A GENERAL SURVEY AND EVALUATION OF AN INSTITUTION FOR THE OBSERVATION AND TREATMENT OF PROBLEM CHILDREN

by

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INTRODUCTION

Purpose of the Study

This study was originally undertaken in 1942 as a preliminary survey and evaluation of the work of The Alexandra Cottage, an observation home for the study and treatment of problem children then operating under the auspices of the Alexandra Non-Sectarian Children's Home in Vancouver, B. C. The author was at that time attending the University of British Columbia and was assisting in the work of the Cottage with a view to taking over the work of the Superintendent at a later date. Before the study could be completed according to this plan the Cottage was closed. The circumstances leading up to the closing will be fully discussed in the text.

Three years have elapsed since the Cottage was closed in April 1943. Although the delay in finishing this study has not been altogether desirable it has had the advantage of making possible a more definite evaluation of the work. Instead of restricting the study within an arbitrary time limit as originally intended it is now possible to make a more complete survey of the work of the Cottage including all of the cases up until the time it was closed.

The Approach to the Problem

One of the first questions that arose in connection with this problem was a frame of reference for the description and evaluation of the work of the Cottage. For this reason one of the first tasks that was undertaken was to make inquiries with regard to similar institutions in the United States and Canada. An account of the findings of this investigation is given in Chapter I. Many of the pamphlets received from these different institutions included historical accounts of their development. As these accounts are interesting

statements of the progress made in child-caring institutions generally, it seemed that there would be some value in including a summary of the growth and development of Alexandra Cottage.

A chapter on the general organization, administration and policy is included both for the purpose of establishing a record which may be of some value in the future development of work of this kind, and to add to the understanding of the work of the Cottage. A general picture of the various routines also seemed important, and it was felt that it would also provide a background for the abbreviated case studies of each child which are to be found in the appendix. Finally, a survey of the cases is given, and a summary of the work including such evaluation as can be made on the basis of this survey. As the events which led to the closing of the Cottage are important in a final evaluation of the work it was decided to include, in an appendix, the report of the Committee which conducted the investigation into the work of the Cottage, at the time it was closed.

The "Problem" Child Defined

The term "problem" child has been used in the title of this study and also occurs very frequently in the text. There have been many criticisms of the application of this term to children, one of the most common being that it is often the parents who are presenting the problem and not the children. In using the term "problem" children in the present study there is no implication of blame, but it is used to indicate children who are manifesting one or more abnormalities of behaviour which are making him a problem to himself, to his parents, or to the community, or perhaps to all three. In other words the child is maladjusted. Throughout the text the terms "maladjusted child" and "problem child" will be used synonymously. An examination

of the statement of the problem at the beginning of each case study will reveal that none of the children can be categorized as having any one problem. The problem as stated is more or less a summary of the child's symptoms which in turn are his particular methods of reacting to some basic underlying insecurity or frustrating situation.

CHAPTER I

GENERAL SURVEY OF THE INSTITUTIONAL CARE OF PROBLEM CHILDREN

Historical Development

Interest in children and in child training has grown apace during the last two decades. One manifestation of this interest is the revolutionary changes that have taken place in our school systems. These changes have tended to shift the emphasis from the subject matter to the child, and have as their aim the development of a well adjusted personality. Further evidence of the growing interest in the child is the ever increasing literature on the subject of child care and training and the work that is being done in this regard in the adult education departments of many Canadian and American universities. Another aspect of the attention which has been given to children's problems during recent years is the changing attitude toward delinquency, a field in which there has been a great deal of study and in which much has been written. The interest in so-called problem children seems to stem in some cases from the general interest in children and in others from the interest in delinquency. In either case the aim is the prevention of delinquency through the readjustment of the child.

This study is particularly concerned with the treatment of problem children in institutions. The institutional care of delinquents has received much attention during recent years but there has been comparatively little attention given to the preventitive treatment of these children in institutions during the period before they become delinquent.

Because the work we are to study is closely allied to the prevention of delinquency it is interesting to note how the changing

attitude toward children has affected the problem of delinquency. If we go back three decades we find that the prevailing idea about institutions for delinquents was that they were primarily for the protection of society against the child. Fenton,[1] in discussing the progress in Child Welfare since 1900, points out four general phases of development. First, the rapid extension of the juvenile court; second, the recognition of the need for trained workers; third, the integration of the work through the establishment of Child Guidance Clinics; and fourth, the establishment of co-ordinating councils for the purpose of bringing together all agencies interested in child welfare. There is implicit in this development a change in attitude toward the delinquent; a change which has shifted the emphasis from punishment to prevention, and from interest in the protection of society directly by the removal of the offender, to a more vital and farseeing interest in society because of the primary concern with the welfare of the individual. This change in attitude has led to a search for the causes of delinquency and has therefore stimulated interest in the pre-delinquent.

As has been already stated it is with the institutional care of problem children, many of whom could be termed pre-delinquent, that this study is concerned. It would be well to note here that not all maladjusted children are potential delinquents. There is another though smaller group whose behaviour difficulties, were they to persist into adult life, would lead them to a mental hospital rather than a penal institution. These children could not be called pre-psychotic

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1. Fenton, Norman PhD., The Integration of Institutional and Community Programmes of Child Welfare, The Proceedings of the National Conference of Juvenile Agencies, January 1942, Volume 38, No. I.

yet their particular symptoms tended in that general direction. The actual manner in which this work has been developed is as varied as the number of institutions by which it has been undertaken. For example, there are orphanages which have adopted progressive methods of individualized treatment and there are clinics which have established training schools or observation units for problem children who require more therapy than is possible within the limits of the clinic itself, or where treatment within the child's existing environment is impossible. There are also private schools which have undertaken the training of difficult children. These examples suggest a few of the directions from which this problem has been approached.

Another recent development in institutional placement has been the interest of those responsible in the type of problem with which any given institution should be concerned. In their early days children's institutions were considered as dumping grounds for all who did not fit into the social pattern. These groups often consisted of dependent children, feeble-minded children, and others who for one reason or another required care outside of their own homes. When foster home programmes were initiated they began to draw from the institutions those children who had been committed because of their dependency. In many cases it was found that these children did not respond to foster-home care and had to be returned to institutions. They were specifically children with behaviour problems. It was then found that the programme for these children had to be very different from that required for feeble-minded children. As a result many of these institutions now limit their care to children of average or superior intelligence and other arrangements have been made for the

care of the feeble-minded.

Survey of Existing Institutions

Unfortunately, although there is much material dealing with the care of the delinquent within the institution, little has been written on the institutional care of problem children. Although this study is primarily concerned with the work done at Alexandra Cottage it was thought that it would be of value to discover if there were institutions of a similar nature either in the United Stated or Canada. A search of library material revealed no direct information but some possible sources of information were discovered. Letters were written to these sources and replies were received which, in turn, indicated other possibilities. In all twenty letters were written during June and July of 1942. The information received from many of these sources overlapped a great deal so that the actual leads were fewer than might have been expected. However, information was received from all suggested sources and it is felt that the field was thoroughly investigated. As mentioned above, this study was internupted, and when it was resumed in the summer of 1945 letters were again written to the institutions which had been selected for discussion. At this time we requested any additional information which would bring our material up to date.

These investigations revealed that there was no other institution in Canada which was comparable to Alexandra Cottage. The reply from the Nation Committee for Mental Hygiene (Canada) stated "..... there is not in Canada any home or institute comparable to your set-up at Alexandra Cottage.....The very fact that the cases are referred by the Clinic and do not pass through the courts make your particular set-up unique and certainly one that is most admirable from the mental

hygiene standpoint."

The replies from the United States indicated that although there are no institutions operating along the same lines as Alexandra Cottage, work of a similar nature is being done in other institutions such as training schools or observation cottages in connection with Child Guidance Clinics. There is no answer as yet to the question of how an institution for observation and treatment of problem children should be organized. Table I, at the end of this chapter, indicates the institutions which are carrying on work of this nature and includes the dates on which they began. A brief glance will show that this work is just in its infancy and that it will take many years of experimentation and research before it will be possible to evaluate the work of any particular type of agency. The question as to the best method of dealing with the problem of the maladjusted child may never be answered as it seems probable that it will always depend upon the needs and resources of the community concerned.

One of the greatest points of difference between most of the institutions listed and the Alexandra Cottage is that they are operating under the supervision of psychiatrists or psychiatric social workers while Alexandra Cottage was directed by a psychologist. Those institutions which were found to be working with the problem child may be roughly classified into four groups. First, there are those organized along educational lines with a psychiatrist as director or which have a psychiatrist on the staff. Second, there are those institutions dealing with children with behaviour problems which are organized in connection with hospitals and which are under medical or psychiatric supervision. Third, and this group compares more closely with Alexandra

Cottage, are the institutions which are organized in connection with Child Guidance Clinics. Fourth, there are those institutions which were intended primarily for child care but which are now doing special work with problem children.

Institutions Organized Along Educational Lines

Two of the institutions from which replies were received were private schools with facilities for the treatment of children with behaviour difficulties. One of these is the Anderson School, Staatsburg-on-Hudson, New York. This school is psychiatrically directed. The purpose of its foundation is rather unique for the handbook says it was, ".....to develop a center where the psychiatric viewpoint in education could be applied to the training of the individual student." Anderson School is a fully accredited college preparatory school for children of superior intelligence ranging in age from nine to eighteen. In connection with Anderson School there is the Foxhollow Farm School which provides facilities for children of average or superior intelligence who present more serious educational and personality problems.

The Devereaux Schools at Devon, Pennsylvania, are similar in nature to the Anderson School in that they emphasize the development of the individual student and are designed to meet the needs of children with educational or emotional difficulties. Although these two institutions are primarily educational they are interesting as examples of one approach that is being made to the problem of the maladjusted child.

Institutions Organized in Connection with Hospitals

One of the first homes for problem children in the United States was founded in connection with the Jewish Hospital of

Cinncinnati, Ohio. This Institution, known as the Child Guidance Home, was founded in 1920 ....."for the purpose of providing a suitable place where children presenting behaviour problems and personality difficulties might be studied scientifically."[2] Children are referred by thirty-one child caring agencies including the Juvenile Court. This Institution is under medical and psychiatric supervision and emphasis is placed on the medical approach to the behaviour disorders of children although each child receives a thorough psychological and psychiatric examination as well. Up until May 1942, over two thousand cases had been studied in this home of which forty percent were reported to be completely adjusted, thirty-five percent were still under active treatment, and the remaining twenty-five percent were only partially adjusted or were still maladjusted.[2] Intensive follow-up work is done so that an evaluation of their work is made possible. The children in care at this home attend the public schools in its vicinity.

In 1941 the Neuro-psychiatric Institute in connection with the University of Illinois undertook the treatment of children with extreme neurotic and emotional symptoms in a ward accommodating twelve to fourteen children. No replies have been received to recent inquiries with regard to the progress of this work.

An outstanding institution which is classified in this group because of the type of organization, is the Emma Pendleton Bradley Home at East Providence, Rhode Island. The prospectus states that this home was founded in 1931 as a "memorial hospital for children up to twelve years of age, of normal intelligence, who suffer from nervous

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2. Cinncinnati Inquirer, Sunday, May 3rd, 1942.

and behaviour disorders." The organization of the home is such that it is constantly being adjusted to meet the needs of the patients and to make it possible to carry out research programmes. An interesting trend, and one which is most significant from the point of view of this study, is the change in incidence of the different types of patient during the first decade. The Bradley Home admits children with four types of nervous and behaviour disorders. These are, (1) those with convulsive disorders, (2) those with convulsive disorders following attacks of epidemic encephalitis, (3) those with cerebral palsy due to brain injury early in life or at birth, and (4) those with severe behaviour disorders of such a nature that they require special attention. During the first year only five to ten percent of all the children received attention for behaviour disorders. This percentage gradually increased until in the period from 1939-1941 over sixty percent of the children were admitted because of behaviour problems. The annual report for 1941 shows fifty-three of the eighty-six admissions were behaviour problems and of these eighteen were re-admissions. Although the total number of admissions has decreased since that time as a result of limitations imposed by war conditions, the percentage of behaviour problems has increased to seventy-eight percent in 1943 and eighty-three percent in 1944. The research aspect of the work is considered to be of major importance and it is significant that fifty-nine scientific articles emanated from the Bradley Home in the first ten-year period. The home is under the immediate supervision of psychiatrists and the staff consists of trained nurses, a psychiatric nurse, a clinical psychologist, a clinical laboratory technician, a psychiatric social worker, trained children's attendants, teachers, a recreational director,

physiotherapist and an occupational therapist, as well as a number of research assistants. Due to the fact that the staff is composed of highly trained people, that only about 5 per cent of the parents paid more than $25 per week, and that more than 33 per cent received entirely free care, the cost to the institution was never less than $40 per week per child during the 1931-1941 period. Costs increased during the war years in spite of a decreased staff so that the 1944 report shows an average weekly cost of $57.19 per child.

Institutions Organized in Connection with Clinics

Outstanding among the institutions which operate in connection with Clinics is the Children's Service Center of Wyoming Valley. The programme of this Center includes Child Guidance, foster home care, and a cottage system where children with outstanding behaviour difficulties may be observed and treated. This latter aspect of the work resembles the programme of Alexandra Cottage more closely than any of the other institutions. There are two Cottages staffed by a director, a cook, and a housekeeper. The Child Guidance staff which includes a psychiatrist, a psychologist, and four case workers, work in close relationship with the cottage staff. The population of the two cottages was twenty-one in 1942. At that time the Executive Director expected that the activities might have to be curtailed due to war conditions. As no replies have been received to recent inquiries the present programme is unknown.

Another institution of this type is the Southard School of Topeka, Kansas. Although this is a boarding school the emphasis is upon the psychiatric rather than the educational programme as the

school functions in connection with the Menninger Clinic and the children are sent out to the public schools of the community as soon as possible. This school was founded in 1926 and treated children with various disorders including feeble-mindedness and epilepsy, as well as emotional disorders. In 1939 it was decided to confine the admissions to children of average or superior intelligence with emotional or behavioural disorders. The former enrollment of twenty dropped to nine or ten. In a letter telling of the activities of Southard School Dr. Benjamin wrote....."We feel that this (decrease in enrollment) is because most of the parents and many doctors are not yet particularly well aware of emotional problems and the treatment they require in children." Children up to eighteen years are accepted and the age range in 1942 was from eight to sixteen years with the result that some of the behaviour difficulties were of a more severe type than those which were treated at Alexandra Cottage. On the other hand the period of residence is considerably longer, the minimum period of those in residence in July 1942 being a year and a half. It is interesting to note that the directors of the school stress the importance of the children attending the public schools as soon as possible. They point out that the association with more normal children is advantageous, that they can get assistance with the problems which they meet on the outside while they are still under treatment, and that it facilitates their transition to their home environment. There is a large and capable staff organized so that each member of the staff is in contact with the child only a limited portion of the day. It is felt that this is necessary to the maintenance of a kindly and consistent attitude toward the children. The Southard School Number of the Bulletin of the

Menninger Clinic states "a large and capable staff is the most necessary single requirement to carry on an intensive therapeutic programme." [3] Since 1942 the Southard School has instituted a boarding home programme whereby children are boarded in foster homes in the community as soon as their treatment in the school had progressed sufficiently. Extraordinary care is taken in these placements and a very close contact is kept between the school and the home. Although the emphasis in the Southard School seems to be on psychoanalytic techniques, its aims and organization resemble those of Alexandra Cottage in many ways.

The Cleveland Guidance Center is responsible for the psychological and psychiatric service at a study home known as the Children's Aid Society. There are about forty-five children in this home and there is a public school of two divisions in connection with it. The home itself is under the management of a psychiatric social worker who is responsible for the integration of the work in the home. The psychiatrist and the psychologist from the Child Guidance Center examine, study, and take part in the treatment of each child.

Institutions Organized in Connection with Child Caring Agencies

Some institutions which are doing special work in the observation and treatment of problem children started out as centers in which simple care alone was given. Alexandra Cottage falls in this category as do some of those already mentioned but which have since shifted their emphasis to the Child Guidance aspect of the work.

One of the institutions where part of the work is still concerned with dependent children is the New England Home for Little

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3. Bulletin of the Menninger Clinic, Topeka, Kansas, January 1940.

Wanderers founded in 1865 to care for destitute and neglected children. There are facilities for fifty children and at the present time the home is accepting for care not only neglected children but those who present special medical or behaviour problems although they have responsible parents. This home is not organized for the particular care of problem children but the need for the special study of such children is recognized. All children placed in foster homes by this Agency are carefully studied before placement.

Another institution which is concerned with the observation and treatment of maladjusted children is the Ryther Child Center in Seattle, Washington. This Center is not an outgrowth of a child caring institution but it does accept some children for simple care and for this reason is included in this classification. In connection with this Center there has been developed an observation and treatment unit for children with problems of personality adjustment. This institution is under the direction of a psychiatric social worker and makes use of medical, psychological and psychiatric services available in the city. In 1942 the Center accommodated twenty children and was staffed by a matron, a nurse, two part time boy's supervisors, a cook, a caretaker, and a part time cleaning boy. The fifth annual report states that the Ryther Center "has demonstrated the value of a small institution as a treatment unit, and has established that a substantial proportion of children presenting problems of behaviour difficulty or personality maladjustment can be re-integrated into normal community life."[4] In 1943 the Ryther Center opened a junior unit for twenty children. The

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4. Ryther Child Center, Fifth Annual Report, Seattle, Wash. Sept. 1940.

1945 Annual Report tells of the continued growth and expansion of this work.

It is obvious that the plan of organization and the aims of all of these institutions overlap. However, it is thought that the classifications used may be of value in indicating the different approaches to the understanding and treatment of children's behaviour difficulties. The following table summarizes some of the information with regard to these institutions, the approximate number of children in care, and the year in which the care and study of children's problems became a conscious aim in their programmes.

TABLE 1

SELECTED INFORMATION ABOUT COMPARABLE INSTITUTIONS

INSTITUTION	ESTABLISHED*	PER CAPITA DAILY COST	FINANCED BY	NUMBER OF CHILDREN	AGE RANGE	INTELLIGENCE
Anderson School	-	-	Fees $1800 Per Year	130	9-18	Average or Superior
Devereaux Schools	-	-	Fees and Endowment	Nursery School, up	-	No specified limit
Child Guidance Home (Cinncinnati)	1920	-	Community Chest & Fees	12	3 & up	No specified limit
Emma Pendleton Bradley Home	1931	$8.42 (1943)	Endowment & fees	to 12 yrs.	40-50	Average or Superior
Neuro-Psychiatric Institute (Children's Ward)	1941	-	-	14	-	No specified limit
Children's Service Center	1938 1940	-	Endowment Community Chest & Fees	2 Cottages 21 each	-	No specified limit
Cleveland Guidance Center	1927	-	-	45	6-14	No specified limit
Southard School	1926 1939	-	Fees $215 Per Month	20	5-16	Average or Superior
New England Home for Little Wanderers	1865 1915	-	Community Funds, Contributions, Fees	50	approx. 2-16	No specified limit
Ryther Child Center	1935	$3.50 (1945)	Community funds Contributions	2 Units 20 each	-	No specified limit

* Where there are two dates the upper indicates the year in which the institution was established and the lower the year in which the specialized observation and treatment of problem children became a conscious aim in their work.

CHAPTER II

BACKGROUND AND DEVELOPMENT OF ALEXANDRA COTTAGE AS AN OBSERVATION HOME

Early History

We have noted that a number of the institutions which are now concerned with the study and treatment of problem children can trace their origins to homes which were originally founded for the care of dependent or neglected children. An examination of the development of Alexandra Cottage will show a similar background. The first Children's Home in Vancouver was opened on Thanksgiving Day of 1892 under the auspices of the Women's Christian Temperance Union. It was located at the corner of Homer and Dunsmuir Streets. The first annual meeting was held in February 1893 with representatives of the Women's Christian Temperance Union, different city churches, a representative from the City, and one from the ministerial association. Due to an increase in the number of children the home had to be moved to a larger house on Hornby Street. In December 1894 the Directors of the Alexandra Hospital for Women and Children, which was located at 1726 West 7th Avenue, made a deed of gift of the building and equipment to the Children's Home on the sole condition that the institution be called the Alexandra Children's Home.

Between 1894 and 1931 the average number of children in care was seventy. About 1931 the population of the home began to decrease as a result of a combination of factors including the beginning of the use of foster homes by social service agencies; relief measures, including Mothers' Pensions; and the development of preventitive services. From 1933 to 1938 the Home acted as a receiving home for the Children's

Aid Society which at that time was developing its foster-home programme. During this same period the Directors were making a study of the needs of the Community with the purpose of adapting the facilities of the Home to meet these needs.

In 1937 the Directors approached the Council of Social Agencies concerning the development of a Cottage system for the children placed in care of the home. They felt that the large building was no longer necessary and that it might serve a more useful purpose as a community center. The Children's Committee of the Council of Social Agencies agreed that this would be a good plan. At this time Dr. A. L. Crease of the Provincial Child Guidance Clinic suggested that a small unit of this type could be used as an observation and treatment center for normal children with behaviour problems. This proposal received careful consideration by the Board and it was finally decided to carry out a programme of this kind in connection with the new establishment. As the Annual Report for 1940 points out ".....it is interesting to note how a board of thirty-eight members, many of whom had served for twenty years and over were unanimous in agreeing to remove our children from the old building, placing still more in foster homes and the remainder in a house purchased by the board.....there to undertake the observation of certain problem children needing special care."[5]

Establishment of the Observation Home

In addition to the establishment of this observation home which was named Alexandra Cottage, the Board undertook the development of a community center in the 7th Avenue premises which was thereafter

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5. Alexandra Children's Home, Annual Report, Vancouver, B. C. February 7th 1940.

known as the Alexandra Neighbourhood House. It also continued to develop the Alexandra Fresh Air Camp which had been one of its major activities since 1921, and in the fall of 1942 opened another Community Center known as Gordon House. Apart from being directed by the same board there was no direct connection between these activities and Alexandra Cottage.

Alexandra Cottage was located at 1196 West 59th Avenue. When the house was first purchased the children who were still in care at the 7th Avenue Home were transferred to the new home, as many as possible having been placed in foster homes. The move to the new home was made at the end of April, 1938, but it was not until January 20th 1939 that the first admission was made on the basis of behaviour difficulties. These admissions were made through the Child Guidance Clinic. There were still six dependent children in care at that time but this number gradually decreased until March 1941, when the last one was discharged. After this date all admissions were made through the Child Guidance Clinic for the purpose of the observation and treatment of behaviour difficulties.

In October 1938, Miss Elizabeth Grubb, a Psychiatric Social Worker, was engaged as Superintendent of the Cottage to take charge of the special observation work. Additional staff consisted of a cook and a housemother. The Superintendent divided her time between the Cottage and the Child Guidance Clinic. She spent three and a half days per week at the Cottage making observations and working with the children. This arrangement proved unsatisfactory as it was found that a full time worker was necessary. Following an evaluation of the situation it was decided to engage someone with special training in

child psychology as superintendent on a full time basis.

Re-organization under Supervision of a Child Psychologist

As a result of correspondence with Dr. Blatz, Director of the Institute of Child Study in Toronto, Miss Margaret Stewart, a graduate of that Institute, was appointed and the work of re-organization was begun in October 1940. Along with the changes in method and philosophy a number of activities were initiated in an effort to bring to the attention of the community the need for the recognition of its responsibility to its children. One of these efforts took the form of a study group held monthly at the Cottage under the direction of the Superintendent. Another part of this programme was to make the Cottage available for observation purposes. Groups of students from the Department of Nursing and Public Health and the Social Service Department of the University of British Columbia took advantage of this service. Several students made a more intensive study over a longer period.

During the spring of 1941 it was decided to offer a studentship for the purpose of training university students in the observation and treatment of problem children. This plan was adopted and in September 1941 Miss Marjory Munro went to the Cottage under this arrangement. Unfortunately it had been discovered in the meantime that the budget would not cover the additional cost. Rather than let this project drop it was decided that the housekeeper be dispensed with and that the household management be shared by the Superintendent and the student. This arrangement proved to be highly unsatisfactory as it left both the Superintendent and the student without the necessary time for the more important aspects of their work. It was necessary

for Miss Stewart to return to Toronto early in December 1941, but the board was fortunate in securing the services of Mrs. Dorothy Jennings, who is also a graduate of the Institute of Child Study, until a new superintendent could be found. Mrs. Jennings had been doing volunteer work at the Cottage and was familiar with both the routines and the children. She continued to act as Superintendent until the end of September 1942 at which time Miss Munro was free to take over the work. Many changes took place during 1942 which can be expressed in terms of growth rather than expansion of the programme. There was a continually increasing interest in the aims and functions of the Cottage both in the Community and in groups such as the social service agencies and others whose support and cooperation were necessary to its efficient functioning.

Miss Munro continued in charge until the end of April 1943 at which time the Cottage was closed. Discussion of events leading up to the closing of Alexandra Cottage will be found in Chapter VI.

CHAPTER III

ADMINISTRATION, ORGANIZATION, AND POLICY

Administration

The Alexandra Cottage was administered by the Board of Directors of the Alexandra Children's Home. The Cottage Superintendent attended the monthly meeting of the board and read a brief report on the activities of the preceding month and a full report on the progress of each child. In addition to this board there was a Committee which was more directly concerned with the management of the Home. This Committee met monthly at the Cottage and any business relative to the household management was discussed. The Superintendent presented a full account of the month's activities including reports on each child in care. The Secretary of this Committee was also Secretary of the Board and the Chairman and several other members of the Committee were Board members. Anything arising out of the Superintendent's report to the Committee which involved large expenditures of money was presented to the Board by the Committee Chairman. The monthly accounts which the Superintendent had previously forwarded to the Secretary were presented by her at this meeting.

Organization

Up until September 1941 the staff was composed of a Superintendent, a cook, and a housekeeper, at which time the housekeeper was replaced by a student. Beginning in October 1942 when the studentship was discontinued the staff was again organized in this way. There was an obvious drawback to this arrangement in that the Superintendent was the only trained worker. This made the efficient functioning of the Cottage too dependent upon the type of housekeeper available.

Under this form of staff organization it was necessary for the housekeeper to take some responsibility with the children and to take entire responsibility when the Superintendent was not on duty. As these children required special treatment the effects of being under the care of an untrainedperson for even a short time might have done much to slow up their adjustment. The continued success of the Cottage after October 1942 was to a great extent due to the fact that the housekeeper was not only experienced in dealing with people but was interested in the children's problems and in scientific methods of treatment.

While the children were in care they received medical examinations from Dr. J. H. B. Grant and dental examinations from Dr. H. R. Grant. Those needing special attention for their eyes were examined by Dr. T. B. Anthony. In addition to these examinations the children were given complete physical, psychiatric and psychological examinations at the Child Guidance Clinic. In those cases in which a social agency had been responsible for the admission the social worker usually visited the child at regular intervals. On those occasions she discussed with the Superintendent the work that was being done in the home while the child was in care at the Cottage. The Superintendent reported on her observations and on the progress made by the child. Any changes in the home environment which were indicated as a result of the study of the child were discussed.

The Child Guidance Clinic, the Social Service Agencies, and the medical and dental consultants all contributed to the work with the children. Others taking part were students from the University of British Columbia and certain others doing volunteer work. The first contact with the University was made early in 1941 when the Superinten-

dent lectured to the Social Service class on the work of the Cottage. In the fall of 1941 the Social Service Department arranged visits for two groups of students and the Department of Nursing and Public Health sent two students to the Cottage for one of their field work periods. These nurses were particularly interested in children's work and their aim was to gain some experience in dealing with special problems. Later in the academic year the graduating class visited the cottage and the work was explained to them by the Superintendent. In the fall of 1942 the Social Service Class again visited and arrangements were made for several pairs of Public Health Students to work at the Cottage for two-week field work periods throughout the winter and spring. This programme was begun and was functioning very successfully when the Cottage closed in April 1943.

Along with these students, several other persons interested in children's work or in gaining experience with children volunteered their services for part-time work at the Cottage. During the summer of 1942 a high school girl who was interested in training as a children's nurse spent five days a week at the Cottage helping various members of the staff.

Policy

The policy of the Cottage permitted the admission of children who were presenting behaviour difficulties for observation and treat-ment. The children could be of either sex, between the ages of three and fourteen years, who were of at least average intelligence. They had also to be physically fit as shown by the examinations of both the psychiatrist at the Child Guidance Clinic and the house physician. Due to limitations placed by existing facilities, cases

which were too crystalized, cases of epilepsy, and adolescent sex problems could not be accepted. The total number of children in care at one time was limited to eight.

Admissions were made through three channels, directly through the Superintendent, directly through the Child Guidance Clinic, and through a social agency at the recommendation of the Child Guidance Clinic. A per diem rate was charged for all children, the social agencies paying for their wards at the current rate for foster-home care and parents paying whatever possible. The Cottage received grants from the Welfare Federation, the Provincial Government and the City of Vancouver. All expenditures over the amount received from the above sources were paid from the capital funds of the Alexandra Children's Home. No child was excluded because parents were unable to pay.

CHAPTER IV

GENERAL ROUTINES, METHODS, AND TREATMENT

Admission Routine

The requirements for admission and methods of referral have already been discussed in Chapter III. After an application for admission had been accepted, the parents usually visited the Cottage to make final arrangements. They were instructed with regard to the child's clothing, which was required to be taped or marked in some way, the general regulations with regard to visiting, and other pertinent matters. Financial arrangements were usually made at this time. The child was then brought to the Cottage by the parents or social worker, preferably at a time when the Cottage routine would not be seriously interrupted. He was taken to his bedroom and was shown where his clothes, toys, and other possessions could be kept. He was then given a few instructions with regard to Cottage requirements and was introduced to the staff and the other children.

General Routine

One of the objectives of the Cottage administrators and staff was to make the Cottage setting as much like the ideal home situation as possible. It was in accordance with this aim that it was thought best to have the children attend the Elementary School in the neighbourhood. It is interesting to note that the advantages of this system are recognized by the Southard School in spite of the fact that it has a complete educational department of its own. The account of its programme lists these advantages as follows -

(a) "...they can associate with more normal children."

(b) "...they are faced with new and different problems in the solution of which they can receive assistance while they are still in the protective environment of the School."

(c) "...facilitates their transition from their residence at Southard School to their return to their home environment."

The principal and teachers of the Elementary School were most co-operative and showed great understanding in helping the Superintendent with the children's problems, particularly with those pertaining to school difficulties. The children also attended a local Sunday School of their own choice. They used their own clothing during their stay at the Cottage but if their parents circumstances were such that they did not have adequate clothing, extra garments were provided for them. These clothes sometimes came from a stock of new and used clothing which had been donated to the Cottage, but more often new supplies were bought for them. Any ragged garments which the children brought with them were replaced. It was felt that in many cases this was an important factor in the adjustment of the child for some of the children were very conscious of their poor and ill-fitting clothes. New and suitable clothing gave them a feeling of adequacy and increased their feeling of belonging to the group. This was particularly marked in Case Six (see Appendix A, page 65.). The children were allowed to take all of their new clothing with them on discharge. They were permitted to bring their own toys and they also had access to the Cottage equipment which consisted of wagons, a scooter and a tricycle in addition to smaller toys and constructive materials. They were encouraged to join clubs in the neighbourhood and sometimes had friends in to dinner or visited other children in their own homes. Although most of the

children were at liberty to play with neighbouring children away from the Cottage, a large and fairly well equipped yard made the Cottage more attractive to them so that they stayed in the Cottage grounds most of the time. There were often as many neighbouring children as Cottage children playing in the year and this was encouraged within reason. When the children played outside the grounds there were certain limits within which they were required to stay unless they asked for permission to go farther.

In order to maintain their interests outside of the Cottage many special trips were planned for them both individually and in groups. They were taken to parks, beaches, and to other places of interest and to any special events which took place in the city.

Daily Routine

The daily routine began by getting up every morning at seven-thirty. Breakfast was at eight o'clock and the children left for school at eight-thirty. They made their own beds and were expected to keep their rooms reasonably tidy. It should be noted here that the standard required of them depended upon the age and previous training of the child. Supervisors were careful to see that children were encouraged to do better rather than discouraged by criticism of their efforts. Meals were served at regular times and were well planned and adequate. This was often an important factor in treatment as may be noted in Case 15, (Appendix A, page 77). The school age children came home to lunch at which time a light meal was served usually consisting of soup, sandwiches and dessert or an entree and dessert. The Cottage was fairly close to the school so that this meal was not hurried. As some of the children liked to take their lunches to school they were per-

mitted to do so one day each week. This helped strengthen their feeling of belonging to the school group. When the children arrived from school they immediately changed into their play clothes and went to the kitchen for a sandwich, apple or glass of milk, after which they played until dinner time. Soon after dinner in the evening the pre-school children went upstairs and prepared for bed. After they were ready for bed they had the choice of having a story read to them or of listening to music. If they elected music they were given their choice from the collection of children's records. This collection was not large but was in the process of being built up at the time the Cottage closed. Suitable reading material was procured from the Vancouver Public Library. Small groups of children took turns in going to the Library with an adult to select these books.

While the younger children were getting ready for bed the older children played in the playroom. At that time they made use of special games, constructive materials such as plasticene, scissors, coloured paper, and model airplane material, which were usually not used during the daytime. If the older children wished to read they were often permitted to do so upstairs in the Superintendent's room while the younger children's bedtime routine was being supervised. In the summer time the children often played outside after dinner until it was time for them to prepare for bed. The bed time varied according to the age of the child and all children were usually in bed by nine o'clock.

An important aspect of the daily routine which was continuous rather than confined to any one period, was the attention given throughout the day to toilet routines. This supervision applied to all

children first thing in the morning and last thing at night as well as at specific intervals during the day, such as before leaving for school in the morning and at noon. However a more important aspect of this supervision was in connection with enuretics. The pre-school children who were enuretic were put on a definite routine and were called in during the day at regular intervals. The school children were reminded where possible and special arrangements were often made with the school teachers to look after this routine. All enuretics were carefully supervised after dinner to see that they did not drink any water. The supervision extended into the night depending on the particular routine of each child. Although this supervision required much time and care on the part of the adult the attention given was as impersonal as possible and care was taken that there was no undue emphasis on these matters.

The following is a summary of the daily routine on school days as it concerned the children. The basic routines were the same on Saturday and Sunday.

Summary of the Daily Routine for the Children

7:30 A.M.	-		Children wakened
7:30	-	7:35	Toilet Routine
7:35	-	7:50	Washing and Dressing
7:50	-	8:00	Making bed and tidying rooms.
8:00	-	8:25	Breakfast
8:25	-	8:30	Prepare for school
8:30	-	8:35	Leave for school
8:35	-	8:40	Toilet routine for pre-school children.
8:40	-	8:45	Pre-school children dress for outdoors or make decisions about indoor play

8:45 A.M.	-	....	Play period for pre-school children begins
	-	9:30	Toilet reminder for enuretics
	-	10:30	Apple or orange for pre-school children and toilet routine
	-	11:30	Toilet reminder for enuretics
to.....	-	12:10 P.M.	End of play period for pre-school children
12:10	-	12:15	Pre-school children wash in preparation for lunch
12:15	-	12:20	School children arrive and wash for lunch
12:20	-	12:50	Lunch
12:50	-	12:55	Leave for school
12:55	-	1:00	Pre-school toilets and preparation for rest period
1:00	-	2:00	Rest period for pre-school children
2:00	-	2:05	Toilets and dress for outdoor play
2:05	-	....	Pre-school play period begins
	-	3:00	Toilet reminder for enuretics
	-	3:30	School children arrive from school and change into play clothes
	-	3:35	Orange, apple or sandwich for all children
	-	3:40	School children go outdoors to play or arrange activities inside
	-	4:00	Toilet reminder for enuretics
to....	-	4:55	End of play period
4:55	-	5:00	Dinner, washing and toilet
5:00	-	5:45	Dinner
5:45	-	....	Bedtime routines begin - pre-school children upstairs - older children

			outside or supervised play indoors
	-	6:00	Baths for pre-school children begin
	-	6:20	Story or music for pre-schools
	-	6:30	Toilets for pre-schools
	-	6:35	Pre-schools in bed
	-	6:40	Baths for next age group begin - routine as for pre-school children is repeated
to....	-	9:00	All children in bed
10:00	-	....	Enuretics routines begin and continue throughout the night at necessary intervals according to individual requirements.

Office Routine

At the same time that a normal home atmosphere was being approximated the obligations of an observation home had to be maintained. This meant that the children's behaviour had to be observed and recorded in all situations. From these observations and the results of the clinical findings diagnoses of the particular problems were made and treatment was undertaken so that the children might take their normal places in society. The records taken were of two types. The first type was general in nature. It consisted in making a record of the child's behaviour in the form of a daily journal. This was continued for a week or more after the child was admitted depending upon the requirements of the individual case. The second type of record was specific and there were several different records of this kind. Here again the nature of the record depended upon the particular problem under observation. The more common records were concerned with eating, sleeping, emotional and disciplinary episodes. In addition full records were kept of enuresis cases and frequency records were kept

in cases of tics or chorea. These were continued until the particular form of behaviour under observation dropped out or until it approximated normal behaviour.

In order that the information gained by these records should be of value not only in helping the child in the Cottage but in assisting with his adjustment on discharge it was desirable to present this information to the agency or agencies which would be concerned with the child at that time. A report of the child's initial adjustment was made to the Child Guidance Clinic at the time of his first examination. This usually occurred two or three weeks after admission and at that time further plans for the child's future were discussed and it was decided whether or not he would benefit by a longer period of observation and treatment at the Cottage. If it were decided that the child should remain at the Cottage he was taken to the Clinic for a re-examination at the time when the Superintendent considered he was ready to be discharged. At that time another report on his progress was presented. This report contained recommendations for the treatment of the child which were derived from observation of the child's reactions during his stay at the Cottage.

In addition to the reports prepared for the Child Guidance Clinic there were the monthly reports to the Committee and Board of Directors of the Alexandra Children's Homes. These reports were presented at the end of every month until the child was discharged.

Other matters of office routine undertaken by the Superintendent, but only indirectly concerned with the children, were the preparation of the weekly menus, the monthly accounts and the ordering of supplies.

A more detailed account of the duties of the Superintendent may be found in the Outline of Superintendent's Duties in Appendix C. This outline was prepared in response to a request from the Committee which conducted the final investigation into the work of Alexandra Cottage.

Methods and Principles of Therapeutic Procedure

It would not be practical to present a full discussion of the therapeutic procedure used in the treatment of the children at Alexandra Cottage. Indeed it would be difficult to do so without going into the greatest detail with regard to the treatment of each child. However there were a few general principles underlying the care of the children which it might be profitable to record.

Change of Environment

Placement in Alexandra Cottage automatically fulfilled one of the conditions which is often essential to readjustment. In other words the very fact that the child was removed from a situation which was causing, or at least aggravating, his difficulty was a definite step in the elimination of the problem. It was found in some cases that this change of environment was sufficient in itself to cause the symptoms which were present to disappear completely and to account for the fact that some of the symptoms mentioned in the complaint against the child were never manifest during his stay at the Cottage. This change of environment may have been effective because the child was removed from parents who were in some way the source of his difficulties. On the other hand the improvement might have resulted from the fact that the child was attending a new school. This would occur when the child had developed behaviour disorders because of inability

to get along at school either academically or socially. Another situation in which a change of environment in itself was beneficial, was that in which the child had established a reputation for stealing or some other socially unacceptable form of behaviour. In these cases the home or community often blamed him for any misdemeanors which occurred whether or not he was involved. In other words, the move to the Cottage gave him a fresh start. The advantages mentioned above are those which would have resulted from a favourable move of any kind and were not directly derived from the Cottage itself.

Therapeutic Principles Practiced at Alexandra Cottage

It has been observed that the change of environment alone was an important factor in the readjustment of the child but in most cases this in itself was not sufficient. For this reason special attention was given to the atmosphere provided by the Cottage, and the maintenance of a kind and consistent attitude on the part of the adults was a conscious aim. Fundamental to the carrying out of a consistent programme were the well organized routine situations which established a basis for security in the child in that he always knew just what to expect with regard to these situations. Regular and adequate meals, regular hours of sleep, and attention to elimination routines were a part of this programme. It should be noted however that there was no undue discussion of these routines, but that they were a regular part of the life at the Cottage to which each child adjusted at his own speed when first admitted. Each of these routine situations was organized in a definite manner. For example, the children were expected to be on time for meals and to wash their hands before coming to the table. They were required to finish the first course before the second was begun and

were expected to eat a serving of everything. The children's dislikes were taken into consideration here and they were required to eat only very small portions of a disliked food at first. The meals were carefully planned and were well balanced and interesting. Adequate time was allowed for meals but there was a time limit after which the meal was over and anyone left at the table was expected to leave. No undue fuss was made on an occasion of this sort for the children soon learned that this was an inevitable consequence of dawdling or of being late for meals so that there was seldom a repetition of behaviour of this kind. Acceptable social behaviour was expected at the table but there was little direct attention given to "table-manners". Undesirable eating habits were gradually improved by suggestion and by example of other children. Other routine situations were organized in a similar manner so that the child knew what was expected from him and what he had a right to expect from the situation.

In addition to establishing a consistent routine a further objective was the maintenance of consistent discipline or training. The general principles behind the handling of situations requiring discipline are those suggested by the Institute for Child Study and may be found in the works of W. E. Blatz of the University of Toronto. Here again consistency was the keynote. The objective was to see that the consequences of the child's act were a logical result of his behaviour and that the attitude of the adult was as impersonal as possible. An example of this type of training has been suggested above in connection with routine situations, for the fact that a child missed part of a meal through dawdling was a natural consequence of his behaviour. In those cases in which the child did not seem to respond to a simple

consequence it was sometimes necessary to arrange the situation so that he would want to conform. For example, if the child were dawdling over his meals and the adult knew of a dessert that was particularly attractive to him, this dessert might be served fairly frequently but with no comment on the part of the adult. It was particularly important that the adult should be as impersonal yet as kind as possible in these situations, particularly if the child showed any emotional reaction.

The entire programme of the Cottage was directed toward increasing the child's feeling of security and adequacy, for the lack of these was basic in all of the children's difficulties. The feeling of adequacy was built up by giving special help in school subjects to those who needed it and by showing interest in and appreciation of any improvement which the child made. He was also encouraged in any performance in which he showed aptitude and his efforts were never ridiculed. As a child often feels insecure or inadequate because the demands which are made upon him are of too high a standard for his level of performance, the capabilities of each child were carefully studied and the requirements were suited to the child. The Superintendent took advantage of opportunities as they arose to discuss the child's particular difficulties with him. An impersonal and unemotional attitude toward his misdemeanours often impressed the child and enabled the Superintendent to gain his confidence. Examples of this kind of discussion may be found in Cases 15 and 33, (Appendix A, pages 77 and 101.). Enuresis records were usually discussed with the child. In this way interest in his problem was stimulated and he felt that the adults were willing to help him in any way possible. Most of the children took a great

interest in these records and in their own progress. The interest of the adult, the basic routines, the consistent discipline, the strong feeling of belonging to the group which was developed, and the attitude of the adult towards each child's particular difficulties all contributed to his feeling of security.

CHAPTER V

SURVEY OF CASES UNDER PSYCHOLOGICAL OBSERVATION

On October 1, 1940 the Cottage was placed under the supervision of a trained psychologist. At this time there were six children in care. There had been no admissions since December 31, 1939 and those children who remained had been placed for custodial care only. Although four of these six children had been referred by the Child Guidance Clinic the difficulties in these cases were more directly connected with the home situation than with the children themselves. As all of these children were discharged shortly after Miss Stewart took over the work of the Cottage they have not been included in this survey. During 1939 it had become evident to the Board of Directors that whereas their original policy had stated that the proportion of custodial and Clinic cases should be about equal, that the need for simple care was decreasing and that the proportion of Clinic cases would gradually increase. It was not until March 1941 that a policy was finally drawn up restricting the intake to problem cases only, although this had been the basis of intake since the previous October. On October 3, 1940 the first case was admitted under this new policy and by the end of March 1941 all the children in care were specifically problem cases.

The cases covered in the following statistics and the case histories in Appendix A include all of those children who were admitted after October 1, 1940 until April 30, 1943. During this period there were in all thirty-seven admissions of which fifteen were girls and twenty-one were boys. One boy was re-admitted. An abbreviated history of each child is given in Appendix A.

Sources of Admission

These children were admitted both from Vancouver City and other provincial areas. There was also a large group of overseas children derived from each of these two sources but which have been grouped together in the following analysis. Table 2 shows how they were distributed.

TABLE 2

GEOGRAPHICAL DISTRIBUTION OF CASES

Area	Number of Cases
Vancouver	18
Other Provincial Areas	4
Overseas	14

These three main divisions may be subdivided according to source of admission as follows.

TABLE 3

DISTRIBUTION OF CASES
ACCORDING TO REFERRING AGENCY

Referring Agency	Number of Cases
	Vancouver
Children's Aid Society (C.A.S.).....	2
Child Guidance Clinic (C.G.C.).....	5
Family Welfare Bureau (F.W.B.).....	7
Metropolitan Health Committee (M.H.)...	4
	Other Provincial Areas
Child Welfare Branch (C.W.B.).....	2
Family Welfare Bureau (F.W.B.)Victoria.	1
Welfare Field Service (W.F.S.).....	1
	Overseas
Children's Aid Society.....	11
Child Welfare Branch.....	2
Child Guidance Clinic.....	1

It should be noted that the Child Guidance cases listed in Table 3 were children who had been referred privately to the Clinic. Each of the other children, except one, was seen at the Child Guidance Clinic and was recommended for treatment at the Alexandra Cottage, but the case was carried and the follow up work done by the agency originally referring the child. Hereafter the agencies will be referred to by the abbreviations indicated in Table 3; the Welfare Field Service is now known as the Social Assistance Branch.

Length of Residence

The policy mentioned a three month (or less) period of observation for each child. However, it soon became evident that no specific time limit could be set because in cases of long standing where definite treatment was undertaken at the Cottage, it was sometimes necessary to keep the child for a year or more. This seems to be in accord with the policies of those institutions mentioned in Chapter I. A glance at Table 12 will reveal that the terms of residence varied from 10 to 480 days, with an average of 143 days.

Intelligence Rating of Children Under Care

Although the work was to have been restricted to children of average or superior intelligence there were a few cases of children with borderline or slow normal intelligence where observation at Alexandra Cottage seemed indicated. The distribution of children according to intelligence rating is given in Table 4. It should be noted here that had these children all been retested after their term at the Cottage the results would probably have been higher. Many of the children were upset at the time of the first test and some were apprehensive. In the few cases where they were retested it was found

that the ratings were higher. In these cases the higher rating is used here. In one case (No. 26) the test administered was noted as a poor one by the C.G.C. A re-test of this child by a university student who was taking the course in tests and measurements placed her high in the very superior group. Neither of these tests could be accepted as valid but her school achievement indicated that she was certainly higher than the rating which must be used here. These factors should be borne in mind in consideration of the ratings and averages given below. The I. Q. varied from 74 to 124 with a Median of 97.

TABLE 4

DISTRIBUTION OF CASES
ACCORDING TO THE INTELLIGENCE GROUPING

Classification	I. Q.	No. of Cases
Borderline	70 - 79	4
Slow Normal	80 - 89	6
Average	90 - 109	18
Superior	110 - 119	6
Very Superior	120 - 139	2

Age of Children Under Care

The ages of the children on admission can be determined from Table 12. The range of age on admission was from 3 years, 9 months, to 14 years, with a Median of 8.8 years.

TABLE 5

NUMBER OF ADMISSIONS
IN EACH AGE GROUP

Age Group in yrs.	Sex		Total No. of Children
	M.	F.	
3.....	1	...	1
4.....	1	1	2
5.....	2	...	2
6.....	3	1	4
7.....	4	1	5
8.....	5	4	9
9.....	1	...	1
10.....	3	2	5
11.....	2	1	3
12.....	...	3	3
13.....	...	...	...
14.....	...	2	2

Sex of Children Under Care

During the period under discussion there were 16 females and 22 males admitted to the Cottage. The following table shows the average age and I. Q. according to sex.

TABLE 6

AVERAGE AGE AND I.Q. BY SEX

Sex	No.	Mean I. Q.	Mean age on Admission
Male	22	100.13	6 yr. 5 mo.
Female	16	95.33	12 yr. 5 mo.
All children		98.14	8 yr.10 mo.

Specific Problems Observed and Their Incidence

It was noted in the introduction that an examination of the case studies will show that no child can be listed as belonging to any one problem category. It is impossible to say that there were so

many "stealing problems" and so many "truancy problems". Each child was manifesting his or her problem by a group of symptoms which, in some cases were fairly simple but which in others were extremely complex. If we wish to separate the number of cases into categories the statement of the problem will have to be fairly broad and by no means mutually exclusive. A rough breakdown of this type would classify the cases according to the groupings shown in Table 7. These divisions indicate the main reason stated on application for admission to Alexandra Cottage for observation. Some of these classifications are self-explanatory but there are others which should be clarified. Complex behaviour difficulties refer to complaints which list a large number of manifestations of a problem. For example a child who is reported as untruthful, stealing, running away, not getting along in school and enuretic will be listed in this group. Those listed as incorrigible had been called incorrigible in the complaint from the parents but had not yet been referred to the Juvenile Court. The case classified as malnutrition may be found in Case 7 (Appendix A, page 67). Those listed under differential diagnosis were those cases in which the observation was primarily for the purpose of determining the nature of a specific behaviour manifestation. For example, if a child was having seizures that seemed to be epileptic in nature, yet there was doubt as to whether or not it was true epilepsy, he might be admitted for observation. (See Case 20, Appendix A, page 85.)

TABLE 7

STATEMENT OF REASON FOR ADMISSION	No.
Complex behaviour difficulties	9
Nervous tension (chorea, tics, fears etc).	8
Incorrigibility	6
School problem	5
Enuresis and/or soiling	4
Differential Diagnosis	3
Malnutrition (eating problem)	1
Poor routine habits	1

Another and perhaps a more satisfactory way of indicating the actual behaviour observed and treated is to show the incidence of specific kinds of behaviour which were manifest, the presence of which, either singly or in combination, constituted the problem. It should be noted that a classification of this sort may misrepresent the situation as it depends to such a great extent upon the subjective judgment of the one who is making the classification. For example, a child who was admitted for the observation of chorea may have taken a small sum of money at some time. If the parents are overconcerned about this incident they may have mentioned stealing in the complaint against the child. On the other hand the parents of a child who was running away from home might overlook or be unaware of the fact that the child had developed a habit of taking small sums of money. In the latter case the stealing had become a serious symptom of the problem and in the former it had not. The point is, shall either or both of these cases be classified as stealing? In order to maintain some degree of consistency the behaviour difficulties listed in Table 8 are those which were specifically mentioned in the complaint against the child when he was first referred to the Child Guidance Clinic, except in a few cases where there had been very obvious omission.

TABLE 8

INCIDENCE OF SPECIFIC BEHAVIOUR DISORDERS	No.
Emotionally unstable	18
Enuresis	9
Stealing	9
Anti-social	7
Defiant behaviour	7
Disobedience	7
Poor routine habits	7
School problem	7
Lying	6
Bullying	5
Destructive behaviour	5
Negativism	4
Withdrawn behaviour	4
Chorea and tics	3
Fears	3
Quarrelsomeness	3
Running away	3
Soiling	3
Temper tantrums	3
Food problem	2
Stammering	2
Persecutory ideas	1
Sex difficulties	1

Disposition of Children on Discharge

The children were not always returned to the same invironment on discharge. In cases where a child had come from an undesirable home environment which had not improved in his absence it was recommended that he have further treatment in a foster home. In cases where a child had been admitted from an unsatisfactory foster home the agency interested in the case found a new foster home for him. The following table indicates the number of children who were returned to the same environment whether it was the home of their natural parents or a foster home; the number who returned to their families in a different home; and those who were discharged to foster homes.

TABLE 9

DISPOSITION OF CHILDREN ON DISCHARGE

	No.
Same environment	18
Own families in different environment	5
Foster homes	13
Solarium	1

Evaluation of the Cases on Discharge

The evaluation of the cases on discharge is very difficult as it may be approached from many different directions. It would be possible to evaluate the success in terms of the child's behaviour in the new environment after discharge or it could be estimated in terms of the child's behaviour at the Cottage. Another approach would be to state success in terms of prognosis at the time of discharge which in turn would depend upon whether or not the recommendations made by the Cottage were carried out. Still another approach would be to evaluate the case in terms of the success of the observation only. In those cases which were referred for differential diagnosis this is the only possible criterion. In one case of this kind the child remained in the Cottage for only ten days, which did not allow time for the treatment of the problem.

The following evaluation is based on the reports of the Child Guidance Clinic and the Cottage Superintendent at the time of discharge. The report of the Superintendent included the opinion of the school authorities. Success in these cases refers to the results of treatment and observation or of observation only in cases where treatment was not required. The treatment was considered as satisfactory if the child's behaviour had improved to the point where it was acceptable and the observation was satisfactory if the underlying causes of the

child's difficulties had been ascertained so that a recommendation could be made which would help the child to adjust on discharge. It will be noted that the group of cases classified as successful on discharge is by far the largest. Another, but much smaller group, is classified as improved but as having had an insufficient term at the Cottage. In some of these cases the child was removed by the parents against the advice of the Cottage, and in others the child would have benefited by a longer term at the Cottage when it was closed. There are two cases from the same family which are listed as failures. (Cases 22 &23) In these cases the failure was due to the fact that the children's home was near the Cottage making it possible for them to run home whenever they wished, and that the parents were utterly lacking in understanding and cooperation. (Refer to case studies for details) The third failure was partly due to the fact that the child was epileptic and unsuitable for treatment at the Cottage as defined in the policy. He had to be removed hurriedly because of an impending change in staff. (Case 8)

TABLE 10

EVALUATION OF ADJUSTMENT
ON DISCHARGE

	No.
Successful	27
Improved - Insufficient term	7
Failure	3

It has been already mentioned that success after discharge depended to a large extent upon whether or not the recommendations of the Clinic and Cottage were carried out. It also depended, in some cases, upon whether or not the parents or foster parents were able or willing to act upon the advice given to them. It must also have been

affected by the numerous changes which disrupt any home, particularly during wartime. These are just a few of the factors to be considered in an evaluation of the adjustment of these children three years after the closing of the Cottage. Some of them had periods of maladjustment following discharge followed by readjustment when a new plan was made for them. In two cases of this kind which are known (Cases 18 and 15) the recommendation of the Cottage was not followed. In both of these cases the children went back to their own homes although foster homes had been indicated. Later placement in foster homes met with success. In a number of cases no satisfactory evaluation is possible at this time because the whereabouts of the children are unknown, or because for various reasons it is undesirable to investigate possible sources of information. However, the following table indicates the adjustment of these children insofar as it can be ascertained in April 1946.

TABLE 11

ADJUSTMENT OF CHILDREN IN 1946	No.
Well adjusted	16
Improved	1
Unsatisfactory	9
Unknown	11

While it is obvious to those who studied the children that the underlying cause of maladjustment would usually be a fundamental feeling of insecurity and that factors such as broken homes, unfavourable environment, undesirable companions, school retardation and rejection contributed in some degree either singly or in combination to this insecurity, no attempt has been made in this study to classify the children's difficulties in terms of these factors. The case histories give indications of contributing causes in individual cases but the

number of cases was so small that classification would be of little statistical value. In addition, had an analysis been attempted, there were several factors which would tend to make the numbers misleading. The increase in the percentage of broken homes due to war conditions would tend to invalidate this as a factor. There was no means of determining whether or not the problem would have arisen or have been referred to the C.G.C. if both parents had remained in the home. Overcrowding had also increased during the war and had changed the status of many districts as delinquency areas. Here again evaluation would be difficult.

CHAPTER VI

SUMMARY AND CONCLUSIONS

The problem of estimating the success of an institution such as Alexandra Cottage is difficult, but it is obvious that the individual will measure success according to his own particular set of values. To those whose evaluation would be in terms of human happiness the readjustment of one child would have justified the existence of the Cottage. A study of the case histories will show that by this criterion it was justified many times over.

Unfortunately the success of an enterprise which is supported by the public funds is often estimated in terms of dollars and cents; when the per capita cost is high it is difficult to obtain the support of the public, because the value received is not easily demonstrable. Prevention interests the public less than institutions and projects concerned with cure. In the case of juvenile delinquency or adult crime, industrial schools and penitentiaries must be supported; but until the individual reaches the stage of delinquency or crime his behaviour can be ignored by society as a whole. It was difficult to gain public support for Alexandra Cottage because it was concerned with preventive work and the per capita cost was high. In 1941 the per capita cost was $1.85 per day, but even this was much less than that of the Boy's Industrial School which was $3.14 for the same year. However, this cost is low if considered in terms of prevention. The cost of a lifetime of care for one criminal is approximately $25,000.* The cost of operating Alexandra Cottage for 1941 was $5220.99. If we assume that the Cottage influenced one child so that a lifetime of crime was averted, this one case alone would have saved the Province of British Columbia.

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* Estimate by the John Howard Society 1946.

sufficient to pay for the operation of Alexandra Cottage over a five year period.

Another criterion of success is the appreciation expressed by the parents of the children. No definite record of the parents' attitude was kept but in the case of the last ten children in care seven of the parents were genuinely appreciative of the help given to them in the handling of their children's difficulties. Of the other three, two were cases in which the child had been removed against the advice of the Superintendent (Cases 18 and 26) and the other was a case in which the mother was appreciative at first but was later known to have criticized the Cottage because there was "not enough discipline". It is interesting to note that in this case (No. 17) the child's behaviour at the Cottage showed no trace of the difficulties mentioned in the complaint against him. The mother had opportunities to observe his behaviour at the Cottage but was unable to accept the fact that she was largely responsible for the child's difficulties even though she appeared to do so while he was still in care.

In the preceding chapter success in terms of the children themselves was discussed. It was decided that the only fair evaluation was on the basis of success or failure at the time of discharge. From this point of view it was seen that the success of the work could not be questioned.

This kind of care has a few definite advantages over foster home placement, the most outstanding being the fact that the Cottage could admit children whose behaviour was too difficult to be handled in a foster home, but insufficiently crystallized to make placement in an industrial school necessary. Children who had already failed to

adjust in a series of foster homes could also be given a chance at Alexandra Cottage before an industrial school was considered. Another advantage was that those placing the child could obtain a full knowledge of the environment into which he was to be moved before he was admitted, and in agency placements the case could be fully discussed with the Superintendent. A further advantage was that parents were often willing to agree to placement in an institution of this kind when they would not have considered foster home care. In other words it was easier for them to accept the fact that specialists might help their child than to admit that foster parents in another home might succeed where they had failed. As the parents maintained a closer contact than would be possible or desirable in a foster home, the child too, was often more ready to accept a period at the Cottage, than placement in another home. Furthermore, it was advantageous for the parents to be able to observe the child's behaviour in the new environment and to discuss the problems which had been worrying them in connection with the child. These discussions often helped to change the attitude of the parents towards the child. In one case a parent developed a new interest in a child who had been rejected because of her behaviour. In this particular instance the Cottage staff deliberately, although subtly, tried to stimulate the mother's interest in the child. Twenty-four hour a day supervision, special observation and the keeping of records, are obvious advantages of an institution of this kind.

This summary should not be concluded without mentioning some of the more serious limitations of the Cottage as it was operated. One of the major difficulties was in trying to maintain the atmosphere

so essential to work of this kind with such a limited staff. Those not directly concerned with the work found it difficult to understand why a staff of three adults was not more than sufficient for the care of eight children, not realizing that a much higher staff-child ratio is required in specialized work of this kind, than had the Cottage been concerned with simple care only. (Refer to Chapter I, Page 11.) In the fall of 1942 the Superintendent was asked to prepare an outline of her duties for the investigating committee. Appendix C will show that the work could not have been carried on under the existing staff for any length of time. The housekeeper's hours were much the same as those of the Superintendent except that she had a few more evenings free. The cook's hours were more definite, but she usually worked at least twelve hours per day. It is obvious that the success of the organization under these conditions depended too much upon the individual members of the staff. Where so much depends upon the personal relationship between the staff and the children, it is essential that the staff should have sufficient time for recreation and that their absence should not affect the care of the children. Although the Cottage did not suffer through inadequate staff this was too much a matter of chance to be a satisfactory arrangement.

Another drawback to the work of the Cottage was the lack of facilities for follow-up work. If a child had been referred by a social agency the worker usually carried on the contact following discharge. It was thought that more intensive supervision of the case either directly or indirectly through the Cottage would have been of value. There was no follow-up of cases which had been referred privately through the Child Guidance Clinic unless the parents kept a personal

contact with the Superintendent. It would have been a more satisfactory arrangement to have had a social worker, at least part time, on the staff of the Cottage. She could have maintained a contact with the child in the environment to which he was discharged and have assisted the parents or foster parents in the readjustment of the child to his home. In spite of the small number of cases and the limited data available it is unquestionable that the work of the Cottage was successful. Why then was a work of proven value discontinued? The Board of Directors of the Alexandra Children's Home had decided that it could not continue to support the Cottage out of capital funds as it had recently undertaken a new Community Center. It felt that if it were to continue the Welfare Federation or perhaps the Provincial Government should assume full financial responsibility. The Board asked the Council of Social Agencies to determine whether or not the work of the Cottage should be continued and the Summary Report of the Committee appointed to conduct the investigation is included in Appendix B.

As no definite plan accompanied the report, it was decided to close the Cottage at the end of March. However, interest from Provincial Government sources resulted in the Superintendent being asked to continue the work for another month in the hope that some action would be taken. Nothing definite was arranged and the work was discontinued on April 30, 1943.

Alexandra Cottage was a success as an experiment in the institutional observation and treatment of problem children. Those whose work is in any way connected with maladjusted children are becoming more and more aware of the need for this type of preventive approach to the problems of delinquency and mental illness. There

seems to be little doubt that such institutions will be an important aspect of this work in the future. When that time comes, such institutions will not have to struggle for existence, and those who recall Alexandra Cottage will recognize the far-sightedness of the Board of Directors of the Alexandra Children's Home which was willing to attempt this experiment.

APPENDIX A

CASE HISTORIES

CASE 1: Female; Age on admission 11 yr.; Term 77 da.; I. Q. 88; Agency M.H.

Problem: Referred owing to the suspicion that she was stealing money, was reserved and unresponsive and felt she was being blamed for things she had not done. Had a stepmother who favoured older sister. Had lived with grandparents, who preferred her to sister, for several years.

Habits:

Eating - Ate sloppily, slumped down in chair. Social behaviour unacceptable. Tried to start arguments by reminding other children of previous disagreements and watched adult to see how far she could go.

Treatment - After being required to eat alone on several occasions social behaviour gradually improved.

Sleeping - Noisy and untidy when sharing room. When removed to a separate room, disturbed other children by shouting, turning light off and on and complaining of toothache etc.

Treatment - Alleged ailments were treated and light bulb removed with explanation but no criticism. This routine improved greatly and she was permitted to share room again.

Washing and Dressing - At three year level. When first admitted never washednor bathed without reminder. Clothes on floor or rolled in ball. Turned on bath water and let it run out again.

Treatment - Careful supervision required at first. Later asked for bath at night but care of clothes still required supervision.

Emotional Behaviour:

Fears - Afraid of the dark when admitted but this dropped out after a few weeks.

Anger - Became angry if she was rejected by any of the children and behaved spitefully toward the young children. This did not improve very much.

Tics - Bit nails and chewed end of hair throughout.

Social Behaviour:

Quarrelsome with children and on the defensive with adults. Said adults picked on her and blamed her for everything. When this was discussed with her she admitted she had been treated fairly. Gradually became more cooperative with adults. Language was objectionable, often had to play alone because she was shouting and swearing at children. Seldom told the truth at first and often stated that she hated everybody. Stole food from the kitchen. This was discussed with her and it was explained that all she had to do was ask. This soon discontinued. Continued to bully younger children but became more friendly with staff and began to confide in adults.

Remarks:

This child improved slowly. Mother moved out of city and there was

no opportunity for re-education in the home. Under the circumstances it was felt that the little that could be gained by this child did not justify the ill effect she was having on the group.

Adjustment:

This child got along fairly well when first returned to her home. Since that time no information has been available.

CASE 2: Male; Age on admission 5 yr. 11 mo.; Term 42 da.; I. Q. 89; Agency F.W.B.

Problem: This child was referred because of poor eating, sleeping, elimination and sex habits. He had an older brother who had a heart condition and a younger sister who was the obvious favourite of the parents.

Habits:

Eating - Social behaviour at table noisy at first, played with tableware.
Treatment - This cleared up when removed to eat alone, and this was necessary on three occasions only.
Sleeping - No difficulty noted at Cottage.
Elimination - No enuresis.
Sex - No difficulty manifest.

Emotional Behaviour:

No fearsnor temper tantrums. Affectionate.

Social Behaviour:

Played well with the other children. Teased a little and was sometimes silly and cheeky. This stopped when it was ignored.

Remarks:

This child showed no abnormal or extreme behaviour at the Cottage. Parents removed him as father resented having child out of the home "for other people to train".

Adjustment:

This child was returned to the care of his parents. No information is available with regard to his present adjustment.

CASE 3: Male; Age on admission 7 yr. 1 mo.; Term 83 da.; I. Q. 88; Agency M.H.

Problem: Disobedient, inattentive and destructive at school. Mother was finding him difficult to manage and father was overseas.

Habits:

Eating - Dawdled considerably at first. Ate sloppily due to poor motor coordination.

Treatment - Missed several desserts as a result of dawdling (not ready before end of dinner hour). No comment made on sloppy eating as mother had criticized him and aggravated the difficulty. Improved slowly.

Sleeping - Took a long time to settle down. Ran to bathroom every few minutes in order to see what was going on. Disturbed others in the morning by singing and going into their rooms.

Treatment - Door had to be locked several times before he learned to settle down at night. If noisy was required to go downstairs in the mornings until the others got up.

Emotional Behaviour:

Very timid - seemed fearful of adults - often jumped or blushed as though he expected to be scolded. No fear of dark. Made silly faces and twisted face but this did not seem to be a tic. Seemed fond of mother and anxious to go home. Did not mention father.

Social Behaviour:

Seemed insecure in social situations and always followed lead of older boys. Teased children of his own age by hitting them and running away. Very insistent with adults when first admitted and often repeated requests. Soon learned that decisions were not reversed. Destructive at first. Wrote with crayon on bedroom walls and broke playroom toys. Required to wash walls and deprived of use of playroom toys for several days. (Had his own toys which he was allowed to treat as he wished.) Disturbed class at school at first but improved after teacher took a special interest in him. He was at a disadvantage at school as he was bigger than other children of his own age.

Remarks:

Developmental history revealed a birth injury which physical examinations showed to have affected his motor control. On admission behaviour was rough and noisy and he did nothing that was required of him. Soon settled down to the routine of the Cottage and as soon as he realized what was required he seemed anxious to conform and watched other children to find out what was expected. Responded well to praise and encouragement. Mother's health improved and she was very cooperative and anxious for help. (Mother had thyroid condition.) On discharge it was felt that she

had gained confidence in her ability to handle further difficulties if they arose.

Adjustment:

Returned to his mother and was getting along well six months after discharge. There has been no contact with the family since that time.

CASE 4: Male; Age on admission 5 yr. 4 mo.; Term 291 da.; I.Q. 74; Agency C.W.B.

Problem: Child was considered completely incorrigible by father and stepmother. He was very destructive and threw rocks at windows and car windshields. Fought with children and broke their toys. Hit and threw rocks at strangers and stole money and other articles.

Habits:

Eating - Tended to play at table to gain attention.

Treatment - At first given choice of remaining with others and not playing or eating alone. After he had learned this behaviour was not acceptable he was removed immediately without choice.

Washing and Dressing - Independent at first - gradually became more dependent on adult and tried to get assistance and attention.

Treatment - This was considered a more normal "attention getting" device than rock throwing and child was getting satisfaction from it, therefore it was encouraged within limits. Requests for help decreased as child began to feel security of Alexandra Cottage.

Play - Noisy, active and unwilling to share toys. Destructive of other children's toys. Some screaming and throwing rocks. Gradually learned to share material in indoor supervised play period.

Treatment - Material removed if he was destructive. Played alone if he hit other children or was removed to wait in his room if he threw rocks. Cried in response to discipline. Hitting and destructive behaviour decreased rapidly although supervision was necessary when playing with young children.

Emotional Behaviour:

Emotional episodes were frequent at first but gradually decreased in frequency and intensity. An impersonal attitude on part of adults helped to shorten duration. It was noted that he often had temper outburst before and during meals, especially if tired. Short rest periods before meals were arranged when possible and this decreased their incidence.

Social Behaviour:

At first this child gained attention by throwing rocks so that the first report noted that 80 per cent of disciplines were for hitting and throwing rocks. A later report listed 50 per cent for running around the house and yelling or for playing in routine situations. This was more acceptable behaviour. His social behaviour when alone with adult or out visiting was completely satisfactory before discharge but his behaviour with a group of children was still unpredictable.

Remarks:

The parents of this child were unable to control him, and he was becoming notorious in the community in which he lived. He got along well with the Superintendent of the Cottage who took a special interest in him. Although the behaviour listed in the complaint was present while in the Cottage this child made marked improvement while in the Cottage.

Adjustment

This child was returned to his own home but did not adjust there. He was later placed in a foster home by his father where he got along very well. Nothing further has been heard of this child.

CASE 5: Male; Age on admission 10 yr. 3 mo.; Term 231 da.; I. Q. 119; Agency F. W. B.

Problem: Persistent enuresis.

Habits:

Eating - Social behaviour at table unsatisfactory, ate large mouthfuls using a knife to scoop up food at first.

Treatment - Some suggestion from adults but this was not continued when he showed resentment. Comments of other children resulted in some improvement.

Sleeping - Noisy in mornings when sharing room.

Treatment - Required to go downstairs to room by himself until time for others to get up.

Washing and Dressing - Objected to more than "Saturday night" bath at first.

Treatment - Objections ignored - soon accepted this routine.

Elimination - Dry during day but enuresis persisted in spite of all attempts to help him. Improved from time to time but always reverted.

Treatment - Various methods of treatment were tried in this case but there was no permanent improvement. Many different routines and attempts to motivate him were tried. At one time a ten day period of "hospitalization" was tried at which time fluid intake was measured and restricted. He was wet four nights even though he was taken up twice during the night. Full physical examination including an x-ray of the bladder was given. It is interesting to note that after child's sister was discharged from the Cottage he was dry for ten successive nights without being taken up at all. He was discharged at the end of this time but it was the only dry ten day period during his stay at the Cottage. This seemed to indicate that he could be dry if he wished.

Emotional Behaviour:

Became angry if attacked physically or verbally by younger children. Shouted or hit back if touched in a teasing manner by a child five years younger. Resented criticism by adults and became sullen and pale if attention was drawn to undesirable behaviour or if required to play alone. Was protective toward his sister but liked to "boss" her.

Social Behaviour:

Unpopular with adults as they found his silly noisy behaviour objectionable. Attracted attention by silly remarks and "baby talk". Frequently interfered when adult was directing another child. Did not oppose adult but seemed to feel he must take part.

Lying and Stealing - Articles belonging to other children were found in his club bag a few days after admission. This was discussed with him and he aaid he had found them. Desiribility of

trying to find owners pointed out to him. No recurrence of this behaviour.

Remarks:

When admitted seemed anxious to get enuresis cleared up. Marked improvement at first, at which time he made comments about wanting to stay at the Cottage for at least a year. As soon as a satisfactory routine was established the improvement stopped. It was suspected that he was using this as a means for staying at the Cottage. This was discussed with him and he said he liked the school and the meals. He stated that he would like to live on a farm if he could not stay and attempts were made to use this interest to motivate him. This was not successful for long.

Adjustment:

Improved in home after discharged but later reverted to his former behaviour and six months later was wetting the bed as often as ever. Later placed in foster home but did not adjust there. Latest reports state that he is presenting a serious problem at present as he is overbearing in his attitude toward the other children and is not getting along with his father. Enuresis is still present.

CASE 6: Female; Age on admission 8 yr. 9 mo.; Term 173 da.; I. Q. 106; Agency F.W.B.

Problem: This child was soiling and had suffered from enuresis all her life. She was also introverted and was unresponsive and emotionally flattened on admission to Alexandra Cottage.

Habits:

Elimination - Bowel movement very irregular and had involuntary vacuation almost every day. No enuresis when first admitted for nine nights then wet almost every night.

Treatment - Bathed and washed underwear but was soon stained again. Given milk of magnesia and this condition improved. Later found to be very severely constipated and enemas and agarol were prescribed. As soon as a regular movement was established soiling cleared up. Enuresis cleared entirely after it was found that she was using it as a means for staying at the Cottage. This was discussed with her and she was re-assured about having to return home immediately if enuresis disappeared.

Emotional Behaviour:

Tics - twisting of nose and mouth.

Treatment - This was ignored and gradually decreased in frequency.

This child did not manifest any affection for anyone on admission. Was indifferent to her surroundings for first week or two, never speaking unless in response to a direct question and then only answering "yes" or "no". Sat at table rather than ask to be excused. Gradually began to respond to adult and smiled occasionally. Improvement continued and emotional responses were normal at time of discharge.

Social Adjustment:

Social behaviour very inadequate on admittance. Would not play with nor talk to other children. Began to respond to adults and gradually to children although at first all her remarks were critical in nature. Responded well to praise and encouragement, and began to enjoy life at the Cottage. Said she would like to have "two Christmasas and two birthdays at the Cottage." Social behaviour improved rapidly and on discharge participated normally in all social situations.

Remarks:

This child had been rejected in the home and responded very well to the interest taken in her at the Cottage. The parents' attitude toward her improved greatly. It was suggested that she should be placed in a foster home if home situation had not improved.

Adjustment:

As the workers felt that there had been an improvement she was discharged to her own home. Letters received from her after discharge indicated that she was getting along quite satisfactorily. However a recent report on the family shows that as a result of the poor home environment this child's difficulties have re-appeared to such an extent that she is again unresponsive and emotionally flattened.

CASE 7: Female; Age on admission 14 yr. Term 39 da.; I. Q. 85; Agency M.H.

Problem: Malnutrition brought on as a result of her refusal to eat as she wished to reduce. Mother was over-anxious about her loss of weight and Dr. Gundry of the Metropolitan Health advised a period of observation at Alexandra Cottage.

Habits:

Eating - Refused to eat first evening meal and breakfast on the following day.

Treatment - No notice taken of her refusal of first meal. It was arranged that she should accompany the Superintendent to town the next morning to buy some clothes which she needed. No comment made on her refusal at breakfast but Superintendent went to town without her with explanation that it was too bad she hadn't eaten her breakfast so that she could have gone too. Began to eat at lunch time and at end of three weeks had gained 12 pounds. Later to put clocks ahead when she was hungry.

Remarks:

There was no social history in connection with this case as it was not referred through the C.G.C.

Adjustment:

Adjusted well on discharge. Did not talk about food. Family left town a few months later and child was still doing well at that time.

CASE 8: Male; Age on admission 8 yr. 1 mo.; Term 10 da.; I. Q. 100; Agency C.A.S.

Problem: This child was emotionally unstable, disobedient, moody and occasionally had seizures. He was an illegitimate child who had been moved around considerably in his first three years. He was admitted to the Cottage for a short period for the observation of these seizures.

Habits: Nothing abnormal.

Emotional Behaviour:

Often showed defiance and threw rocks. Sulked and whined. Treatment - Sulking etc. was ignored and this behaviour soon dropped out. It was obvious that he had been using this to get his own way.

Social Behaviour:

Could not play well with other children - hit and bullied them and told tales.

Seizures:

One seizure recorded on the day of admission. He appeared to be dizzy, closed his eyes but did not fall down. Involuntary urination. Duration $1\frac{1}{2}$ minutes.

Remarks:

This child had been getting his own way by coaxing, threatening etc. Needed to learn to accept the consequences of his own behaviour. He was admitted primarily for the purpose of confirming that his seizures were epileptic in nature. When this was ascertained he was discharged as unsuitable for treatment at the Cottage. His behaviour was very upsetting to the other children.

Adjustment:

Latest reports indicate that this child is getting along fairly well but is having numerous seizures.

CASE 9: Female; Age on admission 4 yr. 5 mo.; Term 309 days; I. Q. 108; Agency C.W.B.

Problem: The reported difficulties were enuresis, food fussiness and marked fears. She was an illegitimate child whose adopting mother had been accidentally killed when she was nearly three. She had had poor care in this home and was later placed in a foster home and then in a new foster home where she was not adjusting well at the time of placement in Alexandra Cottage.

Habits:

Eating - Played with tableware at first.
Treatment - Tableware removed until she was ready to eat.
Elimination - No enuresis - one wet bed in three months preceding illness.
Treatment - No liquids given at bedtime as they had been previously.

Emotional Behaviour:

Fear - Showed fear on one occasion when clothing was wet. Took adults hand or hid when milkman, delivery boys etc. came to the door. Also showed fear of bathroom drain.
Treatment - Re-assured but no special attention given. There was soon a marked decrease in intensity and frequency.
Anger - During the latter part of her term at the Cottage she showed temper outbursts when she could not have her own way. This was considered a good sign as she had been withdrawn.
Treatment - Easily redirected.

Social Behaviour:

Shrank from social contacts at first. Later behaviour was babyish and silly. Gradually became less dependent on adults.

Remarks:

Sympathetic treatment and consistent firmness with regard to carrying out requirements was found to be best in this case. This child was discharged to a new foster home in the interior where she would be the only foster child, with a view to adoption later.

Adjustment:

Superintendent heard from foster mother about one year later, at which time she said this child was getting along very well. There has been no recent information received on this case.

CASE 10: Male: Age on admission 6 yr. 11 mo.; Term 47 da.; I. Q. 96; Agency C.A.S.

Problem: This overseas child had been difficult for the foster mother to handle. He was admitted for observation and to give the foster mother a rest as she was not well. On arrival from England he had been dressed in frilly clothes and had long curls. He did not like to get dirty. Foster mother had his hair cut and bought new clothes for him. He had shown no affection at first but later had become over-affectionate.

Habits: No abnormality noted.

Emotional Behaviour:

Tendency to become excited, to talk very fast and to stammer occasionally. Cried easily and was affectionate.

Treatment - Patient responded to reassurance and suggestion of adult. His nervous and excitable behaviour decreased as he adjusted to the routine of the cottage.

Social Behaviour:

Was dependent upon adults and excitable in social situation at first. Was noisy and talkative and ran through the house shouting. Showed steady improvement in this behaviour.

Remarks:

Patient settled down readily and as foster mother could not take him back he was placed in a superior country foster home where there was a little boy two years older.

Adjustment:

Patient was happy about his placement. He adjusted in this foster home and was getting along very well when foster family moved to the interior of B. C. in 1943. As he had been getting along so well it was decided that he should remain with these foster parents.

CASE 11: Male; Age on admission 7 yr. 9 mo.; Term 380 da.; I. Q. 94; Agency W.F.S.

Problem: Disobedient, no respect for the property of others. This child often wandered from home at an early age. His mother was under constant tension and was unable to control him.

Habits:

Eating - Social behaviour at table was unsatisfactory, he initiated "races" to see who would finish first and ate in a noisy and sloppy manner. Fluids were restricted after five o'clock but it was found that he often took a drink from the tap outdoors.

Treatment - Required to eat alone because of social behaviour and had to play indoors after dinner under supervision because of drinking.

Elimination - Nocturnal and diurnal control of bladder not established.

Treatment - Put on four hour routine and managed to keep dry. Soon taken up at 10:00 P.M. only and later not at all. Often had lapses after mother visited.

Emotional Behaviour:

Showed little feeling and appeared to be selfish and self-centered. Often initiated quarrels and then screamed and ran away if the other child retaliated, only to stop and laugh as soon as the danger was over. Day-dreamed frequently.

Treatment - Required to play alone. At first jumped up and down on his bed and screamed in an effort to gain attention. This behaviour was ignored. Displays of temper decreased and he gradually became more aggressive and had fewer periods of day-dreaming. Enuresis cleared up entirely.

Social Behaviour:

Social behaviour was at the three year level. His superior attitude and selfishness made him unpopular with the other children. He compensated by bragging about his gifts and how silly he was at school. For example "Teacher says I'm the silliest boy in school and I am too." He gradually learned to play organized games under adult supervision but when left to himself spent his time annoying others. His attitude toward adults was indifferent and he ignored directions by pretending not to hear. This proved disadvantageous on several occasions (eg. Wasn't ready when it was tim e to go to the beach) and this made him more attentive. During this child's second term at school he had a most understanding teacher who took a great interest in him. He made marked progress under her supervision. This teacher noted lapses of concentration which corresponded with periods of silly behaviour at the Cottage.

Remarks:

Much of the difficulty in this case seemed to result from the fact

that standards set for the boy were too high for him. The father, especially, considered the child to be much above the average in intelligence. The child's indifference resulted, at least in part, from his inability to live up to these standards. A long period of treatment was recommended after his first check-up at the Clinic. It was felt that the problem was one of long standing and needed a long period of treatment.

Adjustment:

When eventually discharged the parents were extremely pleased with the child's progress. He returned to his home and adjusted very well in spite of the fact that his father was overseas.

CASE 12: Female; Age on admission 10 yr. 7 mo.; Term 113 da.; I.Q. 92; Agency C.A.S.

Problem: This overseas child was not getting along in the foster home where she had been placed with her sister. Foster mother insisted on implicit obedience and patient did not conform. Foster mother complained of irrational behaviour. Admitted to Cottage for differential diagnosis.

Habits:

Washing and Dressing - Fond of clothes and liked to fuss with her finger nails and hair.
Treatment - This was encouraged within reason.

Emotional Behaviour:

This child was emotionally intense, very affectionate and cried easily.

Social Behaviour:

She copied adult behaviour, tried to "act like a lady" and was quite successful. Very anxious for adult approval and popular with both adults and children.

Remarks:

This child showed no abnormality of behaviour and fitted well at the Cottage. It was obvious that the trouble had been in the home and not the child.

Adjustment:

Patient was placed in a foster home where she remained for six months. Foster parents complained of tantrums and wilful behaviour. There were no other children. She was later placed in a home where there were three older children where she gradually adjusted.

CASE 13: Male; Age on admission 3 yr. 9 mo.; Term 488 da.; I.Q. 110; Agency C.G.C.

Problem: This overseas child had been brought from England by relatives along with an older sister. He was described as showing no affection for any thing or person, disobedient, shy, showing temper tantrums, untruthful, destructive and unresponsive to any appeal. He had been left to the care of servants when six weeks old and in his first two years of life had had twelve different nurses.

Habits:

Eating - Sometimes played at table to gain attention and amuse other children. Tended to monopolize conversation.

Treatment - Required to eat by himself if he did not respond to first reminder. Not allowed to have dessert until he completed first course and meal lasted a specific length of time.

Sleeping - Talked with other children before going to sleep and annoyed and awakened them in the morning.

Treatment - Was put in separate room and given scissors and magazine to keep him occupied in the morning.

Washing and Dressing - Occasionally objected to washing before meals. Asked for adult help at first but became fully responsible with dressing except for tying shoe laces. Dawdled occasionally.

Treatment - Not allowed in dining room until he had washed. Given as much time as he wished but had to leave breakfast table at same time as others. At night missed his story if he took too long.

Emotional Behaviour:

Anger - Frequent temper tantrums. Threw rocks and cried when angry when first admitted. Frequency decreased one hundred per cent in first nine months but still impulsive - threw things when angry. Showed marked preference for one adult and would whine objectionably whenever another adult or child was in the room. Gradually extended his interest to include others but maintained preference for same adult throughout. Interest in his former foster home lost but he was gradually prepared for return and was finally quite happy at the prospect.

Treatment - When group was disturbed by temper tantrums he was required to play by himself in his room with the door locked and breakable objects removed if necessary. Attempt was made to build up his emotional security centered in preferred adult and gradually extended to others.

Social Behaviour:

Capable of defending himself against older and stronger children. Liked to direct activity and became angry when others would not comply. Was not destructive except when angry. Very careful of his own toys.

Treatment - Wilful destruction of common toys while angry was

followed by withdrawal of privilege of playing with similar toys for a period.

Remarks:

A difficult child due to his insecurity combined with an impulsive nature, obstinancy, persistence and physical strength. Requirements had to be made andconsequences of failure to comply had to be carried through. Requirements were reasonable and consistent and an interested and friendly attitude on the part of adult was best. Asanother foster home was out of the question he was discharged to the relatives who were given as much help as possible in preparation for his return. However prognosis was not good in this environment and it was soon evident that it would not work out.

The help of those who had been interested in him at the Cottage was enlisted. As he was then of school age a suitable boarding school was found for him and he remained in the school and spent the summers at the school's summer camp until his return to England late in 1945. He did well at school, was well liked by the Staff, and made a good adjustment there.

Adjustment:

At the School his persistence was well directed and he developed into a thoughtful, interesting and independent little boy. He did not talk about his difficulties but there was no evidence of temper outbursts as in the earlier period. He returned to England unaccompanied in the fall of 1945. Latest reports indicate that he has made a good adjustment since his return to England and is now doing well in a private school there.

CASE 14: Male; Age on admission 11 yr. 6 mo.; Term 32 da.; I.Q. 96; Agency C.G.C.

Problem: Difficult at school, seclusive and moody and cried easily. He was under par physically and coordination was so poor he was handicapped in games.

Habits: No outstanding difficulties.

Emotional Behaviour:

Crying not noted except on one occasion when former teacher visited Cottage. Reported to have cried for one hour when he visited his family at home. Caused a little trouble at school at first by fighting but this behaviour soon dropped out.

Social Behaviour:

Tended to tease younger children and to boast. There was no sulking or moody behaviour at the Cottage. Played truant once.

Remarks:

This child was cooperative and quiet at the Cottage and told his mother he liked living there. He said "we can do whatever we want." He was removed from the Cottage by his mother about a month after admission at which time she said she would send him to relatives on the prairie. It was reported by C.G.C. that she lacked understanding.

Adjustment:

C.G.C. worker called eighteen months after discharge. Patient was attending another school and seemed to be getting along well. His mother felt that his dislike of his former school had been the reason for his difficulties. He had not been sent to her relatives as planned.

CASE 15: Male; Age on admission 9 yr. 8 mo.; Term 187 da.; I.Q. 113; Agency C.A.S.

Problem: This child, whose father was in the army, was lying and stealing, showed fears and had symptoms of chorea. He was enuretic. Mother said she could not handle him and suggested taking him to the "Detention Home".

Habits:

Eating - Healthy appetite, social behaviour at table was fair, talked too much and ate too quickly.
Treatment - Suggestion and explanation.
Elimination - Some enuresis on admission but control soon established. Clothing wet during day.
Treatment - Records kept. Not allowed fluids after five P.M. and salt in diet was restricted. He was put on a routine and taken up at night. Daytime control was established by requiring him to go to the toilet at regular intervals (school teacher cooperated in this). He was required to have a bath and change his clothing whenever he had an accident. Was difficult to motivate with regard to enuresis but responded to help, interest and encouragement of adult. Cleared up in less than one month.
Sex - Was instigator of sex play among boys in residence.
Treatment - Matter was discussed with him. Admitted much experience with boys in his neighbourhood before admission. Seemed to develop as a result of boredom so it was agreed that he should tell adult when he was bored so that she might suggest some constructive activity. No difficulty after this discussion. Later was given a great deal of sex instruction at his own request.

Emotional Behaviour:

Nervous, excitable and lacked self-confidence. He was afraid of situations which might put him in an inferior position. Was small for his age and very much underweight at time of admission. Often mentioned that he must do this or that or the boys would call him a sissy. Adults attempted to make him feel that he did not need to be outstanding in everything to be accepted.
Tics - Licked lips and bit nails constantly. This behaviour gradually decreased.

Social Development:

This child was popular with those adults who understood him. He was alert and interested in many things and enjoyed talking to adults. He was well liked by most children particularly younger ones. Often "bossy" with his own age group and sometimes rejected. He compensated by engaging in some activity on his own such as reading. There was no stealing and no serious lying while at the Cottage.

Remarks:

This boy made remarkable progress at the Cottage, both physically and with regard to his behaviour. He gained 23 pounds during his first 3 months at the Cottage. Patient's difficulties were discussed with his mother and although she seemed to understand, she appeared to lack the initiative to carry out the suggestions made. It was noted that although the child's enuretic record was gone over with her carefully, she helped break down his good habits by allowing him too much milk and fruit on two occasions when he was out with her. This accounted for his only two failures in a three month period. At time of discharge he was anxious to return to his home. This seemed to be the logical reward for his behaviour at the Cottage although a foster home would have been more suitable. It was suggested that he be returned to his home but that he be placed in a suitable home at the first opportunity.

Adjustment:

The opportunity to move him came about eight months later. His mother applied for help as this child and his two sisters were too much for her. He did very well in foster home where he remained for a year until his father was discharged from the army. About six months later the mother deserted the family and at that time this child asked to be placed in a foster home by the C.A.S. He was placed in a country home and is doing well there according to a recent report. During the time since discharge he has maintained a contact with the personnel of the Cottage.

CASE 16: Female; Age on admission 8 yr. 11 mo.; Term 132 da.; I.Q. 94; Agency F.W.B.

Problem: Stealing; not getting along in school; had stepmother who showed little understanding.

Habits:

Eating - Indifferent toward food. Argued with other children at meals. Did not like desserts.

Treatment - Not required to eat dessert. Given small helpings of other disliked foods. No urging. Three months later child was eating heartily and usually had one serving of dessert.

Sleeping - Restless when first admitted.

Treatment - No concern over the child's not sleeping as long as she was quiet. Later had to be given own room and by third month was asleep within ten minutes of going to bed.

Play - Impatient and bossy, told tales, hit and swore at other children when teased.

Treatment - Adult ignored tale telling. Attitude and teasing discussed with her. Hitting and swearing soon stopped.

Emotional Behaviour:

No emotional outbursts nor apparent fears. Whined and sulked at first but this soon dropped out.

Social Behaviour:

Was unsure of herself in her relationships with others. Docile and reticent with adults but tried to dominate other children.

Remarks:

Made marked improvement during her stay at the Cottage but was removed by father before it was recommended.

Adjustment:

Patient returned to her own home. No further information is available on this child.

CASE 17: Male; Age on admission 8 yr. 6 mo.; Term 57 da.; I.Q. 89; Agency C.G.C.

Problem: This was the elder child in a family of two children whose father was overseas. He had become argumentative and disobedient. Was suffering from Sydenham's Chorea. Mother felt he was becoming too much for her and his younger sister was copying his behaviour.

Habits:

Eating - No food fussiness but poor eye-hand coordination. Ate with spoon at first but gradually used knife and fork less and less awkwardly.

Treatment - No attention given except for occasional suggestion and encouragement.

Sleeping - Cried out and screamed in sleep during first week. This behaviour dropped until after mother took him to races when it started up again.

Treatment - This incident was used to illustrate to mother the need for a quiet routine life.

Emotional Behaviour:

Anger - Good control, normal frequency.
Fears - None manifest except for night disturbance mentioned above.
Tics - Threw head back when under tension. No evidence of emotional instability in his behaviour at the Cottage.

Social Behaviour:

Preferred to play with younger children at first but was gradually accepted by older children. Was popular because he was ready to join in any activity and although handicapped by poor vision and coordination difficulties, was willing to fight his own battles and was not a tattletale.

Remarks:

This was a case where the difficulties seemedto arise because of environmental situation as there was no evidence of the symptoms when he was removed from it. There was probably too much interference and criticism from grandparents and in addition the mother seemed to argue too much with the child. The younger sister appeared to be jealous of the mother's attention to him.

Adjustment:

Clinical examination before discharge found that there had been a marked improvement in this boy. He was less tense and had gained in weight. Improvement continued for about six months after discharge at which time the child's mannerisms returned and his mother complained that he was never still for a minute, and that she was at the end of her tether. At this time patient was taken to a

private psychiatrist rather than the Clinic for mother stated that child had received no discipline at Alexandra Cottage. She could not accept the fact that there was no need for it. Child was later re-examined at the Clinic. Foster home care was recommended at this time.

CASE 18: Male; Age on admission 4 yr. 9 mo.; Term 113 da.; I.Q. 97; Agency F.W.B. (Victoria)

Problem: Persistent enuresis; fears and nervousness. Mother had deserted and was reported to be unstable, cruel and erratic in her handling of the children. At one time patient had been left by mother with people who had put him out in a chicken coup in the dark if he wet the bed. Father was seeking a divorce at time of child's admission and was planning to marry again and take the child later.

Habits:

Eating - Excellent appetite throughout, drank water or milk constantly when first admitted both during and between meals. Social behaviour at table was fairly satisfactory at first but became unacceptable.

Treatment - This child was incapable of handling the social side of the eating situation and became noisy, talkative and distractible. As soon as this became apparent he was required to eat by himself. Eventually returned to eat with others on the understanding that he would try to get along without talking too much. Showed surprise at first when permitted to drink as much as he wanted and desire soon decreased to within normal limits. Fluids were restricted after five P.M.

Sleeping - At first objected to going to bed, cried, screamed and was afraid of the dark. This behaviour dropped out entirely during the last two months in care.

Treatment - Explanation given, re-assured and left by himself. Purchase of a teddy bear and re-assurance eliminated fear of the dark. Teddy bear discarded by child after one month.

Elimination - No difficulty with bowel control. On admission both diurnal and nocturnal control of the bladder erratic and unpredictable. On discharge both diurnal and nocturnal control had been established but nocturnal control depended upon amount of emotional stimulation during the day.

Treatment - Bland diet, no fluids after five P.M. regular toilet routine (every hour during the day and every 1½ hours at night with regular increase of interval), a maximum of rest and minimum of excitement producing situations. Main effort here was to make him feel emotionally secure as this seemed to be basis of his difficulty. Enuresis in this case seemed to be an emotional problem. Spoke of this condition constantly during the first few days - "Will you spank me if I have wet underpants" - "Mummy says I won't go to heaven if I don't get cured, will you cure me?" Was very elated after first dry night. These remarks stopped very soon and consistent improvement was made.

Emotional Behaviour:

Fears - Fear of dark at first, screamed if door blew shut. Fear dropped out within the first month.

Tics - Picked at blanket so that edges became frayed and had to be bound with cotton.

Love - Over-affectionate throughout. Observations indicated that most of this child's difficulties were a result of emotional insecurity and instability. As this security increased many of the problems disappeared. Instability appeared to be very deep rooted and there seemed to be need for constant care to avoid excess stimulation and to maintain a friendly and helpful attitude with the maximum of consistency. Requirements were increased very gradually.

Social Behaviour:

Very popular with staff and other children. Excitability made it difficult to adjust to complex social situations. (eg. dining room situation)

Remarks:

This child was removed from the Cottage on very short notice by his stepmother against the advice of the Superintendent and the House Physician. He was in bed with badly swollen glands at the time of discharge. Stepmother would not listen to advice and while trying to convince adult that she was capable of taking full responsibility she was telling child to lie about his age so that she would not have to pay full fare for him. (She was taking him north by steamer)

Adjustment:

This child did not get along well in the home and was later placed with foster parents who had known him previously and were very fond of him. He got along well in this home.

CASE 19: Male; 1st admission - age 8.8; Term 149 da.; I.Q. 94;
2nd admission - age 10.3; Term 222 da.; I.Q. 94;
Agency C.A.S.

Problem: Overseas child who did not adjust in the home of relatives nor in succeeding foster homes. Had unsatisfactory personal habits, was lying and stealing and generally causing trouble. Later was re-admitted to Alexandra Cottage, because illness in foster home had made it necessary for him to move and he had not adjusted in temporary foster home.

Habits:

Sleeping - Disturbed other children in sleeping room at night on first admission.

Treatment - Moved to a room by himself.

Elimination - Showed some dirty habits. Persuaded other children to urinate in the wastebasket. On second admission urinated out of the window.

Treatment - On second admission this behaviour was discussed with him and did not recurr.

Emotional Behaviour:

Too quiet at first, seemed to be resentful and under some tension but became more cheerful and outgoing.

Social Behaviour:

Took fruit from cupboard on the day he was re-admitted, destroyed toys and lied about it. Encouraged others to get into trouble and then told adult about it. This behaviour was definitely compensatory. When he found that adults were sympathetic rather than critical he got along much better both with adults and with children. He discovered that it was to his advantage to conform and it seemed as though he were shrewd enough to comply for this reason alone. Seemed to lack real affection for anyone and to be generally on the defensive.

Remarks:

This child's difficulties seemed to stem from his early childhood. His mother had been in a mental hospital and there was constant friction between his parents.

Adjustment:

He wanted to remain at the Cottage until his return to England but when the Cottage was closed a foster home had to be found for him. He was placed in a superior home where there were no other children. He was given understanding treatment and many material advantages which he probably appreciated even though his foster parents complained that he did not express it. He made good progress and was getting along very well when he returned to England. His father had married again after mother had been killed in an air raid.

CASE 20: Male; Age on admission 10 yr. 6 mo.; Term 121 da.; I.Q. 95; Agency C.A.S.

Problem: This was an adopted child who had fits of screaming and who was placed in Alexandra Cottage for observation as there seemed to be the possibility of petit mal. He was an overseas child who had come to Canada with his mother and two sisters to an aunt. One of these sisters later married and took this child when he was discharged from the Cottage. He was destructive and disobedient and liked to talk about imaginary illnesses. Adopted mother had been in a mental hospital in England.

Habits:

Eating - Appetite poor, gained attention by remarks at table, often late for meals.
Treatment - Ate in kitchen and no dessert when late. (i.e. no time for dessert.) This had no effect.
Sleeping - Objected verbally to going to bed at first.
Treatment - Objections ignored, soon dropped out.

Emotional Behaviour:

No temper tantrums or screaming fits. On occasion made a bid for attention by going into a trance and asking where he was etc.
Treatment - These trances were ignored or treated in a matter of fact manner and attention diverted to some other activity. This behaviour did not persist.

Social Behaviour:

Talked and acted in a superior, adult manner at first and attempted to disparage the efforts of others. Opportunity given to join in activities where he would be successful. He liked playing with other children and adjusted well after a short time.

Remarks:

Patient discharged to young married sister (17 years old) whose husband was well off and who wished to assume full responsibility for him. Child later returned to Alexandra Cottage to show off new bicycle. At later date returned and picked fight with a younger child out of sight of the Cottage.

Adjustment:

This child did not adjust in this home and it is reported that many housekeepers left because of him. Father came to Canada later and took him but again there was trouble. He was destructive, had extreme temper outbursts and on one occasion threw an axe at sister. Returned to Clinic for re-examination in 1945 as private doctor had advised Boys' Industrial School. At that time a country foster home was advised for him.

CASE 21: Female; Age on admission 8 yr. 8 mo.; Term 369 da.; I.Q. 100; Agency C.A.S.

Problem: An overseas child who was suffering from enuresis; cried easily and was stealing.

Habits:

Eating - Ate quickly and stuffed food into her mouth.
Treatment - Suggestion only, improved.
Elimination - Wet pants during day and bed at night.
Treatment - Reminded to go to the bathroom at regular intervals during the day. Wakened at ten P.M. only; required to have a bath in A.M. if wet.

Emotional Behaviour:

Showed symptoms of chorea, did not cry easily but was over-affectionate.

Social Behaviour:

No stealing, played well with other children and made friends with children outside the Cottage.

Remarks:

Enuresis and wetting cleared up entirely, was progressing very well on discharge.

Adjustment:

Adjusted well in foster home and on her return to England was described as "a well adjusted little girl".

CASE 22: Male; Age on admission 11 yr. 2 mo.; Term 18 da.; I. Q. 75; Agency F.W.B.

Problem: Poor school attendance; ill health; pilfering and nervousness were the main complaints against this child and his sister. (Case 23) Parents were very difficult and uncooperative with social worker but agreed to one month's observation in Alexandra Cottage.

Habits:

Sleeping - Noisy in morning.
Treatment - Provided with material to play with or read when he woke up.
Washing and Dressing - Constantly asked if he "looked nice" when dressing.
Treatment - Reassured but no special attention given.

Emotional Behaviour:

Very excitable.

Social Behaviour:

Irresponsible; teased and bullied other children. Tried to be helpful to adults. Untruthful, told fanciful tales, and seemed anxious for adult praise.

Remarks:

This child ran home five times. On one occasion he stole a bicycle from school and hid it. Went with Superintendent and returned it. After one running away episode Clinic recommended he remain at home as parents were lacking in understanding and it seemed unlikely that any progress could be made in this case.

Adjustment:

Two years later he was committed to the Boy's Industrial School and is still under supervision of the Juvenile Court.

CASE 23: Female, Age on admission 12 yr. 11 mo.; Term 18 da.; I.Q. 76; Agency F.W.B.

Problem: Same reasons stated as for brother. (See Case 22)

Habits:

Sleeping - Difficulty in settling down at night.

Emotional Behaviour:

Tearful when brother ran away. Appeared to be constantly apprehensive. Very excitable.

Social Behaviour:

Helpful and pleasant with adults.

Remarks:

Irresponsible and untruthful like brother and also seemed to enjoy praise. Ran away three times. The difficulties of these children seemed to be due to an unstable home atmosphere plus low intelligence. There was no consistent treatment in the home and they were often beaten by their father. They did not have the training nor the routine which is so essential for children of borderline intelligence.

Adjustment:

This child has not appeared in Juvenile Court but is known to authorities. Latest reports indicate that she is suspected of prostituting.

CASE 24: Female; Age on admission 8 yr. 8 mo.; Term 189 da.; I.Q. 99; Agency C.G.C.

Problem: This child was not getting along in a home where there was a stepfather. She was lying and stealing. She used the money she stole to buy the friendship of other children with whom she did not usually get along as she always wanted to be boss.

Habits:

Eating - Poor appetite at first and gained attention by fussing about her food. Started arguments at table.

Treatment - At first given only very small portions of disliked food. No attention given if she did not wish to eat. Appetite gradually improved. Removed to eat alone when social behaviour unsatisfactory.

Sleeping - Was noisy and talkative in the mornings at first.

Treatment - Was removed to another room to be alone when she disturbed others in the mornings. No difficulty after the first two or three weeks.

Washing and Dressing - Dawdled and fussed while dressing in the sleeping room with two other girls. Wanted to change clothes every day or oftener. Very untidy, left clothes lying on floor, would turn everything upside down in drawers when looking for something.

Treatment - Removed to bathroom to dress alone. Improved but routine required supervision even after several months. Required to hang up clothes and tidy own drawers when she had disarranged them.

Emotional Behaviour:

Emotional behaviour was very superficial and highly dramatic. On admission this child often put on emotional displays to get attention and on these occasions cried loudly and talked in a dramatic manner. "You don't love me" "I hate you" etc. Made a great fuss over mother when she visited, hugging and kissing her, but on one occasion when mother phoned to say she could not come remarked, "Now I won't be able to get any more money for a week."

Social Behaviour:

Very insecure in her relations with other children often impulsively giving away her toys and ather possessions to gain favour. Seemed to need to be the center of attention in every social situation. Delighted in starting an argument, and was extremely good at making provocative remarks.

Remarks:

This child's insecurity seemed to be fundamental in her problems. The difficult home situation and the mother's attempt to compensate by giving her everything she wanted added to the problem.

The mother was asked to discontinue her gifts to the child while she was at the Cottage. Every opportunity was taken to give the child a feeling of success in her own achievements as well as to provide consistent kindly treatment. She gradually improved in her relations with other children. Her superficial reactions decreased when she found that they were ignored but they were still present at discharge. It was felt that the possibility of a good future adjustment in the home was doubtful, for although the mother was most cooperative she was excitable and unable to provide the consistent atmosphere that this child needed.

Adjustment:

Discharged to mother. No follow up done in this case. Stepfather later killed overseas. Report of recent contact with mother states that child is getting along well.

CASE 25: Male; Age on admission 8 yr. 10 mo.; Term 175 da.; I.Q. 97; Agency F.W.B.

Problem: This child was having temper tantrums, showing aggressive behaviour and refusing to come home at nights. His mother could not control him and his stepfather was overseas. Mother was immature and inconsistent.

Habits:

Eating - Large appetite, made many remarks on variety and quality of food indicating lack of these at home. Table techniques poor, ate with a spoon and had to have everything cut for him at first.
Treatment - Improved gradually with help and suggestions from adult but no criticism.

Emotional Behaviour:

Very immature, cried easily, sulked and indulged in temper tantrums; showed fear in quarrels with other children.
Treatment - Ignored or required to play by himself on these occasions. Responded to interest of adult.

Social Behaviour:

Very immature, whined if he did not get his own way when playing with others.

Remarks:

This child showed some improvement at the Cottage both in behaviour and health. It was decided to discharge him to a foster home in the country where he would receive individual attention and where the social situation would not be too complex.

Adjustment:

Adjusted well and made marked progress in this foster home.

CASE 26: Male; Age on admission 6 yr. 2 mo.; Term 32 da.; I.Q. 119; Agency C.G.C.

Problem: This child was not getting along at school; was apathetic and disinterested and was over-dependent on his mother. Screamed when he thought she might be leaving him. Mother was described as "neurotic" and was emotional in her approach to the children's problems.

Habits: No abnormality.

Emotional Behaviour:

Inclined to be babyish and rely on adult to settle his difficulties.

Social Behaviour:

Teased other children and whined if they retaliated. Told tales on other children even though this was discouraged. Entered into all quarrels. Very cooperative and responded readily to re-direction of attention, suggestion or reminder of consequences and never had to be removed from the group.

Remarks:

Although this child cried and screamed on admission he settled down soon after his father left and after being rather quiet for a few days began to show more interest in the group. None of the problems shown at home were manifest and it seemed that his alleged behaviour was the result of emotional instability or over-anxiety on the part of one or both parents. Mother telephoned Superintendent almost every day, visited frequently at which times she asked many questions about his progress, the Superintendent's estimate of his intelligence etc. Child became sulky and irritable during these visits due to mother's questions about school. Mother was amazed that he showed no anxiety at her departure. Foster home placement seemed to be indicated in this case but it seemed unlikely that the parents would accept this. This later proved to be true as the father removed the child from school to his home and telephoned Superintendent to say that they could not do without him any longer.

Adjustment:

Nothing further was heard of this case.

CASE 27: Female; Age on admission 14 yr.; Term 38 da.; I.Q. 93; Agency C.A.S.

Problem: This child was admitted because of rude perverse behaviour toward foster mother, an aunt who could not control her. This home was of higher standard than her own. She was an overseas child.

Habits:

Eating - Ate noisily and quickly. Had a large appetite.
Treatment - Responded favorably to suggestion that she try to eat more quietly.
Sex - Very interested in boys; giggled and talked endlessly about them.
Treatment - Discussed with her, and silly behaviour ignored. Had to be moved eventually because of this.

Emotional Behaviour:

Impatient and screamed at younger children.

Social Behaviour:

Got along well with adults. Took advantage of adult who was too friendly and was rude to her. Aggressive in social contacts.

Remarks:

Observation showed that she cooperated well with adults if kept occupied and interested. Responded well when treated with respect. Her silly behaviour with regard to boys was disturbing to the other children so it was decided that she should be transferred to a foster home.

Adjustment:

Moved to a home where the foster mother was unable to cope with patient. She was described as "uncooperative and ill-mannered, sulky and not getting along in school." Another placement was made to a lower class home. Patient left school and worked in a laundry and later in a department store, where she was still employed at the time of her return to Scotland. At the time of her return she was described as "quite anti-social, selfish, jealous and quick tempered" but she had shown improvement and was well recommended by her employer.

CASE 28: Female; Age on admission 12 yr. 11 mo.; Term 72 da.; I.Q. 77; Agency C.A.S.

Problem: This girl was exhibiting anti-social behaviour, was unresponsive and unreasonable, was suffering from enuresis and wetting during the day and was upsetting the foster home in which she had been placed with her brother who was one year younger. She was an overseas child.

Habits:

Elimination - No enuresis noted but some wetting during the day.
Treatment - Reminded. Required to take a bath. Soon cleared up.

Emotional Behaviour:

No emotional displays; had a worried expression when first admitted but this gradually disappeared.

Social Behaviour:

Got along well with adults and children. Asked to be allowed to help around the house.

Remarks:

The requirements for this child seemed to have been too high for her limited intelligence.

Adjustment:

Did not adjust in subsequent foster homes. Had not improved on her return to England.

CASE 29: Male; Age on admission 7.3; Term 164 da.; I. Q. 122; Agency C. A. S.

Problem: An overseas child who had been placed with an aunt. He had developed peculiar mannerisms and was suffering from enuresis. Rolled eyes until only whites showed, twisted neck and hopped when walking.

Habits:

Eating - Over social at table and made objectionable remarks to gain attention.
Treatment - Adult suggested that she would have to eat alone if she could not get along at table. Improved.
Elimination - Only three accidents at night in first three weeks. Put on routine and intervals quickly increased so that on discharge had to be taken up at ten P.M. only.
Treatment - Fluids restricted after five P.M. at first. Gradually increased servings as enuresis cleared up until he had one or more full cups.
Sex - Unhealthy attitude toward sex. This was felt to be one of the most serious of his problems. Conversation consisted largely of insinuating remarks accompanied by sly and knowing gestures and much giggling. Seen exposing himself on several occasions.
Treatment - Subject was discussed with him and from then on made excellent progress. Later showed very good attitude toward small girl who visited for several days.

Emotional Behaviour:

Fear - Showed some fears. Seemed uneasy in motor car and was unduly concerned over small details, such as being on time for school. Did not like to have door closed at night.
Tics - Rolled and blinked eyes occasionally. Excitable but no evidence of turning neck or hopping. Nervous behaviour gradually decreased.

Social Behaviour:

Less acceptable to adults than to children because of silly behaviour. Evidently had been successful in getting his own way by coaxing as he refused to take "no" for an answer. When he found that adults were consistent this behaviour gradually dropped out.

Remarks:

As this was an only child who had been overprotected and had poor routine habits he was a poor evacuation risk. It seemed likely that the tics developed as a result of sudden separation from his parents for which he had not been prepared.

Adjustment:

Returned to his relatives but did not adjust. Was later moved to

another foster home where he adjusted well and continued to make good progress until his return to Scotland in the fall of 1945.

CASE 30: Male; Age on admission 6 yr. 9 mo.; Term 61 da.; I.Q. 124; Agency M.H.

Problem: This child was disobedient at home and at school and was exhibiting anti-social tendencies. Would not come home from school. Enuretic and was suffering from an asthmatic condition.

Habits:

Sleeping - Disturbed by coughing, cried out in sleep.
Treatment - Cough treated.
Elimination - No enuresis while at Alexandra Cottage.
Treatment - None. Had been on night routine at home but was not taken up at Alexandra Cottage.

Emotional Behaviour:

Cried easily. Reacted favorably to reassurance. Was affectionate. Seemed insecure. Asked Mother during one visit if she would rather have had a girl.
Tics: Nervous picking at skin.
Treatment - Dr. Grant prescribed oil after bath.

Social Behaviour:

Tended to tease other children and tell tales on them. Seemed insecure in social relationships.

Remarks:

This child was discharged to the Solarium for observation of his Asthmatic condition. Discharged to mother and did not get along at home. Later placed in a foster home.

Adjustment:

Latest reports state that he has run away from this foster home.

CASE 31: Female; Age on admission 10 yr. 7 mo.; Term 183 da.; I.Q. 97; Agency C. A. S.

Problem: This was an overseas child whose problem was stated as stealing in the foster home. The foster mother was over emotional and took a "moral" point of view with regard to the stealing.

Habits:

Elimination - Constipated on several occasions at first.
Treatment - Discussion with adult. Arrangements made to tell adult so that she could be given laxative. No difficulty after first week or two.

Emotional Behaviour:

No abnormal anger nor fears. She was affectionate but not excessively so. She bit her finger nails. It was felt that this child suffered anxiety due to conflicts in deciding what was right and what was wrong. She probably felt that her stealing was wicked but on the other hand it seemed to be her method of retaliation in a frustrating situation. The foster mother had kept this child from attending moving pictures as they were wicked and the child had difficulty in reconciling this view with the behaviour of her friends outside of the foster home. It was felt that the overemphasis on religious training had caused much of the difficulty in this case.

Social Behaviour:

Social adjustment in the cottage and at school was very satisfactory.
Lying and Stealing - There was only one stealing episode after admission which she denied at first but later admitted.
Treatment - This was discussed with her as objectively as possible and the social significance of her stealing was pointed out to her. She appeared to be quite impressed by this new approach to her behaviour. She was given some extra duties for which she was paid twenty-five cents per week so that she would have plenty to spend. This was in addition to her weekly allowance of ten cents. It was interesting to note that she spent very little for candy although all of the money which she had stolen previously had been used for that purpose.

Remarks:

Although the foster mother had been kindly, thoughtful, and generous, her emotional approach and excessive religious teaching had increased the child's problems. She showed a lack of understanding in placing responsibility with regard to money on this child even after she knew she was stealing. She also made great demands on her privacy of thought and religious feelings. Although a new

foster home seemed indicated in this case the child was finally discharged to the same foster home as there seemed to be real affection between the foster mother and the child. A great deal of work was done with the foster mother and she was advised about many points in the treatment of the child and seemed most anxious to cooperate.

Adjustment:

After her return to this home the girl got along well and continued to progress. The foster mother was still over affectionate but when the child returned to Scotland in June 1945 she was reported to be a happy well adjusted girl.

CASE 32: Female; Age on admission 7 yr. 11 mo.; Term 36 da.; I.Q. 114; Agency C.W.B.

Problem: Was lying and needed socialization. This was an overseas child. She was becoming a problem at school and was very restless.

Habits: No abnormality.

Emotional Behaviour:

Silly and excitable when first admitted.

Social Behaviour:

Got along with other children although inclined to be silly in play at first. Gradual improvement.

Remarks:

This child had been staying with an elderly aunt in Victoria who was lacking in understanding. Was removed by this aunt at the en d of one month against the advice of the Superintendent.

Adjustment:

Did not adjust on return to Victoria and was transferred to Vancouver where she got along very well and she was well adjusted on her return to England in 1945.

CASE 33: Female; Age on admission 12 yr.; Term 88 da.; I.Q. 84; Agency C.A.S.

Problem: An overseas child who was unable to adjust in her foster home. She was homesick and nervous. She had come from a home atmosphere that lacked routine and could not settle in the country where she had been placed.

Habits: No abnormality

Emotional Behaviour:

Showed general timidity and feared strange noises at night. Bit her finger nails.

Social Behaviour:

Tendency to be over-social and to show off in a social situation. She was given moderate praise and opportunities for success in various activities in the group.

Remarks:

Apart from the tendency to show off there was nothing in this child's behaviour which presented a problem. This trait was understandable in view of her early history. Her mother had been on the stage in England and this child had moved around from place to place with her and probably had received a great deal of attention. It was also reported that she had made public appearances herself.

Adjustment:

This child adjusted in new foster home and was getting along well on her return to England. Recent reports indicate that she wants to come back to Canada as she is not happy there for her mother won't let her take a hairdressing course which has been her ambition for some time. She is not allowed to see her father, from whom mother had become separated while child was in Canada. In spite of these facts she has not presented any difficulties so far.

CASE 34: Male; Age on admission 7 yr. 10 mo.; Term 153 da.; I.Q. 103; Agency C.G.C.

Problem: Chorea and social maladjustment. Had a speech difficulty. Was getting on his mother's nerves. An illegitimate child in a family where there are two other illegitimate children each with a different father.

Habits:

Eating - Social behaviour occasionally unsatisfactory.
Treatment - Required to eat alone on these occasions but this did not often happen as he enjoyed sitting at table with others. Fluids restricted at first but gradually introduced and increased.

Elimination - Enuresis on admission.
Treatment - Taken up at 10:30 P.M. and fluids restricted at first. Later changed to 10:00 P.M. Very quick improvement.

Emotional Behaviour:

No abnormal fears nor anger outbursts, very affectionate and fond of his mother and "baby-sister". Only manifestations of emotional upset were choreic movements of hands, face, and shoulder and a nervous cough. Records of frequency showed that after the first month the movements of the hands had decreased from between 80 and 100 to between 2 and 10 during the dinner period. His cough decreased from 16 times per minute to about once per minute. This improvement continued with a relapse following an attack of flu and the subsequent arrival at the Cottage of a young boy in the same grade at school. Improvement continued but he was still not back to previous standard when he was discharged because the Cottage was closing.

Social Behaviour:

Popular with other children. No evidence of quarreling but often became very excited when playing with others, shouting, and talking incessantly so that he had to be removed to play alone. Very persistent in coaxing adults when first admitted but this behaviour dropped out when he learned that decisions were not reversed. Had difficulty with reading and a speech defect. He was given help at the Cottage and gradually improved.

Remarks:

Regular routine was essential in this case. Improvement result of routine of the Cottage and the fact that he was kept away from over-stimulating situations.

Adjustment:

Mother was genuinely fond of her children and gave them emotional

security but did not provide quiet routine that this child needed. He was getting old enough to realize that he did not have a father and to question his mother's relationship with men. On discharge mother was very cooperative and anxious to do her best for the child. She was married shortly after this and was able to provide a settled home for the children. When seen by Superintendent one year later this child was progressing very favorably.

CASE 35: Female; Age on admission 6 yr. 4 mo.; Term 265 da.; I.Q. 117; Agency C.A.S.

Problem: An overseas child who was placed in a home in which the standards were much higher than in her own home. Did not adjust well, displayed anti-social behaviour and was restless, excitable, disobedient and cheeky.

Habits:

Eating - Behaviour at table was unsatisfactory.
Treatment - Required to eat alone.
Washing and Dressing - Often wore two clean dresses in one day.
Treatment - Required to change back into original dress. More supervision of this routine given.

Emotional Behaviour:

Temper outbursts frequent at first and emotion appeared to be artificial. Licked her lips in a nervous manner and often seemed to cry for the effect which it produced. Laughed in a hysterical manner. These traits gradually decreased and emotional episodes were less frequent, seemed to follow more logical stimuli, and appeared to be more sincere.

Social Behaviour:

Did not get along with other children. Was destructive of play things and threw clothes and toys out of her window. Tended to be exhibitionistic. Refused to go to school at the beginning of the term. Often hit other children for no apparent reason. Was supervised more closely during play and when she did not go to school she was required to stay in her room, at which time she kicked, shouted and screamed. Superintendent visited teacher and explained patient's difficulties. No more difficulty about school attendance after this. Gradual improvement in play habits and required less supervision.

Remarks:

Patient improved gradually and the Clinic recommended foster home placement after about eight months at the Cottage.

Adjustment:

Child adjusted slowly to foster home but after seven months foster mother felt that she was not progressing and asked to have her moved to another foster home. She was finally moved to a foster home on the Gulf Islands.

CASE 36: Male; Age on admission 8 yr. 9 mo.; Term 133 da.; I.Q. 109; Agency C.W.B.

Problem: This child had been evacuated from England and had been placed in a foster home in Alberta. He was unhappy and was soiling.

Habits:

Eating - On admission his social behaviour at the table was unsatisfactory. Ate large mouthfuls of food and washed it down with milk.

Treatment - Required to sit beside an adult so that some direction could be given and was permitted to drink only before and after meals and between courses.

Sleeping - Restless at night and awake early; got up many times giving various excuses such as toilet, drink, sore finger etc.

Treatment - He was given a separate room and provided with material for cutting out, etc. to keep him busy if he wakened early.

Elimination - Staining at night and during day at first. Staining at night soon dropped out but daytime soiling continued to some extent.

Treatment - Shortly after admission it was discovered that he had pin worms which were soon eliminated by medical attention. He was required to have a bath and change his clothing when he was soiled.

Sex - He had an unhealthy attitude toward sex and there was some sex play with boys.

Treatment - It was learned through discussion that he had learned these habits before admission. Little direct treatment was given but opportunity for activities of this sort decreased by supervision and by keeping him busy.

Emotional Behaviour:

He was over-emotional and fearful of physical injury, very dependent and over affectionate.

Social Behaviour:

He tended to "show off" when adults were present; was curious about the affairs of other people and inclined to tell tales.

Remarks:

Most of his difficulties seemed to be the result of neglect, anxiety, and insecurity and these cleared up to a great extent under the kind, consistent treatment which he received at the Cottage. He liked staying at the Cottage and used the soiling as a means for staying there even after the physical cause had been removed.

Adjustment:

He was discharged before his difficulties had been entirely

overcome to a foster home in the country in which his sister had been placed previously. Shortly after he was placed in this home he began to feel more secure and adjusted very well. He expressed a desire to remain in Canada and was reluctant to return to England in 1945. At the time of his return he was described as a happy well adjusted child.

TABLE 12
SUMMARY OF CASE STUDY MATERIAL

No.	SEX	AGE ON ADMISSION	TERM IN DAYS	I.Q.	AGENCY[1]	DISP.[2]	EVAL.[3]	ADJ.[4]
1	F	11.0	77	88	MH	F.D.	I-I	Unk.
2	M	5.11	42	89	FWB	S.E.	S	Unk.
3	M	7.1	83	88	MH	S.E.	S	Unk.
4	M	5.4	291	74	CWB	F.H.	S	Unk.
5	M	10.3	231	119	FWB	S.E.	I-I	Uns.
6	F	8.9	173	106	FWB	S.E.	S	Uns.
7	F	14.0	39	85	MH	S.E.	S	Unk.
8	M	8.1	10	100	CAS	S.E.	F	W.A.
9	F	4.5	309	108	CWB	F.H.	S	Unk.
10	M	6.11	47	96	CAS-O	F.H.	S	Unk.
11	M	7.9	380	94	WFS	F.D.	S	W.A.
12	F	10.7	113	92	CAS-O	F.H.	S	W.A.
13	M	3.9	488	110	CGC-O	S.E.	S	W.A.
14	M	11.6	32	96	CGC	S.E.	I-I	W.A.
15	M	9.8	187	113	CAS	S.E.	S	W.A.
16	F	8.11	132	94	FWB	S.E.	I-I	Unk.
17	M	8.6	57	89	CGC	S.E.	S	Unk.
18	M	4.9	113	97	FWA	F.D.	I-I	Unk.
★ 19	M	8.8	149	94	CAS-O	F.H.	S	W.A.
		10.3	222			F.H.	S	W.A.
20	M	10.6	121	95	CAS-O	F.D.	S	Uns.
21	F	8.8	369	100	CAS-O	F.H.	S	W.A.
22	M	11.2	18	75	FWB	S.E.	F	Uns.
23	F	12.11	18	76	FWB	S.E.	F	Uns.
24	F	8.8	189	99	CGC	F.D.	S	W.A.
25	M	8.10	175	97	FWB	F.H.	S	W.A.
26	M	6.2	32	119	CGC	S.E.	I-I	Unk.
27	F	14.0	38	93	CAS-O	F.H.	S	I.
28	F	12.11	72	77	CAS-O	F.H.	S	Uns.
29	M	7.3	164	122	CAS-O	S.E.	S	Uns.
30	M	6.9	61	124	MH	Sol.	S	Uns.
31	F	10.7	183	97	CAS-O	S.E.	S	W.A.
32	F	7.11	36	114	CWB-O	S.E.	I-I	W.A.
33	F	12.0	88	84	CAS-O	F.H.	S	W.A.
34	M	7.10	153	103	CGC	S.E.	S	W.A.
35	F	6.4	265	117	CAS-O	F.H.	S	Uns.
36	M	8.9	133	109	CWB-O	F.H.	S	W.A.

★ Re-admitted

Legend

1. Referring Agency
   refer to page 38 for full designation
   When O follows the agency letters it indicates and Overseas child.
2. Disposition on Discharge
   F.D.-family in different environment
   F.H.-foster home
   S.E.-same environment
   Sol.-Solarium
3. Evaluation on Discharge
   I-I -improved-insufficient term
   S -satisfactory
   F -failure
4. Adjustment in 1946
   W.A.-well adjusted
   I.-improved
   Uns.-unsatisfactory
   Unk.-unknown

APPENDIX B

SUMMARY REPORT OF ALEXANDRA COTTAGE STUDY

SUMMARY REPORT OF ALEXANDRA COTTAGE STUDY

Submitted to the Board of the Alexandra Children's Home

January 7th, 1943

How Committee was Formed

"The Committee was formed at the request of the Alexandra Children's Home Board, with five representatives from that Board, three from the Council of Social Agencies, and two from the Budget Committee, to consider the wisdom, during wartime, of continuing the work done at the Alexandra Cottage."

Called Into Consultation

Miss Harvey, Dr. Crease, Miss Armitage, Miss Macrae, Miss Kilburn, Mrs. Jennings.

Main Question at Issue

Consultants agreed, and committee concurred, in the view that this work has real merit as a service of prevention in relation to delinquency and mental disturbances for which later treatment is very costly. Consultants were of the opinion that the serious behaviour and physical conditions treated required continuous day and night supervision which could not be given successfully in foster homes. The value of the institution as an observation center, contributing to the general preventive programme in mental hygiene and child study was also stressed.

Per Capita Cost

Estimated at $2.07 for 1941 and possibly $2.71 for 1942 (does not include depreciation on capital investment in building).

Unusual Circumstances Affecting Admissions

During a period of 18 months under review (1941 and first 6 months of 1942) there were 26 admissions and 3,032 days' care given. Fifty-six per cent days' care to overseas children and 21 per cent to provincial cases (other than local Vancouver children). Thus, during this period 77 per cent of days' care was for benefit of other than local children who would presumably make up the greater part of admissions in ordinary circumstances. Very few requests for care of Vancouver children have emanated from the Children's Aid Society, or Family Welfare Bureau. The treatment of overseas children has undoubtedly been a valuable service, and we might agree that the serious nervous conditions arising among some of those children after all they had been through, should take precedence over the behaviour problems of our local children. But the fact remains that there is no evidence of a pressure of unfilled requests from either the Family Welfare Bureau or the

Children's Aid Society (the Catholic C.A.S. has not used the institution in the past but would be prepared to do so in future) to whose attention a large number of problem children would come in the course of their regular work.

Because of the unusual circumstance of the overseas children affecting intake it has not been possible to preduct the sources of intake in their proper proportion in normal times.

It should not necessarily be assumed, on the other hand perhaps, that there is an absence of problems to be treated because the pressure for admissions has not been great. There is always the possibility, as pointed out by one of the consultants, that this may indicate some lack of discovery of such cases - that our prevention programme in child treatment has not yet reached that far back.

Recommendation

After a full review of all the information and opinions placed before it, the Committee finally agreed on the following recommendation, quoted from the record of our proceedings:

> "It was moved, seconded and carried unanimously that this Committee recommend to the Budget Committee of Welfare Federation, the Council of Social Agencies, and the Board of the Alexandra Children's Home that after due consideration of the Alexandra Children's Cottage and its activities we realize fully that the work that is being done is of value in the community. We believe, however, that such an organization should not be a further responsibility on community funds, but should be the responsibility of the Provincial Government."

The meaning behind this recommendation was that this institution should function properly as an adjunct to the Provincial Child Guidance Clinic, and the high proportion of children cared for who were not local children also affected the committee's views.

APPENDIX C

OUTLINE OF SUPERINTENDENT'S DUTIES

AT ALEXANDRA COTTAGE

OUTLINE OF SUPERINTENDENT'S DUTIES AT ALEXANDRA COTTAGE

November 1942

A specific account of the work done at Alexandra Cottage in Terms of hours devoted to any particular activity is an impossible task in view of the fact that the work is by its own nature, very diverse and requires a flexibility of schedule in order that it may be carried out effectively. No day at the Cottage is exactly like any other day either in the same week or year. However the following outline attempts to give as accurate an estimate as possible of how the work is divided and the types of activity that are carried on.

Estimate of Distribution of Time

School Days

7:30 - 8:30	Supervising washing and dressing Supervising breakfast Supervising departure for school
8:30 - 9:30	Ordering Cleaning Office Answering telephone etc.
9:30 - 12:15 (if in)	Writing Board and Committee Reports Telephone Checking Equipment Writing letters Mending toys Visitors Writing reports on children Keeping records Tues. and Thurs. general housework (other staff members off.) Supervising pre-school children if any
8:30 - 12:15 (if out)	Child Guidance Clinic (4 hrs.) Dental Appointments (3 hrs.) Medical Appointments (3 hrs.) Shopping for children's clothes Other Cottage Business
12:15 - 1:00	Supervising lunch
1:00 - 3:30	Same as A.M. if in with exception of general housework Tues. and Thurs. Same as P.M. if out
3:30 - 5:00	Interviews (Parents prior to admission (Social Workers Supervising children - free play period.

5:00 - 5:45	Supervising dinner
5:45 - 8:45	Supervising organized games and homework - bedtime routines - supervising enuretics to see that they don't drink including being in bathroom with them during whole routine Remedial work with children with school problems Reading stories or playing records for each child
8:45 - 10:30	Finish reports, records etc.
10:30 -	Enuretics taken up

Saturday

- 8:30	Same as weekdays
8:30 - 9:30	Supervising children making beds, tidying rooms etc.
9:30 - 12:00	Telephone Ordering Supervising play
12:00 - 12:45	Supervising lunch
12:45 - 2:00	Supervising dressing of children who are going out or receiving visitors etc.
2:00 - 4:00	Interviews with parents who are visiting Supervision of children
4:00 - 5:00	Supervision of children Visits often extended until 5:00
5:00 - 10:30	Same as weeknights

Sunday

8:00 - 9:00	Same as weekdays 7:30 - 8:30
9:00 - 9:30	Supervise tidying rooms and preparation for Sunday School
9:30 - 11:00	Tidying office Preparation of menu for week
11:00 - 12:00	Supervise children inside
12:00 - 12:45	Lunch

12:45 - 5:00 — Supervise children
- walks
- outside play
- play indoors
- special activities

Interviews with parents unable to come on Saturday.

5:00 - 10:30 — Same as weeknights.

10:30 - 7:30 A.M. — Every night Superintendent and housekeeper take turns in getting up during the night with Enuretics, according to the necessary prescription. This may mean getting up every two hours - at present it is necessary to get up at 1:00 A.M. and 4:00 A.M. only.

Summary of Division of Time

	School Days	Saturday	Sunday
Children directly (Observation supervision etc.)	7 hours	11½ hours	12 hours
Children indirectly (Records, reports, house etc.)	8 hours	½ to 2 hours	1½ or more
Parents		2 hours	
Total Time	15 hours	15½ hours	13½ hours

Summary of Year's activities outside Cottage for year ending October 31st, 1942.

Attendance at Child Guidance Clinic	39
Medical and Dental Appointments	41
Interviews (including parents)	103
Meetings	51

In addition to the activities that have been already mentioned there are duties which arise from time to time such as preparation of children for discharge, home nursing, general repairs, gardening etc. One thing that should be noted is that there is not as much time for office work as this outline may indicate as on three of the five days when it is possible to do office work there are only two members of the staff on duty. The Superintendent is usually off duty on Friday and on one other week night after 7:30 or 8:00.

In addition to the work that is directly or indirectly concerned with the children while in care at the Cottage a number of other activities have been carried on which should be mentioned.

- A parent study group is held once every month. This group is organized through the local Parent-Teacher's Association but the parents of the children in care are invited to attend.
- Through this Study Group we have had a number of telephone calls and visits from parents in the Community asking for help with problems in connection with their children.
- The Social Service Class from the University visits the Cottage every year.
- The class in Public Health Nursing also visits the Cottage in groups. Last year two of these nurses chose to do their field work at the Cottage and spent over a week here. More students are expected for field work at the beginning of next year.
- Lectures have been given to interested groups including Service Clubs, Study Groups, the Undergraduate Psychology Club at the University, the class in Social Psychology at the University and others.

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