the runaways slept at the home of friends and relatives, with only a surprisingly low 5% using runaway houses. About 50% returned of their own volition, with parents, followed by friends and relatives, being the most successful at locating them. Very few families made use of social agencies after the youth returned home.

Nurturance, parental acceptance, parental satisfaction, parental interest in the child and positive labelling was found to be far less available to runaways than to non-runaways, with runaways experiencing high levels of expressive rejection, and being aware of the rejection and dissatisfaction that their parents feel. Parental discipline differed for varying sub-groups, however they tended to be extreme, either high on scores for affective punishment, deprivation of privileges and social isolation, with withdrawal of love, and also a greater amount of physical abuse with one sub-group being over-protective, over indulgent and denying the child autonomy. Both extremes having the effect of lowering the child's sense of belonging. Runaways also reported a feeling of being differentially treated in comparison with siblings.

The school experiences of runaways was also found to be extremely painful. Apart from the younger age groups of runaways (10-12 yrs), they generally held very negative views towards school. The runaways experienced significantly higher negative labelling, felt that they had access blocked to desirable educational roles and also to occupational roles. They were more likely to be suspended, expelled, truant, or to be physically attacked by other youth in the school, as well as to receive corporal punishment from teachers. Parents of runaway youth were generally found not to have high expectations for their children. The school system was seen to be actively streaming into groups, youth with similar problems.

Considering the weakened family bonds, and lowered commitment to community institutions such as the schools, the finding that runaway youth spend more time with their peers than with their family, was not surprising. No difference was found in the commitment to peers, however dramatic differences were found when focussing on peer pressure toward deviant and anti-social behaviour, with runaways experiencing

much stronger pressure from their peers in this area.

Looking at the personal traits of runaways, they were found to have a higher degree of normlessness, a feeling of cowerlessness and loss of control over their lives in comparison with non-runaways, lower self-esteem, and significantly higher levels of delinquency. It is however to be noted that their was one sub-group of runaways (20%) who showed only marginal differences to the non-runaways, presenting as "normal" kids from "normal" families. These were usually one time only runaways.

Finally, the authors look at the implications of the research for both future research and the treatment/assistance of runaways and their families. Whilst this is an American Study, and we therefore should be wary of imposing it without thought on the Australian scene, we should bear their conclusions in mind. They noted the different perspectives of the individually oriented worker, and the community worker and the need for integration between them. One of their surprise findings was that only 5% of the runaways found their way to runaway houses, so that where studies have been undertaken by such specialised units it would be very unwise to make any generalisations on runaway youth as a group.

They also showed a high degree of predictability on who are the future runaway youth, pointing out the need for services to assist families to be provided before the event, an area in Victoria where we pay ever increasing lip service. The need for changes in school attitudes was also noted, along with the need to stream non-delinquent runaways out of the juvenile justice system, rather than the reverse. It is time we had an equivalent Australian study, and I hypothesise that we would have similar findings. A layman's version for the various workers in the field would be helpful.

B. Richards.

THE FIRST WORDS IN LANGUAGE PROGRAMME

**A Basic Language Programme for Mentally Handicapped Children . . . By Bill Gillham, Child Development Research Unit, Department of Psychology, Nottingham University (1979, jointly published by George Allen & Unwin, London, and Beaconsfield Publishers, Beaconsfield). ($2.95)**

"The First Words Language Programme" is specifically geared for a relatively narrow population, especially mentally handicapped children from 3 to 8 years of age. It makes no claim to be a cure-all for all speech defects or language problems, and clearly states that it is not suitable for certain others, such as those who are physically incapable of speech or are very deaf. It aims at working on the speech a child already has, and going on from there. It recognizes that many children can understand a great deal more than they can express.

The book emphasises the need for careful recording and evaluation at every phase of the programme, and the programme itself must in every case have clear objectives and good organisation — the teacher must know what it is intended to teach the child, and then should have appropriate techniques and materials available for effective instruction. There must be a good range of teaching materials available to cope with very great individual differences in mentally handicapped children, and the teaching itself should be both formal and informal. Short daily sessions are suggested as being the ideal. The surroundings and continually changing language environment should be taken advantage of so that the child's vocabulary and other aspects of language are enriched.

The book is highly instructive as to methodology, right from its early presentation of three teaching levels — demonstrating, choosing, and using: the second being the method of getting the
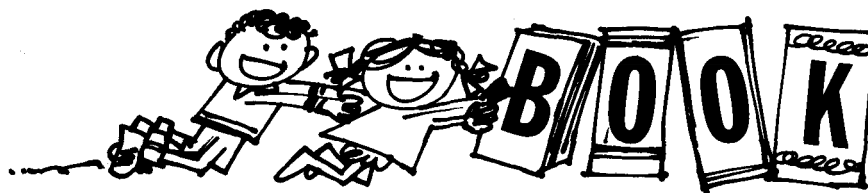
child to select from a number of alternative words.

The suggested apparatus and teaching materials are rather "usual", but that is a good point in that they are readily available for the interested teacher. The materials for Level 1 include such everyday items as photographs and coloured slides, line drawings, stick figures, scrap books, picture books, models, glove puppets, and doll furniture such as stairs and see-saws (stairs to teach concepts such as "up" and "down").

For Level 2 there are games, such as "Give Me" games whereby the child is asked to hand over to the teacher a designated object, thus testing the child's knowledge of that word. Another is the "viewer box", with the child selecting one picture from two or three. If the selection is correct, the reward involves seeing the result on a screen — seen only with the right answer, by the teacher operating a slide projector that shows the object on the screen. Making the screen light up is an important means of reward-reinforcement for many children.

Several other games are outlined, and they are clearly suitable for the purpose for which they are presented. One criticism would be that not enough games are outlined. The author makes it clear that there are great individual differences, and also that one game will appeal to one child where another game is of little interest: thus with reference to a "Drop Box" whereby a miniature chair or some other object could be "dropped" out of sight by operating a lever (with the teacher's co-operation), we learn that "one particular child would not work for anything else at this level". The book would have been strengthened by briefly outlining some of the other games that would be suitable for work with such children.

The activities are rather more advanced at Level 3, for now the child is developing relationships and putting words together more meaningfully. Thus there are imaginary conversations with a puppet, and stories relating to humans and various objects. The words already used at Levels 1 and 2 are now brought together more meaningfully, stimulating the child to enter into experiences with actual things and events. After the child has a mental grasp it is much more likely that progress with the "real" world will be more rapid.

Although the programme as outlined in this book is rather light in actual examples, illustrations, and specific techniques, yet it is a very good guide for the discerning teacher who is prepared to take its principles to heart and to build on them. This criticism is somewhat answered (but not entirely) by the inclusion (at Appendix D) of a series of plans for making apparatus. The appendices also include other helpful material, such as a series of word frequency lists — a very useful addition. The point is well made that such children as those having Down's Syndrome want to talk about the same things as "normal" children, but their progress is slower and they use language less often.

The book recommends a structured step-by-step comprehension approach to speech development; it recognizes that the development of an appropriate vocabulary is important; it emphasises that the training programme should take advantage of language environment in both formal and informal ways; and it urges the need for systematic record-keeping and evaluation.

The author himself tells us, "Broadly speaking, we have found that the programme works best with Down's children but we have had success with children whose mental handicap was due to unknown causes. What we are sure is that a systematic *structured* approach, provided it is used with sensitivity and imagination, is more likely to be effective than a vaguely 'stimulating' environment."

Those results are based on six years of research, and the methods advocated could no doubt be effective in many similar cases. The book is certainly recommended.

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COMMUNITY HEALTH IN AUSTRALIA

edited by R. Walpole 215 pages, Penguin, Ringwood, Vic., 1979, $3.95 (recommended)
215 pages

This is a disappointing, confused and confusing book. Neither its subject nor its intended audience is at all clear and with 16 contributing authors there is much scope for repetition. There are chapters on liberty and the health of the community, health and ill health in Australian homes, where healing starts, the general practitioner and community health, community medicine: little sister or big brother, primary care at the crossroads, community health, evaluating community health care, community health services in action, geriatrics in community health, alcohol and other drugs in the community, the future of community health, the practice of preventive medicine, alcohol abuse: a case for community intervention, counselling in health care, determination of policy in community health.

The semantic confusion with which this book is riddled begins with its title. Health is, correctly speaking, an attribute of the human individual — either subjectively experienced or objectively ascribed. (Culture can influence both the subjective and objective perception of health). 'Community health' most legitimately, therefore, refers to the health of individuals as members of communities. On this basis we might expect a book on 'Community health in Australia' to deal systematically with those influences on health that operate through our collective life. A reader expecting such a treatment will be disappointed with this book. Although many authors attempt to deal with social influences on health they do so in a fragmentary way. Alcohol and tobacco, for example, are hunted down as health demons operating in the social undergrowth. Estimates are cited on the costs of boozing to 'the community' (you and me), while there is surprisingly little sympathy for the boozers (i.e. for *their* health). The marked post-war rise in