# THE FAMILIES OF DULL CHILDREN\* A CLASSIFICATION FOR PREDICTING CAREERS

## BY

# ZENA STEIN AND MERVYN SUSSER

## Department of Social and Preventive Medicine, University of Manchester

Under the Education Act of 1944, children who are backward at school may be referred for a special medical examination and officially "ascertained" as educationally subnormal (E.S.N.). On leaving school, they may be notified to the Local Health Authority and placed under the supervision of the mental health service. Some authorities, believing that these young people are able to manage their own affairs, take no action in such cases, whereas others place nearly all of them under statutory supervision and thus give them the legal status of mental defectives.

The absence of uniformity in dealing with them prompted the present investigation, the purpose of which was to discover whether a grouping of E.S.N. subjects by family circumstances might indicate their real needs.

#### Method

It was decided to follow up a group of subjects who had been ascertained as E.S.N. during their schooldays, and to interview both them and their parents. Additional information was sought from other sources, such as School Welfare Departments, the National Society for the Prevention of Cruelty to Children (N.S.P.C.C.), Children's Departments, Health Departments, Probation Officers, and voluntary agencies.

In the cohort of children born between 1933 and 1937, 319 subjects had been ascertained as E.S.N. in Salford City and Lancashire County. From these individuals, who were aged between 20 and 24 years at the time of the study, a group of 106 was selected at random for investigation. Adequate records were not available for earlier cohorts. Interviews were successfully completed with the parents of all save seven of the subjects. Sufficient information was obtained about all the 106 cases to enable each to be placed in one of the three family groups described below.

## FAMILY GROUPS

In making this classification attention was focused on two functions of the elementary family. The first of these is the provision of a set of enduring human relationships and the second the provision by the adult members of basic standards of care for the children.

It was assumed that the first function had been fulfilled if the subject's elementary family group had always included at least one parent or substitute parent until he had reached the age of 10 years. The second function was taken as fulfilled if the family had not been prosecuted by any of three social agencies: the School Welfare and Attendance Office, the N.S.P.C.C., and the Children's Department.

By our criteria, both functions had been fulfilled in 74 families (termed "functioning"), ten families (termed "deviant") had been dealt with by at least one of the three social agencies, and 22 families (termed "dysmorphic") had failed to provide enduring relationships.

### Results

I. AT THE TIME OF ASCERTAINMENT

The Subjects

Sex and I.Q. Scores.—There were 68 boys and 38 girls in the survey group. Their I.Q. scores,

<sup>\*</sup> This study was inaugurated by Professor C. Fraser Brockington and sponsored by the National Association of Mental Health and aided by a grant from the Halley Stuart Trust to one of us (Z. A. S.). The Medical Officers of Health of Lancashire County (Dr. S. C. Gawne) and of Salford City (Dr. J. L. Burn) made the survey possible by seconding field workers.

assessed at school on the Terman Merrill test, ranged from 44 to 86, the average for boys being 72 and for girls 64.

When the subjects were divided into the three family categories, the sex and I.Q. distributions of the functioning and deviant groups were found to be alike and to differ from those of the dysmorphic group. Thus in the functioning and deviant groups there were more than twice as many males as females (58 to 26), but in the dysmorphic group females outnumbered males (12 to 10). The average I.Q. for the boys was roughly the same in all three family groups, but for girls it was slightly lower in the functioning and deviant groups than in the dysmorphic group (64 and 68 respectively).

## The Families

Social Class (Table 1).—In the present series there were no cases from Social Class I and only four from Social Class II. This distribution accords with hospital and other statistics on the feebleminded (Registrar General, 1958) and on backward children (Burt, 1950). There were fewer fathers in Social Class III than expected, and only three of these were in non-manual occupations.

TABLE I SOCIAL CLASS AT THE TIME OF ASCERTAINMENT OF THREE FAMILY TYPES (106 Subjects)

Social Class*		Type of Family					
Social Class*			Function- ing	Deviant	Dys- morphic	Total	
I II III IV { Regular Work V { Casual or Irregular ↓ Labourers		0 3 15 6 47 3	0 0 1 1 6 2	0 1 3 0 5	0 4 19 7 58		
,	Unknown	••	3 0	0	1	1	
Total	Males Females	· · ·	50 24	8 2	10 12	68 38	
Grand	Total		74	10	22	106	

\* For seven illegitimate subjects, the maternal grandfather's occupation has been used as the index.

Only 4 per cent. of fathers of functioning families were casual or irregular labourers, but the dysmorphic families were weighted in favour of such occupations (55 per cent.). The fathers of deviant families were intermediate between these.

All the families, including those in Social Class II, belonged to working class cultures, and almost all the fathers were in urban employment.

After the time of ascertainment, one deviant family in Social Class III moved down to Class V, and two functioning families moved up to Social Class II from Social Classes III and IV respectively. *Structure* (Table II).—67 (90 per cent.) of the children from functioning families and all those from deviant families had always lived with both parents till they reached the age of 10 years.

TABLE II ELEMENTARY FAMILY STRUCTURE\* DURING THE FIRST 10 YEARS OF LIFE (106 Subjects)

Period with	Type of Family						
Both Parents (yrs)	Functioning	Deviant	Dysmorphic	Total			
Never Up to 2 Up to 5 Up to 9 10 and Over	0 2 2 3 67+	0 0 0 10+	11 3 7 1 0	11 5 9 4 77			
Total	74	10	22	106			

\* In twenty of these families, the father was away for various periods on war service. In a further seven the subject spent periods in hospital, and in three others he was evacuated.

By definition, no cases from dysmorphic families had lived with parents throughout the whole of this period; eight did so until they reached 5 years of age and a further three until they were 2 years old, and in eleven cases the elementary family was never established. After an initial break-up of family life, seven later lived with a parent or with other relatives for short periods, but fifteen failed to find support from relatives. It was characteristic of the group as a whole that the subjects had experienced numerous changes of foster homes or institutions during their childhood.

Only one of the ten illegitimate subjects was born into a family classed as functioning and the remaining nine were born into families classed as dysmorphic.

Desertion by one or both parents accounted for the disruption of eight families and early death of a mother for two. In three other cases the children were removed from their homes after the parents had been prosecuted for neglect. Early death of a father had occurred in two families which nevertheless continued to function.

Agency Contacts (Table III, opposite).—Three of the 74 functioning families were visited by the School Attendance Officer, in each case for truancy, which required only one visit and no prosecution.

Two functioning families appeared in the records of the N.S.P.C.C., each with single contacts to press for attendance at school medical clinics. In accord with our definition, five of six deviant families on the list of the School Attendance Officers had been prosecuted and five deviant families had been cautioned or prosecuted by the N.S.P.C.C. The Children's Department had records of five deviant families, and in four of these the subject had been taken into temporary care.

		TABLE III			
AGENCY	CONTACTS	OF 84 DEVIAN FAMILIES	r and	FUNCTION	ING

• • • • •	Type of Family			
Agency	Deviant	Functioning	Total	
School Welfare	6 5 5 0	3 2 0 69	9 7 5 69	
Total Number of Contacts	16	5	21	
Total Number of Families	10	74	84	

For the functioning families, the average number of contacts with a wide range of social agencies was one; for deviant families it was three.

## **II. AT THE TIME OF FOLLOW-UP**

Domestic Unit .- At the time of follow-up, twelve of the young women from functioning and two from dysmorphic families were married; eight of the young men from functioning, two from dysmorphic, and one from deviant families were also married. 81 (96 per cent.) of the subjects from functioning and deviant families were living either with parents or spouses at the time of follow-up. Against this, only ten (45 per cent.) of the subjects from dysmorphic families were living with kin. By this time, seven cases, one from a functioning family and six from dysmorphic families, were in mental deficiency hospitals. All had been admitted on emergency applications soon after leaving school, following misdemeanours which were sometimes multiple but always minor (petty theft, two cases; "found wandering" and the suspicion of immorality, two cases; impudence to an employer, one case; "out of control" at home or school, two cases). No child was in a mental deficiency institution at 10 years of age and Table IV shows that, for E.S.N. groups, admission is a specific hazard of adolescents who have no support from kin.

*Employment Records.*—There was little unemployment in the area during the relevant period and only those subjects who were later admitted to institutions had had difficulty in finding jobs. There was, however, a high proportion of unstable job histories in the dysmorphic group. Thus, the average duration of each job in the dysmorphic group was less than 20 months compared with more than 30 months in the other two groups. Similar differences were

				TABLE IV		
PRESENT	HOME	OF	106	SUBJECTS, SEX	BY	FAMILY TYPE AND

Home		Type of Family				
		Function- ing	Deviant	Dys- morphic	- Total	
With Kindred	With family of origin With spouse alone With spouse and parents	52 13 5	8 1 0	3 3 0	63 17 5	
	With spouse and spouse's parents With other relatives	2 0	0 0	1 3	33	
With Stran- gers	In Lodgings No fixed abode	0 0	1 0	3 1	<b>4</b> 1	
	Mental deficiency colony	1	0	6	7	
Institu- tion	Other medical ins- titution Private or church institution	0	0	1	1	
		1	0	t	2	
Total		74	10	22	106	

detected when aspects of work were considered: e.g. longest period in any one job, total number of jobs, number of short term jobs, and number of persons with stable jobs within a year of leaving school. Calculations taking into account the duration of the period of possible employment and thus adjusted for age at leaving school, for time spent in the forces or in institutions, and for marriage in women yielded differences that are unlikely to be due to chance (P = 0.01 for the men, P = 0.03 for the women). As the distributions were not normal, probabilities were calculated by a distribution-free test (Mood, 1950).

Legal Offences.—The 68 male subjects included eleven who had had one legal charge preferred against them and eighteen who had been charged more than once. The family group distribution of these offenders was as follows:

Logal Charges	Family Group					
Legal Charges (males only)	Function- ing	Deviant	Dys- morphic	Total		
None One More than One	33 6 11	3 1 4	3 4 3	39 11 18		
Total at risk	50	8	10	68		

It is clear from these figures that relative to the numbers "at risk", single and multiple offences featured most often in the dysmorphic group. Only three females, two from dysmorphic and one from a functioning family, had had legal charges proferred against them.

*Illegitimate Births.*—Two women, one from a functioning and one from a dysmorphic family, had had babies out of wedlock.

#### DISCUSSION

OBJECTIVE CLASSIFICATION OF FAMILY FUNCTION.— Important functions of a family are to provide a home with a set of enduring human relationships, and basic standards of care for its dependent members.

Satisfactory function depends largely on the intact structure of the family. Structure is based on kinship and marriage and in our society the typical unit is the elementary family, composed of father, mother, and children, who share a common home until the children are old enough to marry or earn their own living. In the present study relationships were regarded as enduring if at least one parent or parent-substitute had lived with the child until he reached the age of 10. In some cases, family function was maintained in spite of departures from the typical structure of the elementary family, as Table II shows. As the results for subjects from these families were similar to those from typical functioning families, it was thought unnecessary to categorize them separately. Thus the following variations in structure satisfied the criterion of enduring relationships:

- (1) Substitution of other kin for parents, *e.g.* grandmother (2 cases).
- (2) One parent fulfilling the functions of both mother and father, *e.g.* widowed mother able to rear her children without breaking up the family (2 cases).
- (3) Temporarily incomplete families, e.g. a father on war service (17 cases), away on distant work (1 case), or a parent in hospital (2 cases).
- (4) Families with a child temporarily removed but persisting as a unit and maintaining contact with the child, *e.g.* 3 cases evacuated and 7 cases admitted to hospital for more than 3 months.

Other variants, such as adoption, might have been allowed in the category of functioning families but did not in fact occur.

In dysmorphic families, structure was so damaged that they were unable to provide the child with enduring relationships. This arose usually in situations which were already precarious because of poverty, irregular employment, isolation from kin, or physical and mental handicaps, and the immediate factors were usually parental death or desertion, separation or divorce, or an illegitimate birth following a casual union. As a result, all 22 cases in this group had been in supportive institutions at some time before the age of 10. This is a high proportion of the total as compared with a national sample of children born in 1946 (Douglas and Blomfield, 1958). At 5 years of age, only 0.07per cent. in the national sample had been separated from their parents; taking the same age and the same criteria for separation, 13.5 per cent. of our sample would have suffered separation.

Basic standards of care were regarded as maintained if the child had been given economic and social support at a level not in conflict either with norms accepted at all levels of society or with local social norms. Social norms may be taken as "people's ideas about what behaviour is customary and what behaviour is right and proper in their social class" (Bott, 1956).

The chosen criterion of deviation from these norms was prosecution or cautioning by three social agencies concerned with child care which have the power to invoke legal sanctions. We chose this criterion because contacts with these agencies arose from conflicts with general and local norms. Child care that was considered inadequate by neighbourhood standards had sometimes provoked reports to the agencies. In other cases failure to attend school, a general obligation enforced by law, had initiated action by education authorities. In addition, social workers in these and other agencies, influenced in turn by their own notions and standards, ultimately determined whether the agencies acted and how they acted. The families in this group had usually failed to provide adequate shelter, food, clothing, or schooling, and they belonged to the category of so-called "problem families".

Intervention by an agency which could invoke legal sanctions had usually meant that a host of other agencies, voluntary and statutory, had also intervened at some stage. The nature as well as the number of contacts which functioning families had with social agencies differed from those of the deviant families. Deviant families tended to attract disciplinary action, as opposed to functioning families for whom the contact was more often voluntary, as with child guidance clinics. The parents of most of the deviant families were native to the districts in which they now lived and had numerous social contacts with their relatives. Although these connexions might have helped to maintain the cohesion of the family, they did not screen its members from contact with the social agencies. Support from relatives, however, might have prevented admissions to supportive institutions.

FAMILY CLASSIFICATION AND CAREER.—E.S.N. subjects, grouped by objective criteria according to the function of their family of origin, have careers with distinctive patterns.

The great majority of subjects from functioning families were holding steady jobs, living with their parents or spouses, and leading stable social lives. The social adjustment of subjects from deviant families, as judged by dwelling place, admissions to institutions, employment, and contact with the law, was similar to those from functioning families. At the time of follow-up most of the subjects had yet to experience child-bearing and child-rearing, the phase of the family cycle during which agency attention is most often attracted to the deviant family.

For those from dysmorphic families, the follow-up situation was markedly different. More than half of the cases from these families were living either alone in lodgings or in institutions, their work records were poor, and their police records tarnished.

SELECTION FOR ASCERTAINMENT.-As in previous surveys of ascertained E.S.N. youths, a disproportionate number of subjects from "broken homes" was found (Ramer, 1946; Reeves-Kennedy, 1948; Graham, 1958; Ferguson and Kerr, 1958). This excess might arise because more subjects of a given intelligence are ascertained from broken families than from intact families, or because in some way broken families produce more backward children than intact families. According to a study in Derby, boys with intelligence quotients below 80 came from broken homes no more often than matched controls with intelligence quotients in the range 94 to 106 (O'Connor and Loos, 1951). This suggests that, given the same intelligence, children from dysmorphic families are more liable to be ascertained as educationally subnormal than are those from functioning families. This may also apply to deviant families, whose members tend to fail in school and to attract the attention of teachers and of the school health service. Other evidence from this investigation suggests that selection by social factors occurs to a marked degree in ascertainment and probably accounts for the I.Q. difference between the two sexes.

The higher average test score for boys ( $P \ 0.001-0.002$ ) is consistent with the larger proportion of boys ascertained in our sample and also throughout the country (Ministry of Education, 1956). As the distribution of intelligence between the sexes is similar, it follows that the threshold of intelligence for ascertainment is higher for boys than for girls. Thus factors beyond intelligence, such as social and classroom behaviour, must influence the selection of boys rather than of girls for ascertainment.

This sex difference occurred only in functioning and deviant families, from which boys came more than twice as often as girls, and not in dysmorphic families, from which they came in approximately equal numbers. Evidently the disturbances arising from dysmorphic situations were so severe that they overrode the usual sex bias, or else girls were considered to be more in need of special education in these situations.

ADMISSIONS TO MENTAL DEFICIENCY HOSPITALS.— The present survey has shown that, on leaving school, ascertained children from dysmorphic families are more liable to be admitted to mental deficiency institutions, than are those from intact families. Admissions tend to follow a typical pattern. At 18 years of age these children are discharged from the care and the institutions of the Children's Departments to fend for themselves. During adolescence, behaviour difficulties, frequent job changing and homelessness, or the prospect of such problems, exert a cumulative effect on those concerned with the care of these dull children, until finally admission is precipitated by some trivial offence.

Subjects from functioning families make social adjustments which are probably normal in their social groups and they are rarely admitted to mental deficiency hospitals. It follows that, just as the children who are officially recognized as educationally subnormal are not a true cross-section of mentally-retarded children, neither are the inmates of mental deficiency institutions a true cross-section of mentally-retarded adults. These institutions include an unduly high proportion of individuals from dysmorphic families, with the result that assessments of their social competence, intelligence, or personality cannot be relied upon to indicate the social consequences of mental retardation as such. Thus the present investigation suggests that the high delinquency rates and poor employment records of the subnormal in the community and especially in hospital may be largely a consequence of family disruption and homelessness. Several previous studies may need re-evaluation in the light of these findings.

Family analysis has identified a group of dysmorphic families among the educationally subnormal, which is vulnerable irrespective of intelligence quotient. In most cases they need homes, counselling, and therapy continuously from the onset of disaster until they become settled in the community.

#### SUMMARY

(1) A classification of families, based on their provision of a set of enduring human relationships and basic social needs, is described. These groups are: functioning, deviant, and dysmorphic.

(2) The relationship between type of family and the eventual adjustment of 106 subjects, ascertained subnormal at school, has been studied at a followup made when they were between 20 and 24 years of age.

(3) In terms of domestic stability, employment records, and contacts with the law, subjects from dysmorphic families are shown to be at a disadvantage compared with those from functioning and even from deviant families. In their early 20s. subjects from deviant families resemble those from functioning families in social performance.

(4) Ascertained young people from dysmorphic families are shown to be a vulnerable group; more than a quarter of them had been admitted to mental deficiency institutions after leaving school, although they were no less intelligent than the ascertained children from intact families, who were very rarely admitted.

(5) Intelligence did not account for the observed differences in social performance in the three family types.

(6) Boys are more likely to be ascertained than girls of the same intelligence, although this does not hold for subjects from dysmorphic families.

We were assisted by Medical Officers of Health and social workers from many authorities and we are grateful for their help.

Dr. N. O'Connor, Dr. M. Carstairs, and Dr. J. Tizard of the Social Psychiatry Unit, Maudsley Hospital, and Drs. Ann and Alan Clarke of the Manor, Epsom, have made valuable criticisms, and Dr. M. Bulmer has assisted us in the statistical analysis. We thank particularly our field workers. Mrs. Godsell and the Misses Edwards. Melsher, Normanton, Perryer, and Sherman, and our technical assistant, Mrs. Pendred. We thank Dr. J. L. Burn and Dr. S. C. Gawne for their help, and Professor C. Fraser Brockington for his interest and encouragement. We have profited greatly from discussions with Dr. W. Watson of the Department of Social Anthropology, Manchester University.

#### REFERENCES

- REFERENCES Bott, E. (1956). Hum. Relat., 9, 325. Burt, C. L. (1950). "The Backward Child", 3rd ed. Univ. London Press, London. Douglas, J. W. B., and Blomfield, J. M. (1958). "Children Under Five". Allen and Unwin, London. Ferguson, T., and Kerr, A. W. (1958). Scot. med. J., 3, 31. Graham, J. A. G. (1958). Med. Offr., 99, 191. Ministry of Education (1956). "The Health of the School Child: Report of the Chief Medical Officer of the Ministry of Education for 1954 and 1955". H.M.S.O., London. Mood, A. M. (1950). "Introduction to the Theory of Statistics". McGraw-Hill, New York. O'Connor, N., and Loos, F. M. (1951). "Occupational Record of Backward Boys: the Relation between Intelligence, Family Size, and Job History". Report for the Medical Research Council (Unpublished).

- and Job History". Report for the Medical Research Council (Unpublished).
  Ramer, T. (1946). "The Prognosis of Mentally-Retarded Children". *Acta psychiat. (Stockh.)*, Suppl. 41.
  Reeves-Kennedy, R. J. (1948). "The Social Adjustment of Morons in a Connecticut City". Mansfield-Southbury Training Schools (Social Service Department, State Office Building), Hartford.
  Registrar-General (1958). "Statistical Review of England and Wales for the Two Years, 1952-1953. Supplement on Mental Health". H.M.S.O., London.