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Census of a Reception Centre

By GRIFFITH EDWARDS, VALERIE WILLIAMSON, ANN HAWKER, CELIA HENSMAN and SETA POSTOYAN

In the second half of the fourteenth century, the whole problem of poverty became in England for the first time a matter of government concern. The contractual relationship between landlord and villein which had prevailed during the Middle Ages, was breaking down, and the Black Death hastened this process. Statutes dealing with vagrancy and poverty were promulgated in 1349, 1351 and 1388: the able-bodied beggar was punished in the stocks and generally repression was the keynote, but despite harsh laws vagrancy increased. In a series of statutes from 1531–1601 the Tudor sovereigns initiated a system of local relief based on the Parish unit. In 1576, Houses of Correction were established:

> "to the intent youth may be accustomed and brought up in labour and work, and then not likely to grow to be able rogues, and to the intent that such as be already grown up in idleness and so rogues at this present, may not have any just excuse in saying that they cannot get any service of work".
> (De Schweinitz, 1943).

Thus was born the Workhouse, and with the lineal descendant of that institution the present paper is concerned.

To trace out adequately the history of the Workhouse during the ensuing four centuries would involve a very major essay in social history, but here only a bare outline need be sketched. The Poor Law Amendment Act of 1834 combined all but the larger parishes into Unions, so that the number of administrative units was reduced from some 15,000 to no more than 650, in order that larger workhouses, willingness to enter which was to serve as the "test" of destitution, could be built. The Metropolitan Houseless Poor Act of 1864 ordered the Unions to provide separate Casual Wards to segregate the vagrant from the indigenous poor of the parishes, and in 1882 the two-day detention system was inaugurated, compelling the vagrant to give one day's labour for two nights' board. The aim in Victorian times seems to have been to make admission to the Casual Ward—or "the spike" as it came to be called colloquially—an even more humiliating experience than residence in the Workhouse (London, 1903). The first real change in official attitudes to the vagrant came when in 1909 the Royal Commission on the Poor Law accepted the principle that society's responsibility was to help (and treat) the vagrant rather than to punish or deter. In 1919 the overall supervision of the Poor Law administration came under the new Ministry of Health, but the individual institutions remained in the hands of the local Boards of Guardians, and Casual Wards were still rather grim places (Orwell, 1933). The Guardians were succeeded in 1929 by the Local Authorities (Counties and County Boroughs). In 1948 the National Assistance Board was set up and vested with responsibility for the welfare of "persons without a settled way of living", including the provision of "Reception Centres" where such people could be given temporary shelter; the Board, however, was empowered to arrange for the Centres to be administered on its behalf by the Local Authorities, and did so. Meanwhile, social changes made many of the former Casual Wards redundant, and in the year in which the present study was conducted (1965) there were in the place of about 370 such Wards only 19 Reception Centres in the whole of the United Kingdom with, in addition, two special hostels fulfilling similar responsibilities.

The biggest of these institutions is situated in Peckham, the Camberwell Reception Centre, administered until 1965 by the London County Council and now by the Ministry of Social

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Security. It is a four-storey building largely erected in 1878, with two standards of accommodation. The Centre admits men for overnight shelter, and also for semi-permanent residence with the aim of rehabilitation. For vagrants the Centre provides large dormitories, 80 ft. from end to end, with 20 beds each, and 4 ft. space allowed per person, and 2 ft. space between the beds. Some semi-permanent residents also live in large dormitories, but the majority live in eight smaller dormitories about 35 ft. from end to end, with 14 to 15 beds each. The Centre is seldom if ever full, but on any one night—depending on weather and season—about 300 vagrants seek lodging within its walls. The work now being done by the staff of this Reception Centre deserves nothing but praise—every effort is made to help and to rehabilitate.

A number of recent studies have dealt with aspects of vagrancy in Great Britain, but our understanding of the roots of vagrancy in this country is still far from complete. Sargaison (1954) reported on Belfast lodging houses, Laidlaw (1956) described lodging houses in Glasgow, and Turner (1960) gave an account of a large London hostel. Whiteley (1955) discussed mental illness found among patients from the Camberwell Reception Centre admitted to a local observation ward, and Marsh (1957) reported the results of a mass X-ray survey carried out at the same Centre. Scott *et al.* (1966) studied patients seen in an Edinburgh general practice who were residents in nearby common lodging houses. Page (1965) has given a general account of the Camberwell Reception Centre. The special problems of the vagrant alcoholic have recently received some attention (Breed, 1966; Edwards *et al.*, 1966). There is also a mass of data on demographic features, etc. of Reception Centre residents which is accumulated in a series of National Assistance Board Annual Reports (1948–1965). Censuses of Reception Centres were carried out by the N.A.B. in 1950, 1955 and 1960.

A recent publication issued by the Board before its absorption in the Ministry of Social Security (1966) describes a survey on "Homeless Single Persons" carried out in March, 1966, and this was certainly the most ambitious attempt to date to build up a picture of the nature of modern vagrancy. In that study, information from the 21 Reception Centres was pooled for purposes of analysis, and so the characteristics of the vagrant in any particular Centre would, if there were regional differences, be concealed by the averaging process. The fact that the census was conducted by N.A.B. officers might raise the question whether distrust of officials to any extent influenced the answers given to sensitive questions. The data in this recent N.A.B. publication are largely stated in terms of counts and distributions, and although some interesting cross-tabulations are presented few firm conclusions can be drawn as to correlation between variables. But despite these and several other minor criticisms, *Homeless Single Persons* constitutes an invaluable source of information.

The purpose of the investigation which will now be described was to conduct a census on one particular Centre, the Camberwell Reception Centre. The aim was to collect information which could be analysed in terms of counts and distributions and could then be submitted to statistical analysis which would show correlation between variables: we hoped, for instance, to be able to go beyond a simple statement as to what percentage of men had a drinking problem to an exploration of how demographic and social features, etc. distinguished these men from those who did not admit symptoms of alcoholism.

Survey Procedure

A 100-item structured questionnaire was after preliminary piloting administered by a team of 22 interviewers to 279 men who were resident in the Reception Centre on the night of 28 April, 1965: interviewing started at 12.45 p.m. and continued until 2 a.m. when the last stragglers had booked in. Although the men were under no sort of duress, co-operation when the medical nature of the inquiry had been explained was generally excellent and only two men refused to be interviewed. Administrative difficulties led to a further 81 residents being excluded from the survey, but this is unlikely to have introduced any bias.

Data were analysed with the aid of a standard Survey Programme supplied by Mr. Alan Henrickson, using the IBM computer at the

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Imperial College of Science and Technology, and a standard Correlation Programme was also provided by Mr. Michael Clarke using the Atlas computer of London University.

Results

1. Demographic

Age. Mean age was 46·1 (S.D. 12·2) years. Distribution was age 16–25 years, 5 per cent.; 26–35, 16 per cent.; 36–45, 27 per cent.; 46–55, 23 per cent.; 56–65, 27 per cent.

Marital status. 70 per cent. of men were single, 1 per cent. married with marriage considered intact, 16 per cent. separated, 8 per cent. divorced and 4 per cent. widowed (1 per cent. not known).

Number of children. Only 20 per cent. of men had any children, and the total number of offspring claimed by the 270 subjects totalled 133.

Ethnic origin. Country of birth was England 51 per cent., Ireland 20 per cent. (16 per cent. Irish Republic and 4 per cent. Northern Ireland), Scotland 14 per cent., Wales 5 per cent., other white culture 6 per cent., non-white culture 4 per cent. (including 1 per cent. West Indian).

City versus rural origin. Birthplace was London 21 per cent., other city (population greater than 50,000) 37 per cent., town (population greater than 5,000) 28 per cent., rural area 11 per cent., unknown 3 per cent.

Age on leaving school. The mean school-leaving age was 14·5 years (S.D. 2·3); 17 per cent. had continued in full-time education beyond the age of 15, and 7 per cent. beyond 16.

Age on leaving home. The mean age on leaving home was 23·1 years, S.D. 10·2.

Social class. Distribution of social class of subjects and of fathers of subjects is given both as "now" and "best" by reference to occupation (General Register Office, 1961) in Table I below. Men unemployed were categorized by reference to their last job. Class I implies professional occupation and Class V unskilled labouring, etc.

Religion. 44 per cent. were Church of England, 38 per cent. Roman Catholic, 6 per cent. Nonconformist, 1 per cent. Jewish, 4 per cent. other religions, 6 per cent. no religion, 1 per cent. not known.

Service records. 28 per cent. had served in the regular forces, and a further 30 per cent. had seen wartime or peacetime National Service. 12 per cent. had been in the Merchant Navy.

2. Social Stability

Length of time in England. Those who had not been born in England (49 per cent. of total) had first come to England on average 18·4 years (S.D. 12·5) ago: only 3 per cent. (of these 49 per cent.) had first come to England less than 1 year ago, and 68 per cent. first came more than 10 years ago. 11 per cent. had, however, *on this visit* been in England less than 1 year.

Length of time in London. Those who had not been born in London (76 per cent.) had on average first come to London 14 years ago (S.D. 11·6), and only 4 per cent. (of 76 per cent.) had been in London first less than 1 year ago. Of the total 279 men, 21 per cent. had *on this occasion* been in London less than 1 month, and 43 per cent. less than 1 year: men on average had first been to the Reception Centre 68·1 months ago, but there was a considerable scatter (S.D. 69·3): 9 per cent. had first come within the last month, 26 per cent. within the last year but 39 per cent. first more than 5 years ago, and 12 per cent. first more than 12 years ago.

Table I

Class Distributions by Percentage

	I	II	III	IV	V	Unknown
Subjects "Now" ..	0·5	0·5	8·5	17·0	72·5	1·0
Subjects "Best" ..	0·5	3·0	22·0	27·5	45·0	2·0
Fathers	2·5	9·0	34·5	27·0	22·5	4·5

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Recent residential stability. Within the previous six months men had on average spent at the longest 14·1 weeks (S.D. 8·7) in one place of residence, only 3 per cent. giving "less than 1 week" as the answer to this question. The *place* of longest recent residence was for 38 per cent. the Reception Centre and for 33 per cent. a hostel or lodging house. 37 per cent. had been resident outside London for some part of the last 6 months. Residence in more than two cities or towns during that period was reported by only 21 per cent.; 9 per cent. had been highly mobile with five or more towns or cities of residence during this period.

Work stability. 82 per cent. were unemployed, and of these (percentage. of 82 per cent.) 11 per cent. had been unemployed less than 1 month, 38 per cent. 1–6 months, 12 per cent. 7–12 months and 39 per cent. more than 1 year; 9 per cent. had been unemployed more than 5 years. Average length of unemployment was 22 months, but with wide scatter (S.D. 38 months). In the last 6 months the longest time in one job was on average 5·6 weeks (S.D. 7·8) but 48 per cent. mentioned a period of less than 1 week. The longest period ever spent in one job averaged 65·5 months (S.D. 67·6), 1 per cent. giving less than 1 month, 17 per cent. 1–12 months but 12 per cent. more than 10 years.

3. Physical Illness

Thirteen per cent. stated that they had suffered from a peptic ulcer, and 9 per cent. had been operated on for this complaint. 8 per cent. had been treated for tuberculosis. 6 per cent. had suffered from head injury of such severity as to result in more than one day's loss of consciousness. 11 per cent. had been in a general hospital during the previous six months.

4. Mental Illness

The number of times men had been in a mental hospital (for reasons other than drinking) was 0, 76 per cent.; 1, 13·5 per cent.; 2, 5·0 per cent.; 3, 2·5 per cent.; 4, 1·5 per cent.; 5 or more 1·5 per cent. Those who stated that they had at some time attempted suicide amounted to 7·5 per cent. 7 per cent. had been in a mental hospital during the previous six months.

5. Drinking

Hospital treatment. Eight per cent. had at some time received in-patient and 2 per cent. out-patient hospital treatment for drinking.

Drink a problem. Answers to the questions "Would you say drink is a problem to you now?" and ". . . ever?" are set out in Table II.

Symptoms of pathological drinking. The percentage of men reporting symptoms indicative of abnormal drinking is given in the first columns of Table III, and the age at which each symptom was first experienced in the last column.

Drunkenness arrests. Those who had been arrested for drink (45 per cent. of total) had on average been arrested 8·5 times, but there was a wide scatter (S.D. 14·5): 22 per cent. of those arrested had only been so once, but 21 per cent. had undergone arrest more than 20 times.

Crude spirit drinking. Eight per cent. had drunk surgical or methylated spirit "once or twice", and 3 per cent. answered "yes" to "regularly". Average consumption when drinking these spirits was 2·1 bottles (42 oz.) per day.

Level of drinking and beverage choice during previous six months for "daily drinkers". Table IV gives the percentage of "daily drinkers" choosing beer, cheap wine, and spirits during the previous six months and the average and "maximum daily intake" for those daily drinkers

Table II

Drink a Problem "Now" and "Ever", by Percentage

	No	Yes	Unsure	Not Recorded
"Now"	73	19	7	1
"Ever"	65	30	4	1

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TABLE III

Occurrence Rate (Percentage) of Symptoms of Abnormal Drinking, and Mean Age at first Occurrence

Symptom	Percentage				Age in Years at first Occurrence	
	Never	"Once or Twice"	"Quite often"	"Unsure"	Mean	S.D.
Morning Amnesias	62	12	24	2	30·8	9·5
Morning shakes	61	10	25	4	31·8	10·8
"Morning livener"	60	9	28	3	30·7	11·5
Arrest for drunkenness..	53	"Ever" 45		2	34·5	11·5

choosing each beverage. As can be seen, there was some overlap in beverage choice.

Recent drinking frequency. Twelve per cent. stated that their last drink was "today or yesterday", 29 per cent. within the previous week but 41 per cent. claimed to have had no drink for more than 1 month. 38 per cent. stated that their usual pattern was "daily", while 32 per cent. said they seldom or never drank.

6. Drug Taking

Only 2 of subjects had ever taken opiates, and 4 pethidine. Experimentation with barbiturates and amphetamines was more common. As regards Drinamyl, for instance, 9 (3 per cent.) subjects had taken this drug regularly and 7 (2·5 per cent.) on occasion.

7. Imprisonment

Fifty-nine per cent. of men had at some time been in prison, and 18 per cent. had been in prison during the previous six months. Average age on first imprisonment was 32 years (S.D. 12·0 years): 31 per cent. experienced first imprisonment aged 15–25, 31 per cent. aged 26–35, 21 per cent. aged 36–45, and 12 per cent. first at age 46+ (3 per cent. unknown). The longest prison sentence a man had served averaged 12·4 months (S.D. 20·3). 62 per cent. of those who had been in prison had never been sentenced to more than 6 months, 13 per cent. 7–12 months, 11 per cent. 13–24 months, 9 per cent. 25–36 months, and only 5 per cent. more than 3 years; for those who had been in prison the average number of sentences was 7·4 (S.D. 9·5), only 24 per cent. having served only one sentence and at the other extreme 10 per cent. having served more than 20 sentences.

8. Correlations

A correlation matrix was prepared relating each variable to all others. From the full matrix the information given below has been abstracted.

Correlation Between Different Indicators of Drinking Pathology

These correlations are set out in Table V: only those greater than ·3 are shown, and these

TABLE IV

Beverage Choice Average and Maximum Daily Intake. A bottle of Whisky and a bottle of Wine contain Approx. 800 ml., and 1 pint equals approx. 540 ml.

Beverage Choice	% partaking	Average daily intake	Maximum daily intake
Beer	77	9 pints	12·5 pints
Wine	22	2 bottles	2 bottles
Spirits	25	·75 bottle	·75 bottle

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are all significant beyond the ·001 level. It can be seen that with these men the presence or absence of a history of hospital admission for treatment of alcoholism is not a satisfactory indicator of drinking pathology, while the level of wine drinking is a better indicator than the level of beer or spirit intake.

In the following paragraphs the notation +, ++, +++ will be used for positive correlations significant beyond the 5 per cent., 1 per cent. and 0.1 per cent. levels respectively, with similar notation for negative correlations. Significant correlations will be reported even when of relatively low magnitude, for it seems likely that any significant relationships demonstrated on data obtained from this relatively crude questioning may provide useful pointers for further research.

"Drink now a problem." Table V suggests that an affirmative answer to this one question is a confident indicator of a whole cluster of symptoms indicative of drinking pathology. The relationship of this item to a number of other groups of items was as follows.

(*a*) *Demographic factors.* "Drink now a problem" gave a negative correlation of ·215 (—) with age, of ·133 (—) with being London born, and of ·162 (——) with being English born. There was no significant correlation with social class now or best social class, father's social class, ever being married, or having served in the Merchant Navy.

(*b*) *Social stability factors.* There was a negative correlation of ·248 (———) with longest residence during the last six months, and of ·113 (—) with being employed. A positive correlation of ·265 (+++) was found with being in prison during the last six months. There was no significant correlation with longest employment during the last six months or ever, time now unemployed if unemployed, time now in London, number of towns or cities in which resident during the last six months, longest prison sentence or number of sentences.

(*c*) *Other.* There was a correlation of ·127 (+) with having attempted suicide, and of ·354 (+++) with having taken any of the drugs into which inquiry was made. No significant correlation was found with tuberculosis, peptic ulceration, or severe head injury.

London versus Non-London Born

Being London born showed a positive correlation of ·125 (+) with present age, of ·184 (++) with age on leaving home, and of ·183 (++) with age on first using the Reception Centre. There was a negative correlation of ·133 (—) with drink now a problem, of ·205 (——) with age at first drunk arrest, and of ·190 (——) with a score of drinking frequency.

Age on First Coming to Reception Centre

Age on first coming to the Reception Centre correlated at ·248 (+++) with age on leaving home, ·887 (+++) with age now, ·291 (+++) with longest time in one job, ·147 (+) with now unemployed, ·128 (+) with London born, and ·191 (++) with English born. There were negative correlations of ·134 (—) with drink now being a problem, ·168 (—) with drinking surgical spirit ever, ·183 (——) with ever being in prison and ·176 (——) with being in prison during the last six months.

TABLE V
Correlation between Different Indications of Drinking Pathology

	"Drink a Problem Now"	I.P.	Morning Drink	Amnesias	Morning Shakes	Drunk Arrest	Usual Beer	Usual Wine	Usual Spirit
In-patient ever for drink									
Morning drinks ever ..	·524								
Amnesias due to drink ever	·530		·528						
Morning shakes ever ..	·546		·651	·554					
Arrested for drunkenness	·423		·446	·438	·449				
Usual quantity of beer..				·318		·321			
Usual quantity of wine..	·433	·344	·452	·369	·367	·304			
Usual quantity of spirit								·498	
Surgical spirit ever ..	·338		·331	·318	·350			·337	

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Discussion

Heterogeneity

What in essence is the picture of the Reception Centre population which emerges from this research? The really striking feature is the heterogeneity: rather than the data adding up to make one whole picture, it seems that pieces of several different puzzles have been thrown together. Under one roof are being performed the functions of an old people's home, lodging house for the itinerant labourer, alcoholism rehabilitation centre, mental after-care hostel, half-way house for the discharged prisoner, and perhaps a dozen other functions besides. Further study is required to delineate all these different sub-groups clearly, but the results so far obtained suggest certain leads to analysis.

1. *London-born and London-immigrant.* The division which can be made here is perhaps partly along the lines of the historical separation between "the poor of the parish" who were the inhabitants of the Workhouse proper and the vagrants of the Casual Ward. Their problems are not identical, and legislators may not have been so wrong in seeing these as fundamentally different groups. The correlation matrix suggests that the London-born were those who had held on to social stability longer, came first to the Reception Centre later in life, and were less likely to be pathological drinkers. One may suspect that from further work would emerge the identification of a London-born sub-group who were more often men of inadequate than positively abnormal personality, who as the result of advancing age and some imposed stress—bereavement, loss of job, or mental illness—had found themselves unable to maintain social integration. And perhaps the younger man who is the immigrant to London is more frequently in the Reception Centre because of a drinking problem or some sort of gross and positive psychopathology, but on the other hand he may sometimes be found simply to be an itinerant labourer temporarily out of a job, just a young man looking for free lodgings.

2. *The Late-comers.* In that the men coming late to the Reception Centre tend to be Londoners, examination of the influence of age *per se* on coming to the Reception Centre is obviously complicated by interreaction with this other factor, but the correlation matrix shows certain significant associations with age at coming to Reception Centre which are not found with the man being London-born. The late-comers are people with previously better work record than those who come to the Reception Centre younger. Drink is not such a problem for them and their prison records not so considerable; but they are at present having greater difficulty than the younger arrivals in getting work. The data suggest that a sub-group could be made out consisting of elderly men who are socially inadequate rather than anti-social, and it seems likely that this group would largely but not entirely overlap with the London-born—"the Poor of the Parish"—and would in any case be largely English-born.

3. *Men with Drinking Problems.* The question whether there is among vagrants a high incidence of addictive drinkers, as opposed to simple non-addictive over-indulgers in alcohol, was discussed in a recent study of men found in a London soup-kitchen (Edwards *et al.*, 1966): that investigation showed that 49 out of 50 bomb-site drinkers were severely dependent chemically on alcohol, a finding at variance with American reports (Straus and McCarthy, 1951; Pittman and Gordon, 1958) which suggests that among vagrants most pathological drinkers are not addicted drinkers. In the Reception Centre the sum of evidence is that something like 25 per cent. of the men are chemically addicted, but in view of 45 per cent. having been arrested for drunkenness one must suppose that there is indeed in the Reception Centre an important segment whose drinking is excessive but not addictive—the fact that about half of this latter segment answer "once or twice" to questions on morning shakes, etc. suggests that they too may before long enter an addictive phase. However, the whole question of the natural history of pathological drinking among the socially rootless in this country needs much more study—we can at present only guess as to how often, and over what period of time, occasional drunkenness will progress to alcohol addiction. Again, it is not at all clear how often drinking is the *cause* of rootlessness, as opposed to its being no more than a symptom of the central personality disturbance which is the real and basic cause of

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the drifting life. Drug addiction among British vagrants is still rare.

4. *Former Mental Hospital Patients.* The findings that 24 per cent. of subjects had at some time been in a mental hospital for reasons other than drinking suggests that the contribution which mental illness is making to Reception Centre admissions deserves further scrutiny. The seriousness of the gap in after-care is underlined by the finding that 7 per cent. had been out of hospital for six months or less.

5. *Ex-prisoners.* Fifty-nine per cent. of these men had been in prison, but the length of sentences show that the offences were usually trivial. The ex-prisoner in the Reception Centre is not the major criminal who has fallen on hard times, but the habitual petty offender. It is unlikely that for many of these men imprisonment any longer serves as a deterrent, and difficult to believe that prison is for them rehabilitative: Springhill, Wandsworth, Pentonville have become just further points in ceaseless circulation, part of the way of life, part of the muddle, aids to the process of desocialization.

The 1966 N.A.B. Census. As mentioned in the Introduction to this paper, the 1966 N.A.B. census pooled data from all over the country instead of giving separate information on different Reception Centres, and it is therefore interesting that distributions on ethnic variables, employment history, imprisonment, problem drinking, and mental hospital admissions are in many ways similar: one of the few discrepancies is the finding of 51 per cent. unemployed more than six months in the Camberwell Reception Centre, as opposed to the figure of 27·1 per cent. in the whole country survey. The conclusion must be that the vagrant population throughout the country has largely similar characteristics.

Future Research. A number of obvious questions for future research have already been mentioned—contribution of old age and social mishaps to homelessness, the question of how many "normal" men are using the Reception Centre as lodgings, the problem of whether drinking is cause or simply the accompaniment of vagrancy. Rather than further large scale census studies, what is immediately needed is research which concentrates on the problems of specific sub-groups. We need, for instance, to study in detail the 24 per cent. of men who have been in mental hospitals so as to obtain diagnostic categories, and we need also to trace out how it is that these patients come to be in a Reception Centre.

Future Policy. That the Reception Centres are at present being asked to perform so many different functions is clearly no more than an accident of history. The whole mood of social reform and social conscience makes the inhumanity and negative policies of the old Casual Wards abhorrent, and much more has been done since 1948 than change the name. But the Reception Centre as it exists today is a vast anachronism. The move must be towards hostels where special needs can be met by special and trained staff.

Hostel care is indeed at the forefront of thinking in many different fields, and inevitably, the Government will some time soon have to consider the possibility of a Hostel Service (*British Medical Journal*, 1966); in particular the need is for central organization of staff training and recruitment, and a career structure which can attract people of imagination and ambition. Something as important as the nursing profession or the probation service is waiting to be brought into existence.

Summary

1. The history of Reception Centres is briefly reviewed. A 100-item structured questionnaire was administered to 279 men entering the Camberwell Reception Centre, London, on the night in April 1965.

2. Demographic data are presented, information on incidences of some physical illnesses, on mental hospital admissions, and on criminal involvement.

3. Aspects of drinking behaviour are examined: about 25 per cent. of men are chemically dependent on alcohol.

4. A correlation analysis shows the considerable interrelatedness of different symptoms of pathological drinking, explores the relation of demographic and social facts, etc., to drink being a problem, and to some extent differentiates London-born from non-London-born and early from late comers to the Reception Centre.

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5. The heterogeneity of the Centre's population is noted and an attempt made to delineate subgroups. Future planning should be for smaller hostels in which the special requirements of particular subgroups can be met. A Hostel Service is needed.

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