such as parties, or group discussions, as well as sometimes being present at meal-times. Any child showing particular difficulty was given a special interview at the Clinic. Hostel Wardens were given full reports from the Clinic on children and home situations, so they felt they were taken into full confidence, and were part of the therapeutic team. The Psychiatric Social Worker who had worked with the family before admission, continued with the same case, and also visited the Hostels as frequently as possible, to discuss the children and the parents. Whenever individual treatment was indicated, the child came to the Clinic for this as psychotherapy was not attempted in the Hostels themselves. The Psychiatric Social Worker would then act as the liaison between the therapist and the Hostel Staff, much as she would with a parent. It was found that this was very necessary, as Hostel Staff, in spite of their training and experience, still found their own emotional reactions aroused when a child was in a treatment situation, and a child would tend to

play off the therapist against the Hostel Staff unless this close liaison of understanding was kept. The author's impression is that the response to psychotherapy is disappointing while a child is in the Hostel, and not in contact with day to day emotional reactions at home, and that, on the whole, treatment is best approached through the group relationships, tensions and reactions in the Hostel itself, especially if the Hostel Staff are themselves skilled in handling these things.

In order to keep a close liaison between Hostel and Child Guidance Staff, a monthly group was held in which the Wardens, Matrons and Assistants of the Hostels and all the Staff of the Child Guidance Clinic joined. The discussions were focussed on problems which Hostel Staff themselves brought up from current day to day experience. These were dealt with from the aspects of tensions and anxieties aroused in themselves, and how to deal with problems in the Hostel group itself. Not only was this found to be most valuable in the further training of Hostel Staff in acquiring insight and understanding, but it also helped Clinic Staff to appreciate more clearly the strain of actually living with maladjusted children. Hostel Staff problems became better understood, and we avoided our own identification with the child from becoming so strong that it impaired Clinic-Hostel relationships. The technique we developed seems to be very similar to the work done by the Lasker Child Guidance Centre of Hadassah in Palestine (Irvine, 1951).

The general organization of the Hostels, the activities and discipline, were left entirely to the Warden and Matron of the Hostel, and Clinic Staff did not interfere in any way. All were ready to discuss these matters if asked, but kept it on a level of discussion, avoiding giving direct advice, so that Wardens worked out their own methods in the light of experience and the particular situation presenting.

CRITERIA FOR SELECTION OF CHILDREN FOR ADMISSION

No child was admitted to a Hostel who could possibly be helped in any other way. As originally pointed out by Healy and Bronner (1929) and emphasized by Bowlby (1951), removal from home, for whatever reason, should be regarded as a last resort to be undertaken only when it is absolutely impossible for the necessary readjustment to be achieved otherwise.

Our cases were only admitted on the recommendation of the Psychiatrist, and this was based upon the usual investigations by the Child Guidance team and case discussion. The Hostel Warden was also consulted before an admission was arranged, as it was found that the suitability of a child for admission depended upon the group situation in the Hostel at that particular time. Distribution of age-range, type of problem or behaviour, and intelligence level, were found to need consideration in relation to other children at present in the Hostel, so as to keep a suitable group balance, and a child who would be quite suitable at one time, might be quite unsuitable at another. Similarly the Warden was consulted about spacing of new admissions, so that one child had had a chance to settle into the group before another was admitted. Criteria for admission was usually based upon the impossibility of providing treatment in any other way. This usually meant because the parents were too entangled emotionally in the situation for out-patient reorientating of attitudes. The most suitable cases were those where it was felt that a break would make it easier for the Psychiatric Social Worker to gain the Mother's co-operation, and bring about a change in attitude. In other cases, there was a home situation which was unalterable and to which the child could not adjust himself. If he could be

helped to a more stable and a more detached attitude, it was felt he would be able to make a new adjustment. Occasionally it was used to help in the removal of a symptom which had a particularly irritant or disturbing reaction on the particular parent, so that out-patient treatment could be continued later without the handicap of all the parent's attention focussing on this symptom instead of on the more general basic problem (e.g. bed rocking, faecal incontinence, truanting, wandering). In some instances, behaviour was such that although home attitudes were reasonable, neighbourhood or school attitudes were such that the behaviour could not be tolerated, and so an aggravating situation unamenable to treatment was obstructing progress. Lastly, Hostel admission was occasionally used for children living in an isolated country area where attendance for out-patient treatment was impossible, but by living in a Hostel this could be provided. It will be noted that no reference has been made to material conditions of the home, or to any other unsatisfactory home conditions, e.g. cruelty, neglect, etc., which are so often taken to be reasons why removal from home is a necessity. The view was taken that any child who needed to be dealt with as a Care and Protection problem should be dealt with under the provisions of the Children's Act. Such children can be helped just as well in a really well-run Children's Home, with Child Guidance help, and need not take up a place in a Hostel for Maladjusted Children, for whom no other type of residential placement is available. Occasionally, the emotional disturbance is of such a kind that it is impossible for a child to be properly helped in a Children's Home—a Hostel for Maladjusted Children may then be able to help, but with improvements in the experience and training of Children's Home Staff, this should become less and less necessary. The very severely disturbed children will then be similar to those who cannot be helped by a Hostel either, and who will need placement in a Residential School where education, care and treatment can all come under the same plan and personnel.

In every case there was a long-term plan. We either continued to work with the home as well as the child in anticipation of new relationships being established, or alternatively, we were preparing the child for a new foster home, in which case the legal action necessary for the child coming into care would be taken before admission, and not left till later, as the need might then be more difficult to establish.

PREPARATION FOR ADMISSION

Recommendation for admission followed considerable investigation at the Child Guidance Clinic. Occasionally, right from the first diagnostic interview, it was clear that admission would be necessary. However urgently this had to be arranged, both child and parent were carefully prepared. The better the child and parent were known to the Clinic, and the better the relationship established, the easier and more satisfactory this was. The parent was helped to realize that admission was a form of treatment, and was not a punitive measure. The child was not being "sent away", it was not for "training" any more than it was for punishment, it was a form of treatment. The parents were given, if possible, the opportunity of seeing the Hostel and meeting the Staff first, if they had any anxieties. Care was taken not to over-persuade them, especially at the height of an emotional crisis. Similarly, the whole thing was openly discussed with the child by a worker with whom he was already familiar. He was told about the Hostel, where it was and what happened there. It was presented as a place he would like and where he would be helped with regard to his particular symptoms. He was never left in any doubt about why he was going, and it was

made clear that it was not because his parents did not love him or did not want him. Sometimes it was found advisable to discuss the whole matter with child and parent together—both then knew what had been said to the other, and misunderstandings were avoided.

REACTIONS OF CHILDREN ON ADMISSION

The majority of children on admission went through a period of "mourning", however well the preparation had been done, and whatever the parents' attitudes were. The degree to which this was shown and the form it took depended not only on the child, but on the Hostel staff. A period of mild, normal depression seemed to be the most common and the most easily adjusted. Other children showed a mild hypomanic defence in which they were talkative, excessively pleased with themselves, and extravagant in their praise of the Hostel, and how wonderful it was. This type of reaction often led to much more unsettled reactions later. Sometimes this reaction occurred because of the Staff's inability to tolerate the normal mourning, feeling depression to be a reflection on themselves, and so jollying the children out of it in an artificial way. It was found to be therapeutically necessary to let the child know that his depression was accepted. A relationship was observed between the degree of "mourning" shown and the degree of rejection consciously or unconsciously experienced in his own home. The greater the degree of conscious rejection previously experienced, the less need there seemed to be for mourning after separation. This came to be regarded as an artificially easy settling which meant that considerable work would be necessary to build up adequate child-parent relationships again. These reactions merged into the deceptive short phase of good behaviour described by Winnicott and Britton (1944).

Once this preliminary phase was over, the child passed on to test out the Hostel and his feelings of security there. Our experience confirmed the observation of Winnicott and Britton (1944) that "most of the time the child is content to let another child do the testing for him . . . 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 be 'all right' because Tommy is being a nuisance, and is proving to them that the Hostel can stand up to Tommy's testing, and could therefore stand up to their own."

CONTACT WITH PARENTS WHILE IN HOSTEL

As the purpose was to restore disturbed relationships between the child and his own family, the policy adopted was that contact between child and home must be kept up from the beginning. Parents were allowed to visit and take children out at the discretion of the Warden, asking the psychiatrist's advice in any case of doubt, especially about first visits. A day and an occasional week-end home were arranged as they seemed to be therapeutically beneficial. Holidays, usually one to two weeks, were arranged at Summer, Christmas and Easter, but the length was kept elastic and fitted to the needs of each child and home, rather than to administrative convenience. It was recognized that visits home often had a disturbing effect on the child, and this was at times difficult for Staff to tolerate, but they came to agree with the Clinic Staff that these disturbances and the subsequent handling of them were essential if personality development was to take place and to avoid problems from merely becoming "encapsulated" while in a neutral environment, and so present merely a pseudo-improvement. The aim was to get a graded increase of time which child and parent could spend together without unduly straining the new degree of relation-

ship which had so far been built up. The policy was kept as elastic as possible—it was found best for some children to be visited or to have a weekend home very soon after admission. Others needed a relatively long time before it was felt this could be undertaken without damaging the future potential relationship. This irregular method, of course, sometimes led to grumbling, dissatisfaction or misunderstanding in other children. This was dealt with as it arose by the Hostel Staff, as a group tension. It was found to be beneficial to a child's own improvement, to be able to understand and adjust to the specific needs of another child.

WORK DONE WITH PARENTS

Throughout a child's stay in Hostel, the Psychiatric Social Worker who had previously been working on the case continued to work with the parents. The practical difficulties and the pressure of work prevented this from being anything like as intensive as was felt to be necessary. Nevertheless, it was found that even relatively infrequent contact could do much more than might have been anticipated. This was particularly so when the Wardens themselves were able to supplement the work with the parents. It helped parents very considerably, especially with their guilt feelings, to find that Hostel Staff were not critical or condescending towards them. Care was taken to help the parent not to feel a failure because the child had had to "go away", nor to feel that treatment was taken out of their hands and was something which was going to be done for them. We tried to keep before them all the time, the idea that the therapeutic task was a corporate one and one in which they had an important part to play. Similarly for parents to realize that their child was liked and accepted by the Staff and not regarded as a "bad lad" or a disgrace to the parents, helped in infiltrating new attitudes. However good the Wardens may be, however, tensions between them and parents are bound to arise. It is here that the real skill of the Psychiatric Social Worker is called out. Reference has been made to the emotional repercussions of admission to Hostel upon the child, but the corresponding repercussions on the parents must also be borne in mind. As the child begins to improve the parents need help in adjusting to the changes in the child and need to work out how they can best fulfil their new parental role. The difficulties which may arise, and the skill and insight needed to deal with them, have been well brought out by Robinson (1947). The parent must always be kept feeling that she is still responsible for her child, and things have not just been taken out of her hands or are now someone else's problem.

DISCHARGE

Preparations for discharge and choice of the best possible time for child and parent for this to take place need just as careful consideration as preparation for admission. In particular, we must assess very carefully the meaning behind a parent's request to have a child home. Many factors may influence a parent's request to have a child home again—it may be, "I've had a good rest, therefore I can try and cope with him again"—or it may be that she cannot stand the taunts of other relatives about having "got rid of him". It may be that she has forgotten just how difficult the situation was before, or a demand may be made to have an adolescent girl back because she could be useful at home. Unless the request is based on a true realization of improved relationships, we should be careful. In particular, we should be wary when the request is just an expression of guilt—if so it may need treatment rather than agreement. We must also beware of our own emotional involvement. It is only too easy

to agree to a premature discharge, when the parents are requesting it and we know we have several urgent cases requiring admission. A premature discharge for such administrative convenience, not linked with clinical readiness for leaving the Hostel, frequently leads to a disappointing result.

After discharge, all cases were followed up both at the Clinic and at home, as far as was practicable.

FOLLOW-UP STUDY

A follow-up study was made of fifty unselected boys who were consecutively discharged from the Hostel between 1946 and 1951. Follow-up was from 1-3 years after discharge.

These figures do not warrant any detailed statistical analysis. Not only are the numbers too small, but there were too many other inconsistent factors. There were changes in Hostel Staff, the pressure of other work with which Clinic Staff had to contend varied considerably, there were changes of administrators, and other factors which made a Hostel a good therapeutic unit at one time, only mediocre at another time. The facts of the follow-up are given, bearing in mind that they have to be balanced against these other factors.

In estimating adjustment it was decided to classify as "Satisfactory" those boys who were behaving normally in Hostel and on holidays at home, who had shown personality maturation and who had attained a readjustment of relationships with their own family. Where the boy had improved in Hostel and on holidays but had not shown sufficient personality maturation or had not attained a readjustment in family relationships, he was classified as "partial improvement" as it was considered doubtful whether the improvement would be maintained after discharge. Where behaviour and reaction in Hostel and on holidays was still difficult he was classified as "unsatisfactory".

Estimate of Child on Discharge

Satisfactory	..	..	..	..	..	..	13 boys (26 per cent.)
Partial Improvement	..	..	..	..	..	..	26 boys (52 per cent.)
Unsatisfactory	..	..	..	..	..	..	11 boys (22 per cent.)

Thus 39 boys (78 per cent.) had improved on discharge though there was doubt how long this would last in some cases.

Estimate of Child on Follow-up

Satisfactory	..	..	..	..	..	..	20 boys (40 per cent.)
Partial Improvement maintained	..	..	..	..	..	..	16 boys (32 per cent.)
Unsatisfactory	..	..	..	..	..	..	14 boys (26 per cent.)

Thus on the "partial improvement" group seven boys had made a better adjustment than had been estimated whereas three had not maintained the degree of improvement shown on discharge.

Length of Stay in Hostel related to Follow-up

	Period in Hostel					Number of Boys	Unsatisfactory at Follow-up
3-6 months	8	4
6-12 months	14	7
1-2 years	18	2
2-3 years	8	1
Over 3 years	2	1

Thus more than half the unsatisfactory cases were in Hostel less than 12 months.

Intelligence

	I.Q.	Number of Boys	Unsatisfactory at Follow-up
70-75		3	3
75-80		5	4
80-90		10	2
90-100		20	4
100-110		8	1
110-120		1	0
120+		3	0

It was found that those with Intelligence Quotients under 80 did not respond well in Hostel, and did better placed residentially as Educationally Sub-Normal. They were also felt to hold back the activities of others in Hostel. This may be associated with their still having had to attend ordinary schools, as there were no special educational facilities available at the schools attended. Subsequent experience showed such children did better in Hostel when a special class was available. Hostels, therefore, should be located if possible where special classes for Educationally Sub-Normal children are available in the schools attended. This is important when the low educational level of the more intelligent maladjusted children is also borne in mind.

Estimate of Home on Admission

	Satisfactory	Poor	Very Bad
Material Conditions	29	11	10
Emotional Conditions	2	20	28

The Psychiatric Social Worker did regular work with the parents of 7 boys and kept a less constant contact with 35 homes. In the 8 homes where no psychiatric social work was possible, 2 were children from Children's Homes and these were satisfactory on follow-up. Of the rest, 3 were unsatisfactory, and 2 doubtful on follow-up. Only one case did well on follow-up where no work had been done by the Psychiatric Social Worker. This was a boy who lived in an outlying village and psychiatric social work contact proved impossible. The Warden, however, helped the father very considerably when he visited the Hostel, and they kept in contact with the boy after he left and he went back for several weekend holidays.

Parents' Response to Psychiatric Social Work

Satisfactory	9 homes (18 per cent.)
Partial Improvement	13 homes (26 per cent.)
Unsatisfactory	20 homes (40 per cent.)
No Psychiatric Social Work possible	8 homes

Analysis of Failures

It was decided that an attempt should be made to estimate the reasons for failure in the 14 boys who were unsatisfactory on follow-up. The Psychiatrist, Psychiatric Social Worker and Hostel Staff consulted together about the boys and their families. In three cases it was considered that failure was because no work was possible in the home, which remained unsatisfactory. In another six cases the Psychiatric Social Worker worked with the home but was unable to get any response, and the unsatisfactory home situation was considered to be the main reason for failure. Three of the failures were removed by the parents prematurely against advice. One family moved from the district and insisted on

taking the boy with them and psychotherapy, as well as his stay in Hostel, was interrupted. Although he was behaving satisfactorily in Hostel relapse was expected. The final failure was an adolescent who was admitted at age 14 and was only able to stay in Hostel 10 months before leaving school. He failed to stabilize in spite of psychotherapy and work with the family, which were continued after leaving Hostel.

It is important to notice that the children who showed success on follow-up are twice as many as the homes that showed satisfactory improvement. This suggests that we need not be despondent when we find homes that cannot be improved to make a satisfactory emotional environment. So often one hears even Clinic Staff say, rather hopelessly, "Oh, he's all right in Hostel, but how can he possibly keep all right going back to a home like that?" It was found, particularly with older children, that they can be helped to adjust to even unsatisfactory home conditions. We have to adopt however, a definite specific technique of helping the child to come to a more objective view of home, admit and face the defects, express hostility, and then come to an understanding of the parents' own limitations and shortcomings as the outcome of the difficult childhood they themselves had. The child can often grasp this, having himself had first-hand experience of the way in which difficult home situations can create emotional problems and reactions. The boy or girl can then return as an understanding and helpful member of the family, instead of an irritant.

DISCUSSION

Treatment in Hostel is not primarily a form of "training"—if it is, then it is failing in its primary purpose. The child may acquire good training while in Hostel, but this is by the way and will not in itself lead to ultimate success. The aim should be to restore disturbed relationship between child and parents, or in more severe cases to help to develop the capacity to make relationships before building them up between the child and his own family. These more severe cases must of necessity be a long term project.

Improved relationships were considered to be due to the following factors:

- (1) As the child experiences a more bland reaction to his own emotional reactions there comes a diminution of playing up and attention getting. If the parent can be helped to continue this less emotionally toned reaction, the old vicious circle of child-parent antagonism becomes broken.
- (2) When the child begins to feel he is accepted for himself as he is, then there is an increase in his own self-value, and an increase in his basic self-confidence and security. So he is able to be himself without the compulsion to seek the limelight, or to show off by over-compensating or provocative behaviour.
- (3) Sometimes the discovery of new interests, abilities or potentialities may not only increase his own confidence, but may bring about an easier acceptance at home—sometimes even a feeling of pride in the child, especially when he was previously undervalued by the whole family.
- (4) The child has had the opportunity to express and work through his neurosis, either in the group situation of the Hostel or during individual psychotherapy while living in an emotionally neutral atmosphere which is not entangled with it. Guilt is relieved and maturity becomes possible. When hostile impulses have been acted out and the testing of parent figures has been done with the Hostel Staff, it becomes easier for good relationships to be established with the real parents.
- (5) While the child and parent are not living together, each gets a re-grouping of

ideas about the other, and the establishment of a new relationship by the skilful handling of this at the right phases becomes possible. It is in this group that the work done by the Psychiatric Social Workers and Wardens with the parents becomes most important.

Rarely does one factor work alone, and in most cases of continued success, all these factors come in to some extent.

SUMMARY

The organization of a Hostel for Maladjusted Children in a Midland City is described. Criteria for selection, preparation for admission, and reactions of children and parents during treatment are discussed.

A follow-up study is made of 50 unselected consecutive discharges and reason for failure is considered.

The theoretical reasons for improvement and follow-up success are evaluated.

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REFERENCES

- BOWLBY, J., *Maternal Care and Mental Health*, 1951. World Health Organization, Geneva
IRVINE, E. E., *Brit. J. Psych. Soc. Work*, 1951, 5, 6.
MINISTRY OF HEALTH, *Hostels for Difficult Children*, 1944. London.
ROBINSON, J. F., *Amer. J. Psychiat.*, 1947, 103, 814.
WINNICOTT, D. W., and BRITTON, C., *N.E.F. Monograph No. 1*, 1944, 5.
Idem, Hum. Rel., 1947, 1, 87.