

## PREFACE

At the third session of the Social Commission of the United Nations, held in April 1948, it was decided to make a study of the needs of homeless children.<sup>143</sup> These were described as “children who are orphaned or separated from their families for other reasons and need care in foster homes, institutions or other types of group care”. The study was to be confined to “children who were homeless in their native country”, thus explicitly excluding refugees from war or other disaster. When the specialized agencies interested in the matter were approached by the United Nations for their comments and suggestions, the World Health Organization offered to contribute a study of the mental health aspects of the problem. This offer was accepted and has resulted in the present report.

I took up my temporary appointment with the World Health Organization in January 1950, and during the late winter and early spring visited several countries in Europe—France, the Netherlands, Sweden, Switzerland, and the United Kingdom—and the United States of America. In each I had discussions with workers, most of whom were concerned with child care and child guidance, saw something of their work, and was introduced to the literature. In these discussions I found a very high degree of agreement existing both in regard to the principles underlying the mental health of children and the practices by which it may be safeguarded. In compiling this report my task has thus been to do justice to an extensive literature and to bring out the many points of importance to which my attention has been drawn ; little time has had to be expended in reconciling divergent views.

A word of explanation is needed in regard to the large number of figures and tables which I have quoted. In almost every case the tables appearing in this report have either been constructed from data not available in tabular form or represent simplifications of tables given in the original papers. Moreover, in a number of cases where tests of significance had not been done on data which were nevertheless adequate for testing, I have had them calculated, using the chi-square method.

It will be obvious that I am indebted for help to a wide circle of colleagues in many countries and I take this opportunity to thank them for so generously giving me of their time and hospitality and making my tour so profitable and enjoyable. I also wish to thank my many correspondents for replying so promptly to my requests for reports and information. It has unfortunately not been possible to make full use of much of the material

I have been given, and my difficulty in doing justice to publications in languages other than English has been a source of particular concern. While it has been my endeavour to cover all the literature on the adverse effects of maternal deprivation, the subject of Part I, I am aware of many omissions in my references to the literature on family and child care, which is now very large. My aim in the second part of this report has been rather to deal with certain special aspects of the subject which have tended to be neglected.

My gratitude is due, too, to the North West Metropolitan Regional Hospital Board and the Management Committee responsible for the Tavistock Clinic for giving me leave of absence for this work with WHO, and also to my colleagues at the Clinic who shouldered extra burdens to enable me to undertake it.

Many of the concepts contained in Part I have been clarified in discussion during the past two years with members of a research team at the Tavistock Clinic which has for its aim the study of the effects on personality development of separation from the mother in early childhood. To the Sir Halley Stewart Trust which initiated this project, and to Mr. James Robertson, Miss Mary Flanders, and Dr. Dugmore Hunter who have taken part in it and have assisted me in numerous ways, I owe especial thanks. In particular, I would like to thank Mr. Eric Trist of the Tavistock Institute of Human Relations who has also taken part in the planning of this project and whose theoretical insight and wide knowledge have been of the greatest value to me over many years.

Finally, I should like to thank Dr. Ronald Hargreaves, Chief of the Mental Health Section of the World Health Organization, for his help in planning my visits and discovering the literature, and for much personal kindness, and M. Philippe Kocher, his research assistant, for abstracting many papers and books.

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