

NOTES AND COMMENTS

THE CHILD GUIDANCE CLINIC OF THE SIR DORABJI TATA GRADUATE SCHOOL OF SOCIAL WORK

THE Child Guidance Movement is one of the outstanding endeavours in the field of child welfare. Its scope extends not only to providing direct aid and treatment to children presenting various behaviour and personality problems, but also indirectly to coming generations of children, through patient study and research into the causation and prevention of such problems of maladjustment.

The Child Guidance Clinic, the unit of the Child Guidance Movement, is unique in that it deals with the child, in his total setting. The whole range of the multiplicity of the causes of the misbehaviour, or of the problem, are studied by trained specialists in the fields of medicine, psychology and social work—these different workers co-operating in joint therapeutic endeavours for each child.

The Child Guidance Clinic of the Sir Dorabji Tata Graduate School of Social Work was started in 1937—the first of its kind in the Bombay Presidency. It was started on an experimental basis with due regard to the fact that social conditions being different in our country from those existing in Europe and America, a number of special difficulties would have to be overcome and many modifications employed in the actual running of the Clinic. But although it has been found necessary to employ certain modifications based on differences of language and culture, the results of about two years of work have shown that the same fundamental approach to the problem yields satisfactory results and that the difficulties of running the Clinic are not significantly more numerous than in countries with Western culture.

The Child Guidance Clinic of the Sir Dorabji Tata Graduate School of Social Work is a clinic for the scientific study and treatment of children suffering from various behaviour disorders such as unmanageableness, stealing, lying, truancy, sex offences, violence, destructiveness; personality disorders such as obstinacy, shyness, sensitiveness, moodiness, depression, fears, nervousness, day dreaming; habit disorders such as bed wetting, thumb sucking, nail biting,

masturbation, fidgets, stuttering; disorders in scholastic achievement, when these are due to emotional disturbances in the child's life; and from physical symptoms or medical disorders such as fits, involuntary movements, paralysis, loss of sensation, aches and pains, and disturbances of appetite, digestion and breathing, when these are based on emotional factors.

The following few examples indicate some of the different types of children dealt with:

A, aged 11, was brought to the clinic because of stealing and telling lies. His father stated that he had tried every method of treatment from coaxing and advising to thrashing him severely. Lately the severe thrashings, though very frequent, were found to be completely useless and so the father had applied to the magistrate to send the boy to a Reformatory School.

B, aged 12, was brought by his mother because he suffered from headache and vomiting every morning and because he was backward at school. He also suffered from fidgets and stuttering.

O, a little girl aged 6, was referred by her headmistress because she was day dreaming and rambling in her speech; she hit younger children, she screamed, she was generally unmanageable, and she could not be taught how to write.

The Clinic does not accept mental defectives for treatment but these are often brought by parents. In those cases where an estimate of intelligence indicates gross mental defect, it is explained to the parents that the Clinic is not a suitable place for such children, but is meant essentially for children of average intelligence, suffering from behaviour problems and emotional difficulties. Mild cases of mental defect, however, are admitted, especially when there are super-added emotional difficulties.

The aims and objects of the Clinic may be stated as follows :—

- (1) To provide the community with a team of trained workers in the fields of Pediatrics, Psychiatry, Psychology and Social Work for the purpose of study and treatment of children presenting behaviour, personality, habit and scholastic problems—as also disturbances of physical functioning when these are due to emotional or psychological causes.
- (2) To assist in the development of mental hygiene technique and concepts through such study and experience.
- (3) Through formal courses and informal lectures to transmit the results of such study to parents, teachers and professional workers, such as social workers—especially those in training at the Sir Dorabji Tata Graduate School of Social Work—physicians and others who are intimately connected with the care and upbringing of children.

EEPOBT FOE 1939

CASE LOAD

New cases admitted during 1939	...	...	63
Old cases continued from 1938	...	...	11

SOURCES OF REFERRAL

The cases referred in the year 1939 came from the following sources:

			<i>No. of cases</i>
(1) Children's Aid Society	...	...	26
(2) J. J. Hospital and B. J. Hospital for Children	...	...	18
(3) Parents	...	...	8
(4) The Dadar Colony Clinic	...	...	6
(5) Schools	...	...	3
(6) Byramjee Jeejeebhoy Home of the Society for the Protection of Children	...	...	2
			<hr/> 63

MAIN PROBLEM FOR WHICH THE CHILD WAS REFERRED

I. *Behaviour and Personality Disorders.*

(1) Stealing	...	...	13
(2) Lying	...	...	11
(3) Truancy	...	...	11
(4) Unmanageableness	...	...	7
(5) Obstinacy	...	...	4
(6) Mischief	...	...	2
(7) Shyness	...	...	2
(8) Fits of depression	...	...	2
(9) Outbursts of Violence	...	...	1
(10) Fears	...	...	1

II. *Habit Disorders.*

(1) Bed-wetting	...	...	6
(2) Stuttering	...	...	4
(3) Masturbation	...	...	2

III. *Educational Problems.*

(1) Backwardness in studies	...	...	5
(2) No interest in studies	...	...	1
(3) Difficulty in writing	...	...	1

IV. *Disturbances of Physical Functioning.*

(1) Jerky movements of the body	...	...	1
(2) Nervousness and tremors	...	...	1



			<i>No. of cases</i>
(3) Fits	...	...	1
(4) Pain in the chest	...	...	1
(5) Severe pain in the abdomen	...	...	1
(6) Headache	...	...	1
(7) Difficulty in breathing	...	...	1
(8) Difficulty in passing urine	...	...	1
(9) Frequency of micturition	...	...	1
(10) Poor appetite	...	...	1

CLINIC PROCEDURE

When a case is referred to the Clinic a general idea of the problem for which the child is sent is first obtained by the Psychiatric Social Worker or Psychiatrist from the parent or person accompanying the child. During such an interview the child is taken to the playroom and is encouraged to indulge in any play he likes. If the case is deemed suitable, and accepted for regular full service at the Clinic, the following investigations are carried out by the different workers.

The Psychiatric Social Worker obtains a detailed social and developmental history from the parents and guardians of the child. Visits are paid to the home, school and other institutions with which the child comes into contact, to get a more accurate picture of the environment of the child.

The Pediatricist conducts a thorough physical examination of the child. The physical examination makes it possible to detect cases whose problems are caused or complicated by organic disturbances. Certain bodily conditions are known to lead to behaviour and personality disorders and these are sought for and corrected. In view of the fact that a large proportion of the children sent to the Clinic have had a physical examination at a hospital or dispensary, just prior to being referred to the Clinic, physical examination is not made as a routine in every case but only in the cases of those who have had no such examination. It is proposed in the future, however, to arrange for a physical examination in every case.

The Psychologist administers mental tests to every case, to ascertain the mental capacities of the child—this estimate being necessary for a proper understanding of the child's difficulties. If the results show gross mental deficiency the case is not accepted for treatment, as the clinic endeavours to limit its activities to the problems of children of average intelligence. Children showing only a slight degree of mental defect are accepted.

The Psychiatrist observes the child during play, and through such observation, and verbal contacts with the child during play, acquires an

insight into the emotional factors which are mainly or partly responsible for the problem. The Psychiatrist is considerably helped in this diagnosis of the nature of the emotional factors by reports from the play room workers of their observations of the child's play, carried out during the friendly contacts they make with the child.

FORMULATION OF A TREATMENT PROGRAMME

The different sets of facts regarding the child gathered in these ways by the Psychiatric Social Worker, the Podiatrist, the Psychologist and the Psychiatrist are co-ordinated and evaluated during discussions, with a view to arrive at as complete and detailed a diagnosis of the nature of the problem as possible, and a treatment programme is then planned. The progress of the case is followed and changes are made from time to time according to the individual needs of each case.

TREATMENT ACTIVITIES

Having arrived at a diagnosis and formulated a treatment programme, therapeutic measures are instituted by the different workers. Before describing the work done by these workers it would not be out of place here to state some of the objectives of therapy influencing the treatment procedures at the Clinic.

There is firstly, of course, the removal of the particular act of misbehaviour : e.g., in the case of A, the removal of his stealing and lying. But more important than the removal of the specific type of misbehaviour is the fact that the treatment is directed to the child as a whole, in order to make him better adapted to his environment, so as to produce harmonious relations between himself and others.

In bringing about such improved relations between the child and his environment some measure of peace and harmony is also brought to the parents, in so far as the lack of peace and harmony have been caused by the child's misbehaviour. The great relief brought to the parents, as a result of the removal of their child's difficulties, further helps in its turn in promoting healthier relations between the child and his parents and in bringing about a diminution in the child's problems.

Apart from the relief brought to the parents as a result of the removal of the child's misbehaviour or other difficulty, another therapeutic objective is to bring about an alteration in such of the attitudes of the parents towards their children as appear to contribute to the production of the child's problems. In view of the intimate and invariable connection between the child's behaviour and the parental attitudes, it is usual to try and give the parents an insight into the connection between the two to alter the faulty attitudes and to replace these by healthier ones,

Then again, some of the parents who bring their children to **the** Clinic appear to suffer from definite personality disorders or psycho-neuroses. Some of these parents, themselves, approach the Psychiatrist for treatment. Other parents, while thus suffering from severe emotional difficulties, are not prepared to see the connection between their own emotionally disordered life and the behaviour or personality difficulty of the child. In either case there is the further objective of treating one or both parents of the child in order first to remove their own illness, and thus to bring about an improvement in the child. What has been stated in regard to the parents, in the above exposition of the objectives influencing therapy, holds good also for parent-substitutes, and other adults—such as teachers and relatives—who come in contact with the child.

To sum up the objectives of treatment it might be said that attempts are made to deal with the whole personality of the child and to try to bring about more harmonious relations between the child and his environment, over and above the removal of the specific act of misbehaviour or the particular personality difficulty for which the child is referred. It goes without saying that in order to produce the best results in bringing about such harmonious relations, attention is paid both to treating physical defects or disturbances and to building up sound physical health, and to giving help to the child for any remediable defects or blockings in his intellectual capacities. In effecting such a comprehensive therapeutic programme all the different workers co-operate in the treatment of each child, but it is convenient to describe the activities of each under the following separate heads.

METHODS

The Podiatrist's Contribution. The Podiatrist, or Children's Physician, having made a thorough physical examination of the child to eliminate the possibility of organic physical illness, treats the bodily condition in the appropriate manner or refers the child to the appropriate hospital. Certain bodily conditions are well known to lead to behaviour and personality disorders and these are sought for and corrected when present.

The Psychiatrist's Contribution. The Psychiatrist contributes his share to the study and treatment of the child's misbehaviour by frequently repeated interviews with the child and with the parents. According to the indications of each case the interviews with the child are either purely verbal or verbal contacts during play. It may be convenient, and sometimes necessary as in the case of deaf mutes, to make the interviews non-verbal, and to study the child's mind by observation of his play only. The method of talking to the child while the latter is engaged in a definite type of play is the one most usually employed at the Clinic.

Of the different play activities found useful for diagnosis and treatment, play on the sand tray is usually found very helpful. The child is asked to create a scene on the sand tray using sand, water, trees, houses, motor cars, boats, animals, men, women and children. He is given only one instruction, namely, to create whatever scene he likes. In this way he gives expression to his inner cravings and phantasies, or his fears and anxieties, and thus enables a specially trained worker to detect the source and nature of many of the mental conflicts leading to the misbehaviour or personality disorder. This detection is made easier by engaging the child in conversation during the actual construction of the scene.

Play has also therapeutic values in so far as the child is encouraged to give expression to his anti-social impulses in play, with resulting diminution of anti-social behaviour. Diagnosis and treatment through play, however, are not restricted to the sand tray, for similar diagnosis and therapy are effected by detailed study or encouragement of other forms of play, indulged in by the child. Throughout the treatment, the Psychiatrist deals with the child in a manner lacking the usual formality between a physician and patient. He adopts an attitude of friendliness and camaraderie and shows the child that if he ever appears to attempt to bring about an alteration in behaviour, this is done through an effort to understand the child and his grievances, rather than because of any formed or fixed ideas about discipline on the part of the Psychiatrist.

Another function of the Psychiatrist is to interview the parents and other adults who exert their influence on the children. Interviews with the parents are necessary, in the first place, as was mentioned earlier, to obtain the history of the child's illness or difficulty. In view of the fact that the early development of the child is gone into very thoroughly, this interview may take more than an hour. Secondly, interviews are needed to give the parents some idea of the child's illness, irrespective of what part the parents may have played in the production of the misbehaviour. Such interviews serve the purpose of giving parents an insight into the nature of the child's difficulties and of clarifying their own minds regarding any misconceptions that they may have about the child—such as, that the child is suffering from insanity. Parents also naturally wish to know about the likelihood of cure or improvement, and as a very large majority of children do improve within a few weeks, or a few months, the relief brought to most parents on being so informed, is often very substantial. The diminution in parental anxiety and tenseness, in its turn, further favours a diminution of the behaviour or personality problem of the child. Then again, as mentioned earlier, the Psychiatrist tries to modify such harmful attitudes of parents towards their children as appear to contribute to the child's

difficulty. In this connection it does not suffice merely to give parents and relatives advice as to the desirability of changing their faulty attitudes. If any measure of success in attitude-changing takes place, it does so in the majority of cases, on account of a natural development of a friendly relationship or rapport between the parents or relatives and the Psychiatrist or Social Worker. Finally, interviews are given, either because the parents themselves apply for regular psychological treatment, or because such treatment seems necessary, as in the case of parents who are definitely neurotic or suffering from a severe personality disorder. Apart from attending to parents and children, the Psychiatrist confers with the different members of the staff, and after discussions with them, he plans out suitable forms of treatment for each child.

The Social Worker's Contribution. The Social Worker spends most of her time interviewing the parents and other adults looking after the children, such as superintendents of children's homes and school teachers. The interviews take place at the Clinic, either to collect details of the child's social and developmental history, or to receive reports of his progress. Frequently difficulties in the management of the child are discussed in conjunction with the Psychiatrist during such interviews and appropriate measures indicated to the adults. The Social Worker has often to visit the child's home or institution where he lives, in order to make more friendly contacts with parents and others and to get a more accurate picture of the social setting of the child. She has also to visit the homes, and the schools which the children attend, to make sure that the adults are keeping up the modifications in their attitudes suggested at the Clinic. She may often discover new sources of difficulties at the home and either deal with them on the spot or bring these to the notice of the Psychiatrist. The frequency of later visits depends upon the nature and requirements of the case. In the current year in some cases monthly or fortnightly visits were sufficient, whereas in other cases weekly or even more frequent visits were necessary. When arrangements for schooling, recreation, or for placement of the child had to be made, almost daily visits were required in a few cases. Later when the case is closed the Social Worker visits the child at intervals of a few months to ascertain whether or not the child's recovery or improvement is maintained. In the cases where the child has shown a relapse, she either deals with the situation on the spot, or suggests that the child be sent back to the Clinic for a few weeks. It is intended to follow up each case for as long as possible, even up to twenty years, to ascertain the after-effects of Child Guidance Clinic treatment given during childhood, and thus contribute to knowledge in child psychiatry.

Apart from work with adults the Social Worker forms valuable contacts with the children and this is again characterised by frankness and friendliness

and the absence of a formal disciplinarian attitude, which only too often characterises the relation of the parents to their children.

The Psychologist's Contribution. The Educational Psychologist makes a test of the intelligence of the child. Two sets of tests are used for mental testing, viz., the Stanford Revision of the Binet Simon Tests and the Drever and Collins Performance Tests. In view of the different languages spoken by the children, e. g., Hindi, Marathi, Gujarati, English and South Indian languages, it has usually been found necessary to assess the intelligence of children by Performance Tests. Modifications have been made to adapt the details of tests to Indian conditions and with further study of the mentality of Indian children, modifications will be gradually made to make the tests more suitable for our children. When the Binet Simon Tests are administered, similar modifications are made and the translated tests given in Hindi, Marathi or Gujarati. The mentally defective children are thus delimited on the one hand, and on the other hand, the degree of intelligence of the children accepted and treated at the Clinic is estimated. The findings of the Educational Psychologist regarding the mental age are evaluated in relation to clinical observations by the Psychiatrist.

The Educational Psychologist, and on occasion other members of the staff—particularly the Social Worker—deals also with coaching children suffering from general scholastic backwardness or from defects in special subjects, such as arithmetic, writing or reading.

The Playroom Worker's Contribution. Students in training at the Sir Dorabji Tata Graduate School of Social Work, and two honorary lady workers, Mrs. Kamdar and Miss Soonie Powvala, have been very helpful in making observations of the children's play. The playroom workers submit a report of their observations to the Psychiatrist and the records are frequently filed in the child's case sheet. Owing to lack of playroom workers, however, it is necessary to assign more than one child to each worker for observation, and this has rendered a systematic filing of play records impossible.

The Clinic until recently had only one fair-sized room for play activities and so the children have not had enough room for play. More recently, however, arrangements have been made to provide two other playrooms and a separate room for mental testing. This will mitigate the congestion in the main playroom.

RESULTS

Out of the 63 new cases referred, 17 were mental defectives and not admitted. Of the 46 children admitted during 1939, 8 children attended only once or twice soon after admission and therefore received practically no clinic

treatment, thus leaving 38 children for 1939 who could be considered from the point of view of effects of treatment. These 38, plus 11 children continued from the previous year, make a total of 49, and the results of these 49 cases are as follows :

14 broke off treatment in the middle—9 of the number doing so because they left Bombay, leaving a total of 35 children who received adequate clinic treatment. The figures for these 35 cases are as follows :

Cured or very much improved...	...	...	...	...	...	...	15 cases or 43 %
Improved	...	...	...	...	...	...	11 cases or 31 %
No change	...	...	...	...	...	...	8 cases or 23 %
Could not be judged	...	...	...	...	...	...	1 case or 3 %

The results thus show that 72% of the 49 children received adequate treatment. 28% left off treatment—18% doing so because of leaving Bombay.

Of the 49 cases who received adequate treatment, 74% are grouped in the combined categories of cured or very much improved, or improved, whereas 23% showed no improvement, or improvement of insufficient degree to be recorded as noticeable improvement. In 3% of cases the results could not be judged. While it is readily admitted that these figures could be improved upon, they are a source of satisfaction considering the numerous handicaps of the Clinic. On the other hand the fact that 8 children attended only once or twice and that 5 children interrupted treatment in the middle, although they did not have to leave Bombay, is not so satisfactory. With increased facilities, this aspect can no doubt be improved.

EDUCATIONAL ACTIVITIES

Formal courses of instruction were given to the students in training at the Sir Dorabji Tata Graduate School of Social Work. Three courses were given thus : (1) Mental Hygiene, (2) Psychiatry for Social Workers, (3) Mental Health in Childhood. In the second term of the second year the students attended informal seminars where they were brought in contact with the practical side of child guidance problems. These seminars were also attended by physicians and others who were interested in, and assisted, the work of the Clinic. Lectures on Child Guidance were delivered to medical students in training, in more general courses on Psychiatry and Psychology at the Grant Medical College. Single lectures were delivered by the Director at a considerable number of public meetings and private gatherings in the city of Bombay.

ACKNOWLEDGEMENT

Grateful acknowledgement is made to the Trustees of the Sir Dorabji Tata Graduate School of Social Work for making it possible to maintain the

Clinic. The results of the work are gratifying, taking into account the extreme infancy of the Clinic, the shortage of trained staff and the absence of the Clinic's own premises. With the gradual removal of these difficulties, it is hoped that the results will be even more encouraging.

CHEMBUR CHILDREN'S HOME

ADDRESSING a small gathering of Bombay citizens interested in the welfare of children, on the 13th August, 1938, Mr. K. M. Munshi, the then Home Minister of the Government of Bombay, said, "I have invited you all to an informal conference in order that we may consider afresh the problem of destitute and begging children in the city of Bombay. I want to place the following questions before you for your consideration :

- (a) Whether the efforts made so far are adequate and effective ?
- (b) Whether our outlook has been proper %
- (c) What should be the proper outlook?
- (d) What further steps should be taken to solve the problem?

Mr. Munshi pointed out that the existing institutions for destitute children in Bombay could accommodate about 1,000 children, but that if facilities were available, 5,000 children could easily be taken off the streets and placed under protection. Whereas Government and the public are spending roughly from Rs. 150/- to Rs. 200/- per year for every child maintained in a public institution, there is little question but that these same children, if living in their own families, would be maintained on from $\frac{1}{4}$ to $\frac{1}{10}$ this amount. "Are we justified in pitching the standard of relief so high?" asked Mr. Munshi.

Again, most of the destitute boys picked up in Bombay are from the villages, and would have grown up as agriculturists if they had continued their natural family ties. If our ultimate aim is to rehabilitate these children in ordinary life when they grow up, it is very questionable whether city institutions will accomplish this end. "I want you to consider," said Mr. Munshi, "what will happen to these boys and girls, whom you train in your Bombay institutions, when they will be thrown into the larger world without the shelter which you have given them. We shall have housed them, fed them, given them picnics and free cinema shows; satisfied our conscience that we have rendered service to humanity; and in the end unfitted them for being absorbed in village life to which alone they naturally belong."

In view of these considerations, the Home Member said he had come to the conclusion that satisfactory results would never be obtained, even if more accommodation for housing and sheltering more children was made available

within the city, because the costs of city maintenance are too high ; because city institutions cannot meet the needs of village children, and because no provision is made for these children after the Children Act ceases to apply to them. The remedy seems to lie in another direction, viz., a village colony, where children from the villages, would be trained for reabsorption into the villages.

The Public Information Series of the Government of Bombay for the 1st March 1939, contained an article entitled, "Children's Colony at Chembur." In the course of this article it was stated that "Government has under consideration a proposal to establish a new school at Chembur, mainly agricultural in character, which will provide accommodation in the first instance for about 750 children. This school will serve the needs of most of the children detained under the Children's Act, for the first few years and also of senior children who will stay on for purely agricultural education. The existing Junior Boys' Home at Umarkhadi, Bombay, will be closed and the children transferred to the new Home. The Willingdon Boys' Home, Bombay, will no longer be utilized as a certified school for boys and all the boys in that School will be transferred to the new Home. Similarly, the David Sassoon Industrial School, Matunga, Bombay, will be utilized only for those children who show special aptitude for advanced industrial training, the other boys being catered for in the new school at Chembur.

"The proposed new Home (including a school) will be managed by the Children's Aid Society, Bombay, under the control of Government."

The same issue also contained a statement by Mr. Munshi. "It is now proposed," he said, "that such of those who are not absorbed in society should be placed in the proposed Home at Chembur, near Bombay. There they will be housed, not in dormitories as at present, but in Village Homes, especially constructed for them, and educated and trained in school and workshop. The education will be principally in basic crafts and elementary agriculture.

"After three years, the trained boys with special aptitudes will be brought to the City in institutions like the David Sassoon Industrial School or the Byramjee Jeejeebhoy Home. The others will be trained at the Home in Village Colonies. The Colonies will be trained in crafts and agriculture so as to enable them to make a living on a village scale. When a colony is properly trained it is proposed to transfer it to a District in the Province.

"This scheme will have the following advantages :

- (a) It will give accommodation to a larger number of destitute and delinquent children than is at present possible and permit a larger number being taken up under the Act,

- (b) It will discourage traffic in children now going on in the City for the purposes of beggary and prostitution.
- (c) It will restrict the supply of fresh recruits to Bombay's under-world.
- (d) It will train the children in such a way as to bring them up as useful citizens ready to be absorbed in the City or in the villages according to their aptitudes.
- (e) It will, when complete, send a larger number of well-equipped and trained agriculturists for useful work in the villages. "

The general plan is that there shall be 60 village homes, each accommodating 15 children and one matron. Fifty homes will be for boys and 10 for girls. To each home will be attached a cattle shed, necessary equipment and a cow. The ideal is to make each home an economic, self-sufficient unit. There will also be 3 school buildings, each accommodating 300 boys and another school for girls. Other items in the scheme are workshops, a small detention home for new arrivals, a hospital, and a home for mentally deficient children. Among the crafts, which will eventually be taught, are laundry work, fruit and vegetable cultivation, agricultural carpentry, agricultural smithy, agricultural hut-making, dairying, poultry and bee keeping, tailoring, weaving, pottery and shoe making.

The Home opened on the 15th September, 1939 with about 200 children. Today the number has increased to 400. Writing in January, 1940, Mr. Kanji Dwarkadas, the Secretary of the Children's Aid Society, states : "Each hut of 20 boys is being looked after by a Matron, and each hut cooks for itself—the inmates learning cooking and doing it by turns. This experiment of individual cooking has already proved very successful and it is more manageable than a central joint cooking for 350 children . . . Whilst the cost of maintenance per child in the city is between Rs. 7/- and Rs. 8/- per month, the cost of maintenance per child at Chembur is at present about Rs. 3/13/- and will soon be reduced to Rs. 3/8/- per month."

The beginning has thus been made of a great plan. It is too early to pronounce judgment on the working of the Home, but the emphasis thus far has been largely on reduced costs rather than meeting the inner needs of active, individual children. The future of the Institution will depend in very large measure upon the type of personnel chosen to man the Home. The Children's Aid Society has undertaken a great public responsibility, which can only be discharged by men and women adequately trained for their work. Otherwise, the Scheme—no matter how good it looks on paper—will be doomed to failure.

THE ANNUAL REPORT OF THE JUVENILE BRANCH ON THE
ADMINISTRATION OF THE CHILDREN ACT IN THE
BOMBAY PROVINCE 1938-39¹

THIS being the first Report of the Juvenile Branch, the Report is prefaced by a brief history of the Juvenile Branch, 1934-39. The Branch was constituted by Government Resolution, Home Department, No. 4278/3 of 1st April, 1934, and placed under the direct control of the Backward Class Officer in the capacity of Chief Inspector of Certified Schools. "Up to this date, work under the Bombay Children Act had been restricted in practice to Bombay City and Suburban District under the direction of the Children's Aid Society. The main activity of the Juvenile Branch from 1934 to 1937 was the extended application of the Children Act to selected mofussil areas. Part IV of the Children Act dealing with youthful offenders was placed in operation throughout the Province from 1935. The application of the Reformatory Schools Act of 1897 ceased within the limits of this Province as its provisions were more than covered by Part IV of the Children Act." Parts II and III of the Children Act were applied to six urban areas and steps were taken for inspecting the existing certified schools.

Towards the end of 1937, the post of Inspector of Certified Schools was created, for the purpose of raising the standard of work and co-ordinating activities. In January, 1939, Government appointed an Assistant Inspector of Certified Schools.

The Report points out that "the factor of destitution tends to hinder Children Act work in this Province . . . Because of the prevalence of destitution, a far greater number of children have to be committed to institutions and a much smaller number can be dealt with under supervision or on probation . . . Again, owing to complete homelessness of a large section of children in this Province, it is possible to pass supervision and probation orders only sparingly . . . Extreme poverty and lack of compulsory education also hindered successful Probation Work."

At present there are seven Remand Homes in different areas of the Province, where the whole Children Act is in operation. Only in Bombay City is there any opportunity for a problem remand child to obtain expert psychological treatment.

Juvenile Courts have been established in 10 centres. The Juvenile Court Magistrates, both Stipendiary and Honorary, are on the whole doing their work well, but progress is handicapped by the frequent changes of the Stipendiary Magistrates in mofussil areas. In three up-country courts within one year there were no less than three changes of personnel. "As Juvenile

¹ *Bombay, Government Central Press, 1939,*

Court work is still pioneer work in India, it necessarily takes time for a newly-appointed Magistrate to adjust himself . . . Unhappily it is not all police officers and Juvenile Courts who have a thorough knowledge of the correct procedure and outlook for administering the Children Act. Cases have happened when boys have been brought to certified schools roped, handcuffed and accompanied by an armed guard, Government has now issued instructions in the matter and it may be hoped that such cases will never happen again . . .

"The standard of probation and supervision work in this Province undoubtedly needs raising . . . In Bombay City probation and supervision work have attained a higher level than anywhere in the mofussil. . . There is still too much tendency for a District Probation Officer, fighting a lone battle against tremendous odds and overwhelmed with the daily in-rush of work, to regard supervision as mere surveillance rather than as an avenue of constructive help."

The 17 certified schools fall into two main categories: (1) Government Institutions, and (2) Voluntary Institutions, mainly aided by Government. Five of these institutions—4 in Bombay and 1 in Poona—have been carrying the brunt of the load. The new Children's Home at Chembur is expected to relieve the present congestion.

A major problem confronting the certified schools is in respect of the school standard of life. "The haphazard growth of these institutions has led to half of them being located in Bombay City, although 43.6 per cent, of the children admitted to the Umarkhadi Remand Home are from upcountry. Bombay standards are higher than those in the mofussil . . . There is a real risk of providing the inmates of certified schools with a standard of life which is higher than is available in the general population outside and which would prove more of an impediment than an asset to the boys on their discharge."

The problem of the unruly girl is not being dealt with satisfactorily, and there is at present no proper provision for the care of mentally defective children.

"The record of success and failure of juveniles released on license during the last three years works out as follows :

Number of children released on license, 1936-39	...	358
Number of children finishing period successfully	...	148
Number of children breaking down within period	...	58."

The crux of the problem of after-care is the lack of proper employment facilities. "It is regretted that employers of labour evince undue hesitation in taking on discharged boys. Government have issued a circular on the subject and have themselves granted preference to the recruitment of discharged lads to apprenticeships in the Central Press . . .

"The need for trained and experienced workers is acutely felt today . . . In the Starte Report comment was made regarding the 'lack of specialization and absence of practical training' for Children Act work. Since its publication the Sir Dorabji Tata Graduate School of Social Science has been established in Bombay, providing a general course of two years' social training for post-graduates . . .

"Work under the Children Act in this Province is still in its infancy. Steps have as yet only been taken to lay a basis on which, in future, work can be developed on provincial lines. It is, however, necessary to realise that the problem of the prevention and right treatment of juvenile delinquency cannot be solved by the application merely of one legislative measure. The roots of the problem strike deep into social and economic conditions and cannot be extirpated without widespread social reform."

FIRST ALL INDIA PENAL REFORM CONFERENCE

THE question of penal reform in India was seriously taken up for the first time only twenty years ago, when a Jail Reform Committee was appointed by the Government of India. The Committee recommended a number of reforms, but only a few of them were put into effect by the Provincial Governments, the remainder being side-tracked because of "financial stringency." It was but natural, however, that when men, who had themselves experienced prison life as political prisoners, came into positions of power, they should direct their attention to the subject of penal reform and so it was with the Congress Ministries. The Government of the United Provinces was particularly active in this direction, under the influence of the Parliamentary Secretary for Jails, Mr. Gopinath Srivastava.

A group of Bombay social workers, who were interested in the subject, began to consider plans for a Provincial Prison Reform Association, but after discussing the matter with Mr. Srivastava, it seemed best to endeavour to launch an All-India effort at penal reform, and steps were taken to convene an All-India Penal Reform Conference at Lucknow in October, 1939.

With the advent of the War and the resignation of the Congress Ministries the subject was dormant for some months, but in January, 1940, it was decided to hold the Conference in Bombay under the auspices of the Children's Aid Society, the Society for the Protection of Children in Western India and the Sir Dorabji Tata Graduate School of Social Work. The Chief Justice of Bombay, the Hon. Sir John Beaumont, consented to serve as the Chairman of the Reception Committee.

The object of the Conference, as stated by the Conveners, was to set up an Indian Penal Reform League for the purpose of furthering : " (a) a wider

and scientific study of delinquency and crime, and of the methods of effectively dealing with them; (b) the study of criminal law and procedure with a view to improving the laws in relation to offences and offenders, and devising the methods of effective enforcement of such laws; (c) the improvement of penal, correctional and institutional education centres throughout the country; (d) the co-ordination of effort of individuals and organizations interested in the administration of certain, speedy and adequate after-care; (e) the formation of penal reform groups in the legislatures with a view to stimulating public interest in penal reform."

The Conference was inaugurated on February 24th, 1940 by the Hon'ble Sir Maurice Gwyer, Chief Justice of India. In the course of his inaugural address the Chief Justice said : "The subject matter of the Conference is penal law reform, and it is one in which, I think, every good citizen ought to take an interest. The administration of law and justice is something which touches us all, and the penal laws are but one aspect of it. But the penal laws are, or should be, of interest to us for another reason altogether, for they touch our common humanity. We no longer look upon the criminal as a wild beast to be hunted down without pity or remorse. We have come to recognize that he is a man like ourselves, and indeed that we, or our fellow-citizens, may have to bear part of the responsibility for having made him what he is . . .

" The subject-matter of your deliberations seems to divide itself naturally into two parts : criminal law and its administration on the one hand, and the punishment of crime on the other. Under the first head there fall such subjects as the criminal code and the definition of crimes, the functions of the police in the prevention and detection of crime, and the machinery of the courts where accused persons are brought to trial and their guilt or innocence determined. Under the second there is the vast question of punishment, its basis and justification, the administration of prisons and the treatment of prisoners after conviction."

Suggesting that the chief task of the Conference and the League would be to enlist the support of the public in the matter of changing the whole attitude towards crime and the criminal, Sir Maurice remarked: " I have been struck by the singularly detached view which seems to be taken of crime generally in this country . . . I have heard of dreadful cases of cruelty towards prisoners in jails which would in my own country have raised such a storm of indignation as might even have endangered the government of the day; here they seem scarcely to have aroused more than transient and local interest. I do not know if this is an example of fatalism or of detachment; but I can see very clearly the difficulties likely to be met by reformers who seek to induce another attitude of mind. "

Discussing the true basis and justification of punishment, the Chief Justice said that it partakes of three aspects—vengeance, a deterrent, or a means of reformation—the importance to be attributed to each varying with the circumstances or the habits of thought in each country. The system of punishment must satisfy the average citizen. "He will be outraged, not only by excessive punishment, but also by punishment which he feels to be inadequate; and all the reasoning of the scientists and the appeals of the humanitarian will not move him. If the administration of the law does not satisfy that deep-seated instinct, there will always be a risk that people will take the law into their own hands; and hence the importance, when you are attempting to reform, of carrying public opinion along with you. You may educate public opinion, but you must also convince it. You may find yourself in advance of it, and if so you have a perfect right to attempt to persuade it to follow you; but if you go too fast, you may do more harm than good, and you may even endanger public order."

The philosophy which is the basis of modern conceptions of crime and punishment is based upon the recognition of human personality, the conception of social justice, and a faith in the common humanity of us all. Society has the right to protect itself against anti-social individuals, but it is well for society to remember that the individual has an equal claim to be protected against a society which creates criminals.

Sir Maurice warned the Conference not to depend too much on Government assistance in the matter of penal reform. Further, in professionalising social service, they should not treat too lightly the sentimentalist, who has the emotional drive which is needed to further great causes.

In conclusion, he said : "The holding of this Conference is nevertheless a sign of the times, and it will one day, I hope, be looked back upon as a true landmark in the history of the social services in this country I think it is true to say that we can detect throughout the whole history of criminal and prison reform two distinct influences at work, of which now one and now the other has produced for the time being the more far-reaching results. The first is to be found in the evolutionary development of those general ideas which underlie the progress of all civilization and therefore affect indirectly our views on crime and punishment as on other matters; the other is the direct and powerful influence which a convinced and determined body of reformers in a particular field, inspired by an almost missionary zeal and disdaining none of the arts of the propagandist, can exercise upon their generation. When these two influences are combined, they are almost irresistible. The ferment of new ideas in India today shows that the first is already at work; I hope that the new Penal Law Reform League may furnish the second,"

Speaking of the nature of work which the League might be expected to do, Mr. Gopinath Srivastava, the Convener of the Conference, said : "The two-fold purpose for which a League for Penal and Prison Reform ought to stand, is to afford protection to the community, to which it is entitled, against social aggression of its own members, individuals or groups and to provide the right conditions for a social and vocational training of the offender with a view to fitting him or her to a self-dependent life in a free community." Mr. Srivastava expressed the hope that in the near future the League will undertake to study recent developments in criminal law and correlate these to our own needs. The League should also suggest improvements in our penal and correctional institutions and urge the necessity of providing training for their personnel. When finance permits, a central institute of research, with a well-equipped clinical laboratory and library, should be established. The League must not neglect the problem of the after-care of prisoners.

The President-elect of the League, Mr. K. M. Munshi, ex-Home Member of the Government of Bombay, said in his presidential address that "the scope of the League should be sufficiently wide to include the study not merely of penal reform, but of the whole field of criminology of (a) crime and criminals; (b) crime in relation to our social conditions; (c) the agencies of prevention and control of crime; (d) criminal justice; (e) the treatment of criminals, potential and actual; and (f) the causes of criminal tendencies and their removal."

Mr. Munshi dealt at length with the complex question as to what acts and omissions should be considered as crimes. After quoting examples of much difficulty from the Indian Penal Code he concluded "the position in this respect can be summarised in a few propositions. No behaviour which does not offend the general sense of the community and which is not recognised as a social danger by it should be made a crime. The general sense of the community which is sought to be reflected in the creation of an offence must be real and widely shared. The view that social reform is not within the domain of criminal law, but must be left to moral persuasion is not acceptable to the modern mind as all States show a tendency to be socialistic in action, if not in theory. Unless the general sense of the community is translated into legislation, maladjustment in society cannot be removed with the speed which modern life and temperament demand. At the same time more offences on the statute book imply more power to the police, more interference with individual freedom and more pervasive attempts at evasion. The benefit derived by the community by such penal provisions, therefore, must be greater than the evils which will follow their successful evasion."

Discussing the end of criminal justice, Mr. Munshi said that the modern

outlook on this question is that criminal behaviour 'is not an unconnected act or omission; it is an aspect of the criminal's personality. This is the only true scientific attitude. Criminality varies with the subjective conditions of the offender; and, therefore, punishment must be related to the criminal, not to the crime alone. Criminal justice must move in the direction of individualization." The outstanding reform in criminal law in the direction of the individualization of justice has been in the treatment of children.

"No scheme of reform aiming at individualization of criminal justice would be complete without a change in the outlook of the police. The efficiency and sense of discipline of the police force in India under proper chiefs is unquestioned, but the problem for study is first, to find out a method by which the police force, now either dreaded or hated, may come to be recognized as the most essential and helpful service in a democratic system; secondly, how, while on the one hand it loses its character as an army of occupation, on the other it may continue to remain untouched by party politics; and lastly, how to control the lawlessness of some of its members in the shape of alliances with gambling, prostitution and other forms of racketeering."

Mr. Munshi then touched upon the problem of jail reform and said that we should guard against considering all punishment and discipline as harmful and turning jails into public schools for adults. At the same time, the present administration of jails must undergo a change. The Jail Manual is out of date and the staffs are ill-qualified for their work.

In conclusion, Mr. Munshi pointed out that administrative reforms are at best palliative. In order to produce lasting results these efforts must be accompanied by steady pressure in the direction of the gradual elimination of the root causes of crime.

The Afternoon Session of the Conference was given over to business, the major item being the adoption of a skeleton constitution to enable the League to form a proper organization and begin its work.

The final session on February 25th was devoted to short papers on various phases of penal reform, criminal tribes and juvenile delinquency.

There was criticism of the Conference from some quarters because it did not pass a long series of resolutions demanding immediate reforms. The feeling of the Conference was, however, that for the present at least, it is best to make haste slowly, and to begin with the collection of basic facts. The immediate programme of the League is to "undertake research into the problems connected with the supervision, training and vocational placement of social problem children. The League proposes also to make analytical and critical study of the records and statistics of criminal tribes settlements and the laws relating to them, with' a view to formulating long-range measures to

reclaim these tribes to normal community life It is proposed to set up expert standing committees on subjects of penal and criminological import, for instance on criminal law developments, social problem individuals, juvenile delinquency, training of penal personnel, educational and vocational programmes of rehabilitation and kindred subjects." In addition, popular talks will be organized on penal subjects and public meetings held in the bigger cities in order to help the public to understand the purpose and operation of modern preventive, correctional and after-care agencies.

The Indian Penal Reform League contains the germ of something exceedingly worthwhile. We shall watch its development with interest.

LITERACY WORK IN BOMBAY CITY

IN January, 1938, the Government of Bombay appointed an Adult Education Committee under the Chairmanship of Dr. Clifford Manshardt, the Director of The Sir Dorabji Tata Graduate School of Social Work. The Committee report was published in June, 1938, and Government at once took steps to implement its recommendations. A Provincial Board for Adult Education was set up and a special Literacy Officer appointed for the Province.

In May, 1939, Government, looking to the special character of literacy work in an industrial centre like Bombay, appointed an Adult Education Committee for Bombay City and Suburbs, independent of the Provincial Board for Adult Education. This Committee appointed five sub-committees for different purposes, such as planning, propaganda, and preparation of materials.

A whirlwind campaign for literacy was organized in Bombay during the month of May, under the supervision of the Social Service League. Government then decided to make a permanent literacy effort and took over the direction of the classes.

About 5,000 adults attended 320 classes conducted for four months, and at the end of this period, viz., 31 August, 1939, a simple test was held and certificates given to those students who satisfied the requirements. 4,866 students received certificates of literacy. The second campaign began in November, 1939. Nearly 600 classes were opened in the city and more than 12,000 pupils—men and women speaking six or seven regional languages, were enlisted. These pupils were tested at the end of February, with the result that nearly 10,000 more adults were declared literate—bringing the total to about 15,000 new literates for the year.

About 450 classes were opened in the months of January, February and March 1940, enrolling another 8,000 adults.

The Adult Education Committee spent nearly Rs. 48,000 during the

financial year, in order to turn out about 15,000 literates. Thus the cost of each adult literate is about Rs. 3-4-0.

Realizing that the lapse into illiteracy is very easy unless adequate follow-up efforts are made, the Committee is now engaged in producing follow-up materials, which will engage the attention of the new literates for at least a year.

CHILDREN IN A DEMOCRACY¹

AT a time when the child in India is receiving increasing attention from both Government and the public, the findings of the most recent

American conference on child welfare are of particular interest to us. Since 1909 a decennial conference, devoted to the interests of children, has been held in the White House at Washington. From the first conference came the "mother's pension" movement and ultimately the United States Children's Bureau. From the second in 1919, organized by the Children's Bureau, came far-sighted standards for child welfare. From the third, called in 1930, came the "Children's Charter" and the impetus to a number of movements concerned with maternal and child health.

The 1940 White House Conference on "Children in a Democracy," attempted 'to focus the attention of the public upon those things which democracy ought to assure to children and upon ways in which a fuller measure of opportunity might be afforded to make it possible for youth to develop qualities necessary for participation in a democratic civilization.'

The rights of the child. The Children's Charter, which embodies the findings of the 1930 White House Conference, declares that every child has 'the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps.' But as the depression settled down over America it soon became evident that thousands of children were suffering because of the unemployment and economic distress of their parents. Viewing the past ten years in retrospect, the 1940 Conference says : "The experiences of the depression period have proved the impossibility of dealing with the problems then created, or for the first time fully recognized, except through nationwide measures.

"Conserving and strengthening home life is the first objective of child welfare measures." To this end, every American State now has a public welfare department with responsibility for services other than institutional administration. "Local public welfare administration has been greatly extended and strengthened in the past ten years and has provided services to children in

¹ The materials for this article are drawn from the February 1940 issue of the *Survey Midmonthly*, "Children in a Democracy."

their own homes, as well as foster care. At the end of 1939 child welfare workers, paid in whole or in part from federal funds, were employed in approximately 470 rural communities—more than one-sixth of the total number of rural counties in the United States."

If State assistance in the matter of child welfare is regarded as essential in a country with the resources of the United States, how much more essential is such help in our own India.

It is in the family that "the child acquires, or fails to acquire, the virtues of 'self-sufficiency, enterprise, initiative, and intelligent obedience' To improve the use of the family's opportunities as the first school in democratic life, 'the conference holds that continued steps be taken to strengthen and extend parent education. " Realizing the fact that the " basic economic problem of the family is the basic economic problem of the nation," the Conference resolved to support measures "which tend to make employment more stable and to protect standards of living," such as minimum wage laws, laws defending the rights of collective bargaining, old age insurance, unemployment and industrial accident compensation.

Findings such as these remind us sharply that every step which India takes to protect the family is a step for the protection of her children. Family disintegration in the industrial cities of India is a sign of the times. As the health, training and opportunities of children depend upon the family, any measure to strengthen the institution of the family will be a much-needed and welcome move.

Housing. "Not only the attitudes and the income of the family but also the kind and location of the family dwelling affect the welfare of the children." This was another considered conclusion of the Conference. The Conference complains that "many of the nation's children suffer from crowded, insanitary, or hopelessly old-fashioned housing." The criteria of these unsatisfactory conditions are that "of some eight million city homes . . . 15 per cent were found to lack indoor flush toilets, 20 per cent to have no bathtubs, and 40 per cent no central heating." Making due allowance for the difference in the standard of living, consider the *Report of the Royal Commission on Labour in India*. Speaking of housing in urban and industrial areas the Report says: "Neglect of sanitation is often evidenced by heaps of rotting garbage and pools of sewage, whilst the absence of latrines enhances the general pollution of air and soil. Houses, many without plinths, windows and adequate ventilation, usually consist of a single small room, the only opening being a doorway often too low to enter without stooping. In order to secure some privacy, old kerosine tins and gunny bags are used to form screens which further restrict the entrance of light and air.

In dwellings such as these human beings are born, sleep and eat, live and die." (p. 271)

The American Conference declares that "the nation's housing problem cannot be solved overnight. Nor are old methods of private initiative and financing sufficientThe problem calls for substantial responsibility and leadership on the part of government—federal, state and local; continuance and expansion of the programme of slum clearance and low rent housing through federal loans and through grants to local housing authorities; . . . better housing for families of moderate means through safeguarding credit for home building to assure low interest rates and long term amortization; co-operative effort on the part of the building industry and labour to reduce building costs; encouragement of housing co-operatives; adequate regulatory laws and housing inspection, with modernization of zoning laws and building codes; provision for adequate housing in public assistance budgets, . . . and the organization of citizen committees to promote public understanding of housing problems."

Yes, this is India, but is the solution of our housing problem any less pressing than that of America ?

Child Labour. Several of the articles in this issue of the *Journal* deal with child labour. The findings of the White House Conference on this subject are of interest. The Conference "recommends standards for child labour, specifically including industrialized agriculture as well as factory employment and employment in trade and service occupations; a minimum age of sixteen for all employment during school hours and at any time in manufacturing and mining; a minimum age of sixteen for employment at any time in other occupations, 'except as a minimum age of fourteen may be permitted for limited periods of work after school hours and during vacation periods'; a minimum age of eighteen or higher for employment in hazardous or injurious occupations; hours of work for persons up to eighteen not to exceed eight a day, forty a week, and six days a week; requirement of employment certificates for all minors based on a physician's certificate of fitness for the proposed employment; at least double compensation for injury to illegally employed children; minimum wage standards; abolition of industrial homework 'as the only means of eliminating child labour in such work'; adequate administration of all laws relating to the employment of children and youth."

But in India, unorganized industries still employ children of 10 and 12 for long hours and there is little concern regarding employment during school hours or whether the child ever attends school. The plea is economic necessity, but the problem is not one which can be ignored.

Other findings of the White House Conference 1940, deal with children

under special disadvantages, child health, the needs of youth, religion, education and the use of leisure time.

The task now is to "keep the report from sliding into oblivion." To accomplish this end plans are under way for a nationwide follow-up programme, utilizing all the agencies—private and governmental—that can be mustered.

Is not the time ripe in India for the calling of the First All India Children's Conference to consider the problems of the Indian child and looking forward to the establishment of a Children's Division as an integral part of the Central Government.